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Article:

Interventionitis in the Criminal Justice System: Three English Cases

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Abstract

This article highlights the problem it names as 'interventionitis'; the tendency of policy-makers to treat enduring, systemically generated problems with limited interventions that are insufficient or inappropriate for the intended improvement. We outline three typical features of interventionitis; overconfidence in these quick fixes, the iatrogenic effect of unintended harms caused by such interventions, and the focus on surface-level rather than systemic change. We then present three cases of interventionitis in the contemporary criminal justice system of England and Wales: the placement of police officers in schools, drug testing on arrest, and the peer-led induction programme in prisons. We support an alternative approach that adds consideration of inequalities, institutions and interactions alongside interventions. Interventionitis can be observed across the English and Welsh criminal justice system. It limits the prospects for taking steps to reduce the harms caused by crime and its control.

Introduction

We coin the term *interventionitis* to describe the tendency of policymakers to treat enduring, systemically generated problems with limited interventions that are insufficient or inappropriate for the intended improvement. This is a problematic feature of criminal justice policy making, in England and Wales at least. It is not a new problem. Previous instances have been observed, such as the infamous burglary reduction initiative of the late

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1990s (Hope, 2004). The contribution of this article is to pin down and exemplify some of the characteristics of interventionitis, in the hope that this will help policymakers, researchers and practitioners to identify it and reduce its deleterious effects.

Policymakers affected by interventionitis act as if narrowly targeted interventions can resolve social issues that arise from complex societal or institutional problems. Too much faith is placed – in contemporary policy and practice—in the efficacy of specific programmatic interventions. These limited interventions become another way of failing to attend to the structural and historical entrenchment of the targeted issues. This is a long-standing concern in critical criminology. Here we discuss contemporary aspects and forms of interventionitis.

The use of interventions is now widespread across the criminal justice system of England and Wales (MoJ & HMPPS, 2022), including the prison and probation services, youth offending teams, police, policy on illicit drugs, and affiliated entities such as Violence Reduction Units. Interventions focus on the immediate causes of particular issues, and on individual behaviour, neglecting (to varying degrees) the wider social determinants of criminal activity and related harms. This relative neglect of social determinants displays what Jock Young (1999) called the 'cosmetic fallacy'. This is the belief that social problems appear spontaneously at the surface of society, and so can be wiped away through brief, superficial activities, without the need for action at deeper levels, which might challenge existing institutional arrangements, policy paradigms, or distributions of recognition, wealth and power. This is just one of the critiques of criminal justice systems that have grown out of critical criminology, which has long called for systemic change, not just minimalist adjustments to processes and practices (Carlen, 2008; Carrington & Death, 2014; Cohen, 1985; Lea, 2002; Lea & Young, 1984; Matthews, 2014).

Interventionitis in the criminal justice system occurs in parallel with what Burnett and Coldwell have described as 'interventionisation' in their 'cautionary' commentary on the increased use of randomised controlled trials (RCTs) in education. They define interventionisation as 'a set of narrowing effects produced by using interventions as a key strategy for educational improvement' (Burnett & Coldwell, 2021: 424). Their critique is complemented by Stevenson's (2023) debunking of the 'myth' that limited interventions can create substantial changes in the criminal justice system, even if they appear to work in RCTs. It also echoes the more general critique of RCTs that comes from critical realism (Pawson & Tilley, 1998). Deaton & Cartwright (2018), for example, dispute the claims of validity and precision that are often made for RCTs. They argue for more attention to be paid to the contexts within which—and the mechanisms by which—interventions might 'work'.

Our criticism of interventionitis shares some similar features, but is not limited to interventions that involve RCTs (which are still relatively rare in the English and Welsh criminal justice system). Interventionitis is not just about limiting change to the application of narrowly defined research methods, but involves a broader set of institutionalised assumptions that – we argue – misleadingly suggest that substantial change for the better can be achieved through reliance on cosmetic interventions. This critique is informed by the critical realist idea that we need to understand the generative mechanisms of harms and effective responses if we want to create effective change (Byrne, 2011).

This article explores the features and dangers of interventionitis. After briefly elaborating on the defining characteristics of interventionitis, we present three case studies to illustrate its erroneous thinking and adverse effects in violence reduction, the policing of people who use drugs, and adult male prisons. In our concluding discussion, we consider a more effective approach to the use of interventions in criminal justice by placing them in the context of inequalities, institutions, and interactions (Fraser et al., 2024).

The Features of Interventionitis

An ideal–typical case of interventionitis would involve policymakers (a) placing undue faith in the transformative power of interventions to address a particular social problem; (b) encouraging the delivery of flawed interventions which may actually increase harms; and (c) propagating 'cosmetic' interventions in particular; i.e. interventions that are relatively easy to implement, but unlikely to affect the structural and institutional conditions and causes of the problem at hand.

For these purposes, an intervention is defined as a discrete, isolable set of activities which is beyond 'business as usual' either for the agency that delivers it or the context in which it is delivered. Interventions use specific techniques or technologies with an identified target population. They are often introduced as purported innovations. Typically, they wither away once attention and funding has moved on to other, more novel approaches, although they can reappear, and some do leave traces in ongoing practices in some places.

Interventions can be flawed in a number of ways. They may simply fail to achieve intended outcomes. They may be based on insufficient evidence and subject to inadequate evaluation, where it is not clear what evidence informed their creation, or if and how they work. Indeed, there is often a lack of clarity as to what the intervention actually involves, and what specific outcome it is intended to achieve. Lastly, they can be iatrogenic – generating harms in the pursuit of reducing them, as has previously been observed in the fields of youth justice, prisons and drug policy (Bowling, 2011; Cullen et al., 2011; Gatti et al., 2009).

Regardless of how well-designed and implemented they may be, interventions can be cosmetic when they focus on the superficial symptoms of social problems, as manifest in particular individuals, thereby distracting attention from efforts to address the deeper societal drivers or wider social context of the problem. For example, a review of interventions for young offenders found that they tended to address young people's lifestyles, perceptions, attitudes and motivations. They were less likely to target the neighbourhoods, living conditions, or family relationships of the young people involved (Wilson, 2013).

We have observed these features of interventionitis most frequently in programmes that work directly with people who may commit – or have committed – crimes. Some features of interventionitis may also be observed in programmes that operate at a distance, such as efforts to scare people away from drug use by using shocking images, or celebrities endorsing crime reduction efforts. Neither of these types of campaign have a track record of proven success.

In the next three sections, we provide case studies of interventionitis which, in varying ways, reflect its ideal type. In each case, criminal justice policymakers have encouraged the development of a flawed and cosmetic intervention to address a particular problem, portraying an over-optimistic belief in its transformative potential and a relative neglect of deeper-lying structural drivers.

Police in Schools for Violence Reduction

Serious violence features highly on the contemporary political agenda in England and Wales, as it has historically (Home Office, 2022a, b; Squires, 2008). We believe there are now many violence reduction initiatives in England and Wales which show symptoms of interventionitis. In this section, we focus on just one such initiative: police in schools (PiS).

The roots of a police presence in English schools can be traced back to the 1960s, with the appointment of the first police School Liaison Officers (Gordon, 1984). This role involved only the occasional police visit to schools to support the delivery of lessons aimed at preventing youth crime. Prompted by a number of high-profile violent incidents in schools in the 1990s – including the Dunblane school massacre in 1995 and the fatal stabbing of Head Teacher Philip Lawrence in 1996 (see Hayden et al., 2011) – along with rising concerns around school exclusions and truancy, the UK Home Office created an initiative known as Safer School Partnerships (SSP) in 2002, which involved police officers (or police community support officers (PCSOs)) being based in schools for much or all of the school week (Henshall, 2018).

While SSPs were initially intended for use in only a small number of 'hot spots' (high crime areas), government ministers soon decided that SSPs should 'become the norm rather than the exception' (Department for Children, Schools and Families et al., 2009). More recently, policymakers have advocated for more police in schools as a measure specifically targeted at the reduction of violence between young people. In 2019, for instance, the Home Affairs Committee issued a series of recommendations to address the 'social emergency' of 'serious youth violence'. One of its six headline recommendations was for 'all schools in areas with above average risk of youth violence to have dedicated police officers' (Home Affairs Committee, 2019; BBC, 2019). Later the same year, the Children's Commissioner called for police (and youth workers) in every school to tackle gangs and violence, as one of their central recommendations in a 'manifesto for children' (Children's Commissioner, 2019; Bakare, 2019). Similar messages have come from within policing. Then-Commissioner of the Metropolitan Police, Cressida Dick, promised more police in schools in 2020 to help 'end the scourge of violent crime' (Dick, 2020). As of 2023, according to a Freedom of Information request submitted by the Runnymede Trust, there were 979 police officers operating in UK schools (Runnymede, 2023).

Despite these high-profile assertions of the impact that police in schools can have on violence, there is very little evidence of this. A technical report produced for the Youth Endowment Fund concludes: 'evaluations reporting effects on offending outcomes do not indicate that police in schools have desirable effects on offending rates' (Gaffney et al., 2021: 10). This study and His Majesty's Inspectorate of Constabulary, Fire and Rescue have noted that there are few rigorous studies that have evaluated the intervention at all (HMICFRS, 2023). Policymakers are calling for an intervention which has not been well-evaluated, and which has – in the limited evaluations it has been subjected to – shown a notable lack of effectiveness (Fisher et al., 2023; Wilkinson et al., 2024). In this regard, PiS satisfies a core feature of interventionitis: policymakers are placing undue faith in the transformative potential of this intervention.

In addition, there is considerable ambiguity regarding what the intervention actually consists of – in particular, a lack of clarity over the role that the police officer in a school should play. Gaffney et al (2021: 11) note confusion about 'the actual role and boundaries of the police officer in the school', and that many officers have been placed in schools prior to receiving training on the role. Moreover, as Bradford & Yesberg (2020: 1) point out, such training could only be delivered with a limited evidence base, as there is not 'a robust understanding of the types of officer behaviour that can generate positive benefits'.

In contrast, a variety of studies and reports have highlighted the harms that PiS interventions can do to the young people that they are meant to benefit. An oft-cited problem is the role that officers in schools can play in criminalising students, and exacerbating the disproportionate criminalisation of Black and Global Majority students in particular (Connelly et al., 2020; Joseph-Salisbury, 2021; Nijjar, 2021; Laub, 2023;

Runnymede, 2023). Police in schools can be agents of surveillance and the profiling of students, particularly given concerns about the stereotyping of Black young men as 'gang' members, and the role that officers can play in contributing to 'gang' databases (Nijjar, 2021: 498). For example, in 2020, the high court granted a judicial review after a Black, autistic 14 year-old boy was investigated by the Crown Prosecution Service, having been reported to a school police officer after getting into a verbal altercation with a staff member (Weale, 2020). This shows how a measure intended to reduce the criminal activity of young people may place them at risk of *increased* recorded offending and entanglement with the criminal justice system.

Studies have also cited direct physical and life prospect harms. Laub, for instance, suggests that police officers in schools have been involved in 'inappropriate conduct, physical violence and harassment' (Laub, 2023: 14) – a suggestion corroborated by the community research undertaken in Manchester (Connelly et al., 2020). Multiple researchers argue that the stigmatisation of schools which are targeted for police posting can create a culture of low expectations, entrenching a notion of their students as inherently risky or potentially-criminal, thereby affecting aspirations and life chances (Joseph-Salisbury, 2021; Nijjar, 2021). Williams (2018: 42) gives a direct example of this, describing an incident in which a college student was expelled and his desired career in the fire service jeopardised because a college-based police officer told staff he was a gang member. Such examples, combined with the lack of evidence for positive effects from placing police in schools, suggest that PiS interventions can cause more harm than good.

In light of concerns such as these, the UN Committee on the Rights of the Child recommended that police be prohibited from schools in the UK, following their 2023 UK country visit. They argue that the presence of police in schools does not align with 'a child rights-based approach to addressing violence or other disturbances in school' (UNCRC, 2023). In short, therefore, PiS satisfies the second core feature of interventionitis, with policymakers encouraging the delivery of a flawed intervention that in many cases is likely to increase harm.

Lastly, PiS interventions also adhere to the third core feature of interventionitis: the operation of the cosmetic fallacy. PiS is a highly visible initiative which has intuitive appeal for policymakers, as it can be tied to broader calls for more policing, more enforcement and general 'law and order' politics. However, and self-evidently, PiS cannot address the structural drivers of violence. These include inequality, poverty, trauma, adverse childhood experiences, alienation, exclusion, employment issues, housing inadequacy, family tensions, and so on (see Currie, 2016; Irwin-Rogers et al., 2020; Billingham & Irwin-Rogers, 2022) – all of which are beyond the reach of police officers to affect.

Laub (2023: 14–15) suggests that the growing presence of police in schools may in fact go hand-in-hand with reductions in those services which do have more of an impact on the adverse social conditions which heighten the likelihood of violence. He argues that PiS interventions often coincide with the 'withdrawing, reducing or mitigating [of students'] access to social and welfare services' (Laub, 2023: 14):

'pupils have lost social workers, youth clubs, and are in danger of losing teaching assistants and teachers in the future, thereby tipping the scales further toward more coercive and punitive interactions with the state.' (Laub, 2023: 15)

Laub paints a stark picture: as societal inequalities deepen, supportive institutions are defunded, and welfare services are reduced, the posting of police officers in schools appears an inherently coercive form of compensatory state provision. Despite the rhetoric

of policymakers, it is also an intervention with strikingly sparse clarity, consistency, or evidential grounding.

Drug Testing on Arrest

A large range of interventions have been developed to address the problems associated with illicit drug use, as noted in successive national drug strategies (HM Government, 2008, 2010, 2021b). Here, we focus on one particular form of intervention which has appeared in each of these documents. This is drug testing on arrest (DToA).

The New Labour government of 1997 to 2010 identified drug use as a cause of crime on which to be tough (Stevens, 2011). This continues to be a major focus of government concern. The latest national drug strategy estimated the social cost of drug use to be £20 billion per year (HM Government, 2021b), based on a report which declared drug-related crime to be 'the main driver of total costs' (Black, 2020).

Drug testing at the point of charge was introduced by the Police and Criminal Evidence Act 1984. The Drugs Act 2005 expanded this power to enable mandatory testing for use of cocaine or heroin of all suspects arrested for a list of 'trigger' offences. These were acquisitive offences, such as theft, robbery and burglary, which are often attributed to the 'the economic motivation to obtain money to fund drug use' (Home Office, 2016, p. 30).[2] When introducing the legislation for DToA, Home Secretary Charles Clarke claimed that it would work 'by identifying drug abusers at an earlier stage of their contact with the criminal justice system [so that] … they could be steered into treatment at the earliest possible moment' (Clarke, 2005).

DToA was a key part of the 'tough choices' agenda of the 2000s, and the associated Drug Interventions Programme (DIP) (Seddon et al., 2012). The Drugs Act 2005 also gave the police powers to order an arrestee who tests positive to attend an assessment for treatment. The DIP provided funding to set up testing, assessment and treatment partnerships. When DIP was defunded under the 2010 coalition government's austerity programme, the use of testing on arrest became piecemeal (Sondhi & Eastwood, 2021).

The powers remained on the books (Connor et al., 2020) and DToA has recently been revived. Both the drug strategy and the *Beating Crime Plan* of 2021 promised new powers and extra money to support this revival (HM Government, 2021b, 2021a). DToA is also an important element of the 13 local schemes funded under Project ADDER (which stands for Addiction, Diversion, Disruption, Enforcement and Recovery) (HM Government, 2023c). Announcing the renaissance of DToA, the then-Home Secretary promised that 'testing offenders for drugs will help increase our understanding of drug-fuelled crimes, ensure addicts get the help they need, and ultimately cut crime' (Riley-Smith & Hymas, 2021). This statement relies on previous, questionable assertions that high proportions of crime are committed by people who use opiates (Stevens, 2007), and the more robust evidence that drug treatment reduces their offending (Koehler et al., 2014). However, the junior minister, Rob Butler, later promised that DToA 'will act as a deterrent to anyone tempted to abuse drugs again, help cut crime and make our communities safer' (Home Office, 2022a, b). The rationale seems to have shifted from encouraging arrestees to enter drug treatment to using positive tests as a form of deterrence (despite their not being accompanied by any punishment, other than a mandatory assessment in some cases).

DToA is therefore an example of a temporary intervention that receded when funding ebbed away, but remained in place in some areas, and was available to be revived when the tide of funding flooded back in. According to Home Office (2024a, b) data, in the six

months from March 2023, the 36 police forces that received funding for DToA reported carrying out 37,295 such tests. Of these, 21,115 tests (57%) were positive. But only 825 cases were recorded where a referral to treatment was made.The number of people who actually complied with those referrals is not reported nationally (Home Office, 2024a). Connor et al (2020) found that, in the police force area they studied, only 13% of arrestees who attended assessments began a new treatment episode, and this was after steps had been taken to increase treatment uptake. A recent call for evaluative bids acknowledged that 'there has been no observable positive effect of Project ADDER on the number of opiate drug users referred into treatment and wider support services' (Home Office, 2024b). The mechanism by which DToA is supposed to reduce drug-related offending remains unclear, as most positive tests lead neither to drug treatment nor punishment.

When it was first proposed, the legal power to test on arrest was considered by Parliament's human rights committee to be potentially in breach of Article 8 (the right to private life) of the European Convention on Human Rights (Joint Committee on Human Rights, 2004). This has never been tested in court. Connor et al's (2020) arrested interviewees experienced DToA as just another part of the arrest process.

Beyond the intrusion on privacy and the wasted time and money spent on drug tests that lead to nothing, there is the concern that the intervention distracts us from the development of more effective responses. The rationale, as provided by successive Home Office ministers, for DToA misleadingly suggests that there is a simple fix to the problem of drug-related crime, as if it were possible to deter or refer our way out of drug-related crime (Reuter & Stevens, 2008). The thinking it exemplifies suggests that the problem could be solved if only we gather enough information and apply enough control to that minority of offences that end up being dealt with in police custody suites. The double dark figures of the unknown numbers of other offenders and other drug users continue to go unaddressed (Stevens, 2007), while attention and resources are focused on that relatively tiny proportion of them who end up in treatment after DToA.

Nevertheless, the 2023 *Anti-Social Behaviour Action Plan* promised to increase the range of trigger offences and to extend testing to all Class A and B drugs, including cannabis (HM Government, 2023a). Some police forces have already used the new money to expand testing to 'non-trigger' offences, including domestic violence (HM Government, 2023b). We have been told informally that such tests are producing high levels of positive tests for cocaine among domestic violence suspects in at least one area. But it is unclear what effect such identification has in actually reducing this violence. At least one other police force has stopped enforcing mandatory assessments following DToA.

There is little that is new under the criminological sun. DToA can also—for example—be used as an example of the processes that Cohen referred to as 'mesh-thinning' and 'social control entrepreneurship' (Cohen, 1979, 1985). Mesh-thinning is a counterpart to Cohen's more famous concept of 'net-widening'. This expands the number of people who are subjected to control. Mesh-thinning makes it harder to get out of the net. DToA increases the obligations placed on arrestees. For those who test positive, they may have to go through another process—the required assessment—before they can get out of the net of the criminal justice system. This is a clear example of mesh-thinning. As can be seen in the prices paid and the heavy promotion of testing by the companies that sell the test kits, DToA also brings together social control with the profit motive. So it is also, in Cohen's terms, an example of social control entrepreneurship.

Drug-related problems and offending result from numerous, interacting factors, including poverty, the bio-psychological effects of psychoactive substances, and the presence and nature of illicit drug markets (Stevens, 2011; Zinberg, 1984). Drug-related crime does not

only involve offending to buy drugs. It also includes offending of the type that Goldstein (1985) labelled 'systemic'; violent crimes committed in attempts to control the illicit market. And there is a range of other factors that contribute to the observed correlation between offending and illicit drug use (Bennett & Holloway, 2005). DToA forms part of the 'web of control' (Bacon and Seddon, 2020) that spans the criminal justice and drug treatment systems. However, it fails to treat the problem of drug-related crime as structural, or even systemic. It also does nothing to address the ongoing public health crisis of drug-related death (Rae et al., 2022). It can aptly be described, therefore, as a 'cosmetic' intervention.

Peer-Led Induction in Prisons

As the drug-related death crisis has been building, so has a mental health crisis in prisons, including persistently high levels of self-harm and suicide (House of Commons Justice Committee, 2021; Ministry of Justice, 2024). The experience of incarceration can cause immense distress through the 'corrosive and demanding nature of imprisonment' (Liebling, 1999; 286). The first few weeks are crucial for preventing mental distress and self-inflicted harm. A significant portion of prison suicides occur during this period (Sapsford, 1983; Liebling, 1999; Crewe & Liebling., 2017; Radeloff et al., 2021).

One of the approaches that has been developed to address this crisis is the deployment of prisoners as peer support workers in a variety of interventions across the prison estate. By 2014, 7% of prisoners were reported to be involved as peer supporters across England and Wales (South et al., 2014). From 2015, such interventions spread further, following a Prison Service Instruction (NOMS, 2015, p9) which stated that prisons should '[h]elp prisoners to uphold their immediate responsibilities to others by assisting them to solve immediate problems and make arrangements to cover the time they will spend in prison'. It has been shown that offering peer support to other prisoners can have positive effects on the rate of suicide and self-harm (Davies, 1994; Liebling & Price, 1999). But this may not be the case for all peer support programmes. Here we focus on a specific intervention within the broader paradigm of peer support, which is peer-led induction to prison (PLIP). This involves training prisoners to induct peers to the policies, procedures and regime of the prison.

The origins of PLIP can be found in the Induction Insiders Scheme (HMPS: Safer Custody Group, 2005). With the austerity-driven idea of doing more with less, and new and innovative ways of 'doing prison'—navigating prison and sentences (Crewe & Liebling, 2017; Schreeche-Powell, 2023, 2020)—there is much support for peer support, including from His Majesty's Inspectorate of Prisons (e.g. HMIP, 2023, 2024) and the National Women's Prisons Health and Social Care Review (2023), which highlighted PLIP as an aspect of 'good practice'.

In contrast, we suggest that PLIP is an example of Maruna's (2011: 8) assertion that interventions in prison 'seem to be operating in a vacuum, with no clear explanation for how the process is supposed to work'. A range of problems around managerialism and occupational cultures, confidentiality, risk, population turnover, recruitment of mentors, and security breaches have been reported as undermining the effectiveness of PLIP (Fletcher and Batty, 2012; Scott et al., 2004; Boyce et al., 2009; Woodall et al., 2015).

There is some evidence of the presence of theory in the pilot review of the Induction Insider Scheme (HMPS: Safer Custody Group, 2005), but naïvely extrapolating the widely claimed benefits of peer support to the specifics of PLIP fails to recognise the complexity identified in existing research on PLIP, as listed above. There is little

evidence of a coherent theoretical model of PLIP that could achieve the intended outcomes (Schreeche-Powell, 2023; Mears, 2007).

Previous research has also suggested that there is a range of negative outcomes associated with peer intervention (Fletcher & Batty, 2012; Schreeche-Powell 2020; 2023). PLIP requires input from prison and authority figures which can diminish intervention effectiveness and impact. Such interventions invariably require 'buy in' from prison staff, something that South et al (2014: 107) term 'co-constructs'. This starts at senior management level, whose support signals institutional commitment to such interventions. Yet, this commitment may not be felt or expressed by the prison officers who actually interact with prisoners. Woodall et al. (2015) found that those staff who were fully conversant with the reasoning for and benefits of peer intervention were vital for peer interventions to succeed. However, resistance to interventions compromises facilitation, delivery and effectiveness. Resistant prison staff can impede peers or act like 'street level bureaucrats' (Lipsky, 1969), limiting policy implementation and subverting its aims. Rather than reducing distress, PLIP may instead reinforce and exacerbate 'Prison Made Pain', as has been shown by at least one study of PLIP in action (Schreeche-Powell, 2023).

Indeed, PLIP can even exacerbate existing mental health conditions by exposing prisoners to misuse and abuse of power by prison staff and mentors (Schreeche-Powell, 2023). Embedded within the PLIP schemes that Schreeche-Powell studied is a managerialist approach that 'weaponizes' PLIP as a tool to facilitate self-serving cultures of institutional compliance. The use of peer support interventions, and specifically PLIP, can become part of a top-down approach which pays little attention to the complex needs of individual prisoners. The performance of PLIP in practice is not evaluated by the meeting of these needs. It is instead based upon 'meeting measurable targets [like] […] meticulous record-keeping […] the management or even the control of risk' (Cheliotis, 2008: 247).

Schreeche-Powell found that prison staff experience managerial pressure and so focus on 'pen pushing'. This keeps them from having sufficient engagement with prisoners to facilitate and support PLIP. Targeted prisoners were found to turn away from PLIP. As explanations, they cited the lack of staff and peer motivation to support them, the lack of authenticity of the peer role as one of altruism, and the lack of confidentiality, as well as the absence of visible and available staff and peers. This manifested in a 'relationship of inconvenience' between staff/mentors and the prisoners they were purported to support (Schreeche-Powell, 2023).

Delivered in this managerial, bureaucratic and under-funded model, PLIP undermines its own premise of a structured and targeted social support programme by driving people away from trained peers to cope on their own or to access information through informal networks. There have already been a number of high-profile interventions in penal settings that have been shown to be ineffective (Shaw, 2019). In the attempt to use interventions such as PLIP to paper over the cracks of a failing prison system with cheap, superficial measures rather than fundamental reform, we see another example of a cosmetic fix. PLIP also serves—in its current form—to divert focus from addressing the core problems of ensuring safety and decency in the institution, the absence of which is a major cause of mental health problems (House of Commons Justice Committee, 2021). The most recent annual HMIP report notes a positive anecdote of PLIP in one prison, but in a fundamentally depressing context: 'In over two-thirds of prisons we inspected, prisoners spent their first few days in cells that were bleak, grubby and unwelcoming, and their induction into prison life was often poor' (HMCIP, 2023). Limited PLIP intervention cannot solve the structural problems of an over-populated and under-funded prison estate.

Discussion

It may be that criminal justice, as with other policy areas that are particularly morally loaded, is particularly prone to interventions that are driven by normative preferences rather than evidence of effectiveness (Stevens, 2024). We have presented three discouraging cases, but we are not arguing that all criminal justice interventions are misguided and harmful. Rather, we are noting our concern over what we observe to be a mounting tendency to rely on poorly evidenced and cosmetic interventions to address problems that are caused by deeper and more enduring social structures and practices.

In all three cases – PiS, DToA and PLIP – we see an over-optimistic faith in the capacity of limited and unevidenced interventions to resolve systemically driven problems. In each case, we have provided examples of how such interventionitis can cause – rather than reduce – harms. And we show how they conform to the cosmetic fallacy, in believing that systemically driven problems can be reduced by interventions that fail to address the underlying causes of these problems.

More positively, we believe that interventionitis can be prevented (or at least mitigated) if interventions are not viewed or designed in isolation, but are instead seen in the context of three other 'I's: inequalities, institutions, and interactions (Fraser et al., 2024; see Fig. 1). Inequalities of class, race, gender, age and income have a role in causing the problems we have described (Billingham & Irwin-Rogers, 2022; Miethe et al., 2017; Stevens, 2011; Wilkinson & Pickett, 2009). Institutions such as prisons, schools and drug treatment agencies can play a part in reducing or exacerbating these inequalities, and each have complexities and challenges which cannot only be addressed through the introduction of interventions into them. These macro level societal and institutional conditions create the contexts in which people interact and form relationships with the professionals deployed to support or supervise them. These relationships can be hugely consequential – for good or ill. The 'Four Is' approach suggested here is more compatible with the critical realist idea that we need to design and evaluate criminal justice interventions in the specific contexts within which they operate (Matthews, 2014).

Two implications flow from this 'Four Is' framework regarding the role of interventions in criminal justice policymaking. Firstly, it underlines the argument that we should not place too much faith in interventions alone as the route towards addressing social problems. If inequalities are deepening, institutions are dysfunctional and effective supportive relationships are lacking, interventions can only amount, at best, to cosmetic fixes, which may temporarily contain but will not address the drivers of social problems. There is a risk that an inordinate focus on interventions can distract or detract from the need to address the other three 'I's.

Secondly, the 'Four Is' framework encourages policymakers to situate interventions within their broader context, and to consider the impact of interventions on the other 'I's.
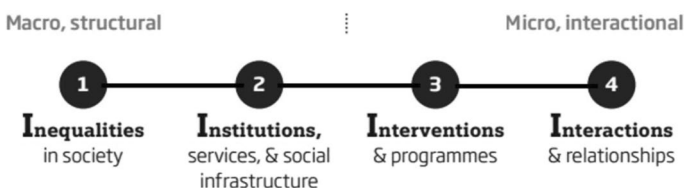

Fig. 1 The 'Four Is' framework

At best, interventions should address inequalities, enhance institutions, and enrich relationships. At worst, they can exacerbate inequalities, contribute to institutional dysfunction, and undermine relationships.

We suggest that one of the most damaging effects of interventionitis is when poorly designed or implemented programmatic interventions harm supportive professional relationships. The quality of relationships that occur between workers and targeted populations (e.g. young people, people who use drugs, people in prison) is a crucial condition for achieving positive impact. Between us, we have observed instances where particular interventions have pushed youth workers, police officers, drug treatment workers, prison officers and others in the criminal justice system—who want to do long-term, careful, flexible, responsive, relational work with service users—into delivering small-scale, time-bound, limited interventions, which do not enable them to develop trusting, productive and therapeutic relationships. This phenomenon has also often been observed in qualitative studies with professionals (e.g. Phillips et al., 2022; Seal & Harris, 2016).

There are plenty of examples of successful programmes of work that began as time bound, geographically focused interventions, and were then integrated successfully into mainstream practice. One is the development of opioid agonist therapy (OAT). This was originally developed and tested as a discrete intervention for people who were using heroin in New York City (Dole & Nyswander, 1965). This spread internationally (HRI, 2022), and then into British prisons (Marteau et al., 2010), saving many lives along the way (Marsden et al., 2017; Pierce et al., 2015). OAT also reduces offending (Egli et al., 2009). It is now accepted as a frontline treatment for opioid use disorders (Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group, 2017). This – in contrast to the cases we have presented as examples of interventionitis – was an intervention that had a solid evidence base, and was cautiously tested in multiple settings before being expanded through the relevant institutions. It is not a cosmetic fix, but one that addresses the root cause of the problem in the targeted individuals—their physiological dependence on opiates—and systemically—by creating an institutional system for the delivery of opioid medicines through doctors, pharmacists and drug treatment services. It enables people to make choices in their lives, freed from the constraints of having to fund and buy illicit opiates every day, and able to draw on additional support from key workers and the agencies they refer to. Maximising its impact involved addressing the social inequalities that prevented prisoners from accessing OAT (O'Brien & Stevens, 1997), as was eventually done through the Integrated Drug Treatment System in prisons (Marteau et al., 2010). Further expansion of this system is required to address the drug-related death crisis (ACMD, 2016), as has now been accepted by the UK government (HM Government, 2021b). The development of such effective systems to reduce drug-related harms does not eliminate the need to change the social conditions that produce drug problems (Alexander, 2008; Currie, 1993; Stevens, 2011), or the negative interactions that take place within the drug treatment and wider health care systems (Dennis, 2021; Harris, 2020). But they do demonstrate the potential of well-evidenced interventions to more effectively ameliorate social problems when they are designed and implemented to address inequalities, enhance institutions, and enable high quality supportive relationships.

The example of OAT shows that innovative and effective programmes of work can be developed without adhering to the counter-productive tenets of interventionitis. We would suggest, however, that it is dishearteningly rare for this to occur. Interventionitis is all too rife in criminal justice policymaking. By investing hope and resources in criminal justice interventions that display the features of interventionitis, we limit the opportunity to imagine different ways of thinking about or addressing the social harms we name as crimes.

As Carlen (2008) noted, building on Mathieson (2004), acting as if interventions can resolve problems which arise at deeper levels of social and institutional structures 'silently silences' alternative ways of thinking and acting.

For some, the concept of interventionitis may itself be seen as somewhat cosmetic. Hall & Winlow (2012), for example, might argue that we are just providing another outing for the 'flying dinosaur' of liberal critical criminology; that we need new theories, not just to repeat the criticism of misguided criminal justice policies. New theories may eventually turn out to be more adequate than the work we have drawn on for this article. We still think that it is worth using these critical criminological tools, and a new coinage of interventionis, in the effort to reduce the harms of some criminal justice interventions.

Conclusion

We have identified and exemplified the core features of interventionitis. We hope this may sensitise researchers, practitioners and policymakers to its dangers. These features include unjustified faith in the capacity of limited interventions to solve problems that arise at the structural and institutional levels; failing to attend sufficiently to the possibility of interventions producing iatrogenic harms; and the tendency to present inadequately evaluated and cosmetic fixes as solutions to deeply serious social problems that require more careful and rigorous responses. Instead, we suggest that policy and practice should be informed by more careful attention to the inequalities and institutions within which interventions must operate, and the kinds of interactions that they block or facilitate.

References

ACMD. (2016). *Reducing opioid-related deaths in the UK*. London: Home Office.

Alexander, B. (2008). *The Globalisation of Addiction: A Study in the Poverty of the Spirit*. Oxford: Oxford University Press.

Bacon, M., & Seddon, T. (2020). Controlling Drug Users: Forms of Power and Behavioural Regulation in Drug Treatment Services. *British Journal of Criminology*, 60(2), 403–421. https://doi.org/10.1093/BJC

Bakare, L. (2019). 'England's children's commissioner calls for police in schools', The Guardian, available at: https://www.theguardian.com/society/2019/sep/07/england-childrens-commissioner-calls-for-police-in-schools

BBC. (2019). 'MPs call for police in schools to cut youth violence', available at: https://www.bbc.co.uk/news/uk-politics-49162515

Bennett, T., & Holloway, K. (2005). *Understanding drugs, alcohol and crime*. Open University Press.

Billingham, L., & Irwin-Rogers, K. (2022). *Against youth violence: A social harm perspective*. Bristol: Bristol University Press.

Black, C. (2020). *Review of Drugs: Evidence Pack*. Home Office.

Bowling, B. (2011). Transnational criminology and the globalization of harm production. In M. Bosworth & C. Hoyle (Eds.), *What is Criminology* (pp. 1–19). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199571826.001.0001

Boyce, I., Hunter. G. & Hough, M. (2009) *St Giles Trust Peer Advice Project: An Evaluation*. London: St Giles Trust

Bradford, B. & Yesberg, J. (2020) *Police in Schools—An Evidence Review*. London: UCL Jill Dando Institute for Security and Crime Science, 2020.

Burnett, C., & Coldwell, M. (2021). Randomised controlled trials and the interventionisation of education. *Oxford Review of Education*, 47(4), 423–438. https://doi.org/10.1080/03054985.2020.1856060

Byrne, D. (2011). *Applying Social Science: The Role of Social Research in Politics, Policy and Practice*. Bristol: Policy Press.

Carlen, P. (2008). Imaginary Penalities and Risk-crazed Governance. In: P. Carlen (Ed.), Imaginary Penalities. Willan

Carrington, K., & Death, J. (2014). Feminist Criminologies' Contribution to Understandings of Sex, Gender, and Crime. In R. Gartner & B. McCarthy (Eds.), *The Oxford Handbook of Gender, Sex, and Crime*. Oxford: Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199838707.013.0006

Cheliotis, L. K. (2008) Reconsidering the Effectiveness of Temporary Release: A Systematic Review. *Aggression and Violent Behavior*. 13(3), 153-168

Children's Commissioner (2019) A Manifesto for Children. Available at: https://assets.childrenscommissioner.gov.uk/wpuploads/2019/09/cco-a-manifesto-for-children.pdf

Clarke, C. (2005). Hansard. 18th January 2005. Column 691. UK Parliament.

Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group. (2017). Drug Misuse and Dependence: UK guidelines on clinical management. London: Department of Health.

Cohen, S. (1979). The punitive city: Notes on the dispersal of social contol. *Crime, Law and Social Change*, *4*, 339–363.

Cohen, S. (1985). *Visions of social control*. Polity Press.

Connelly, L., Legane, R., & Joseph-Salisbury, R. (2020). Decriminalise the classroom: A community response to police in Greater Manchester's schools. Available at: https://nopoliceinschools.co.uk/resources/Decriminalise%20the%20Classroom%20-%20A%20Community%20Response%20to%20Police%20in%20Greater%20Manchester%27s%20Schools.pdf

Connor, M., Green, G., Thomas, N., Sondhi, A., & Pevalin, D. (2020). Drug testing on arrest–who benefits? *Health & Justice*, *8*(1), 3. https://doi.org/10.1186/s40352-019-0103-z

Crewe, B., & Liebling, A. (2017). Reconfiguring Penal Power. In A. Liebling, S. Maruna, & L. McAra (Eds.), *Oxford Handbook of Criminology*, 6th Edition (pp. 889–913). Oxford: Oxford University Press.

Cullen, F. T., Jonson, C. L., & Nagin, D. S. (2011). Prisons Do Not Reduce Recidivism: The High Cost of Ignoring Science. *The Prison Journal*, *91*(3_suppl), 48S-65S. https://doi.org/10.1177/0032885511415224

Currie, E. (1993). *Reckoning: Drugs, the Cities, and the American Future*. New York: Hill and Wang.

Currie, E. (2016) *The Roots of Danger*. Oxford: Oxford University Press

Davies, B. (1994) The Swansea Listener Scheme: Views from the Prison Landings. *The Howard Journal of Crime and Justice*. 33(2): 125-135.

Deaton, A., & Cartwright, N. (2018). Understanding and misunderstanding randomized controlled trials. *Social Science and Medicine*, *210*, 2–21. https://doi.org/10.1016/j.socscimed.2017.12.005

Dennis, F. (2021). Drug fatalities and treatment fatalism: Complicating the ageing cohort theory. *Sociology of Health & Illness*. doi.org/https://doi.org/10.1111/1467-9566.13278

Department for Children, Schools and Families, ACPO, Youth Justice Board, & Home Office. (2009). Safer School Partnerships Guidance. Available at: http://data.parliament.uk/DepositedPapers/Files/DEP2009-1366/DEP2009-1366.pdf

Dick, C. (2020). We owe it to grieving mothers to end the scourge of violent crime, Evening Standard. Available at: https://www.standard.co.uk/comment/comment/cressida-dick-violent-crime-a4325816.html

Dole, V. P., & Nyswander, M. (1965). A medical treatment for diacetylmorphine (heroin) addiction. A clinical trial with methadone hydrochloride. *Journal of the American Medical Association*. 193, 646–650. https://doi.org/10.1001/jama.1965.03090080008002

Egli, N., Pina, M., Christensen, P. S., Aebi, M., & Killias, M. (2009). Effects of drug substitution programs on offending among drug-addicts. *Campbell Systematic Reviews*, 5(1), 1–40. https://doi.org/10.4073/csr.2009.3

Fisher, B. W., Petrosino, A., Sutherland, H., Guckenburg, S., Fronius, T., Benitez, I. and Earl, K. (2023). School-based law enforcement strategies to reduce crime, increase perceptions of safety, and improve learning outcomes in primary and secondary schools: A systematic review. *Campbell Systematic Reviews*. 19(4), e1360.

Fletcher, D. R. and Batty, E. (2012), Offender Peer Interventions: What Do We Know? Centre for Regional Economic and Social Research: Sheffield Hallam University

Fraser, A., Irwin-Rogers, K., Gillon, F., McVie, S., & Schwarze, T. (2024). Safer spaces: The past and present of violence reduction in Scotland. The Scottish Centre for Crime and Justice Research. https://www.sccjr.ac.uk/wp-content/uploads/2024/01/PHYVR-policy-briefing-full-draft-Digital.pdf

Gaffney, H., Farrington, D. & White, H. (2021) Police in schools – Toolkit Technical Report, produced for the Youth Endowment Fund. Available at: https://youthendowmentfund.org.uk/wp-content/uploads/2021/06/Police-in-Schools-technical-report.pdf

Gaffney, H., Jolliffe, D. and Gaffney, H. (2022). Hot spot policing: Toolkit technical report. Available at: https://youthendowmentfund.org.uk/wp-content/uploads/2022/07/YEF-Hot-Spots-Policing-Technical-Report_Final_July-2022.pdfolkit technical report

Gatti, U., Tremblay, R. E., & Vitaro, F. (2009). Iatrogenic effect of juvenile justice. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *50*(8), 991–998. https://doi.org/10.1111/j.1469-7610.2008.02057.x

Goldstein, P. (1985). The drugs-violence nexus: A tripartite framework. *Journal of Drug Issues*, *15*, 493–506.

Gordon, P. (1984) Community policing: Towards the local police state? *Critical Social Policy*. 4(10): 39-58.

Hall, S., & Winlow, S. (2012). The need new directions in criminological theory. In S. Hall & Simon Winlow (Eds.), *New Directions in Criminological Theory* (pp. 1–13). Abingdon: Routledge.

Harris, M. (2020). Normalised pain and severe health care delay among people who inject drugs in London: Adapting cultural safety principles to promote care. *Social Science & Medicine*. 260, 113183. https://doi.org/10.1016/j.socscimed.2020.113183

Hayden, C., Holt, A., Martin, D. and Nee, C. (2011) Safer Schools in the UK – A Case Study. *The International on School Disaffection*. 8(2): 5-13.

Henshall, A. (2018) On the school beat: police officers based in English schools. *British Journal of Sociology of Education*. 39(5): 593-606.

HM Government. (2008). Drugs: Protecting families and communities. The 2008 drug strategy. Home Office.

HM Government. (2010). Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live A Drug Free Life. London: UK Government.

HM Government. (2021a). Beating Crime Plan. London: UK Government

HM Government. (2021b). From harm to hope: A 10-year drugs plan to cut crime and save lives. HM Government.

HM Government. (2023a). Anti-Social Behaviour Action Plan. UK Government.

HM Government. (2023b). From harm to hope: A 10-year drugs plan to cut crime and save lives. First Annual Report 2022–23. UK Government.

HM Government. (2023c). About Project ADDER. GOV.UK. https://www.gov.uk/government/publications/project-adder/about-project-adder

HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) (2023) An inspection of how well the police tackle serious youth violence. Available at: https://hmicfrs.justiceinspectorates.gov.uk/publication-html/inspection-of-how-well-the-police-tackle-serious-youth-violence/#3-how-well-do-the-police-work-with-partner-organisations-to-take-a-public-health-approach-to-serious-youth-violence

HM Prison Service, Safer Custody Group (2005) Prisoner Peer Support: Good Practice Guide for Insiders Peer Support Schemes. HMP Safer Custody Group. Available online: https://1library.net/document/yevdr30z-good-practice-guide-for-insiders-peersupport-schemes.html

HMCIP. (2023). *HM Chief Inspector of Prisons for England and Wales Annual Report 2022–23. HM Chief Inspector of Prisons for England and Wales*.

HMIP. (2023). HMP Littlehey. HM Inspectorate of Prisons. https://webarchive.nationalarchives.gov.uk/ukgwa/20240415095348/https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-littlehey-2/

HMIP. (2024). HMP/YOI Brinsford. HM Inspectorate of Prisons. https://hmiprisons.justiceinspectorates.gov.uk/hmipris_reports/hmp-yoi-brinsford-2/

Home Affairs Committee. (2019). Serious Youth Violence report summary. Available at: https://committees.parliament.uk/work/3152/serious-violence-inquiry/news/100498/youth-service-guarantee-needed-to-protect-young-people-from-serious-violence/

Hope, T. (2004). Pretend it Works: Evidence and Governance in the Evaluation of the Reducing Burglary Initiative. *Criminal Justice*, *4*(3), 287–308.

House of Commons Justice Committee. (2021). Mental health in prison. Fifth Report of Session 2021–22. House of Commons. https://publications.parliament.uk/pa/cm5802/cmselect/cmjust/72/7202.htm

HRI. (2022). *Global State of Harm Reduction 2022*. London: Harm Reduction International.

Irwin-Rogers, K., Muthoo, A. and Billingham, L. (2020). Youth Violence Commission: Final Report. Available from: http://yvcommission.com/wp-content/uploads/2020/07/YVC-Final-Report-July-2020.pdf [Accessed 7 September 2021].

Joint Committee on Human Rights. (2004). Seventh report: Drugs bill. UK Parliament. http://www.publications.parliament.uk/pa/jt200405/jtselect/jtrights/47/4706.htm#a15

Joseph-Salisbury, R. (2021) Teacher perspectives on the presence of police officers in English secondary schools: A Critical Race Theory analysis. *Race Ethnicity and Education*. 24:4, 578-595.

Koehler, J. A., Humphreys, D. K., Akoensi, T. D., Sánchez de Ribera, O., & Lösel, F. (2014). A systematic review and meta-analysis on the effects of European drug treatment programmes on reoffending. *Psychology, Crime & Law*. 20(6), 584–602. https://doi.org/10.1080/1068316X.2013.804921

Laub, M. M. (2023). Austerity-driven policification: Neoliberalisation, schools and the police in Britain. *The Sociological Review*. dpi: https://doi.org/10.1177/00380261231202649

Lea, J. (2002). *Crime and Modernity: Continuities in Left Realist Criminology*. London: Sage.

Lea, J., & Young, J. (1984). *What is to be done about law and order*. Harmondsworth: Penguin.

Liebling, A. (1999) Prisoner Suicide and Prisoner Coping. *Crime and Justice*. 26, 283-359.

Liebling, A. & Price, D. (1999) *An Exploration of Staff-Prisoner Relationships at HMP Whitemoor*. London: His Majesty's Prison Service

Lipsky, M. (1969) *Toward a theory of street-level bureaucracy*. Madison, Wisconsin: Institute for Research on Poverty, University of Wisconsin

Marsden, J., Stillwell, G., Jones, H., Cooper, A., Eastwood, B., Farrell, M., Lowden, T., Maddalena, N., Metcalfe, C., Shaw, J., & Hickman, M. (2017). Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. *Addiction*. 112(8), 1408–1418. https://doi.org/10.1111/ADD.13779

Marteau, D., Palmer, J., & Stoever, H. (2010). Introduction of the Integrated Drug Treatment System (IDTS) in English Prisons. *International Journal of Prisoner Health*, 6(3), 117–124.

Maruna, S. (2011) Why do they hate us? Making peace between prisoners and psychology. *International journal of offender therapy and comparative criminology*, 55(5), 671-675.

Mathiesen, T. (2004). *Silently Silenced: Essays on the Creation of Acquiescence in Modern Society*. Waterside Press.

Matthews, R. (2014). *Realist Criminology*. Basingstoke: Palgrave Macmillan.

Mears, D.P. (2007) Towards rational and evidence-based crime policy. *Journal of Criminal Justice*, 35(6), 667-682.

Miethe T. D., Troshinsky E. I., and Hart T. C. (2017). Social conditions and cross-national imprisonment rates: Using set-theoretic methods for theory testing and identifying deviant cases. *Journal of Contemporary Criminal Justice*, 32(2), 152–172.

Ministry of Justice. (2024). Safety in custody statistics, England and Wales: Deaths in prison custody to March 2024 assaults and self-harm to December 2023. GOV.UK. https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2023/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-march-2024-assaults-and-self-harm-to-december-2023

MoJ, & HMPPS. (2022). Offending behaviour programmes and interventions. GOV.UK. https://www.gov.uk/guidance/offending-behaviour-programmes-and-interventions

National Women's Prisons Health and Social Care Review. (2023). A review of health and social care in women's prisons. NHS England. https://www.england.nhs.uk/long-read/a-review-of-health-and-social-care-in-womens-prisons/

Nijjar, J. (2021) 'Police–school partnerships and the war on black youth'. *Critical Social Policy*. 41(3): 491–501

NOMS (2015) Early days in custody – reception in, first night in custody, and induction to custody. National Offender Management Service. Available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment_data/file/889890/psi-07–2015-pi-06–2015-early-days-custody.pdf

O'Brien, O., & Stevens, A. (1997). *A question of equivalence: A report on the implementation of international guidelines on HIV/AIDS in prisons of the European Union*. London: Cranstoun Drug Services.

Home Office. (2016). *Modern Crime Prevention Strategy*. London: Home Office.

Home Office. (2024). Statement of Requirements: PRJ_9502: Opiates treatment research project: Home Office & Office for Health Improvement and Disparities. London: Home Office.

Home Office (2021) Forces given funding boost to increase roll out of Hotspot Policing. Available at: https://www.gov.uk/government/news/forces-given-funding-boost-to-increase-roll-out-of-hotspot-policing

Home Office (2022) Efforts to tackle serious violence and homicide stepped up. Available at: https://www.gov.uk/government/news/efforts-to-tackle-serious-violence-and-homicide-stepped-up

Home Office. (2022). Offenders to face mandatory testing to cut drug-fuelled crime. GOV.UK. https://www.gov.uk/government/news/offenders-to-face-mandatory-testing-to-cut-drug-fuelled-crime

Home Office. (2024). Data: Drug Testing on Arrest (DToA) programme. GOV.UK. https://www.gov.uk/government/publications/drug-testing-on-arrest-dtoa-programme-data/data-drug-testing-on-arrest-dtoa-programme-accessible

Pawson, R, & Tilley, N. (1998). *Realist Evaluation*. London. Sage.

Phillips, J., Whitfield, K., Hamilton, P., de Hoog, F., & Coleman, C. (2022). *Promising approaches to knife crime: An exploratory study*. London: Her Majesty's Inspector of Probation.

Pierce, M., Bird, S. M., Hickman, M., Marsden, J., Dunn, G., Jones, A., & Millar, T. (2015). Impact of treatment for opioid dependence on fatal drug-related poisoning: A national cohort study in England. *Addiction*, 111, 298–308. https://doi.org/10.1111/add.13193

Radeloff, D., Ten Hövel, M., Brennecke, G., Stoeber, F.S., Lempp, T., Kettner, M., Zacher, H., von Klitzing, K. and Bennefeld-Kersten, K., 2021. Suicide after reception into prison: a case-control study examining differences in early and late events. *PLOS One*, *16*(8), p.e0255284.

Rae, M., Howkins, J., & Holland, A. (2022). Escalating drug related deaths in the UK. *BMJ*, 378, o2005. https://doi.org/10.1136/bmj.o2005

Reuter, P., & Stevens, A. (2008). Assessing UK Drug Policy from a Crime Control Perspective. *Criminology and Criminal Justice*, *8*(4), 461–482.

Riley-Smith, B., & Hymas, C. (2021, October 5). Priti Patel: Middle-class drug users will be named and shamed. The Telegraph. https://www.telegraph.co.uk/politics/2021/10/05/priti-patel-middle-class-drug-users-will-named-shamed/

Runnymede Trust (2023) Over-policed and under-protected: The road to Safer Schools, briefing paper. Available at: https://www.runnymedetrust.org/publications/over-policed-and-under-protected-the-road-to-safer-schools#:~:text=The%20Runnymede%20Trust%20recommends%20that,appropriate%20adult%20is%20always%20present.

Sapsford, R. (1983) *Life Sentence Prisoners: Reaction, Response and Change*. Maidenhead: Open University Press.

Schreeche-Powell, E. (2020). Peer Support and Well-Being: Exploring the Impact of Peer-Led Induction on Male Prisoners. *The Journal of Prisoners on Prisons*, 29 (1-2), 30-60.

Schreeche-Powell, E. (2023). Peer support in prisons: exploring the role and experience of peer-led induction on male prisoners in their transfer and transition to open Prison. PhD thesis. Canterbury: University of Kent. https://doi.org/10.22024/UniKent/01.02.102405.

Scott, D., Harzke, A. J., Mizwa, M. B. Pugh, M. & Ross, M. W. (2004) Evaluation of an HIV Peer Education Program in Texas Prisons. *Journal of Corrective Health*, 10(2), 151- 173

Seal, M., & Harris, P. (2016). *Responding to youth violence through youth work*. Bristol: Policy Press.

Seddon, T., Williams, L., & Ralphs, R. (2012). *Tough Choices: Risk, Security and the Criminalization of Drug Policy*. Oxford University Press.

Shaw, D. (2019). Offender rehabilitation schemes 'not tested'. The BBC, 4 June [Online]. Available at: https://www.bbc.co.uk/news/uk-48516286.

Sondhi, A., & Eastwood, B. (2021). Assessing diversionary approaches for drug misusers in police custody in London: Engagement and treatment outcomes as part of the Drug Intervention Programme. *Addiction Research & Theory*, *29*(3), 223–230. https://doi.org/10.1080/16066359.2020.1784880

South, J., Bagnall, A., Hulme, C., Woodall, J., Longo, R., Dixey, R., Kinsella, K., Raine, G., Vinall, K. and Wright, J. (2014) A systematic review of the effectiveness and cost effectiveness of peer-based interventions to maintain and improve offender health in prison settings. NIHR Journals Library. PMID: 25642497.

Squires, P. (2008) *'Gun Crime': A review of evidence and policy*. London: Centre for Crime and Justice Studies. Available at: https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/Gun%20crime.pdf

Stevens, A. (2007). When two dark figures collide: Evidence and discourse on drug-related crime. *Critical Social Policy*, *27*(1), 77–99. https://doi.org/10.1177/0261018307072208

Stevens, A. (2011). *Drugs, crime and public health: The political economy of drug policy*. Routledge. https://doi.org/10.4324/9780203844168

Stevens, A. (2024). *Drug Policy Constellations: The Role of Power and Morality in the Making of Drug Policy in the UK*. Bristol: Bristol University Press.

Stevenson, M. T. (2023). Cause, Effect, and the Structure of the Social World. *Boston University Law Review*. 103, 2001–2047. https://doi.org/10.2139/ssrn.4445710

UNCRC. (2023). Concluding observations on the combined sixth and seventh periodic reports of the United Kingdom of Great Britain and Northern Ireland. United Nations Committee on the Rights of the Child.

Weale, S. (2020). Met to review role of school police officers after legal challenge, The Guardian. Available at: https://www.theguardian.com/uk-news/2020/apr/20/met-review-role-school-police-officers-after-legal-challenge

Wilkinson, R., & Pickett, K. (2009). *The Spirit Level: Why More Equal Societies Almost Always Do Better*. London: Allen Lane.

Wilkinson, D., Chopra, I. and Badger, S. (2024). A systematic review of evidence capturing efficacy of community and school-based approaches to knife crime intervention and prevention programs. *Journal of Criminal Psychology*, ahead-of-print. https://doi.org/10.1108/JCP-09-2023-0054

Williams P (2018) *Being Matrixed: The (Over)Policing of Gang Suspects in* London. London: StopWatch.

Wilson, E. (2013). *Youth Justice Interventions – findings from the Juvenile Cohort Study (JCS)*. London: Ministry of Justice.

Woodall, J., South, J., Dixey, R., De Viggiani, N. & Penson, B. (2015) Expert views of peer-based interventions for prisoner health. *International Journal of Prisoner Health*, 11(2), 87-97.

Young, J. (1999). *The Exclusive Society*. London: Sage.

Zinberg, N. E. (1984). *Drug, set, and setting: The basis for controlled intoxicant use*. New Haven: Yale University Press.