

# Understanding the experiences of people who use drugs participating in Queensland's new Drug Diversion Program

21st November 2024

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## Suggested Citation:

Piatkowski, T., Kill, E., & Keating, C. Understanding the experiences of people who use drugs participating in Queensland's new Drug Diversion Program (2024). Brisbane, Australia: Queensland Injectors Voice for Advocacy and Action and Griffith University.

## Executive Summary

This research reports on the lived-experience of people who use drugs involved in Queensland's new Drug Diversion Program, enacted May 2024. The Program, which prioritises support and education rather than criminalisation, has demonstrated positive results in providing meaningful alternatives to the previous penalties for illicit substance possession. The participants interviewed expressed appreciation for the care-oriented approach, highlighting the value of support services that address the structural vulnerabilities of those facing stigma and barriers to healthcare access. The findings of this research have led to recommending the continuation and expansion of the Program, with further integration of peer voices and harm reduction education. Ongoing monitoring, increased accessibility to health services, and advocacy for policy shifts towards health-based approaches are crucial next steps to sustain and enhance the Program's long-term success.



## Background

Drug use imposes significant economic burdens on criminal justice and public health systems <sup>1</sup>. Traditional law enforcement approaches, like prohibition, have shown limited effectiveness <sup>2</sup> in reducing drug-related harms and may even worsen social and health outcomes <sup>3</sup>. This has led to increased support for alternatives, such as police-based diversion programs that direct individuals away from the criminal justice system to social services <sup>4-7</sup>.

Police-based diversion programs emerged in the 1990s as alternatives to incarceration for drug-related offenses, emphasising treatment and harm reduction over criminalisation <sup>8</sup>. Diversion can occur at various points in the criminal justice process, with the Sequential Intercept Model outlining five key stages <sup>9</sup>, from law enforcement encounters to community corrections. Diversion measures at the initial point of contact—during interactions between police and people who use drugs—have been adopted in an increasing number of jurisdictions <sup>10</sup>. Police-led diversion measures, such as Portugal's Commission for the Dissuasion of Drug Addiction <sup>11</sup> and the U.S. Law Enforcement Assisted Diversion program <sup>12</sup>, have been implemented to address drug use while providing social services.

In 2024, Queensland parliament enacted legislative reforms that redirect numerous people away from the judicial system and toward health and education initiatives – the *Drug Diversion Program*. Recent polling indicated the Program was widely endorsed by the public <sup>13</sup>. Drug diversion in Queensland represents a statutory diversion program enabling law enforcement to propose participation in a drug diversion assessment program instead of prosecution for those who are eligible. From 3<sup>rd</sup> May 2024, Queensland's Police Drug Diversion Program expanded beyond cannabis to include a wider range of minor drug possession offences, as defined under the *Police Powers and Responsibilities Act 2000 (s.378B)*. Eligible individuals must meet specific criteria, such as possessing drugs for personal use and having no related indictable offences or prior imprisonment for serious drug crimes like trafficking. The Program offers three tiers of diversion: a warning for the first offence, followed by Drug Diversion Assessment Programs for second and third offences. Offenders who accept diversion avoid court appearances and criminal charges, and their offences do not appear on their criminal history, though records are kept in police systems like QPRIME. Between 3 May 2024 and 24 September 2024, there were 4,438 drug diversion warnings issued and 2,674 cases assessed through the Drug Diversion Assessment Program.

The Drug Diversion Assessment Programs, conducted by Queensland Health, provide a confidential space to discuss drug consumption and access health support, with police only notified of attendance. Refusal to comply with the program, including failure to attend appointments, may result in charges under *section 7S1 of the Police Powers and Responsibilities Act 2000* (offence to contravene police directions). Minor drug offences include those defined under the *Drugs Misuse Act 1S8c* and the *Medicines and Poisons Act 201S*. This expansion aims to divert people who use drugs for personal reasons into health services, promoting harm reduction strategies.

## Aim

Community engagement has become a key strategy in developing fair, inclusive harm reduction and health policies, practices, and research worldwide <sup>14-16</sup>. It often involves participatory approaches in social planning, policy advocacy, and decision-making, with the principle that individuals should have a say in matters affecting their lives <sup>17-19</sup>. Peer engagement, in particular, involves people with lived-living experience of substance use. Rooted in harm reduction and drug user movements, it empowers people who use drugs to influence decisions that affect them <sup>20</sup>. By leveraging their expertise, people who use drugs enhance the relevance and acceptability of programs, advocacy, policy, and research <sup>21</sup>. In harm reduction, peers have been essential in shaping initiatives like methadone maintenance, hepatitis C prevention, and substance use treatment <sup>22-26</sup>. Today, people who use drugs contribute in roles such as peer education, harm reduction service provision, research support, and advisory committees <sup>27-29</sup>. Their lived-living experience provides critical insights into drug use environments, ensuring strategies remain practical and relevant <sup>15, 30-33</sup>. The increasing recognition of peer engagement as best practice has led to its growing integration into policies and programs <sup>32, 34-37</sup>.

Building on the growing recognition of the value of peer engagement in harm reduction and policy development, this research aimed to report on the perceptions of people who use drugs in Queensland regarding the recently implemented Drug Diversion Program. By capturing and analysing their lived-living experience narratives, we sought to gain deeper insights into the community's attitudes towards changes in drug policy and the accompanying program.

## Method

A sample of participants who met the inclusion criteria of being over 18 years of age and having participated in Queensland's new Drug Diversion Program, since May 2024, were recruited from QuIVAA's broad professional network. Semi-structured interviews explored perceptions of the Program, recorded via videoconferencing. These were approximately 25 minutes in length on average (SD = 7 minutes, range = 15- 40 minutes). Transcripts were analysed using NVivo (v12, QSR), employing thematic analysis. Participants were compensated with a \$40 AUD gift card for their time and expertise.

## Findings

The Drug Diversion Program was generally well received by all participants, who reported it to be beneficial in supporting reductions in drug use and related harms. Many participants noted that the program had a positive impact on their physical and psychosocial wellbeing, offering key resources and health information that contributed to more informed decision-making. The Program's structure and support services were highlighted as particularly helpful in promoting harm reduction strategies and fostering long-term behavioural changes.

Thirty participants were interviewed regarding their experiences. Of the thirty participants aged between 20-38 years old ( $M = 28$ ,  $SD = 4.6$ ), 25 identified as men and 5 as women. All participants had engaged with the Drug Diversion Program. Please see Table 1 for details.

### Theme 1: Systemic issues and stigma

The experiences shared by participants reveal the pervasive stigma and systemic challenges faced by people who use drugs. Stigmatisation not only affects how people perceive themselves but also influences how they are treated by society and within their communities. This stigma often manifests as discrimination from peers, law enforcement, and even family members, creating barriers to recovery and support.

Participants recognised the stigma attached to being labelled a criminal, which can deter individuals from seeking help or entering treatment programs. However, the cohort also articulated there was some level of attempted 'decoupling' from this 'criminal element', where illicit drug use was perceived as different from other criminal offences people could be charged with.

*Jason (24, male): I'm not a criminal, and I've not stolen before, so it's easier to go to this than to appear in a criminal court.*

The perception of people who use drugs as criminals is entrenched in societal attitudes, complicating efforts for rehabilitation. This perspective can create a barrier to understanding the underlying reasons for drug use, which is crucial for effective intervention.

*Mitchell (32, male): I think illicit drug users tend to be described as criminals, and regardless of where and when we're caught.*

Participants emphasised the stigma of being labelled, which can create a sense where people feel less-than. This negative labelling is a significant systemic issue that can hinder individuals' motivation to seek help.

*Aaron (28, male): Most times you get seen as an addict (sic). And you just think it's as an individual who's beyond recovery, you know and sometimes judgment during recovery. So, there's been a lot of negative labels.*

Participants also highlighted the familial expectations that can exacerbate feelings of shame and stigma. They expressed a need to hide their drug use to avoid disappointing their families, which can further isolate them and deter them from seeking help.

Albert (30, male): *But to my family. I would say yes, I got a bit of that stigma, and though not discrimination, but the stigma because you know a family expects much from you.*

Participants highlighted the benefit of the Program in avoiding stigma with families and in their communities by not going through the criminal courts.

Rowan (30, male): *I think it [drug diversion program] has helped more, in avoiding the stigma [...] there have been a lot of situations where people who often see us as offenders, you know, for drug possessions, and most times, first time offenders get treated differently, get treated badly in communities and societies.*

Programs aimed at drug diversion must address these systemic issues to create an environment that fosters understanding, support, and effective treatment, which this Program presented some evidence of having done.

David (27, male): *They did use discretion. In the area of the officers cause you're doing your job right? I will give you credit to them. Alright because, they did a job [...] they did their job perfectly and I would say they did it with utmost discretion. They handled the matter in such, in such discretion that like without saying OK it's OK it's fine [to use drugs] alright.*

The Program discussed in these interviews seeks to mitigate the stigma associated with drug use by providing a supportive environment focused on providing information and options rather than punishment. By emphasising health services, counselling, and education, the program aims to offer individuals the tools necessary to make informed decisions around their drug use. Moreover, fostering a community that recognised and addresses the systemic issues surrounding drug use can help shift perceptions and reduce stigma, ultimately leading to better outcomes for participants. This holistic approach contributes to broader societal change in how people who use drugs are viewed and treated.

## **Theme 2: Awareness and engagement with the drug diversion program**

Many participants had no prior understanding of the Drug Diversion Program until they were directly involved in it.

Interviewer: *Did you have an understanding of the changes in laws before they occurred?*

Albert: *Not at all.*

Interviewer: *So you found out once the drug diversion program was sort of offered to you?*

Albert: *Yeah*

This revealed a gap in awareness about available alternatives to criminal prosecution for people who use drugs. However, we note this was a pleasant surprise for many participants who found diversion to be a salient and viable option for them moving forward. Nonetheless, we do believe such gaps suggest a need for better communication and outreach to ensure individuals are informed about their rights and options before encountering legal consequences, which is important when considering people who are entering the criminal justice system for the first time.

*Albert (30, male): I was caught with drugs with my friends like I told you on our way back from the club [...] just that once. Well, I've been taking drugs, but I've never been caught.*

There were many personal narratives of 'first-time offenders' who, despite prior drug use, only learned about the Drug Diversion Program after being apprehended. It underscores the notion that drug-related offenses regularly go unnoticed until legal intervention, pointing to an opportunity for earlier engagement with harm reduction initiatives rather than post-offense involvement.

Participants frequently expressed frustration with the lack of easily accessible information regarding drug diversion programs. This highlights the need for a more robust dissemination strategy, particularly utilising social media and digital platforms to reach a wider audience. Increasing accessibility and visibility of such programs could encourage participation and improve outcomes.

*Morris (28, male): Maybe information could be provided on social media or emails. I think it will go [a] long way.*

The referral process is seen as a critical point of engagement, where individuals are assessed based on their drug use history and criminal record. This structured process can effectively divert individuals from the criminal justice system into therapeutic programs, provided the eligibility criteria are clear and consistently applied.

*Jesse (25, male): I've been using cocaine for a period of time and stopping it... It felt like I like this [...] It was like a struggle for me. I think the first step I had to go with was I was assessed by the police officer. And then they checked my drug history and my criminal history. And then they deemed me [fit] to participate. That's when I received a referral. When I was referred to the programme, they told me the basics I needed to know. What it entails. What I would stand to benefit from the programme and what I if I fail to comply with the programme, what would await me. The paths that I would have to face. So, with that knowledge. I consented.*

Overall, the reception of the Program was positive. Participants expressed an understanding of the clear benefits offered by the program, including an alternative to punitive measures. The structured environment, coupled with the emphasis on personal development and privacy, made diversion programs an attractive alternative for many individuals. Similarly, another participant expressed relief:



Taylor (26, male): [...] *less likely to enter into the criminal justice system.*

For him and others, the opportunity to avoid a harsh penal system while receiving treatment marked a crucial point of intervention.

Edward (24, male): *100% better. Extremely better. There's really no one who would rather go through the courts... nobody likes going there.*

This collectively highlighted how diversion programs present a viable route for participants to access care and avoid the punitive nature of jail time, with its long-term social consequences. Participants expressed appreciation for the privacy, support, and rehabilitation opportunities they offered.

Virginia (26, female): *The effectiveness of the programme, I'll say it's effectiveness is quite good, I mean. Look at me after getting the services, I can actually abstain for four weeks without taking drugs. I see that as effective because it's something I could not [...] I could not go without doing. After getting the services from the program have actually [...] I can say I have self-control in regard to drugs.*

There was a clear consensus that these programs provided a better alternative to the criminal justice system, allowing people to have an honest relationship with their substance use in an environment which respected their human rights. The preference for therapeutic interventions over punitive outcomes speaks to the broader need for more compassionate responses within the legal system, especially for those dealing with substance-related offenses.

### **Theme 3: Wrap-around supports**

Participants highlighted both the positive aspects and limitations of their experience with some of the health supports offered to people who were diverted from punitive measures, for example counselling.

Martha (32, male): *We were offered counselling. I mean that kind of aligned with tackling some of the issues*

Other participants suggested that counselling provided them with a safe space to express emotions that they had previously struggled to articulate.

Jason (24 male): *It really, helped because it helped me to open up to people, I was finally able to express my emotions.*

Similarly, Virginia emphasised the privacy and confidentiality of the diversion experience, comparing it favourably to the more public and stressful experience of going to court. She appreciated the therapeutic space where her story remained private, unlike in the courtroom where her personal history became public knowledge.

Virginia (26, female): *Everything I told the counsellor was just between me and her.*

Further participants recounted the approach of the services provided as being generally supportive, emphasising the structured nature of the Program.

Some participants emphasised the importance of feeling safe in the counselling space. They appreciated that this process circumvented the otherwise hostile and stigmatising environment and were not judged or made to feel like a 'criminal', allowing people to be open about their drug use without fear of legal consequences and, subsequently address the factors involved in problematic use. The initial fear of being arrested or exposed highlights the stigma and fear often associated with seeking help, but participants ultimately found comfort in the counselling environment.

Dennis (28, male): *This connection that you have someone that you can explain all of what you're going through, and you feel you're safe. So, you no one's blackmailing you or no, no one is rubbing it at your face that you're a bad person, or that you do something illegal, and you the law enforcement might be against you. So, the space was a lot more free, for me to disclose some [things] that I've done related to drugs, and I was feeling safe.*

Participants did describe some challenges encountered, for example, due to language and transportation barriers. The participant's strong accent created communication difficulties with the healthcare provider.

Scott (25, male): *But the only difficult [part] was communication barriers, because I'm black. And I kind of have this kind of strong accent. So, the health provider, it [was] kind of hard for him to understand me. So that was there was a challenge that I really faced because of my language barrier.*

There was also a potential misalignment between the support offered and peoples' needs, as they did not identify as someone struggling with drug addiction.

David (27, male): *I was offered the counselling where they said that was also part of the program. But I'm not kind of addicted to weed, I'm not even into drugs.*

Greyson (23, male): *I felt like I wasted some people time, as I only smoke weed and will smoke weed after and it does not impact on my or other's life.*

This indicates that the Program may benefit from a more tailored, needs-based approach to counselling, focusing on the individual's specific circumstances rather than applying a standard intervention to all participants. Perhaps a harm reduction approach, equipping people with information regarding safer use should be considered.

#### **Theme 4: Supports and Community-led practices**

Participants acknowledged the value of the drug diversion program but had some suggestions for improvements. For example, some participants emphasised that accessibility remains a significant issue. There is a lack of awareness and service availability in remote areas, which could deter willing participants from accessing the Program.



Martha (32, female): *I have a lot of improvements like I wanna talk about... The program was good, but boy, it's we should ensure that, services and resources could be readily available in all areas and also particularly in the remote.*

Furthermore, the participants highlighted the need for a more personalised approach that considers individual circumstances, including diverse cultural backgrounds and personal health challenges.

Martha (32, female): *I'd also say that you know, I believe that different people like myself, we have needs, we have different people with different needs. This program could benefit from a more personalised plan where they're taking into account maybe the unique circumstances of each person, including the diverse cultural backgrounds.*

Participants also advocated for increased accessibility through language support and telehealth services to reduce barriers for diverse and vulnerable populations.

Aaron (28, male): *We also need the language support. People are providing mostly English resources but should have interpreters, as well as full blown English speakers as well. That will make the program more accessible, you know, in a more diverse community.*

People also articulated the importance of education and awareness to ensure that people, especially first-time offenders, are informed about the Drug Diversion Program and the support it offers.

Aaron (28, male): *Yeah, you know, I think people understand more about something, when as when they've been introduced to it a little bit more and deeply. So yeah, so they have more wider understanding. And they're more aware about this writing and more aware about the program. And they're just aware about what the program holds, but also about the improvements and the importance of this program. The engagement in this program, the results in this program. So, I think just knowing a lot about that and pushing this out into the communities would be more helpful.*

Participants also placed an emphasis on producing more harm reduction focused elements. For instance, participants suggested that harm reduction programs should be prioritised and these should focus on making resources more accessible, which can facilitate better delivery of services.

Douglas (35, male): *I'd love to add something to that [...] that you have certain programs, you know, that focuses more on harm reduction.*

There were participants who expressed frustration with the length of the process and its interference with their personal responsibilities.

David (27, male): *It wasted a lot of my time because what I wanted to be doing at that particular period I had to, I had to postpone it. 'Cause I was detained for quite a long time.*

This highlights the need for the diversion process to be more efficient, minimising unnecessary delays and respecting participants' time. Streamlining the procedure could reduce the Program's perceived burden and improve uptake and outcomes for people.

*David (27, male): I thought I was going to stay there for like a 15 to 30 minutes. And then I wasn't given proper explanation of the facts and the intensity of it was as if they could be more open and transparent and stuff like that. OK, that would be great.*

## Conclusions

These findings suggest that Queensland's new Drug Diversion Program demonstrated positive impact in reducing recidivism and providing people in the community with meaningful alternatives to criminal penalties and punitive responses. The outcomes from these data highlight the Program's ability to enhance both health and social outcomes, with participants expressing appreciation for the education and support it provided to them. Furthermore, the findings underscore the importance of a care-oriented approach in the enactment of approaches for enhancing the health of people who use drugs, which is demonstrated as best practice. By focusing on providing people who use drugs health support, the Program has taken steps to begin addressing the structural vulnerabilities of these communities. Specifically, the Program provides support for the complex needs of these communities as they might otherwise face barriers to accessing health services due to stigma. Continued collaboration with stakeholders, particularly those with lived-living experience, will ensure that the Program remains sustainable; however, ongoing refinement is needed to address emerging challenges, such as expanding access, tailoring services to diverse community needs, and further reducing structural barriers to care.

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