



## **Community Alternatives to Arrest for Problematic Alcohol and Drug Use**

Problematic use of alcohol and drugs, also called substance use disorders, destroys lives and burdens our communities, our health system and our criminal justice system. Locking people up for non-violent crimes related to drug and alcohol issues is overcrowding our jails and prisons and failing to reduce addiction. **Pre-arrest diversion programs** create an alternative, community path for people at risk of arrest related to alcohol and drugs. These programs intervene early and help prevent further harm to individuals and communities.

### **What is pre-arrest diversion?**

People facing arrest for offenses related to problematic use of drugs or alcohol are diverted to a broad range of [coordinated services](#), from housing supports and job training to treatment for mental illness and substance use.

### **Why is pre-arrest diversion important?**

Criminal justice initiatives aimed at curtailing drug use have fallen short. Forty-six years of the “War on Drugs” [resulted in](#) discriminatory jailing of people who use drugs and stagnant drug addiction rates. Putting individuals who are battling substance use disorders into the criminal justice system does not address the root causes of addiction. It treats addiction as criminal, rather than as a chronic, treatable disease.

Pre-arrest diversion programs take a fresh approach to addressing our nation’s substance use epidemic. Smart investments in health and social services help people achieve healthier lives. Pre-arrest diversion also [reduces recidivism](#) and cuts criminal justice and law enforcement costs.

### **Who is diverted?**

Individuals who are either at risk of becoming arrested or have come into problematic contact with law enforcement are the primary participants in pre-arrest diversion programs. These participants typically have substance use disorders. Many also have mental illness and face chronic homelessness. Some programs also include sex workers. Successful pre-arrest diversion programs bring potential program participants into both the planning and implementation stages. These participants along with a diverse set of stakeholders -- law enforcement agencies, advocates, city officials, funding partners -- allow programs to be fully responsive to each community’s needs.

### **When does pre-arrest diversion occur?**

Enrollment in a pre-arrest diversion program typically occurs when someone is on the verge of being arrested for a non-violent offense such as possession of a small amount of drugs. It can

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also occur when someone is already in police custody but has not yet been formally charged or processed. This may be called “pre-booking diversion.” Pre-arrest and pre-booking diversion differ from more common post-arrest or post-trial programs like drug courts by enabling participants to avoid criminal records that can cause lasting harm, such as inability to obtain jobs, housing and stable family relationships. Ideally, people would be getting needed services well prior to the crisis point of arrest, and some programs are moving in that direction.

### **Where are pre-arrest diversion programs underway?**

Pre-arrest diversion programs are being implemented across the country. The first and most comprehensive model, [Law Enforcement Assisted Diversion \(LEAD\)](#), is primarily being implemented in cities. LEAD has shown [positive results](#) in Seattle, WA and is operating successfully in other cities, including Santa Fe, NM; Albany, NY; Atlanta, GA; and Fayetteville, NC. Other models of pre-arrest diversion have been established mostly in smaller communities across the country. These include the [“Angel” model in Gloucester, MA](#), and other versions of the Police Assisted Addiction and Recovery Initiative, [PAARI](#), as well as the [Stop, Triage, Engage, Educate, and Rehabilitate \(STEER\)](#) model in Montgomery County, MD.

### **Varying styles of leadership in pre-arrest diversion programs**

#### Law Enforcement Led:

*Examples include: Law Enforcement Assisted Diversion (LEAD) and Police Assisted Addiction and Recovery Initiative (PAARI)*

These models of diversion respond to substance use disorders using law enforcement as the point of entry. Participants are given the choice to enroll when facing arrest, after voluntarily giving their drugs and/or paraphernalia to police officers, or through outreach by police and clinicians. The programs connect participants with various services. Some programs solely offer treatment and recovery services, while others assign case managers for more integrated services, including harm reduction and housing. Program evaluations have shown positive effects in reducing both recidivism and cost. Limited data is available on the effect on participants’ lives and the larger community. Because these models heavily rely on law enforcement, they may pose challenges in communities where relationships between police and community members are strained or distrustful.

#### **Community Led:**

*Example: Atlanta/Fulton County Pre-Arrest Diversion Initiative*

Following the success of law enforcement-led programs, there is interest in developing pre-arrest diversion models that shift power dynamics and place leadership in the hands of community-based organizations – with law enforcement agencies serving a limited role. In Atlanta, the diversion program is led by the Racial Justice Action Center. In other locations, community members and those with lived experience are sitting at the decision-making table or on advisory

boards and helping to implement and design programs.

**Provider/Peer Led:**

*Examples include Safe Station (EMS diversion), hospital emergency room programs, and mobile health units*

Provider led diversion models provide entry through a health services agency such as an emergency medical team, a hospital or a mobile health unit. These programs provide services to individuals in need of treatment, including those facing emergencies, who cycle in and out of the criminal justice system or consistently access high-cost health care services (e.g. emergency departments). The services offered by programs vary – from harm reduction services offered by mobile units, to referrals to health and social services by EMS or firefighters, and or referrals to peer navigators and case management by emergency room staff. A common feature is the central role played by a peer specialist to provide support and navigation to at-risk individuals without engaging police in the process.

**Vision for the Future**

Ideally, over time diversion will move further upstream, and become more comprehensive, reaching at-risk individuals before they come into contact with law enforcement or the criminal justice system. Whether individuals are facing substance use disorders, mental illness, homelessness or other problems, preventive models can provide appropriate and integrated physical, behavioral, and social services. These services and supports would combine to help put people on the path to better lives without law enforcement engagement. The leadership of these programs would typically lie in the hands of a range of community organizations.

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