



Identifying barriers and advantages in implementing a drug deflection policy that impacts the role of law enforcement

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ABSTRACT

This study seeks to gain a deeper understanding of how implementing a drug deflection program through law enforcement creates new challenges as we look to officers to assist community members in accessing treatment. This is an action research study with a generic qualitative inquiry that seeks knowledge about real-life work changes due to new legislative policies. The legislative policy created in 2019 called the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act (CLEPD) encouraged the creation of drug deflection programs within law enforcement agencies in Illinois. The participants identified were law enforcement officers in a suburban county of Illinois implementing a drug deflection program. Included with this population were administrators at the law enforcement agency and treatment professionals. Data was collected through semi-structured interviews, transcribed, and analyzed to identify emergent themes. This study identified two barriers: the need for additional officers to provide transportation and lack of local community resources. The greatest advantages of implementation were positive interactions with the community, administrative support, and an alternative to incarceration.

Keywords Drug deflection; diversion; public policy; law enforcement; community policing.

INTRODUCTION

This study reviews the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act (CLEPD Act) policy, as it is the foundation of this program, identifies barriers and advantages in implementation, and provides recommendations to address identified challenges, assessing the implementation process from the perspectives of those delivering the service, focusing on the challenges they faced in providing drug deflection and diversion. The CLEPD Act was created by state legislators to address a community crisis, an increase in opioid-related deaths, by providing an avenue for law enforcement to offer treatment.

Prior literature provided insight into previously instituted law enforcement-led approaches to the drug crisis and how other states have implemented new laws (Costitch & Quesinberry, 2019; Krebs et al., 2016). There were approximately 1300 legislative bills under consideration across the United States in 2018 to address growing concern of overdoses and substance-use disorders (Costitch & Quesinberry, 2019).

Blais et al. (2022) highlighted that the prohibition of drug use through arrest, jail, and the court system has shown to be an ineffective approach. Prior research indicated that individuals are 30% more inclined to participate in treatment if a direct referral is provided (D'Onofrio & Degutis, 2010 as cited in Schiff et al., 2017). Law enforcement officials have struggled to agree on the most impactful approach to address the number of overdoses; however, they have advocated to provide treatment-based options (Police Executive Research Forum, 2017, as cited in Varano et al., 2019). The Angel program, the first law enforcement-led access to treatment program, was created in Gloucester, Massachusetts in 2015 (Schiff et al., 2017). The objective of the Angel program was to reduce barriers in accessing treatment for individuals through law enforcement-facilitated access to treatment and this was determined to have positive outcomes for clients (Schiff et al., 2017). The City of Brockton implemented a similar drug deflection program called The Champion Plan (TCP) in 2016 (Varano et al., 2019). Researchers completed an evaluation of TCP and found positive outcomes for law enforcement-assisted access to drug treatment (Varano

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et al., 2019). Delaware implemented the Hero Help program in 2016, also initiated to address rising drug overdoses (Streisel et al., 2019). Similar drug deflection and diversion programs that provide services to clients in lieu of jail for low-level offences provided information regarding barriers to implementation processes such as lack of training, punitive beliefs, and complex procedures (Joudrey et al., 2021). A study regarding a diversion program called Law Enforcement Assisted Diversion (LEAD) implemented in Baltimore, Maryland provided insight regarding police attitudes toward pre-booking diversion (Rouhani et al., 2019). The study illustrated that law enforcement officers felt that the current system was not effective but did not believe that diversion was a better alternative than arrest (Rouhani et al., 2019). The LEAD study was identified as the first of its kind within this context to provide quantitative results into the law enforcement perspective (Rouhani et al., 2019). LEAD is a model of diversion that encompasses not only substance-use issues but also untreated mental health issues or other identified physical or social needs (Joudrey et al., 2021). LEAD establishes a collaborative approach to provide community services to individuals as an alternative to arrest (Csete, 2019; Joudrey et al., 2021). LEAD is a different initiative from the CLEPD Act but is similar as they both rely on law enforcement to connect individuals with services or treatment to make positive changes in their life. Hence, policy-makers continue to emphasize the importance of providing access to treatment and services without the barriers of fear of prosecution. These types of diversion programs have shown to be cost-effective by reducing incarceration rates and court system expenses as well as decreasing overdose deaths (Bernard et al., 2020). Another study regarding San Francisco's LEAD program identified barriers of implementation by interviewing staff, management, and two law enforcement officers (Magana et al., 2022). The San Francisco LEAD study identified a lack of officer buy-in and a lack of clear communication regarding policies and procedures that resulted in the closure of the program in 2020 (Magana et al., 2022). The TCP study by Varano et al. (2019) determined that utilizing law enforcement was a potentially valid avenue for individuals to access substance abuse treatment. Schiff et al. (2017) concluded that the Angel program was effective in accessing detoxification service but fell short in connecting individuals to extended treatment. One study regarding a diversion program in Florida reported a lower rate of rearrest for individuals who completed the program (Kopak & Frost, 2017). The research provided does not demonstrate if drug overdoses decreased or increased after the implementation of a drug deflection program. Instead, the research reported drug deflection was a tool or avenue to help individuals access treatment that could have a positive impact on the clients who participated. This study did not assess outcomes or client perspective but instead questioned those that provide the service, as to what challenges they identified as they work in the community.

METHODS

Our methodology utilized generic qualitative action research. This study utilized this method to gather information regarding the drug deflection policy and to identify barriers and advantages in implementation. The study's generic qualitative method provides an opportunity for open-ended questions

and observations for a deeper understanding of real-life work changes within this specific work group. This study was submitted to the institutional review board at Capella University but was determined exempt as it did not exceed minimal risk to participants. It should be noted that prior to the start of interviews, permission was obtained from the chief of the agency for the study. The participants were informed and assured that their participation was voluntary and confidential, and that they could withdraw without fear of reprisal. A system of confidentiality for all participants was established by utilizing designated codes for each participant. Throughout the data collection and the writing process, all identifying information of the participants was protected through encryption and passcodes.

Data collection included expert reviews of the interview questions, recruiting participants, and conducting interviews. The first step was to create questions for the three categories of participants: law enforcement officers, administrative staff at the law enforcement agency, and treatment professionals. Creating interview questions required knowledge of the legislation enacted to understand the process of deflection and what the law had specified regarding the role of law enforcement. Interview questions were created for three different groups of participants and focused on each group's specific role within the program. During the recruitment period, the interview questions were submitted to three expert reviewers for field testing. The expert reviewers had qualifications and experience that made their feedback valuable to this study. They all had current or previous experience in the field of criminal justice that made their feedback valuable to this study. Law enforcement study participants were ultimately asked seven approved questions, and administrators and treatment professionals responded to five approved questions.

The CLEPD Act, enacted 1 January 2019, outlined the purpose of the legislation, defined the terms utilized, provided authorization to law enforcement, provided basic procedures, outlined the types of deflection, and reviewed funding. The procedures section of the legislation encourages agencies to create programs with their own protocols and procedures, determine criteria for clients, and require that confidentiality be maintained. The law enforcement agency that participated in this study began offering alternatives to arrest through deflection in July 2019. The primary definition that impacts law enforcement agencies is the types of deflection outlined in the legislation.

1. Post-overdose deflection which occurs after administering overdose reversal medication (CLEPD Act, 2019).
2. Self-referral deflection refers to an individual seeking law enforcement to assist regarding their substance use (CLEPD Act, 2019).
3. Active outreach is when a law enforcement officer identifies an individual who likely has a probable substance-use disorder (CLEPD Act, 2019).
4. Prevention deflection is a community call response by law enforcement with no charges (CLEPD Act, 2019).
5. Officer intervention deflection occurs when criminal charges are present but suspended for possible treatment (CLEPD Act, 2019).

Not all officers would have the necessary experience and knowledge regarding the deflection program to participate. Therefore, it was necessary to clarify that only officers who had interacted on some level but no minimum level of involvement with the drug deflection program were included as participants. The administrator provided a list of officers, administrators, and treatment providers who had been involved at some point and on some level with the program. Contact information was accessible through the agency that provided permission for the study. An email explaining study procedures and details of consent was sent. A total of six officers responded and were willing to participate in a scheduled one-on-one Zoom interview. Additionally, two administrators who oversee the program and two local treatment providers also agreed to participate. The 10 participants comprised 3 females and 7 males, 9 of whom identified as white non-Hispanic and 1, Hispanic. Participants had varying years of experience from 27 years to 4 years within their perspective areas of service. The inclusion criteria were defined to ensure that experiences were focused on this policy and kept to specific experiences of drug deflection. The participants in this study provided an in-depth understanding within this specific group of individuals who have been impacted by a new legislative policy. Interviews were conducted between 1 May 2022 and 3 June 2022, approximately 3 years after the agency began implementation of the CLEPD Act policy. Participant interviews lasted between 10 and 25 minutes. The semi-structured interviews were conducted for 10 participants, and transcribed and analyzed to identify reoccurring words or phrases that resulted in emergent themes. A generic method of qualitative research utilized qualitative means of interviewing and observing without the framework of a specific system of analysis (Bellamy et al., 2016). The review of legislation and the criteria created for participants led to 10 participants being interviewed for the study.

RESULTS

The outcome of this project identified five topic areas that emerged through analysis: public administration, community resources, human resources, administrative support, and community stakeholders. The study identified barriers such as transportation, staff, and lack of local community resources. The greatest benefits of implementation were positive interactions with community, administrative support, and an alternative to incarceration. These themes were divided into advantages and barriers, i.e., positive or affirmative aspects that are working for the program and challenges that were identified in the implementation process.

Advantages included the following:

1. Public administration is the program policy or system that provides an alternative option for individuals to access substance-use treatment.
2. Administrative support aids in locating the treatment facility that has a bed available and the leadership support and commitment to the program.
3. Community stakeholders, from the perspective of law enforcement, have positive interaction with officers that is less punitive.

Barriers include the following:

1. Human resources are lacking in the number of staff available to help and this leads to concerns about transports that require significant amounts of time away from the county. In this same area it was noted that additional training regarding the program and addiction would be beneficial.
2. Community resources are scarce, and it is difficult to access readily available inpatient treatment within this suburban area for individuals without insurance.

Public Administration

The theme of public administration was identified based on responses from officers referencing an alternative option for individuals in lieu of jail. The other responses focused on public administration were regarding access to policy in the field and being able to access those policies when needed. One participant discussed this alternative option, "It gave me an option. It is nice to have the option to say this person needs something more than just me taking them to jail."

Participants were supportive of individuals accessing help and based on these interviews understand the need for individuals to engage in treatment. A participant refers to the law regarding this program, "The law itself paves the way initially and provides the resources and ability but it's the professionals that are really doing that work and really connecting between those relationships and I think we must have that." These responses are supportive of the program and offering treatment; not one respondent responded negatively.

There are five types of deflection outlined in the CLEPD Act that was previously defined. The basic data from the program was provided by the administrator and it was discovered that there has been only one type of deflection being utilized in this program, self-referral deflection, in which individuals reach out to the law enforcement agency and request help accessing treatment. Officers are then dispatched to contact the individual and review the program and paperwork, and then the administrative staff begins the process of identifying treatment availability. Officers interact with individuals seeking help through the program by reviewing the paperwork, transporting them, and taking possession of any narcotics. Therefore, it should be noted that the program is relying solely on self-deflection referrals while there are four additional types of referrals that could be utilized under the policy act, to include officer-initiated cases.

Administrative Support

The concept of administrative support was raised regarding individuals at the agency who provide much of the behind-the-scenes work. Officers particularly recognize that administrators complete this important piece of work which is necessary for the program function. One participant stated, "I think having a coordinator is huge. It is important again because they are taking care of all the work. It is important to have somebody who's knowledgeable. They are a huge part here that makes our job easier." Similar context was expressed by another participant: "The coordinator as a liaison between treatment and law enforcement is a huge

help. Having that person that knows the programs and the way to communicate about what is needed.” In a different area of administrative support, a participant expressed the chief’s support and commitment to the program.

“I think the one thing that was helpful was the chief’s support of it. It was really put as a priority and saying it was important to him, so I felt like the chief is willing to give of their time. It wasn’t like hurry up and get it done and get back to arrests, it was important to the chief so that made it helpful.”

Work stress is reduced when officers feel supported by the agency and their well-being is a priority (Frank et al., 2017). Participants’ comments led to the theme of administrative support being a positive and supportive aspect from the perspective of law enforcement officers.

Community Stakeholders

Positive interaction with the community was mentioned repeatedly by participants as something that was helpful in their role for the program. Participants stated that they valued positive interaction with the community and their desire to help the individual access help. In reference to the program as another option to arrest, one participant stated the following:

“You can establish a warmer rapport with the person, and I think they have a better interaction with law enforcement. A kind of more compassionate interaction. I get to spend a little more time with them. They work with the coordinator and then I get to drive them and so you can establish a more positive interaction rather than just here’s the ambulance and see you later.”

This participant discussed positive community interaction as a helpful aspect of the job.

“I think we are really truly helping people again. When they are calling us and say they are ready for treatment they have pretty much hit rock bottom and they are willing to take that step forward. That’s huge. So our interaction with them is important to keep them motivated to keep them interested in treatment.”

These comments highlight the officers’ perception of this program providing an opportunity for them to have positive interactions with individuals in the community. Community trust will be difficult to achieve if the community sees law enforcement as an outsider trying to rule and control (Childs, 2019). There is pressure within communities to redefine law enforcement as guardians and not warriors (Wood & Watson, 2018). This positive interaction discussed by these participants is crucial in establishing a positive relationship with the community.

Human Resources

Human resources was the highest mentioned challenge in the participant interviews. This included areas of concern for staffing needs, transportation of clients, and training. There are a limited number of officers per shift and taking an officer

out of patrol to transport someone an hour away to treatment leaves other officers with more area to cover.

“Nobody wanted to drive, you know. It was hard to find somebody to get a person downtown for treatment. No department here is going to do that. So officers are doing it because they must, but it would help to have transportation for clients.”

Training was another area the participants stated was sparse. The information was provided by email. The limited training was discussed by this participant.

“I don’t think there was much training. I think there were like a few emails that came out kind of describing the purpose and the kind of steps you would follow once you had someone requesting to participate in the program here’s kind of our policy outline in a few emails. I don’t remember having any kind of roll call or sit-down training.”

Additional training about substance-use disorder would be beneficial for officers; a participant discussed a desire to know more addiction in their role. “I think some additional training but also some general training about dealing with people with addiction would be good. I think that’s kind of the biggest thing just so we are more informed.”

Community Resources

Another barrier identified by participants was a lack of community resources. Participants discussed the limited number of local resources that would accept someone without insurance. This resulted in having to take individuals an hour away to a treatment facility, feeding into the concern of transportation and staff shortages as discussed under the human resources theme.

A participant described the following barrier in accessing treatment for an individual:

“A barrier for us is finding treatment providers that can take our clients on the same day. Insurance issues and lack of insurance also impacts if a bed can be secured for them. The resources are limited because there are so many people vying for those beds. I don’t know of any facility in this area that will accept state insurance. So we have to reach out to other facilities outside of our area.”

Another participant continued the concern of lack of local resources. “We need an inpatient facility that could take people that is not so far away. We are sending a lot of people away from the area, but you must get the individual all that way.”

The five themes identified were public administration, administrative support, community stakeholders, human resources, and community resources. It was determined that three of these themes were positive aspects of the program and two themes indicated areas of need. Public administration, administrative support, and community stakeholders were all areas that participants reported were helpful to their position and provided valuable support in the implementa-

tion of the policy. Additional staffing needs, transportation demands, and additional training were all areas related to human resources that were areas they had to overcome in providing the services. The availability of local community resources that could provide inpatient services to individuals without insurance or with state insurance within a short time frame was also noted as areas of need. Participants reported that there was only one facility that provided quick availability and accepted individuals without insurance but required a significant amount of time for transportation and staff to provide transportation.

DISCUSSION

The objective of this study was to identify barriers and advantages encountered in implementing a drug deflection policy and to provide recommended actions to address those challenges. The policy was enacted in 2019 and was intended to address increasing drug overdoses and deaths in Illinois. Other drug deflection policies and programs have been created in other areas of the country and have reported positive outcomes both regarding individuals accessing treatment and community relations with law enforcement. This study did not look at the entire program and cannot speak to outcomes or performance measures. The program has served 45 individuals since its creation in 2019. All referrals were self-referred. There have been no police-led referrals at this time. The drug deflection policy provides five different types of referral avenues for individuals to access treatment through law enforcement. The law supports officers in making referrals if they encounter individuals with drug addiction. Participants identified three areas of positive support or benefit and two barriers or areas of need. The three areas of support were focused on the program providing an alternative option for individuals, the support from the coordinator and the chief regarding the program, and positive interactions with the community. The areas of need were linked as the transportation issue is due to lack of inpatient treatment which results in leaving a shift short on manpower. The other issue discussed was regarding more training needs for increased knowledge about drug addiction. The final area of need was a local inpatient facility that accepts individuals without insurance.

Limitations of this study include the study's geographical limits within one agency. This study cannot be generalized as different geographical areas may have different challenges. Participants from different geographical areas may identify different barriers based on agency leadership, funding for treatment, staffing needs, etc. Additionally, the study does not include a review of the drug deflection program procedures within this law enforcement agency. These procedures could have potentially been discussed further in the interviews to identify additional benefits and barriers. These are limitations that could be considered for further research within this topic area.

CONCLUSION

The principal barriers identified were human resources and community resources. The first recommendation is to seek grant funding or review fiscal viability to hire additional staff and address any policy issues to open transportation duties

to noncommissioned officers. The second recommendation is to provide additional training to officers in addiction, which would increase officer-led deflection as it is defined in the CLEPD Act. A third, but long-term, goal for administrators on the local level is to seek and advocate for government support for a local inpatient treatment facility that will meet the needs of individuals without insurance. This recommendation will require research of the current facilities, meetings with directors of those facilities, review of possible grant opportunities to subsidize treatment for individuals without insurance, and gather information from other facilities that already have this capability but are outside this local jurisdiction. The process of addressing the local inpatient facility issue will take time, therefore a more readily accessible option is to provide support in transportation demands. Additionally, transportation could be provided through contracted services by a company or volunteers, but this may limit connections with the community.

The results of this study may be of interest to organizations that advocate for diversion and drug deflection programs with legislators and may also support continued research on the topic. Organizations that advocate for drug deflection and diversion policies may value information regarding barriers so those barriers can be potentially addressed or at the very least, organizations can be informed of the potential challenges that may exist in implementation of a similar program. Understanding the barriers this study identified may not apply for all sites, but this information could encourage them to consider these barriers as they start their own program. Other drug deflection and diversion sites could assess for themselves if the location of treatment facilities is out of range; if so, making accommodations for transportation will be something for them to consider. Additionally, organizations could review current staff and determine whether they have the capacity to create a coordinator position as this was a significant area of support for the officers.

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CONFLICTS OF INTEREST DISCLOSURE

The authors have no conflicts of interest to declare.

ETHICS APPROVAL

Submitted to IRB, determined not to exceed minimal risk, and declared exempt.

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