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Progress Report: Independent Research and Evaluation of the Expanded Police Drug Diversion Program



Title:	Independent Research and Evaluation of Police Drug Diversion Program
Prepared for:	Queensland Police Service
Prepared by:	Institute for Social Sciences Research, UQ
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The Institute for Social Science Research at the University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which UQ operates. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

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Acronyms and abbreviations

Acronym/abbreviation	Definition
ABS	Australian Bureau of Statistics
Adis	24/7 Alcohol and Drug Support
AOD	Alcohol and Other Drugs
AODTS-NMDS	AOD Treatment Services National Minimum Data Set
ARC	Australian Research Council
CIPES	Court Innovation Program Evaluation System
DAES	Drug Assessment and Education Sessions
DCS	Diversion Coordination Service
DDAP	Drug Diversion Assessment Program
DOJ	Department of Justice
HREC	Human Research Ethics Committee
ISSR	Institute for Social Science Research
IWG	Interagency Working Group
LLE	Lived and/or living experience of illicit drug use
LLW	Lives Lived Well
PDDP	Police Drug Diversion Program
PPROLA	<i>Police Powers and Responsibilities and Other Legislation Amendment Act (No. 2) 2023</i>
PWUD	People who use drugs
QH	Queensland Health
QPS	Queensland Police Service
QPSRC	Queensland Police Service Research Committee
QPRIME	Queensland Police Records and Information Management Exchange
QWIC	Queensland Wide Interlinked Courts
TOR	Terms of Reference
UQ	University of Queensland
YJ	Youth Justice

Executive Summary

Introduction

From 3 May 2024, under the *Police Powers and Responsibilities and Other Legislation Amendment Act (No. 2) 2023* (PPROLA), the Police Drug Diversion Program (PDDP) was expanded. This expansion changed how police handle drug possession in three key areas:

- the types of drugs eligible for the program have expanded from only cannabis and associated devices, to include any combination of dangerous drugs (within quantities prescribed under regulation), non-medical use of prescription pharmaceuticals (s4 and s8 medicines), and things used in the consumption of those substances.
- individuals can be offered up to three diversion opportunities, increased from the single diversion opportunity previously available.
- eligibility criteria requiring the person to admit the offence and excluding people with prior convictions for violence have been removed due to advancements in technology to accommodate alternative strategies.

Diversion opportunities include a warning (Tier 1) and two opportunities to attend a health appointment as an alternative to court (Tiers 2 and 3). These changes are intended to increase the proportion of minor drug offences that can be diverted from court, enabling police to redirect individuals to access health related services, avoiding negative impacts from involvement with the criminal justice system and enabling organisational efficiencies - delivering improved outcomes for individuals who use drugs and the Queensland community. The expanded PDDP is therefore intended to achieve better health and social outcomes for individuals and to reduce pressure on the criminal justice system.

The Institute for Social Science Research (ISSR) at The University of Queensland (UQ) has been contracted by the Queensland Police Service (QPS) to provide an independent evaluation of the expanded PDDP. This report describes progress in the evaluation to date and presents some early observations from initial analyses of available data.

Progress in key evaluation activities

- The evaluation design was completed, drawing on extensive consultation with and contributions from QPS, the Interagency Working Group, key sector representatives, and people with lived and/or living experience of substance use and the criminal justice system
- Ethics approvals have been granted by the UQ Human Research Ethics Committee (2024/HE001478) and the Queensland Police Research Committee (QPSRC-0325-3.01).
- Administrative data from the first 11 months of the expanded PDDP (May 2024 – April 2025), as well as baseline data from the previous PDDP (May 2022 – May 2024), were received and initial analyses undertaken.
- The acquisition and analysis of further data from QPS, the Diversion Coordination Service, diversion health appointment providers and the Department of Justice are underway.
- Key document analyses are progressing.
- Primary data collection via interviews has commenced, with surveys of stakeholders and diverted participants ready to launch.

Early observations

Early observations from the evaluation activities are reported under each of the key evaluation questions (KEQs) in Section 3. A number of early findings emerged:

- The total number of people diverted under the expanded PDDP increased from May 2024 to March 2025, with very few diversions refused (n=22), suggesting increased uptake of the program over this initial 11-month period.
- **17,644** diversions were issued from May 2024-March 2025; **62%** were warnings (Tier 1), **8%** were Tier 2 (first diversion) and **30%** were Tier 3 (second diversion).
- People diverted under the expanded PDDP were slightly older (mean age **32.2 years**) and more likely to identify as First Nations (**17%**) than people diverted under the previous PDDP, although the proportion of males (**69%**) and females (**31%**) was similar across the two programs. Within the expanded PDDP, a greater proportion of warnings (Tier 1) involved juveniles compared to Tier 2 and 3 diversions.
- The majority of property seized during occurrences where diversion was offered under the expanded PDDP involved **utensils** (63.5%) or **cannabis** (49%), but a broad range of drugs were seized, including meth/amphetamines (27.3%), pharmaceuticals (7.9%), cocaine (4.7%), GHB (3.2%), and MDMA (3.1%). This suggests that the expanded PDDP is diverting the intended broader range of minor drug offences.
- In addition to PDDP referrals into the diversion health appointments, **280** people received police referrals (from May 2024 to March 2025) to additional supports through the police referrals program, which operates separately to the PDDP. This highlights the potential for the expanded PDDP to operate in conjunction with other police referral pathways.
- Early document analyses show alignment of the PDDP with key strategic Queensland and national policy priorities.

Next steps

The evaluation will continue to examine administrative data for the expanded PDDP as these become available, in addition to primary data collection through surveys of and interviews with stakeholders and diverted participants. Findings will be triangulated with complementary data where relevant. A final report will be prepared in July 2026 for submission by 30 July 2026.

1. Background and context

1.1 Background

The Police Drug Diversion Program (PDDP) has existed in Queensland since 2001. Under previous Queensland legislation, persons apprehended in possession of small quantities of cannabis could be diverted from the justice system into a PDDP, where they received an episode of assessment and education to help address their substance use.

Under the *Police Powers and Responsibilities and Other Legislation Amendment Act (No. 2) 2023* (PPROLA), the PDDP has expanded. Following a harm minimisation approach, the purpose of the PDDP has always been to redirect people charged with minor drug possession offences away from the conventional criminal justice process and towards health-related services. This is based upon the clear evidence that a law enforcement response alone is both less effective and more expensive than providing treatment for drug and alcohol dependence (1).

Broadening options for police diversion into health responses for people facing minor charges for substance use and possession is a priority action under *Achieving balance – The Queensland Alcohol and Other Drugs Plan 2022–2027. Better Care Together*, released in 2022, is a five-year services plan for state-funded mental health alcohol and other drug services (2). The plan recognises the need to ensure appropriate AOD responses are in place for people diverted from or engaged with the criminal justice system.

From 3 May 2024, the PDDP expansion changed how police handle drug possession in three key areas:

- the types of drugs eligible for the program have expanded from only cannabis and associated devices, to include any combination of dangerous drugs (within quantities prescribed under regulation), non-medical use of prescription pharmaceuticals (s4 and s8 medicines), and things used in the consumption of those substances.
- individuals can be offered up to three diversion opportunities, increased from the single diversion opportunity previously available.
- eligibility criteria requiring the person to admit the offence and excluding people with prior convictions for violence have been removed due to advancements in technology to accommodate alternative strategies.

Under the three-tiered police drug diversion model, the first eligible minor drug possession offence results in a warning notice (Tier 1), forfeit of the drugs, and an opportunity to voluntarily engage with an external service provider through the existing Police Referrals strategy or via Adis 24/7 Alcohol and Drug Support (1800 177 833) (Adis), the details of which are provided in the Minor Drugs Offence Warning notice. For the second (Tier 2) and third (Tier 3) minor drug possession offences, the person will be offered an opportunity to participate in a Drug Diversion Assessment Program (DDAP) health appointment as an alternative to court - if agreed, the drugs are forfeited, a drug diversion agreement is signed, and a diversion appointment is made. Where the DDAP appointment is not completed, police enforcement action may include issuing a caution, an infringement notice, or prosecution (but not for the original drug possession offence).

These changes are intended to increase the proportion of minor drug offences that can be diverted from court, enabling police to redirect individuals to access health related services, avoiding negative impacts from involvement with the criminal justice system and enabling organisational efficiencies - delivering improved outcomes for individuals who use drugs and the Queensland community. The expanded PDDP is therefore intended to achieve better health and social outcomes for individuals and to reduce pressure on the criminal justice system.

The Institute for Social Science Research (ISSR) at The University of Queensland (UQ) has been contracted by QPS to provide an independent evaluation of the expanded PDDP. This document provides a Progress Report on the progress of the Evaluation.

1.1.1 A note on language used in this report

We deliberately use person-centred language in this evaluation that reflects the consultations undertaken during the development of our evaluation plan and data collection materials, aligning with the broader literature on language and stigma in both substance use and criminal justice research. This includes *people who use drugs* (PWUD) and *people with lived and/or living experience* (LLE) of substance use and/or the criminal justice system. We also refer to persons diverted under the expanded PDDP as diverted participants and avoid the use of stigmatising terms such as 'offender'. Likewise, we have also avoided the use of the term 'recidivism' to refer to further drug-related encounters with the criminal justice system and instead refer to repeated contact with the criminal justice system.

1.2 Objectives of the evaluation

The objectives guiding the evaluation are drawn from the Terms of Reference provided by QPS. The key objectives of the evaluation are:

1. To understand the implementation and operationalisation of the expanded PDDP in accordance with the authorising legislation
2. To investigate the outcomes and impacts of the expanded PDDP for people engaged in diversion for minor drug offences; for the criminal justice system; and for health and diversion coordination services and
3. To assess whether there are opportunities for improvements to the expanded PDDP, including for example, to program access, referral systems, program components, barriers to be overcome and/or other aspects of the program.

The following aspects are considered in scope and out of scope.

In-scope aspects of the evaluation:

- the Program's implementation and operationalisation, including aspects relating to design of the Program and its implementation, utilisation, application of the eligibility criteria by police; the training of QPS officers; stakeholders' understanding of the Program objectives and operation, and barriers and contributors to the effective implementation and operationalisation of the Program; and unintended consequences of the expanded PDDP
- the Program's outcomes and impacts for people engaged in diversion for minor drug offences; for the criminal justice system; and for health and diversion coordination services. This includes a consideration of the impact of the Program on workloads for stakeholders in the criminal justice system
- opportunities for improvement to the expanded PDDP.

Out-of-scope aspects of the evaluation:

- detailed evaluation of the content and processes of the training sessions provided for QPS and other staff attached to the Program, except as it relates to effectiveness in preparing QPS officers and staff for work relating to the Program
- detailed analysis of Program participants' experience of drug-related policing beyond the PDDP or of the DDAP intervention delivered by health services
- formal study of cost-effectiveness of the Program
- review or evaluation of programs provided by QPS, Queensland Health (QH), DoJ or other agencies that are not part of the PDDP
- longitudinal evaluation of the impact of the Program on the health and wellbeing of participants (e.g. interactions with the health system including hospitalisations) and
- evaluation of the impact of the PDDP on community attitudes to policing.

Given this scope of the evaluation, the key evaluation questions are outlined below.

1.3 Key evaluation questions

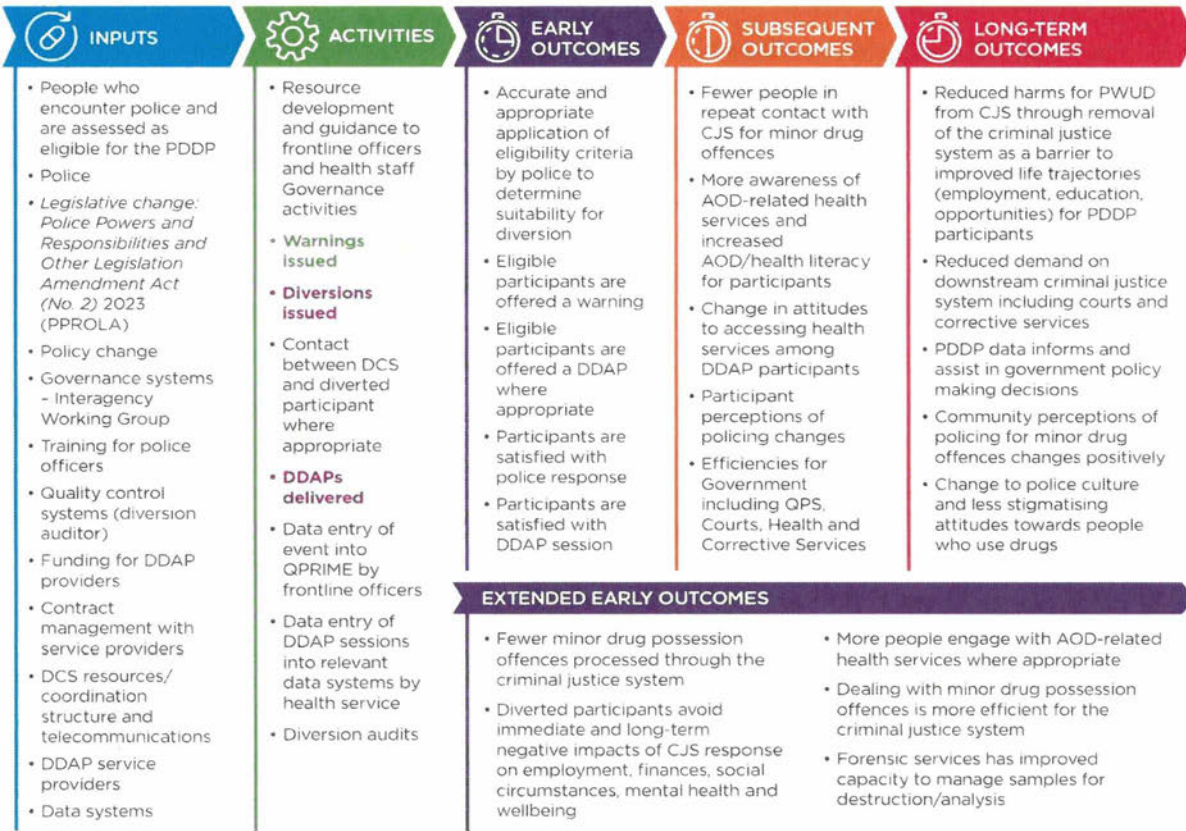
The evaluation is based on a series of evaluation questions developed in conjunction with QPS and other stakeholders and agreed in the Evaluation Plan. The key evaluation questions (KEQs) consider the following areas to address the objectives of this evaluation, with sub-questions outlined to provide further nuance:

1. **To what extent has the expanded PDDP been implemented and operationalised in accordance with the authorising law and as intended?** For example:
 - To what extent has the expanded PDDP been used, including the size of the potential eligible population compared with actual diversion numbers?
 - Have police applied the eligibility criteria for the expanded PDDP and drug quantity thresholds fairly, consistently and appropriately (including whether the expanded PDDP has been conducted equitably across different cohorts, including First Nations people, women and young people)?
 - What proportion of drug diversion assessment programs have been completed and how has non-completion been managed by police and health service providers?
 - What were the barriers and facilitators of implementing the PDDP?
 - To what extent does the PDDP align with key strategies and policies of the Queensland Government?
 - Have there been unintended consequences of the expanded PDDP (positive or negative), including but not limited to demand on the health system and impacts on police intelligence?
2. **What have been the outcomes and impacts of the expanded PDDP?** For example:
 - for people engaged in diversion for minor drug offences
 - What proportion of people engaged in diversion for minor drug offences are re-engaged in the PDDP for further minor drug offences during the evaluation period?
 - Has the expanded PDDP efficiently and effectively diverted individuals detected for drug possession offences away from the criminal justice system and provided alternative health pathways?
 - What effect has the PDDP had on participant outcomes in the areas of employment, finances, social circumstances, health and wellbeing?
 - for the criminal justice system
 - How has the PDDP impacted on the work of criminal justice system actors, including workload and time taken to complete work tasks?
 - What effect has the PDDP had on QPS operations including capacity, capabilities, resources?
 - What effect has the PDDP had downstream on Queensland Courts and Queensland Corrective Services?
 - for health and diversion coordination services?
 - What effect has the PDDP had on health and diversion coordination services, including capacity, capabilities and resources?
3. **Where can improvements be made to the expanded PDDP, including to program access, barriers to be overcome, referral systems and other program components?**

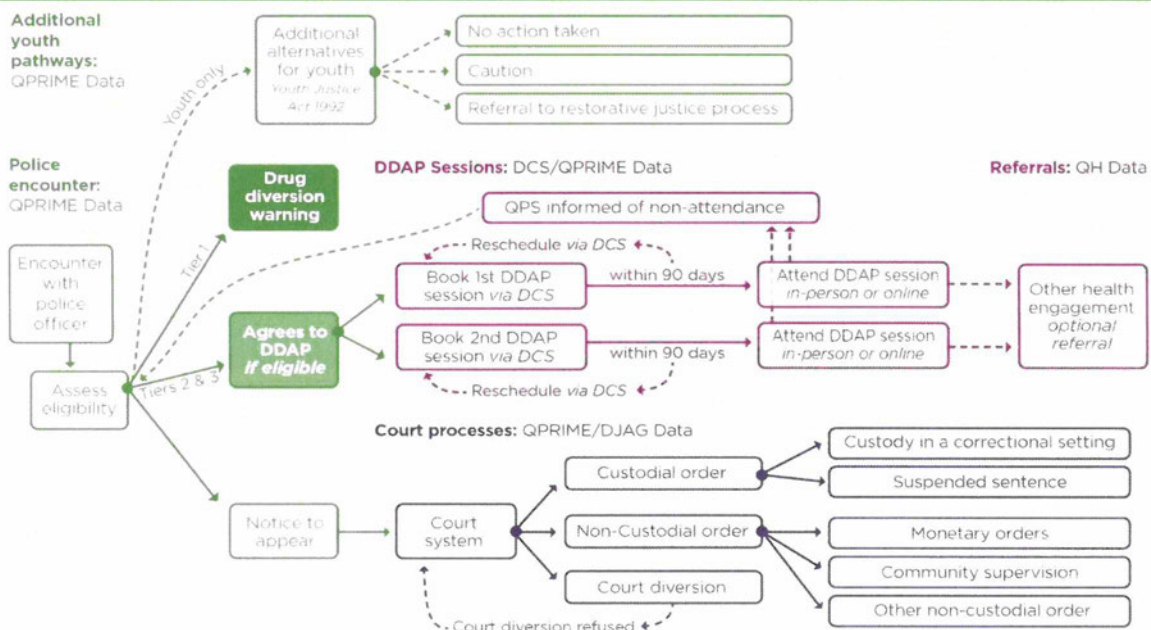
1.4 Program logic

The Program Logic (Figure 1), articulating links between the inputs and activities of the expanded PDDP and the outcomes expected to emerge from it, was developed with input from the evaluation design consultations. It also outlines pathways for the expanded PDDP, and the sources of data on which the evaluation will draw.

Figure 1. Program Logic for Police Drug Diversion Program.



PDDP participant journey - Data sources



1.5 Evaluation methodology

The evaluation uses a mixed-methods approach that is reflective of diverse contexts and perspectives, and focused on improving outcomes for consumers, service providers, and the wider community. These principles and activities drive the evaluation, noting that review and refinements may take place in consultation with the QPS and other stakeholders during the execution of the evaluation. Our evaluation approach draws on prior research and evaluation findings, uses data collected in program-specific systems, and will triangulate these with the experiences and perspectives of diversion participants, operational police officers, staff of the Diversion Coordination Service (DCS), and DDAP providers to describe the impact of the expanded program at multiple levels. In considering the findings from the expanded diversion program, we propose drawing comparisons with trends observed during the original diversion program and examine information from other systems and jurisdictions to place the findings in context.

We use a mixed-methods approach that draws on the following data sources:

- document and policy analysis.
- administrative program data
- quantitative survey data
- qualitative data
- triangulation with external data and
- references to published literature.

Our mixed-methods evaluation applies a data collection and analysis strategy that integrates quantitative and qualitative data from multiple sources for a robust assessment of the appropriateness, efficiency, and impact of the PDDP.

Full details of the evaluation methodology can be found in the Evaluation Plan: Evaluation of the Expanded Police Drug Diversion Program, V1.4.1 (29 November 2024), accepted by QPS.

Table 1 summarises how our methods are intended to address the key evaluation questions and sub questions, noting that these may be further developed during the progress of the evaluation.

Table 1. How our evaluation methods address the Key Evaluation Questions.

Evaluation Questions	Document and policy analysis	Administrative program data	Quantitative survey data	Qualitative data	Triangulation with external data	Reference to published literature
KEQ1: Has the expanded PDDP been implemented and operationalised in accordance with the authorising law and as intended?						
Implementation as planned/in accordance with legislation	✓	✓		✓	✓	✓
Level of utilisation		✓	✓	✓	✓	
Equity of application		✓	✓	✓		✓
Effective diversion from criminal justice to health responses		✓	✓		✓	
Efficiency of diversion/ resourcing implications		✓	✓	✓		
Completion/management of non-completion		✓	✓	✓		
Unintended consequences	✓		✓	✓	✓	✓
KEQ2: What have been the outcomes and impacts of the expanded EPDDP?						
Engagement/re-engagement of participants in PDDP		✓	✓	✓	✓	
Subsequent engagement with criminal justice system		✓		✓	✓	✓
Workload implications for police, health services, coordination systems	✓		✓	✓		✓
Access to/uptake of treatment options where appropriate			✓	✓	✓	
KEQ3: Where could improvements be made to the expanded PDDP?						
Access	✓		✓	✓		✓
Barriers	✓		✓	✓		✓
Referral systems	✓		✓	✓		✓
Program components	✓		✓	✓		✓
Other	✓		✓	✓		✓

2. Evaluation Progress

2.1 Key project milestones

The status of key project deliverables is summarised in Table 2 below:

Table 2. Status of key deliverables

Key Milestone / Deliverable	Date of Submission/Completion	Status
Contract signing	16 May 2024	Complete
Project inception Meeting	3 June 2024	Complete
Evaluation Project Plan	25 July 2024	Accepted 23/8/2024
Final Project Evaluation Plan	14 October 2024	Accepted 12/11/2024
Draft Progress Report	28 May 2025	Submitted 28/05/2025
Progress Report – Evaluation progress and early observations	25 June 2025	This document
Draft Final Report	29 June 2026	TBC
Final Report	30 July 2026	TBC

2.2 Risk analysis

Table 3 below summarises risks encountered during the project to date, and measures undertaken to mitigate their impact.

Table 3. Risk analysis

Identified risk	Event/impact/mitigation
Increasing impact of COVID-19	No events experienced.
Specified personnel are not available due to unexpected absences (i.e., due to illness or other unforeseen circumstances)	Change in expert advisory team: Prof Simon Smith departed ISSR. No negative overall impact. Prof Smith has been replaced by Prof Alison Ritter, who has extensive experience of benefit to the project. Ms Shelby Marrington (project manager) joined the team, after the departure of Dr Shannon Edmed. Dr Sebastian Kocar and Dr Kieren Lilly joined the team as quantitative analysts. Dr Natalie Thomas departed ISSR. Subject to approval from QPS, another senior researcher with significant evaluation expertise, qualitative research and experience with the criminal justice system will join the evaluation team.
Scope changes	No events experienced.
Required ethical and other approvals are not received or delayed	Delays in receiving Ethics Clearance and Research Approval created some delays in receipt of QPRIME data. Data now received. Some delays in implementing participant and stakeholder surveys; limited impact to date.
Written feedback on deliverables is not supplied as required to advance the project	Timely feedback on deliverables received to date.

Identified risk	Event/impact/mitigation
Relevant data and other material for the review are not supplied to the Project Team	Initial data from QPS have been received and are under analysis; data from DCS and health service providers have been delayed significantly by QH legal and administrative requirements. Significant impact on scope of the progress report: findings restricted to analysis of QPRIME data. QH are working to support pathways to timely data provision. DoJ data is being requested.
Participants unwilling to disclose/ provide information relevant to study	No events experienced.
Interview participants experience distress	No events experienced.
Unauthorised access to information stored at University premises	No events experienced.

2.3 Ethics clearances and approvals to conduct research

The Evaluation Team applied for ethical clearance through The University of Queensland Human Research Ethics Committee (HREC) on 26 November 2024. Amendments were made in response to Ethics Committee reviews, with resubmissions in February and April 2025. **Ethics approval was granted on 10 April 2025** (Project Number: 2024/HE001478).

In addition to ethics clearances through UQ, the Evaluation Team applied for research permission through the Queensland Police Research Committee on 19 February 2025. **Approval was granted on 7 April 2025** (Reference Number: QPSRC-0325-3.01).

2.4 Progress in key evaluation activities

Progress on the key evaluation activities is summarised in Table 4 and described further below.

Table 4. Evaluation activity progress against original timelines

Activity	Proposed timeframe	Commenced	Proposed/actual timeframe	Comment
Evaluation design consultations	June–Aug 2024	Y	5/8/24-21/11/2024	Complete
Data audit	June–Sept 2024	Y	16/5/2025	Discussions with health providers required QH facilitation
Ethics	Aug–Nov 2024	Y	UQ HREC 10/4/2025 QPSRC 7/4/2025	Approvals received
Data sharing agreements	Aug–Nov 2024	Y	Ongoing	Data sharing agreements with Adis, DCS, NGO health provider with assistance by QH
Administrative program data acquisition	Oct 2024	Y	Ongoing	QPRIME data acquired; further data request underway DCS data not received; process underway, data due 11/7/2025 Health provider data not received; data due 26/6/25 Adis data request in progress. DoJ to be requested at meeting 1 July 2025
Document and policy analysis	Aug–Dec 2024	Y	Ongoing	Awaiting documentation from DCS, health providers
Administrative program data analysis	Oct 2024 – Dec 2025	Y	May 2025–April 2026	Preliminary QPRIME data analysis underway
Quantitative survey: stakeholders	Dec 2024, Sept 2025	N	July 2025	Survey design complete; ready for recruitment
Quantitative survey: diverted persons	Dec 2024, Sept 2025	N	July 2025	Survey design complete; ready for recruitment
Qualitative interviews: stakeholders	Nov 2024–Dec 2025	N	June 2025	Interview guides completed Approval from DoJ required before interviewing staff
Qualitative interviews: diverted persons	Nov 2024–Dec 2025	Y	June 2025	Interview guides complete; recruitment commenced; 1 st interview completed 20/6/2025
Triangulation with external data	Dec 2024–Mar 2026	N	Aug 2025–Mar 2026	Triangulation on hold until program data available for comparison

2.4.1 Evaluation design consultations

Extensive consultation was undertaken to ensure engagement of a broad range of program and evaluation stakeholders. Participants were invited to comment on the draft program logic, to consider the proposed evaluation methodologies, to suggest potential data sources and mechanisms of acquisition, and to note any constraints or concerns for the evaluation. Feedback was incorporated into the Evaluation Plan and considered in the design of primary data collection instruments.

All members of the Interagency Working Group convened to support the PDDP were invited to participate in a consultation, with the following agencies represented:

- Queensland Police Service (QPS)
- Queensland Health (QH)
- Department of the Premier and Cabinet (DPC)
- Queensland Treasury (QT)
- Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA)
- Department of Justice (DoJ)
- Youth Justice (DYJ)

Additional consultations included key sector representatives:

- Queensland Correctional Services (QCS)
- Legal Aid Queensland (LAQ)
- Queensland Mental Health Commission (QMHC)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Queensland Network of Alcohol & Other Drug Agencies (QNADA)
- Queensland Injectors Voice for Advocacy and Action (QuIVAA)
- Alcohol & Drug Foundation (ADF)
- People with lived – living experience of drug use.

Consultations were held over Zoom and Teams to facilitate broad attendance.

2.4.2 Document and policy analyses

The evaluation team has requested and received operational documentation and policies and procedures from the service providers.

Table 5 below outlines the documentation requested and/or collected, and the number of documents fully analysed to date. The evaluation team is yet to receive some documentation due to ongoing discussions with service providers regarding data sharing agreements.

Additional documents will be requested over the course of the evaluation period. We note that preliminary examination of some additional documents has been undertaken.

Table 5. Documentation collected/received and analysed

Type of Document	Number of documents collected/received	Number of documents analysed
QPS – Key Documents	16	3

Type of Document	Number of documents collected/received	Number of documents analysed
QH – Key Documents	2	0
QCS – Key Documents	1	0
Courts – Key Documents	1	0
Drug and Alcohol Diversion Programs	2	0
AOD Documents – ADF	3	0
Policy Documents	7	7
Legislation Documents	13	5
Other Documents	5	0
Total	50	15

2.4.3 Administrative program data

Preliminary analyses in this report were conducted using administrative data from the QPS QPRIME data system.

The final evaluation report will integrate and triangulate information from a range of additional administrative data sources, including Queensland Wide Interlinked Courts (QWIC) system, Court Innovation Program Evaluation System (CIPES), and the DCS, to describe the application, uptake, and impact of the expanded PDDP. We will also include data from participating health service providers, including Adis and a non-government organisation (e.g., Lives Lived Well/LLW), to confirm uptake and participation in the health appointments.

We will use data from two years pre-expansion (3 May 2022 – 2 May 2024) where available, and two years post-expansion (3 May 2024 – early May 2026). In this report, we utilise QPRIME data from 3 May 2022 – 10 April 2025, with the recognition that this initial data set may not represent steady-state program operation.

Throughout the evaluation, we will ensure that the data gathered provide a basis for continued monitoring beyond the initial expansion period to allow for longer-term outcomes of the program to be assessed in the future. In the final evaluation report, we will also take into consideration the preparatory modelling undertaken by QPS as well as other data sources to estimate the expected eligible participant sample size.

2.4.3.1 Data sources

Through consultation with key stakeholders and data custodians, we identified the following data sources for our evaluation:

1. De-identified individual-level data from 2 years prior to implementation and 2 years post-implementation

These include, but are not limited to, de-identified individual-level data (i.e., unit record files or microdata) relating to illicit drug offences from Queensland Police's QPRIME data source, and those relating to court appearances and referrals from DoJ's QWIC data source. In this progress report, we utilise the following data from **QPRIME**:

- **Baseline (pre-expansion) data on diversions for cannabis and utensil offences** (3 May 2022 – 2 May 2024): These data comprise demographics (date of birth, sex, and First Nations status), charge information, and dispositions for diversion under the prior cannabis diversion program.

- **Expanded program data on diversions for minor drug offences** (3 May 2024 – 10 April 2025): These data comprise demographics (date of birth, sex, and First Nations status), charge information, and dispositions for warnings and diversions under the expanded program.
- **Baseline (pre-expansion) and Expanded Program data on diversions for minor drug offences** (3 May 2022 – 10 April 2025): These data comprise demographics (date of birth, sex, and First Nations status), charge information, and dispositions for warnings (expanded program only) and diversions under both the baseline and expanded programs, including information about diversion session completions.
- **Expanded Program data with details on diversions for minor drug offences** (3 May 2024 – 10 April 2025): These data include further details about diversion occurrences, including the location, postcode, demographics (date of birth, sex, and First Nations status), charge information, diversion type (warning [Diversion Tier 1], initial health appointment [Diversion Tier 2], and subsequent health appointment [Diversion Tier 3], diversion completions, and the property associated with the minor drug offence (e.g., drug type, instrument).
- **Expanded Program data on property associated with minor drug offences:** These data include further information about the drug type, form, and quantities associated with unique occurrences.
- **Police Referral Data** (3 May 2024 – 4 April 2025): This data comprises of information about Police Referrals program to service providers in addition to the expanded PDDP. This includes the location of the service, referral type and reason, and client sex.

Table 6 provides a breakdown of the indicators relating to the QPRIME data, as well as the proposed indicators for data sourced from QWIC.

2. Data linkage of de-identified data for diverted participants

We will request specific de-identified individual-level data, including information on illicit drug offences, diversion, and court appearances, to be linked. Using linked data to address our evaluation questions will make our analytical findings more comprehensive and robust. Based on our stakeholder consultations, we have identified the following data sources to link with QPRIME data:

- **QWIC and CIPES** data, using unique individual IDs or data linkage keys (SPI and/or ABS keys), pending data sharing agreements between QPS and DoJ.
- **DCS** data, using Diversion Reference Numbers to link accepted diversions. These data will include further demographic information (e.g., country of birth), and information about health appointment modalities, completions, cancellations, and reschedules. DCS data will also include non-linkable data on the number of appointments booked for each service provider (by site and modality).
- **Health Service** data, using Diversion Reference Numbers to link accepted diversions. These data include information about the primary drug and other drug(s) of concern, referral suitability, and accepted referral to additional AOD services. Data have been requested from Adis, who provide approximately 70% of health appointments, and Lives Lived Well, as the major non-government provider of health appointments. Information will also include de-identified data that cannot be linked to QPRIME but provides information about diversion participants' experience of the health appointments.

The Evaluation team will continue to explore the feasibility and utility of linking other datasets.

Table 6 outlines the proposed data sources, indicators, and analytic questions that can be applied to these data. We note that the data to be requested from DoJ from the QWIC and CIPES systems have yet to be confirmed.

Table 6. Example data sources, indicators, and analytical questions.

Data source	Indicators	Potential analytical questions and strategies
QPRIME	Baseline (pre-expansion data): Number of people diverted for cannabis offences under previous program.	Proportion of eligible people diverted. Estimated eligible proportion under expansion.
	Number of individuals encountering police for minor drug offences	
	Number of minor drug offences by drug type	
	Proceedings by police for other offence types (particularly drug supply offences)	Has there been any evidence of net-widening or displacement?
	Number of individuals assessed for diversion under expanded program.	Pathway analysis. Descriptive analyses: e.g., is this different from previous program; do these numbers increase over evaluation period? Do these vary across locations?
	Number of individuals meeting eligibility criteria under expanded program.	
	Number of people diverted under expanded program.	
	Characteristics of individuals detected for minor drug offences (e.g., demographics, drugs detected, number of diversions offered)	Descriptive analyses: e.g., do these characteristics vary at different points along the pathway, over time or across locations?
	Referral data.	Pathway analysis.
	Number of individuals detected for 2nd or 3rd diversion. Number of subsequent arrests/charges.	Recontact with the police for the offence.
Diversion refusals and charges, convictions.	Change in the number of people engaging with subsequent justice processes/ incarceration, etc.	
Diversion Coordination Service	Characteristics of diverted individuals (e.g., gender, First Nations status, country of birth, and postcode)	Descriptive analyses: e.g., do these characteristics vary at different points along the pathway, over time or across locations?
	Number of rescheduled health appointments (rescheduled by provider, QPS, or client)	Change in demand on referral system compared to previous program, over period of evaluation.
	Number of individuals attending health appointments	What proportion of referred individuals complete sessions? Does this proportion change over time/locations?
Health appointment service providers (e.g., Adis, LLW)	Number of people attending and completing health appointments under the expanded program.	Change in demand on services compared to previous program, and over period of evaluation.
	Number of individuals electing to participate in further (voluntary) treatment episodes.	Does diversion provide an effective gateway into treatment for those who require it?

Data source	Indicators	Potential analytical questions and strategies
QWIC (DoJ)	Characteristics of health appointment participants (e.g., primary drug of concern, referral suitability)	What are the characteristics of people most likely to attend/complete diversion programs?
	Baseline (pre-expansion data): Including court matters for minor drug offences, characteristics of people appearing in court for minor drug offences, and sentencing outcomes	Court system outcomes pre- and post- program expansion
	Court matters for minor drug offences	Changes in demand on court system for minor drug offences
	Court matters for other offence types (particularly drug supply offences)	Changes in court
	Characteristics of people appearing in court on minor drug offences	What are the characteristics of people most likely to appear in court on minor drug offences?
	Sentencing outcomes for drug offences	Change in sentencing outcomes compared to previous program
CIPES (DoJ)	Other courts metrics	Efficiencies for court system – for example, changes in time to finalisation or other matters
	Referral rates for diversion programs	Change in demand on the court diversion system compared to previous program, over period of evaluation.
	Duration of contact with the program	
	Characteristics of people referred for diversion	
	Completion rates	

2.4.3.2 Methods of analysis

Using the data sources and indicators presented in Table 6, our early observations apply various methods of analysis to address our evaluation questions. Specifically, we report:

- Descriptive statistics for the number of diversions for minor drug offences and demographic characteristics of diverted participants pre- and post-expansion.
- Descriptive statistics for the property types and quantities associated with occurrences related to the expanded program.
- Bivariate analyses for the number of diversion events, unique persons, and police referrals over time.

In the final report, we will expand our reporting using additional univariate, bivariate, and multivariate analyses, as well as methods for causal inference. To study different pathways resulting from the introduction of an expanded PDDP, including individuals receiving a warning, booking a health appointment, or attending a health appointment, we will employ descriptive analysis, techniques to determine associations, and methods for accessing causal relationships, such as different types of regression analysis to compare outcomes across different pathways.

We will also request additional data to compare individuals who followed different pathways after contact with police for minor drug offences. This includes comparisons of individuals who were issued a warning, those who were diverted under the expanded program (across tiers), and those who were not diverted but came into contact with the justice system due to drug possession after failing to participate in a health appointment or encountering the police for a minor drug offence for the fourth time. We will also use single-group comparisons

over time to determine the impacts of the newly introduced expanded PDDP on a range of outcomes for the justice system (e.g., changes in demand on the court system for minor drug offences) and for law enforcement (e.g., police proceedings for offences).

Due to limitations in the evaluation research design and constraints related to the available data, such as the lack of randomization into intervention and control groups, we will implement specific methods for causal inference and consider additional approaches. First, we anticipate socio-demographic and other differences (such as primary drugs of concern) between groups diverted into the PDDP who followed different pathways. To compare their outcomes, we will use methods such as propensity score weighting to mitigate bias from non-random allocation into different groups. This approach will allow us to compare outcomes at an individual level for people encountering police for minor drug offences who were either diverted due to the expanded PDDP or not diverted (as they were not eligible) before this recent introduction of the program.

Additional methods for causal inference may be considered based on the content and format of available data sources, as well as potential data linkage opportunities (e.g. QPRIME and QWIC data). These methods may include fixed-effects modelling, interrupted time series analysis, and difference-in-difference analysis as quasi-experimental techniques. For example, we could use interrupted time series analysis with single-group comparison to determine the effect of introducing the expanded PDDP as an intervention in the time series. This includes examining changes in the number and proportion of individuals engaging with subsequent justice processes or incarceration before and after the introduction of the expanded PDDP. This analysis would involve statistical modelling, such as OLS regression, incorporating time, intervention (as expanded PDDP introduction), interaction terms, and potentially various controls as predictors of outcomes.

2.4.4 Quantitative surveys

We will complement findings from administrative data with evaluation-specific primary data. These will include online surveys of key PDDP stakeholders and of people who have experienced diversion under the PDDP in order to reach a large sample size, and in-depth interviews with a smaller number of stakeholders and diverted persons in order to gain more nuanced information about their perspectives and experiences.

2.4.4.1 Stakeholder surveys

Survey development has been informed by consultation with sector representatives. The survey content reflects issues and outcomes identified in the evaluation planning, and will provide insight into the following themes:

- perception of effectiveness of the expanded program
- attitudes toward the expanded program
- identification of factors that enhance/enable or inhibit/present barriers to the effectiveness of the program
- satisfaction with processes (e.g., training, communication) to support implementation and change
- perception of impact to workload (and satisfaction)
- unintended consequences and
- key respondent characteristics, within the parameters of ethics and confidentiality, in order to understand the representativeness and generalisability of the survey responses.

After consultation with DACU, the survey of *operational police officers* also addresses the additional themes:

- awareness of the previous Program, and subsequent expansion of the program
- knowledge of key changes to Program and associated resources (e.g., the drug diversion legal advice line offered by LAQ)
- perceptions of clarity of eligibility, purpose, and ease of application/feasibility

- confidence to identify and divert individuals in ways that are consistent with the expanded legislation and
- insights into key enablers and barriers of the uptake or engagement with practicing in ways consistent with the expanded legislation (e.g., culture, competing operational considerations).

The surveys of *DCS staff and health appointment providers* address the following additional themes:

- perception of service/referral effectiveness and availability of health appointment modalities
- perceptions of effectiveness of PDDP options and
- perceptions of factors impacting the effectiveness of PDDP implementation.

Survey construction has been completed, and the survey will be launched from July 2025.

2.4.4.2 Survey of diverted participants and comparator group

The design of the survey for diverted participants has been informed by extensive consultation with key stakeholders and with people with lived and living experience of substance use and the criminal justice system.

Surveys for diverted participants ask about the following themes:

- Key respondent descriptives, within the parameters of ethics and confidentiality, in order to understand the representativeness and generalisability of the survey responses. For example, we will collect data on diverted participants' First Nations status, age, and gender.
- Substance use, including frequency, route of administration, and the drug associated with the respondent's diversion
- Employment, finances, physical and mental health, and other subjective well-being domains (potentially using items drawn from the Australian Treatment Outcomes Profile instrument)
- Perceptions of and/or satisfaction with the interaction with police
- Perceptions of appropriateness and effectiveness of health appointment options (including modality and availability).
- Perceptions of appropriateness and effectiveness of additional referral options where offered.

Survey construction has been completed, and the survey will be launched from July 2025.

2.4.4.3 Recruitment

We anticipate employing a range of recruitment methods, including the following:

- Requesting QPS to assist with recruitment through provision of a QR code for the survey to people being issued a warning
- Requesting peak bodies and/or lived – living experience organisations to advertise the evaluation to their networks
- Cross-recruitment of participants from the Drug Trends interviews who report contact with police for a minor drug offence, or a previous criminal justice history
- Project-specific targeted marketing for the study on social media platforms.

There is strong evidence to support that providing survey respondents with reimbursement for their time produces the best recruitment and response rates (3, 4). As such, we propose to provide compensation for survey completion by diverted participants via a \$20 gift voucher.

Recruitment via Drug Trends interviews has commenced (June 2025). Recruitment through other methods will commence in June 2025.

2.4.5 Qualitative data

The qualitative interviews will provide rich insights into the experiences of a range of stakeholders to identify implementation processes, facilitators, barriers, experiences, and lessons learned over time. This work will augment the knowledge gained through other mechanisms to generate nuanced, qualitative evidence about how the policy and procedures are enacted and experienced in practice.

2.4.5.1 Stakeholder interviews

Stakeholder interviews will provide valuable information on the operationalisation and implementation of the PDDP, barriers and facilitators of implementation, application of the eligibility criteria, impacts and outcomes of the PDDP and recommendations for improvement. We propose interviewing a maximum of 50 stakeholders, drawn from the following stakeholder groups:

1. Operational police officers who have initiated diversion of eligible individuals under the expanded PDDP
2. DCS staff
3. Health appointment service provider representatives and broader AOD and criminal justice sector representatives
4. Police liaison officers, senior organisational stakeholders and members of the interagency working group

Interview guides have been completed. Permission is currently being sought from QPS for staff to participate in interviews; invitations will commence immediately this is received. Invitations to other key stakeholders are underway.

2.4.5.2 Interviews with diverted participants

To aid with understanding the impact of the PDDP on diverted participants, we also aim to conduct interviews with a sample of participants (n=30) who have been diverted under the PDDP. We propose to ensure that a range of participants are recruited, with gender distribution to reflect diversion demographics. We will also aim to ensure representation of participants from metropolitan areas in Southeast Queensland (e.g., Brisbane, Gold Coast), regional urban centres (e.g., Townsville, Cairns), and more remote locations such as Mt Isa.

There is evidence to support that providing participants with reimbursement for their time produces the best recruitment and response rates (3, 4). As such, we propose to provide compensation for interview participation by diverted participants via a \$100 gift voucher.

Recruitment for interviews with diverted participants has commenced via Drug Trends (June 2025). At the time of the submission of the progress report, six diverted participants have been contacted to participate in an interview. One interview has been completed with a program participant at this time.

2.4.5.3 Qualitative data analysis

Analysis of qualitative data has not commenced as interviews commenced on 20 June 2025.

2.4.6 Triangulation with external data

To place findings from the analyses described above in context, we intend to use additional data sources with which to compare and sense-check our findings periodically across the evaluation.

For example, using data from our current Drug Trends research program, the National Wastewater Drug Monitoring Program analyses, we may consider whether the profile of drugs for which individuals are diverted under the expanded PDDP aligns with current drugs of use and concern in Queensland. This will generate information on the reach and appropriateness of diversion.

The 2024 and 2025 Drug Trends research interviews have included questions about participation in the PDDP. Data collection for 2024 is complete; data collection for 2025 was completed on 20 June 2025.

We have held preliminary discussions with the Queensland Alliance for Environmental Health Sciences (QAEHS) regarding access to data from the Wastewater Program for comparison.

Access to other data sets is pending, awaiting consideration of program data analyses to direct appropriate requests.

2.4.7 Reference to published literature

Findings will be contextualised with reference to the published literature in the Final Report.

3. Early observations

3.1.1 To what extent has the expanded PDDP been implemented and operationalised in accordance with the authorising law and as intended?

3.1.1.1 **To what extent has the expanded PDDP been fully utilised, including the size of the potential eligible population compared with actual diversion numbers?**

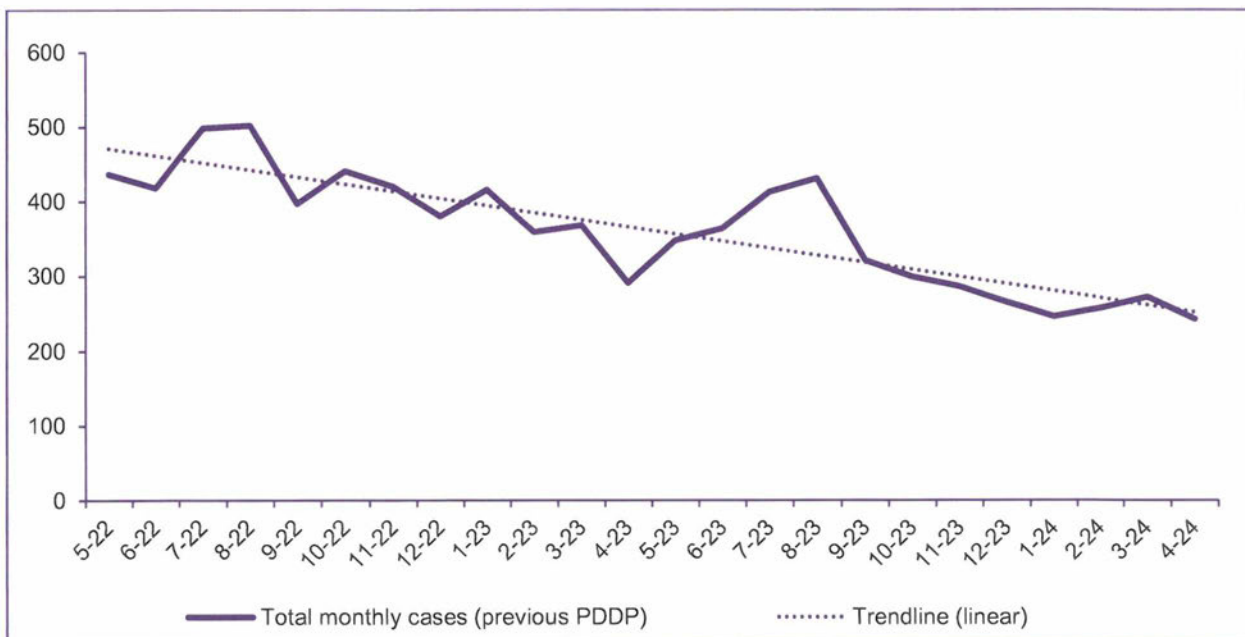
In the following sections we report data in two ways: 1) the number of individual people and 2) overall occurrences. For some people there are multiple occurrences, i.e. Tier 1, Tier 2, Tier 3. The data presented here are preliminary, and the final report will include additional information.

3.1.1.1.1 Numbers of people diverted and warned

The total number of people diverted for drug offences between 3 May 2022 and 10 April 2025 was 20,277. Of these, 8,672 were related to diversions under the previous PDDP between May 2022 and 2 May 2024, while 11,605 involved diversions for minor drug offences under the expanded PDDP between 3 May 2024 and 10 April 2025.

Figure 2 presents the monthly figures for **individuals** who came into contact with police under the previous PDDP. The time presented in Figure 2 and in subsequent figures refers to the month in which a person was first charged with an offence.

Figure 2. Counts per month of people diverted by police for eligible cannabis and utensil offences through the previous PDDP from May 2022 to April 2024 (n = 8,672)



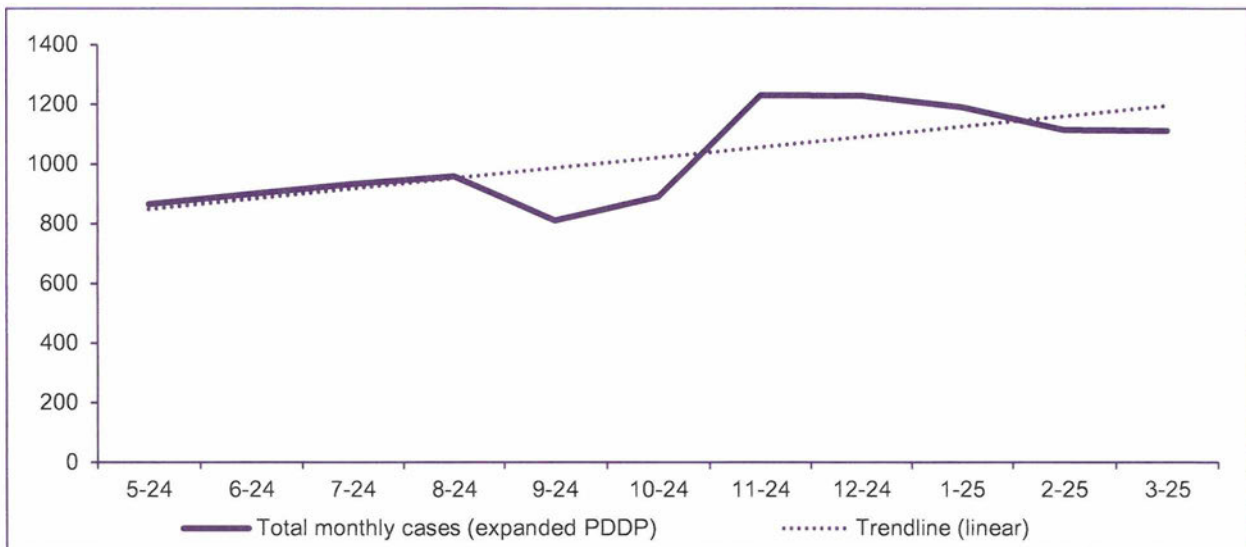
The results presented in Figure 2 show a downward trend in the number of people who came into contact with police for cannabis offences under the previous PDDP and were diverted.

Figure 3 shows that diversions for the expanded PDDP increased over the first 10 months of the expanded program¹, with some fluctuations over time, but a generally upward trend in the number of people who came into contact with police for an eligible offence during the first seven months of the expanded PDDP in May 2024. This group includes individuals eligible for either a warning or a drug diversion. As the expanded PDDP

¹ Data comprise diversions from 3 May 2024 - 10 April 2025. Given that data for April are incomplete, April data are omitted from Figure 3. These data are included in the total count of people diverted by police for eligible drug/r utensil offences on and after 3 May 2024.

includes substances beyond cannabis, the monthly figures are substantially higher than those under the previous PDDP. In 2025, there appears to be a slight decrease in the number of individuals participating in the expanded PDDP, although the trendline continues to be positive and monthly figures remain significantly higher than during the previous program.

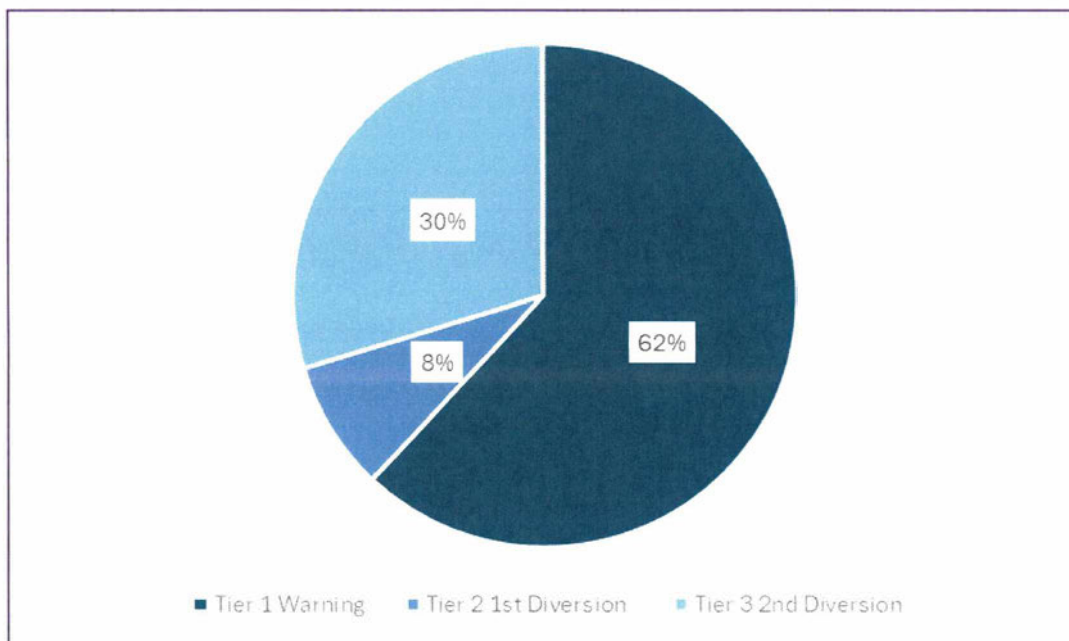
Figure 3. Counts per month of people diverted by police for eligible drug or utensil offences through the expanded PDDP from May 2024 to March 2025 (n = 11,232)



3.1.1.1.2 Total number of diversions

From May 2024 to April 2025, there have been **17,644 diversions**. Of these, 62.0% have been warnings (Tier 1), 8.4% have been 1st Drug Diversions (Tier 2), and 29.6% have been 2nd Drug Diversions (Tier 3; see Figure 4). This is in comparison to **9,891 diversions** over two years from May 2022 to May 2024 offered through the previous PDDP. There have been very few instances where expanded PDDP was offered and refused (n=22, due to low numbers no further demographics are reported).

Figure 4. Breakdown of expanded PDDP diversion tiers (N=17,644; May 2024 - April 2025)



3.1.1.1.3 Characteristics of diverted participants

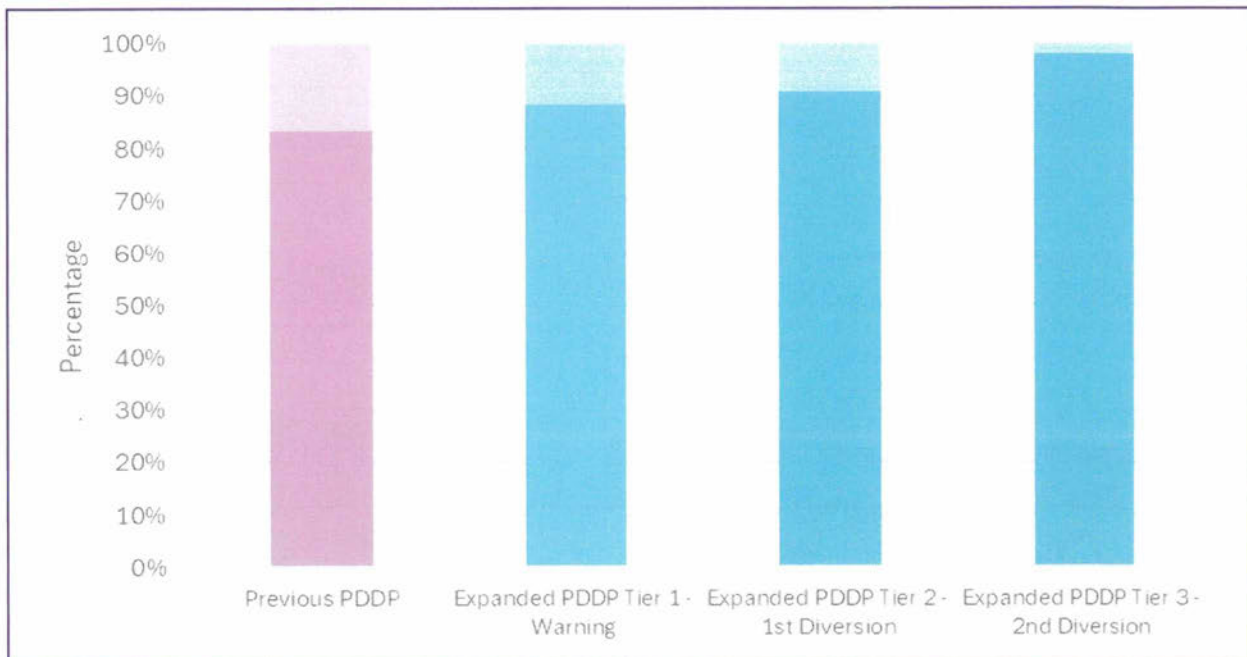
Table 7 shows the characteristics of persons diverted under the previous and expanded PDDPs. The mean age of people within the expanded diversion program was 32.2 years (SD=11.9), relatively older than the mean age of people in the previous PDDP (mean age 27.0 years, SD=12.1). The majority of people involved in both the previous and expanded diversion program were adults (83.4-91.0%), noting that options other than diversion are available for those under 18 years. Within the expanded PDDP, a greater proportion of warnings (compared to Tier 2 and 3 diversions) involved juveniles (see Figure 5), with only 1.9% of Tier 3 - 2nd diversions involving juveniles.

Table 7. Characteristics of people in the cannabis diversion program (N=9,891; May 2022-May 2024) and the new PDDP (N=17,644; June 2024-April 2025), by diversion type

	Total Previous PDDP (N=9,891)	Total Expanded PDDP (N=17,644)	Tier 1 Warning (n=10,938)	Tier 2 1 st Diversion (n=1,475)	Tier 3 2 nd Diversion (n=5,231)
Mean age (SD)	27.0 (12.1)	32.2 (11.9)	30.9 (12.3)	31.8 (11.7)	34.9 (10.8)
% Adult	83.4	91.0	88.3	90.8	98.1
% Juvenile	16.6	9.0	11.7	9.2	1.9
% Sex					
Male	68.2	69.1	68.8	69.9	69.4
Female	31.6	30.6	30.8	29.8	30.4
Unknown	0.2	0.3	0.4	0.3	0.2
% First Nations	12.3	16.9	15.7	19.0	18.7

Notes: SD = standard deviation; Purple section presents demographic data for the previous PDDP. The light blue presents the demographic data for total occurrences for the new expanded PDDP, overall and by warning/diversion type.

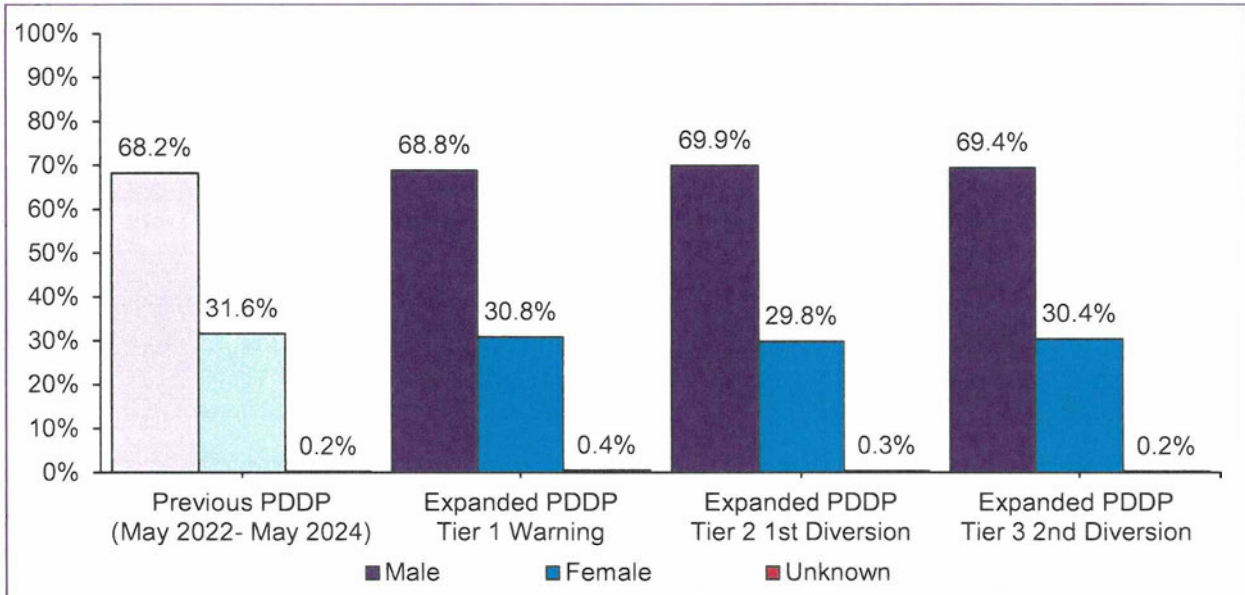
Figure 5. Breakdown of juvenile (light colour) and adult (darker colour) encounters for the previous and expanded PDDP (May 2022 - April 2025)



Note: Darker colours represent adults and light colours juveniles.

Over two-thirds of participants were male; this was consistent across the previous PDDP and all tiers of the expanded PDDP (see Figure 6).

Figure 6. Distribution of sex across previous and expanded PDDP tiers (May 2022 - April 2025)



There appears to be a greater proportion of people who identify as First Nations in the expanded PDDP, compared to the previous PDDP (16.9% vs 12.3%, see Figure 7). First Nations peoples represent a slightly larger proportion of those who received Tier 2 or Tier 3 diversion under the expanded PDDP (18.7-19.0%) compared to those who received a warning (15.7%; see Figure 7).

Figure 7. Proportion of persons who identified as First Nations across previous and expanded PDDP tiers (May 2022 - April 2025)

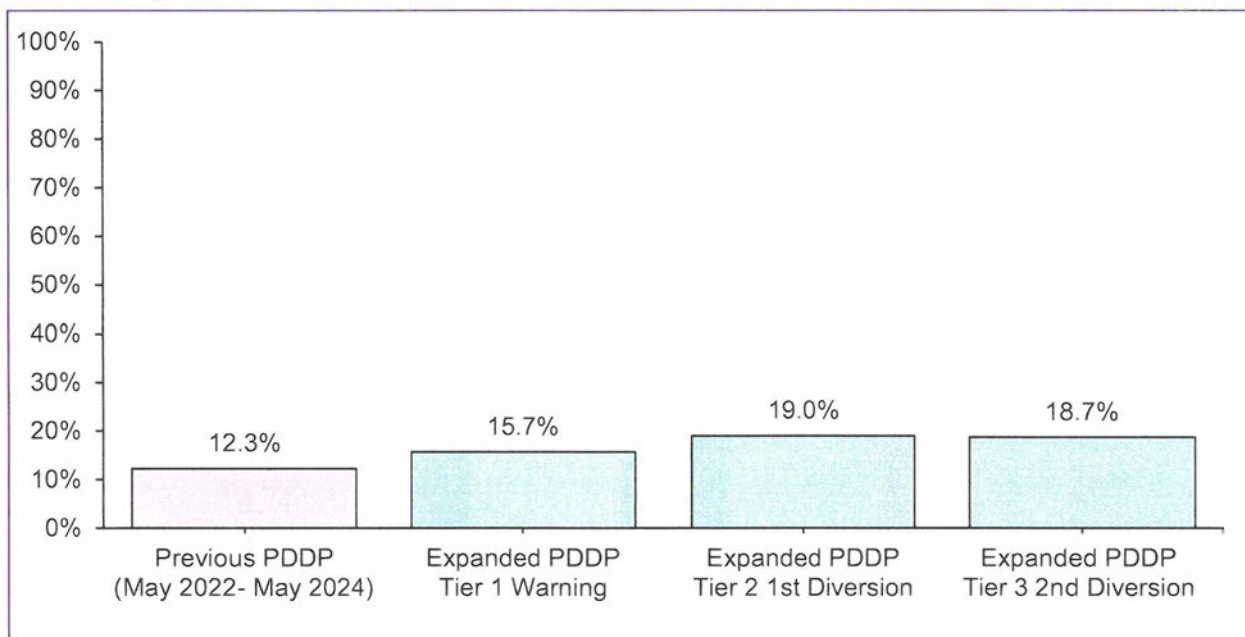
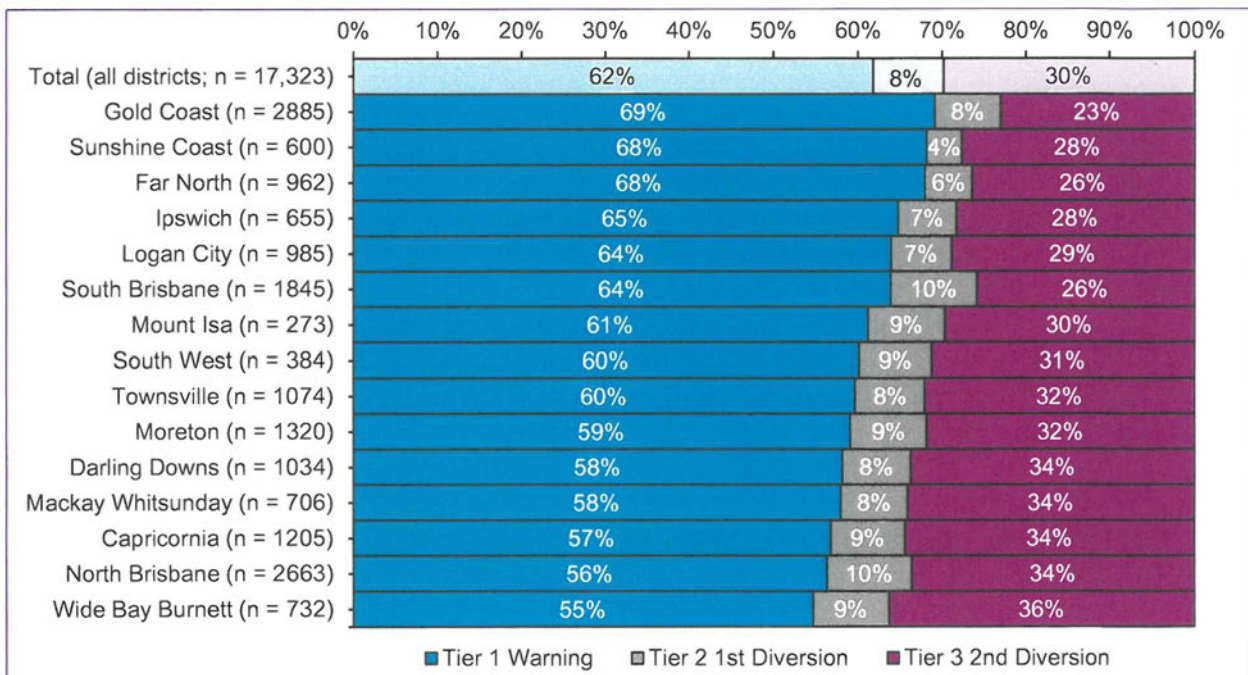


Figure 8 shows the distribution of diversions across QPS districts in Queensland under the expanded PDDP. Overall, the distribution of diversions under the expanded PDDP was consistent across districts, with the majority of diversions involving Tier 1 warnings. That said, there were some notable differences²: a greater proportion of diversions issued in the Gold Coast, Sunshine Coast, and the Far North were Tier 1 warnings (68.0-69.1%) compared to other districts. Additionally, a greater proportion of diversions issued in South Brisbane and North Brisbane were Tier 2 diversions (10.1-10.3%). Finally, a greater proportion of diversions in Wide Bay Burnett, Capricornia, and Mackay Whitsunday were Tier 3 diversions (34.1-36.3%).

Figure 8. Distribution of expanded PDDP tiers across QPS Districts, May 2024 – April 2025.



Note: The light-coloured bar depicts the total distribution across all districts for comparison purposes. Refused diversions are excluded from this Figure; Data were not available for the previous (cannabis) PDDP.

Further analyses for the Final Evaluation Report may include:

- The number of diversions involving cannabis (compared to diversions involving other minor drug types) over time (including diversions involving cannabis under the previous PDDP)
- Comparisons between the number of minor drug offences eligible for diversion and minor drug offences ineligible for diversion pre-expansion to estimate the number of offences that would have been eligible if the expanded PDDP was in place
- Analyses of the proportion of *completed* health appointments (i.e., the proportion of health appointments attended within the required 90-day period) over the course of the expanded PDDP, including comparisons of characteristics of people completing the initial (Tier 2) and subsequent (Tier 3) health appointments.

² The overall chi-square test was significant: $\chi^2(28) = 218.0, p < .001$.

3.1.1.2 Have police applied the eligibility criteria for the expanded PDDP and drug quantity thresholds fairly, consistently and appropriately (including whether the expanded PDDP has been conducted equitably across different cohorts, including First Nations people, women and young people)?

Limited data are currently available to answer this question, except for preliminary information on the property (including drugs and utensils) related to occurrences where a warning (Tier 1) or health appointment (Tiers 2 or 3) was offered under the expanded PDDP.

3.1.1.2.1 Quantities and Thresholds

Under the expanded program, eligibility for diversion requires (a) reasonable belief that the drugs or property are for personal use and (b) that the drug amount is less than the personal possession threshold. Our preliminary analyses explore the drugs and property associated with unique occurrences, as well as the proportion of property falling under the personal possession threshold (and thus eligibility for diversion). It is important to note that the **quantities reported in QPRIME are estimates by front-line police officers**, and that officers use their own judgement of whether the quantities in a person's possessions can be reasonably deemed for personal use. **It is also important to note that these data comprise all property associated with a given occurrence, rather than the property specifically associated with a diversion for a unique individual.**

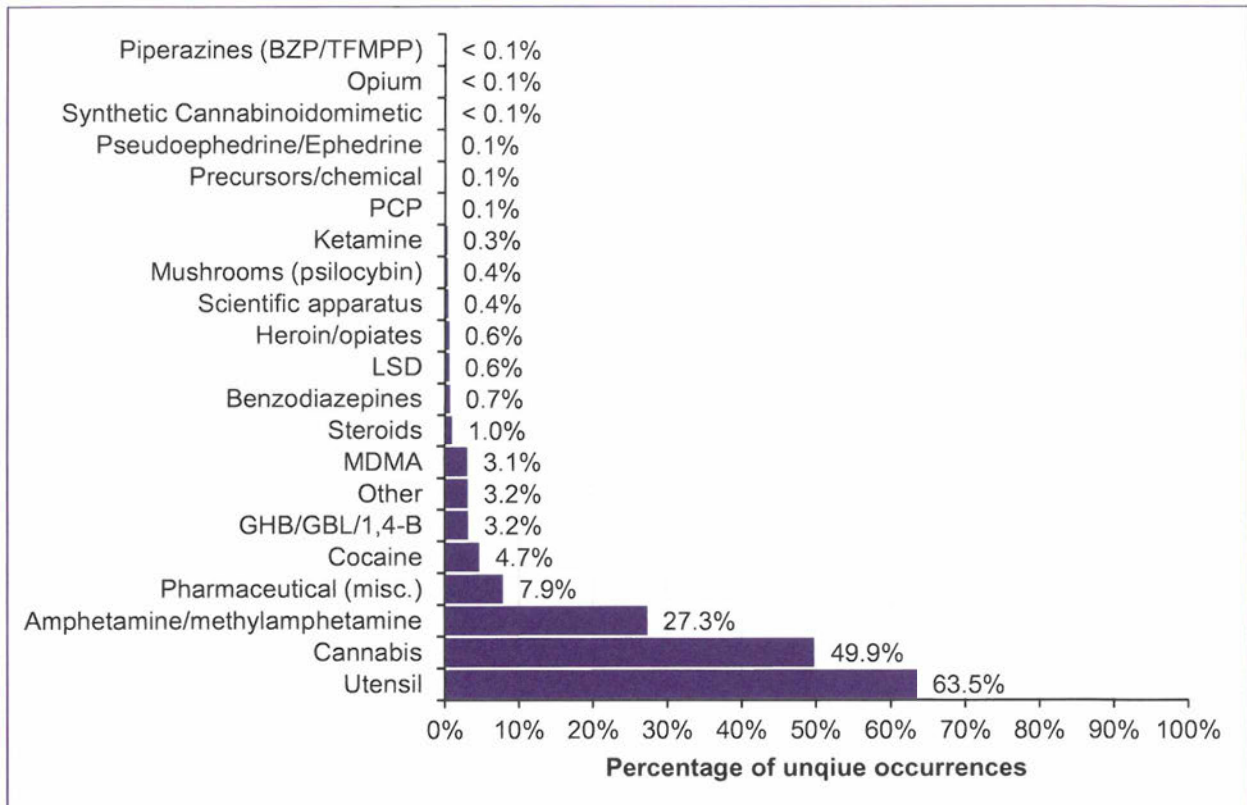
Table 8 presents the personal possession thresholds for the most common drugs associated with diversion occurrences. Note that steroids and pharmaceuticals are not presented here, as the personal possession threshold for these drugs is discretionary (a quantity the arresting officer reasonably believes is for personal use in the circumstances).

Table 8. Personal possession thresholds for the most common drugs associated with diversion occurrences

Drug	Threshold
Amphetamine/methylamphetamine	1.0g/ml
Cannabis	50g
Cocaine	1.0g/ml
Gamma hydroxybutyric acid (GHB/GBL/1,4-B)	1.0g/ml
Heroin/opiates	1.0g/ml
Ketamine	0.2g
Lysergide (LSD)	3 tickets or tabs <i>(single doses not exceeding 0.000040g)</i>
MDMA (Ecstasy)	4 pills, tablets or capsules <i>(single doses not exceeding 0.7g)</i>

Figure 9 shows the proportion of unique occurrences associated with each drug and property type for the expanded program. Most occurrences involved a utensil, and almost half involved cannabis. Other common drug types included amphetamine or methylamphetamine, pharmaceuticals, cocaine, GHB, and MDMA.

Figure 9. Distribution of drug and property types across unique occurrences (expanded PDDP; May 2024-April 2025)



Notes. Percentages do not add up to 100% as unique occurrences can involve multiple drugs or utensils, as well as multiple property of the same type. These data include all drug property linked to unique occurrences, including property seized from multiple people and property not linked to a diversion.

These findings are consistent with data from the National Household Drug Survey (5) and Drug Trends Surveys (6, 7) and the Wastewater Drug Monitoring Program (8), all of which show cannabis as the most commonly consumed illicit drug for Queensland during the 2022-2024 period.

Further analyses for the Final Evaluation Report may include:

- The proportion of common drug types with estimated quantities at or under the personal possession threshold across all minor drug offences (including those deemed ineligible for diversion).

3.1.1.3 Has the expanded PDDP efficiently and effectively diverted individuals detected for drug possession offences away from the criminal justice system and into health responses?

Data are not yet available to answer this question; access to Courts data will facilitate these analyses. Analyses in the Final Evaluation Report will include comparison between the number of people who went into the Courts system under the previous PDDP (considering the proportion who would have been eligible for diversion had the new program been in place), with the number of people who went into the Courts system during the expanded PDDP. Additionally, we will explore the number of diverted persons from the previous PDDP who completed subsequent health appointments (Tier 3) under the expanded PDDP, demonstrating a cohort who may have otherwise gone to court for subsequent possessions.

3.1.1.4 Have drug diversion assessment programs been completed, and how has non-completion been managed by police and health service providers?

Data are not yet available to evaluate management of non-completion by police or DCS. In the Final Evaluation Report, we will explore pathways for persons under Tiers 2 and 3 who did not complete their health

appointment, including subsequent charges for non-completion (e.g., the number of persons issued a Contravene Direction or Notice to Appear for court).

3.1.1.5 To what extent does the PDDP align with key strategies and policies of the Queensland Government?

The expanded Police Drug Diversion Program was legislated under the *Police Powers and Responsibilities Act (2000)* and operationalised with amendments made to the *QPS Operational Procedures Manual*. The expansion aligns with key national and state policies, including the *National Drug Strategy 2017-2026*, *Achieving balance*, *Better Care Together*, and *Shifting Minds*, with the Hear Her Voice reports and with the *International standards for the treatment of drug use disorders*.

The expansion of the Queensland Police Drug Diversion Program (PDDP) is legislated under s378A to s379AB of the *Police Powers and Responsibilities Act 2000* (10). Sections 378A to 379AB outline the application of diversion, and the circumstances in which a police officer must offer a drug diversion warning, an initial drug diversion assessment, and a subsequent drug diversion assessment to an eligible participant. The *Police Powers and Responsibilities and Other Legislation Amendment Act (no. 2) 2023* (1), which proposed the legislative changes related to diversion, was put forward to promote efficiency and deliver operational and administrative improvements. As outlined in the Explanatory Note on the *Police Powers and Responsibilities and Other Legislation Amendment Bill 2023* (11), the expansion of PDDP aims to improve health outcomes for both minor drug offenders and the community by addressing causes of drug use, reduce burden on the criminal justice system, and brings Queensland into alignment with other Australian jurisdictions (including Victoria, Tasmania, South Australia and the Australian Capital Territory). The Explanatory Note highlights that the legislative changes increase Queensland's contribution and commitment to harm minimisation, set as a national priority in the *National Drug Strategy 2017-2026*, and contributes to state policy positions.

The QPS Operational Procedures Manual (OPM) outlines QPS processes, procedures and conduct related to investigations, coronial matters and other police activities (12). The *QPS OPM* operationalises the legislation amendment related to PDDP for police in practice; this is primarily outlined in section 2.22, and works via the following amendments:

- Providing definitions of personal use of drugs, polydrug possession, police drug diversion and minor drug offences
- Outlining the eligibility criteria under which police officers can consider a person eligible to participate in diversion
- Stipulating additional considerations for young people (persons under 18)
- Outlining the procedure officers must follow to offer a drug diversion warning, offer participation in a mandatory drug diversion assessment, the process to undertake when the diversion is refused by the person, and the process to reschedule if the person misses their appointment
- Describing the circumstances and processes if a person is ineligible for a diversion
- Describing the outcomes of the Drug Diversion Assessment Program (DDAP) and other potential outcomes which may emerge from the diversion process (including when an ineligible person has been offered a drug diversion or if an individual has withdrawn from the DDAP).

Amendments were also made to other sections of the *QPS OPM* to allow for operationalisation of the PDDP. This included amendments to the following sections:

- Section 1.11.11 includes "drug diversion" and "drug diversion warning" as an action status type in QPRIME
- Section 3.1.1 instructs officers to consider the eligibility of a person for a drug diversion and issue a diversion warning or offer the opportunity to participate in the mandatory DDAP
- Section 4.6.14 outlines the circumstances in which drug matter can be disposed of and has been amended to include in circumstances where a drug diversion has been issued

- Section 5.3.1 describes the diversion options for young people to divert them away from the court system and has been amended so police officers can offer the young person the opportunity to receive a drug diversion warning or participate in a DDAP alongside other pre-existing options for young people
- Section 5.10 outlines the circumstances in which the police can release a young person from custody and has been amended to include when a young person has been offered the opportunity to receive a drug diversion warning or participate in a DDAP.

The National Drug Strategy 2017-2026 (NDS) outlines the national framework for building safe and healthy communities through preventing the misuse of alcohol, tobacco and other drugs (9). Under “Priority: reducing adverse health, social and economic consequences”, the NDS advocates for preventing and reducing adverse consequences through enhanced harm reduction approaches. This includes enhancing systems which facilitate increased diversion into health interventions from the criminal justice system, such as the expanded Queensland Police Drug Diversion Program.

Achieving balance: The Queensland Alcohol and Other Drugs Plan, released in 2022, details the then Queensland Government plan to reduce and prevent problematic use of alcohol and other drugs between 2022 and 2027 (2). *Achieving balance* promotes enhancing and expanding treatment and support systems to address problematic use of alcohol and other drugs. While five strategic priorities are discussed in *Achieving balance*, the expansion of the PDDP relates to “Priority 3 – Expand Diversion”. Priority 3 briefly describes a review of evidence which demonstrates that law enforcement responses, namely incarceration, are less effective and more costly when compared to health treatment for drug and alcohol use. *Achieving balance* promotes the expansion of options for police diversion to health responses for individuals facing minor drug use and possession offences, and advocates for additional support to be provided to police officers to implement diversionary options. Additionally, *Achieving balance* encourages the prioritisation of future investment to resource health responses to expand and increase the range of treatment options available (2).

Better Care Together, released in 2022, outlines the five-year service plan for state-funded mental health and alcohol and other drug services (13). *Better Care Together* responds to the Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders, which made broad recommendations to address social determinants that intersect with mental illness and problematic substance use, including criminal justice involvement. While *Better Care Together* does not make direct reference to police drug diversion, the expansion of the PDDP aligns with “Priority 1: Strengthening service capacity and the built environment”. In regard to alcohol and other drugs, Priority 1 encourages strengthening the capacity and responsiveness of AOD services, including ensuring appropriate AOD responses are in place for people diverted from or engaged within the criminal justice system (13).

Shifting Minds: the Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan outlines the five-year plan for cross-government action and investment to reform mental health, AOD and suicide prevention services between 2023 and 2028 (14). *Shifting Minds 2023-2028* refers to achievements under *Shifting Minds 2018-2023*, including the expansion of the Queensland PDDP. *Shifting Minds 2023-2028* encourages review of the implementation of expanding the PDDP to all substances and assessment of whether additional legislative changes are required to optimise outcomes for individuals involved in diversion (Action 33) (14).

The expansion of the PDDP is also related to policy recommendations outlined in the following state reports and international standards report:

- *Hear Her Voice (Report 2, Volume 1 and 2)*(15):
 - *Hear Her Voice* investigated women’s and girls’ experiences of the criminal justice system as victim-survivors of sexual violence, and as accused persons or offenders, and makes recommendations to improve the experience of women and girls in or associated with the justice system. Recommendation 98 made in the report advocates for the expansion of the scope of the Queensland Police Drug Diversion program “to include possession of small

amounts of illicit drugs in addition to cannabis". The expanded Police Drug Diversion program is in alignment with this recommendation (15).

- *International standards for the treatment of drug use disorders (16):*
 - The Standards, developed by UNODC and WHO, outline best practice and evidence-based policy suggestions for drug use disorders to assist with Member States in policy decisions. The Standards advocate for the use of drug diversion as an alternative to a criminal charge to more effectively respond to public health and safety concerns, while also reducing demands on the criminal justice system (16).

3.1.1.6 Have there been unintended consequences of the expanded PDDP (positive or negative), including but not limited to demand on the health system and impacts on police intelligence?

Data are not yet available to respond to this question.

3.1.2 What have been the outcomes and impacts of the expanded PDDP?

3.1.2.1 Outcomes and impact for people engaged in diversion for minor drug offences

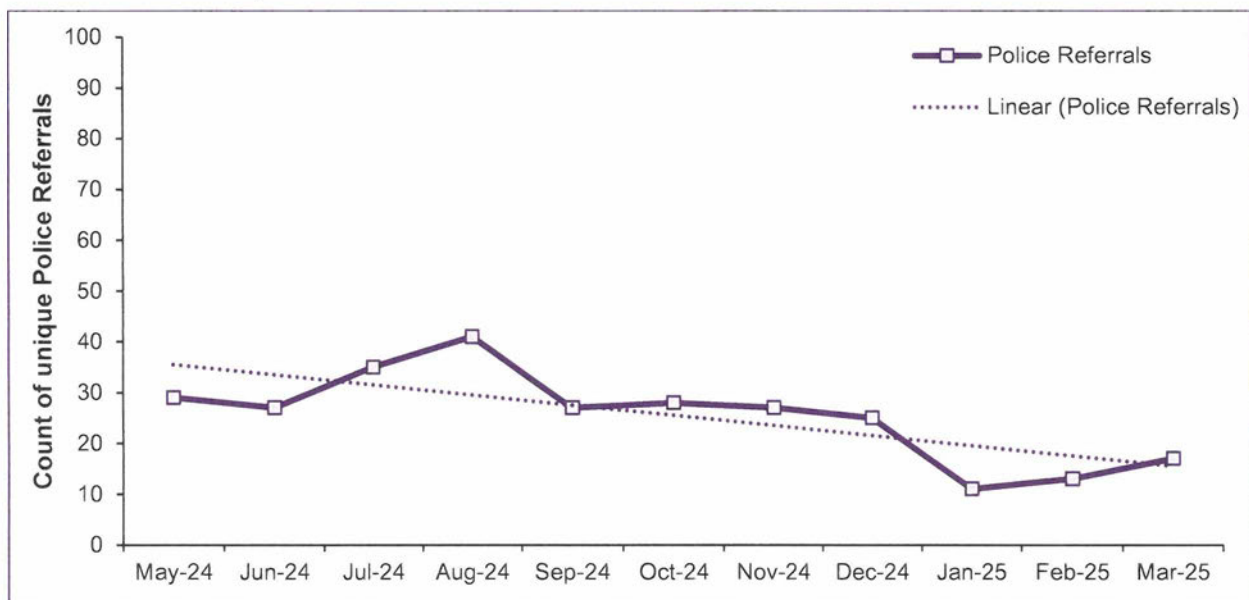
Limited data are available to respond to this question, except for some preliminary data on the use of Police Referrals alongside the expanded PDDP.

3.1.2.1.1 Police Referrals offered with PDDP

QPS may offer an optional referral to the Police Referral Program alongside PDDP.

Figure 10 shows the counts of unique referrals from the inception of the expanded PDDP (May 2024) to March 2025³. A total of **280 Police Referrals** were offered during this period.

Figure 10. Monthly count of unique Police Referrals May 2024 - March 2025; Queensland (n = 280; Source: QPRIME).



The locations of these referrals broadly align with the distribution of minor drug offences across Queensland, with a greater number of Police Referrals offered in Southeast Queensland (e.g., Brisbane and the Gold Coast).

³ Note that data also include referrals for the first week of April 2025 (n = 3), but these are omitted from the figure.

Reasons for a Police Referral varied widely; while most referrals related to substance use, Police Referrals were commonly offered to assist with homelessness and mental health. This suggests that the Police Referrals Program has been used as an additional health pathway for those offered warnings under the expanded PDDP.

3.1.2.2 Outcomes and impact for the criminal justice system

Data are not yet available to respond to this question.

3.1.2.3 Outcomes and impact for health and diversion coordination services

Data are not yet available to respond to this question.

3.1.3 Where can improvements be made to the expanded PDDP, including to program access, barriers to be overcome, referral systems and other program components?

Data are not yet available to respond to this question.

4. Limitations

Analyses presented in this report are constrained by the limited data available at the time of reporting. Given the limited administrative data available, we are unable at this time to provide a thorough analysis of the utilisation of the expanded PDDP, the application of eligibility criteria, or how non-completion of the diversion health appointments has been managed by QPS and health appointment providers. We are also not yet able to speak to the broader outcomes and impact of the expanded PDDP on diverted participants, the criminal justice system, and health and diversion coordination services. However, these analyses will be possible as the evaluation progresses, and further data are obtained.

Additionally, primary data collection has only recently commenced. As such, we are unable to provide detailed analysis of the experiences of stakeholders and diverted participants. Such analyses will commence as quantitative and interview data collection progresses and findings will be included in the final evaluation report.

5. Overall summary and next steps

5.1 Key interim observations

The expanded PDDP has provided more diversions over the first 11 months of operation than the previous cannabis-focused program. Early data show good uptake of the program, with the majority receiving warnings and Tier 3 likely representing people who had received a first diversion (now Tier 2) under the previous program.

The demographics of diverted persons for the expanded program are largely consistent with those from the previous program. The range of substances for which diversions were issued reflect the expanded eligibility criteria, with cannabis the most-involved drug.

Early policy analyses show good alignment of the expanded PDDP with key state, national and international priorities.

5.2 Next steps

The evaluation team will continue administrative data and document analysis across the evaluation timeframe. This will include additional data requests for QPRIME data, as well as analysing data from the DCS, health appointment providers (LLW and Adis) and the Department of Justice.

The evaluation team has discussed the following additional QPRIME data with QPS, with a request lodged in June 2025:

- Data for all minor drug offences data, including offences where PDDP was not offered (May 2022 – May 2026), to allow the evaluation team to explore the application of eligibility criteria
- Data for all other drug offences, including supply and trafficking, to allow for the evaluation team to evaluate whether any net-widening or displacement has occurred (May 2022 – May 2026) and
- Data on police issuing of a contravene direction, including failed to attend drug diversion infringement notices and notices to appear for court (May 2022 – May 2026)

Data from the DCS and LLW regarding the coordination and conduct of health appointments are expected on 11 July 2025 and 26 June 2025 respectively.

After extensive discussions with QH and Adis, a Public Health Application (PHA) will be lodged with Metro North Health to acquire the agreed data from Adis. This is expected to be a protracted process and may rely on support from QH to expedite.

The evaluation team is meeting with representatives of DoJ on 1 July 2025 to confirm data availability and transfer mechanisms.

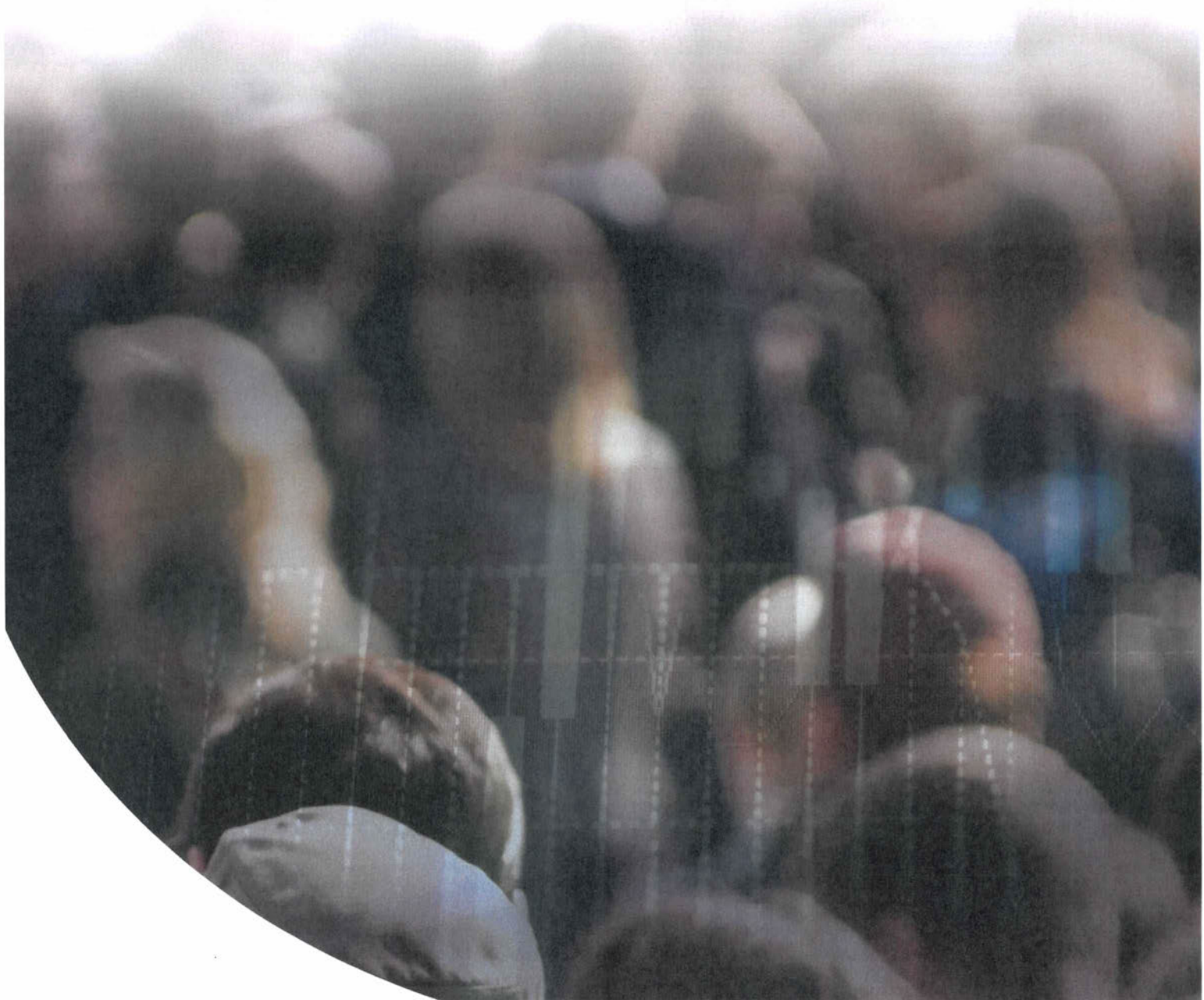
The evaluation team will continue primary data collection of stakeholder surveys and interviews, as well as surveys and interviews with diverted participants, throughout June 2025 and the remainder of the evaluation period. Data collection and analysis of primary evaluation data will continue until the final report is submitted.

The final report is due to be presented on 30 July 2026, with a draft of this report to be submitted on 29 June 2026 for review and feedback from QPS.

References

1. Police Powers and Responsibilities and Other Legislation Amendment Act (No. 2) 2023, (2023).
2. Commission TQMH. Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2027. 2022. Available from: <https://6232990.fs1.hubspotusercontent-ap1.net/hubfs/6232990/Achieving%20balance%20The%20Queensland%20Drug%20and%20Alcohol%20Plan%202022-2027.pdf>.
3. Fan W, Yan Z. Factors affecting response rates of the web survey: A systematic review. *Computers in human behavior*. 2010;26(2):132-9.
4. Holtom B, Baruch Y, Aguinis H, Ballinger G. Survey response rates: Trends and a validity assessment framework. *Human relations*. 2022;75(8):1560-84.
5. Welfare AloHa. National Drug Strategy Household Survey 2022–2023 Canberra: Australian Institute of Health and Welfare 2025 [Available from: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about>].
6. C. D, J. J, N. T, T. B, C. S. Queensland Drug Trends 2024: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW; 2024. Available from: <https://doi.org/10.26190/unsworks/30687>
7. J. J, C. D, N. T, T. B, C. S. Queensland Drug Trends 2024: Key Findings from the Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW; 2024. Available from: https://www.unsw.edu.au/content/dam/images/medicine-health/ndarc/research/2022-08-ndarc-reports/QLD_IDRS_2024_Report1.pdf.
8. Commission ACI. National Wastewater Drug Monitoring Program: Report 23. Australian Criminal Intelligence Commission 2024. Available from: https://www.acic.gov.au/sites/default/files/2024-11/e24-9817_wastewater_23_web.pdf.
9. Australia Co. National Drug Strategy 2017-2027. In: Health CDo, editor. Australia2017.
10. Police Powers and Responsibilities Act 2000, (2023).
11. Australia TPo. Explanatory Note: Police Powers and Responsibilities and Other Legislation Amendment Bill 2023. In: Australia TPo, editor. 2023.
12. Service QP. Operational Procedures Manual In: Service QP, editor.: Queensland Government; 2025.
13. Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027. Brisbane; 2022. Available from: https://www.health.qld.gov.au/_data/assets/pdf_file/0032/1178744/BetterCareTogether_HR.pdf.
14. Shifting minds: The Queensland mental health, alcohol and other drugs, and suicide prevention strategic plan 2023-2028. 2023. Available from: https://www.qmhc.qld.gov.au/sites/default/files/documents/shifting_minds_2023-2028_accessible_0.pdf.
15. Hear her voice: Women and girls' experiences across the criminal justice system Brisbane; 2022. Available from: <https://www.publications.qld.gov.au/dataset/8a9488b5-65a3-4d8c-bea6-202bab63eb55/resource/5b70727a-cc0e-4e08-8eda-e1434e6e0814/download/wsjt-hear-her-voice-report-2-volume-1.pdf>.
16. Crime WHOatUNOoDa. International Standards for the treatment of drug use disorders. Revised Edition ed. Switzerland2020.

Appendix A: UQ Human Research Ethics Committee Approval



Human Research Ethics Approval

Project Number: 2024/HE001478

Project Title: Independent Research and Evaluation of Police Drug Diversion Program

Version: 0.04

Chief Investigator: Associate Professor Caroline Salom
Institute for Social Science Research

Co-Investigator(s) Professor Allison Ritter
Ms Catherine Daly
Dr Gabrielle Campbell
Dr Jennifer Juckel
Ms Jerissa McLachlan
Professor Jason Connor
Mr Kieren Lilly
Professor Leanne Hides
Dr Natalie Thomas
Dr Sebastian Kocar
Ms Shelby Marrington
Miss Tayla Barber
Emeritus Professor Wayne Hall

Funding Body (UQ ref#):

Approving Committee: University of Queensland Human Research Ethics Committee A

Approval End Date: 30 Apr 2027

Date of Approval: Thursday, 10 April, 2025

University of Queensland Human Research Ethics Committee A confirms that this project meets the requirements of the National Statement on Ethical Conduct in Human Research (2023). The University's human research ethics committees are organised and operate in accordance with the National Statement on Ethical Conduct in Human Research (2023).

Approved Documents

Document Type	File Name	Document Title	Application Version	Document Version	Last Modified
Change Tracking	2024_HE001478 v0_03 - v0_04 Changes.pdf	2024/HE001478 v0_03 - v0_04 Changes	0.04	1	9/04/2025 3:32:18 PM
Third Party Evaluation Outcome	3_01_SALOM LON_DOA_signed CLS 08042025.pdf	3_01_SALOM LON_DOA_signed CLS 08042025.pdf	0.04	1	9/04/2025 3:32:10 PM

Appendix B: QPS Research Committee approval





QUEENSLAND POLICE SERVICE

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Policy and Performance

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Our Ref.: DOC25/410773
Your Ref.: QPSRC-0325-3 01

07 April 2025

Dr. Caroline Salom
University of Queensland
c.salom@uq.edu.au

Dear Dr. Salom,

RESEARCH REQUEST LETTER OF NOTIFICATION – Independent Research and Evaluation of Police Drug Diversion Program

Thank you for your application of 19 February 2025, for permission to conduct research within the Queensland Police Service (QPS). The application has been carefully considered by the QPS Research Committee (QPSRC) and has been approved subject to the following conditions:

- 1) Execution and return of the attached Formal Deed of Agreement to the QPSRC Secretariat;
- 2) Any data or police resources required for this project must be negotiated and is subject to QPS operational requirements and the provision of this Letter of Notification;
- 3) Consultation with Analytics to negotiate the data request; and
- 4) Dissemination and publication of findings or outcomes is subject to QPSRC approval.

Your QPSRC Reference Number for this approved research project is **QPSRC-0325-3.01**.

QPS practice is to provide approved research with a dedicated liaison officer(s), where applicable, to facilitate access to required resources for your project. Your liaison officer at the QPS will be provided once relevant documentation is returned to QPSRC Secretariat (the Research and Evaluation Unit) via QPS.Research@police.qld.gov.au.

Should you have queries about this, please contact the QPSRC Secretariat, Mrs Sandra Smith, Manager of the Research and Evaluation Unit, on telephone number (07) 3364 8114.

I wish you well in your research.

Yours sincerely

HELEN SPENCER
CHAIR, QPS RESEARCH COMMITTEE
EXECUTIVE DIRECTOR
POLICY AND PERFORMANCE DIVISION

QUEENSLAND POLICE SERVICE

CRICOS Provider 00025B • TEQSA PRV12080



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