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The Intersection of Public Health and Deflection: A New Indicator

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EN | Abstract:

This article is an effort to open conversation on the philosophical intersection of public health and the criminal justice system as it relates to the Deflection Program's measured indicators and impact on the community. The discussion includes an overview of the Marathon County, Wisconsin's Deflection Program located within the District Attorney's Office, relating philosophical contexts within the intersection, and a new proposed indicator of tracking recovery attempts for program evaluation as a supplement to the recidivism indicator.

Key Words: Deflection, Public Health, Criminal Justice System, Recidivism, SDG 1, SDG 3, SDG 5, SDG 10, SDG 16, SDG.

ES | Abstract:

Este artículo es un esfuerzo por abrir el diálogo sobre la intersección filosófica entre la salud pública y el sistema de justicia penal en relación con los indicadores medidos del Programa de Deflexión y su impacto en la comunidad. La discusión incluye una visión general del Programa de Deflexión del Condado de Marathon, Wisconsin, ubicado dentro de la Oficina del Fiscal de Distrito, relacionando los contextos filosóficos dentro de esta intersección y proponiendo un nuevo indicador para el seguimiento de los intentos de recuperación como complemento al indicador de reincidencia en la evaluación del programa.

Palabras clave: Deflexión, Salud Pública, Sistema de Justicia Penal, Reincidencia, ODS 1, ODS 3, ODS 5, ODS 10, ODS 16, ODS.

I. MARATHON COUNTY DEFLECTION TEAM

Marathon County's Deflection Team is housed within the Marathon County District Attorney's Office and is a member of the Wisconsin Deflection Initiative (WDI). The team has one full-time Deflection Specialist and two full-time Diversion Staff that assist in the program's implementation. The Deflection pathways as specified in the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) that Marathon County has in operation include: Officer Intervention, wherein charges are held in abeyance until successful program completion; Officer Referral, by which officers may refer individuals for Deflection programming without a crime having been committed; and Naloxone Plus, which houses overdose response efforts (BJA, 2023). As such, referrals are sent in from all partnering law enforcement agencies in Marathon County.

Deflection is a tool for law enforcement to use when making discretionary decisions such as arrest or referring criminal charges. In Marathon County, the identified need was to work with individuals who are "frequent flyers" within the criminal justice system and otherwise are considered high utilizers of public resources. Substance-use driven crimes are eligible for the program, excluding violent offenses and operating while intoxicated. The program is designed to assist a wide range of individuals including those with criminal histories and repeat offenders. Marathon County is unique in having a robust Diversion Program which primarily focuses on first-time, low-risk offenders. This allows Deflection to target individuals with higher needs and greater risk factors, ensuring that resources are allocated effectively.

II. CRIMINAL JUSTICE AND PUBLIC HEALTH PHILOSOPHICAL INTERSECTION

As is apparent, the future of criminal justice intervention no longer operates in isolation. As a nation, there have been calls for change from all sides of the aisle and levels of the system. With innovative strategies such as Deflection and Diversion, the guiding philosophy rests on a fundamental public health tenet that upstream interventions afford more ideal and focused impact. The criminal justice system itself traditionally becomes activated when a specific event occurs (i.e., crime), which makes this system an indicated intervention when using public health language via the Institute of Medicine Prevention Classifications (SAMHSA, 2024). As such, without targeted programming to pull upstream, as other programs have attempted throughout history, the criminal justice system remains reactive and not preventative. Deflection, therefore, seeks to bridge this divide. Ideally, Deflection Programs strive to intervene with individuals in the community at the earliest opportunity and preclude any further justice involvement. In the language of the Sequential Intercept Model, this places Deflection efforts at intercept zero – or at the latest, intercept one (SAMHSA, 2024). In Marathon County, the language is specific to emphasize 'further' involvement. This means people are prevented from entering the system at all, progressing deeper into the system, or

cycling through the system anew. So while this is another indicated intervention, it also may serve its purpose as a selected intervention as well (SAMHSA, 2024).

The earliest entry of individuals into the criminal justice system is through law enforcement contact. Law enforcement officers have a front row seat to the struggles of their community members and they largely see individuals for the first time on one of the worst days of their lives. With the scarcity of critical resources in the community, or when different barriers arise that impede service connection, future calls for service may display a steady decline in the individual that law enforcement has few options in trying to serve within their scope. Deinstitutionalization in favor of community-based least restrictive resources was a valiant notion that hit momentum in the 1960s and one based in trauma informed care at a time where that language was not in the field's vocabulary (Erickson, 2021). In practice, however, these concepts have not met full actualization. The state of community resources, funding, and staffing have not created a system that adequately supports early or front line intervention. The criminal justice system then inevitably serves as a de-facto "safety net" in the community. This system was never designed to be a psychiatric facility or hospital, yet jails have found themselves having to house individuals with substance use and mental health challenges. When individuals with substance use and/or mental health challenges become justice-involved, it may be the first time any entity is intervening with the person in a manner that addresses their needs. Therefore, Deflection may be the first time anyone helps them build recovery capital.

There are real impacts on programmatic success when barriers such as insurance coverage, bed space, and distance factor in. Some of the rural and remote counties must travel great distances to access resources. Despite Marathon County having a wide breadth of these resources, the Deflection Team still travels out of county based on immediate availability. The window of vulnerability, as professionals in the field know, is so short that time is critical in connecting individuals with interventions. Ultimately, the Deflection Program has found a home in the District Attorney's Office because it can problem solve these barriers at the early intervention window and from an indicated intervention standpoint. With that public health philosophy in mind, the other half of this program's underpinnings bring in the criminal justice system's philosophy of protecting public safety.

III. PROTECTING PUBLIC SAFETY

Deflection's ability to protect public safety begins at officer discretion. The program is a tool for officers to use, which in accordance with this philosophy, attempts a holistic approach in reducing drug-related crime. This holistic approach intervenes on both sides of price theory (i.e. supply and demand) wherein typically reducing supply of a product should raise the price, eventually reaching a point that demand drops for the product. (Burrus, Jr., Sackley, & Sollars, 2007). Illicit substances do not neatly follow this economic model given the complexity of addiction. In fact when supply is reduced, inelastic demand occurs where the

higher price creates greater revenue for suppliers and forms an increasingly difficult means of obtaining the substance for those who use (Burrus, Jr., Sackley, & Sollars, 2007).

When people experience difficulties obtaining what they need, they may turn to alternative means of acquiring the substance which may include further criminal activity (Burrus, Jr., Sackley, & Sollars, 2007).

Deflection is among the more recent and innovative programs in demand reduction efforts. Targeting peoples' substance demand completes the intervention picture. In freeing up law enforcement for the difficult and oftentimes dangerous task of controlling supply, specialists in Deflection may broach the complexities of demand within substance use via recovery.

Housing Deflection within the District Attorney's Office maintains the philosophical stance on protecting public safety. In alignment with this premise, accountability for crimes committed looks different with Deflection. Individuals are held accountable while also working toward a healthier, more prosocial future that will keep them from reoffending. A primary indicator of program success recognized nationally by criminal justice for this purpose is recidivism. In Marathon County's Diversion and Deflection Program, recidivism is defined as an individual reoffending, with that offense then charged by the District Attorney's Office. This differs from other models in that re-arrest alone is considered recidivating. Within the Marathon County model, Deflection may still be offered post-arrest, therefore making the latter definition counterintuitive to eligibility criteria. The program prioritizes law enforcement discretion. If law enforcement makes a decision based on the need to uphold public safety by arresting the individual, yet still believe that person would benefit from the Deflection program, then they are still able to refer at that time.

An unavoidable layer of complexity that accompanies recidivism as an indicator of success is that addiction as a disease comes with the risk of returning to use which clearly is problematic in the application of law. The substance at the source of an individual's use may be a controlled substance and the likelihood of returning to use on the path to recovery creates a synergy of possibility for reoffending. It is beyond the scope of this publication to discuss any argument regarding decriminalization, nor is this publication intending on taking a stance in the matter. The ultimate goal of Deflection is to protect public safety while helping individuals build recovery capital in the form of resource connection and avoiding further justice involvement. In this sense, the methodology merges public health strategies for a criminal justice solution. The paradox of the criminal justice system serving as a safety net for a public health crisis lies plain here. However, individuals do not only reoffend on the basis of substance use and the criminalization of controlled substances.

Other crimes such as disorderly conduct, criminal trespass, or similar offenses deemed "nuisance" crimes by the community still effects criminal justice involvement and potential collateral consequences.

These incidents are most often symptomatic of use or adaptive behaviors for survival. Some of these adaptive behaviors are associated closely with social ties. Individuals do not live in a vacuum, and deep social ties between individuals who are not promoting recovery foster difficult environments where substance use has been normalized or expected. In practical applications, this is generally called an individual's using environment. Understandably, these environments pose challenges in building, maintaining, and enforcing boundaries. Not only does substance use itself make recovery difficult, but often people may need to leave behind an entire lifetime of family and friendship—something that makes for an extraordinarily difficult decision.

Experience from the last year in working with Deflection participants has reflected a mix of participant feelings that include belonging, loyalty, and responsibility. Responsibility takes the form of individuals wanting to help their friends and family, which while noble and admirable requires significant time spent in recovery and maintained stability for themselves. Attempting to help others too soon almost never results in maintaining recovery, and participants have reoffended while in unsupportive contexts.

Philosophically and ethically balancing participant needs, autonomy, and positive relationships remains an ongoing challenge. A well supported theoretical concept in the literature that offers some explanation for complex social ties is the formation of subcultures. As described in Moshier et al. (2012), subcultures are built around a shared identification, wherein people feel a sense of belonging within a group. These groups can form around a sense of societal alienation or some sort of separation from mainstream culture. Aside from building social relationships, people learn skills and may partake in risky behaviors that strengthen the sense of belonging (Moshier et al., 2012). The learned skills reference back to the aforementioned economic theory that may occur with inelastic demand whereby alternative solutions in obtaining substances may lead to further criminal activity (Burrus, Jr., Sackley, & Sollars, 2007). Similar to other unhealthy relationships, perceived protective factors (wherein these social ties seemingly offer survival pathways such as overdose prevention, shelter, and other basic living needs) start to outweigh the perceived benefit of mainstream society solutions (Moshier et al., 2012). The use itself is the root cause and central to identity and belonging, but the bonds have spread past use into other realms of the person's life which poses significant challenges for intervention.

Addressing use helps as a central focus of intervention, but additional layers of help for the social ties whether that turns into counseling, housing, or other efforts must also be taken into consideration when speaking to a global sense of reducing risk of recidivism. One of Deflection's greatest strengths as a program is that it can be a gateway to the coordination of these interventions as the resources coalesce for the individual on building recovery capital. That capital includes these other factors for success, such as building prosocial relationships in new sober living environments and addressing survival in the realm of housing, employment, and self-advocacy.

This is no small undertaking. Deflection in Marathon County is understaffed and frequently faces challenges in coordinating already-scarce resources across the state. Continuous problem solving, collaboration, and creativity over long periods of time are necessary for program success. Yet, expressing successes only within the framework of recidivism loses an important piece of deflection's impacts on public health. There is no neatly specified indicator with a particular emphasis on a productive sense of the individual seeking their recovery.

Therefore, a way to further bridge the intersection of the criminal justice system and public health may lie in an additional indicator for measurement.

IV. NEW INDICATOR TO CONSIDER

A new indicator for the Deflection community's consideration is to count attempts at recovery. For the sake of this article, the indicator will be spoken of generally and at face value in anticipation of further discussion on an operational definition. This indicator could provide additional insight alongside recidivism so that the program may adapt as needed for greatest long-term success. Recidivism is the indicator that satisfies protecting public safety, and as such the criminal justice system's side of Deflection's equation. All of the aforementioned philosophical underpinnings feed into one another, but no one indicator captures the scope of recovery and reoffending in a tangible sense. Counting recovery attempts better satisfies the public health side of Deflection in consideration of addiction as a disorder.

According to a cross-sectional nationally representative study of approximately 2,000 adults in the United States conducted by Kelly et al. in 2019, half of those individuals needed two attempts at recovery before achieving it. When considering outliers, the average displayed individuals needing approximately five attempts (Kelly et al., 2019). The large difference between median and mean attempts within this study points to subgroups with intersecting challenges that make the recovery journey significantly more difficult, such as co-occurring mental health disorders (Kelly et al., 2019). This study's limitations include allowing participants to self-report and very loosely defining what a recovery attempt is. For the purposes of Deflection program evaluation, that definition can be further refined before implementation. Additionally, recovery attempts are not a protected term that an easy catch-all definition can adequately capture. Individuals can and do recover on their own with limited intervention while others need significant assistance—both are valid and point to the disorder's complexity. Every Deflection Participant Agreement is individualized for this reason.

Deflection allows for re-referral of participants if sobriety struggles continue over time and do not otherwise land outside of eligibility criteria in reference to violent crime. Recovery is non-linear at best.

However, epidemiological research shows that people do indeed recover from addiction and as mentioned, the pathways to sobriety are heterogeneous (MacKillop, 2021). Deflection with its multiple modalities of intervention and its reach across the continuum of care makes for an ideal approach to substance use intervention.

Under current program parameters, Deflection may also follow up with individuals for up to two years. That time frame allows for follow-up care in the event of return to substance use or other significant events such as overdose. With each successive attempt at recovery, Deflection could potentially gain further insight on the types of resources utilized in recovery and how future attempts could be better tailored to the individual's needs with a person-centered focus. Importantly, this metric also emphasizes the difficult journey and life-long struggle addiction truly is, while bolstering the assertion that people do indeed recover with the right supports in place. Ideally, people would need fewer recovery attempts with Deflection's continuous refinement of its efforts and potentially the right kind of insight in shifting interventions further upstream. Also, this indicator offers potential for destigmatization wherein encouraging help seeking could become more tangible with this information. In conjunction with recidivism, these indicators are focusing on protecting public health and safety from a common root cause while also completing a broader picture of substance use as a whole.

In future evaluation, it may come to light that Deflection must consider more formal programming in the realm of addressing subculture challenges even while sobriety is maintained. People may be attempting recovery, but land in recidivating pitfalls due to social ties. Only by measuring program outcomes under both indicators would the program get warmer to a best possible answer that it can address.

The Deflection Program in Marathon County does not yet have enough data to indicate any recidivism conclusions with its data collection only stemming from October 2023 in its current state. The Wisconsin Deflection Initiative Teams are still in their early years of operation, so as these programs hit their stride, it is important to consider how the philosophies of the field they are operating under impact the measured indicators and program implementation. The authors of this publication welcome feedback and conversation regarding the newly proposed indicator and anticipate even better solutions as a result.

REFERENCES

- Bureau of Justice Assistance (BJA). (2023). The six pathways: Frameworks for implementing deflection to treatment, services, and recovery. Retrieved from https://www.cossup.org/Content/Documents/Articles/CHJ-TASC_Six_Pathways_Framework_for_Implementing_Deflection_June_2023.pdf
- Burrus, Jr., R.T., Sackley, W.H., & Sollars, D.L. (2007). Illicit drugs and economics: Examples for the principles classroom. Journal of Economics and Finance Education, 6(2), 75-86. Retrieved from <https://economics-finance.org/jefe/econ/BurrusSackleySollarspap.pdf>
- Erickson, B. (2021). Deinstitutionalization through optimism: The Community Mental Health Act of 1963. The American Journal of Psychiatry Residents' Journal, 16(4), 6-7. <https://doi.org/10.1176/appi.ajp-rj.2021.160404>
- Kelly, J.F., Greene, M.C., Bergman, B.G., White, W.L., & Hoepfner, B.B. (2019). How many recovery attempts does it take to successfully resolve an alcohol or drug problem? Estimates and correlations from a national study of recovering U.S. adults. Alcoholism: Clinical and Experimental Research, 43(7), 1533-1544. DOI: <https://doi.org/10.1111/acer.14067>
- MacKillop J. (2020). Is Addiction Really a Chronic Relapsing Disorder?: Commentary on Kelly et al. "How Many Recovery Attempts Does It Take to Successfully Resolve an Alcohol or Drug Problem? Estimates and Correlates From a National Study of Recovering U.S. Adults". Alcoholism, clinical and experimental research, 44(1), 41–44. <https://doi.org/10.1111/acer.14246>
- Moshier, S.J., McHugh, R.K., Calkins, A.W., Hearon, B.A., Rosellini, A.J., Weitzman, M.L., & Otto, M.W. (2012). The role of perceived belongingness to a drug subculture among opioid-dependent patients. Psychology of addictive behaviors : Journal of the Society of Psychologists in Addictive Behaviors, 26(4), 812–820. <https://doi.org/10.1037/a0029107>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). NHS. Retrieved from <https://www.hhs.gov/about/budget/fy-2024-samhsa-contingency-staffing-plan/index.html>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). The Sequential Intercept Model. Retrieved from <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

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