

Incarceration nation

The United States leads the world in incarceration.

A new report explores why — and offers
recommendations for fixing the system.

BY LORNA COLLIER

While the United States has only 5 percent of the world's population, it has nearly 25 percent of its prisoners — about 2.2 million people.

Over the past four decades, the nation's get-tough-on-crime policies have packed prisons and jails to the bursting point, largely with poor, uneducated people of color, about half of whom suffer from mental health problems.

This startling reality has cost U.S. society in many ways, concludes a sweeping National Research Council report produced by an interdisciplinary committee of researchers.

"We reached a broad consensus on what negative impacts these policies have had on individuals, on families, on communities and on the nation," says Craig Haney, PhD, a professor of psychology at the University of California at Santa Cruz, a report co-author and member of a committee that in July briefed the White House on the report's findings.

One out of every 100 American adults is incarcerated, a per capita rate five to 10 times higher than that in Western Europe or other democracies, the report found. Though the trend has slowed in recent years — from 2006 to 2011, more than half of states trimmed their prison populations — in 2012 the United States still stood as the world leader in incarceration by a substantial margin.

While the United States has 707 incarcerated people per 100,000 citizens, for example, China has 124 to 172 per 100,000 people and Iran 284 per 100,000. North Korea is perhaps the closest, but reliable numbers are hard to find; some estimates suggest 600 to 800 per 100,000. (See chart on page 60.)

"No other country in the world imprisons its citizens as we do in the United States," Haney says.

The prison boom also has meant more resources spent on corrections — about \$60 billion annually on state and federal prisons, up from \$12 billion 20 years ago, according to the Pew Center on the States.

"Our incarceration policy is very costly with relatively few benefits and a lot of deleterious effects on our economy and our families and on the fabric of our communities," says June Tangney, PhD, a psychology professor at George Mason University who studies offender rehabilitation.

"Being the country with the highest incarceration rate in the

world is really something we need to take a second look at," she says. "It's not that we have any more criminals than the rest of the world; we're just doing different things with them."

How did we get here?

For decades, the United States had a relatively stable prison population. That changed in the late 1960s and early 1970s. Some factors included a rise in crime from the 1960s to 1980s; rising concerns over crack cocaine and other drugs, resulting in huge increases in drug penalties; a move to mandatory minimum sentences; and the implementation of other tough-on-crime policies, such as "three-strikes" laws and policies to ensure prisoners served at least 85 percent of their sentences. These harsher sentencing laws coupled with the dramatic increase in drug penalties added up to a state and federal prison population of 1.5 million, up from 200,000 in 1973. And that's

not including nearly 750,000 Americans in jails on a daily basis (as well as an annual jail population of close to 13 million, says Tangney).

This growth is "historically unprecedented" in the United States and "internationally unique," the report concludes.

What's more, the movement toward broad, punitive crime control and prison policies wasn't based on any scientific rationale, says Haney, who studies the psychological effects of incarceration. "Rather, it was largely the product of a series of policy decisions made for largely political reasons," he says. "For whatever reason, legislators and other politicians have found it politically advantageous and expedient to

continue to pursue a strategy of punitive crime control policies irrespective of the cost of that policy."

Who's in prison?

The committee found that the deinstitutionalization movement of the 1960s — which shut down large treatment facilities for the mentally ill — coupled with the lack of community resources to treat them, resulted in some people going to prisons and jails instead. One study found this trend accounts for about 7 percent of prison population growth from 1980 to 2000 — representing 40,000 to 72,000 people in prisons who would likely have been in mental hospitals in the past.

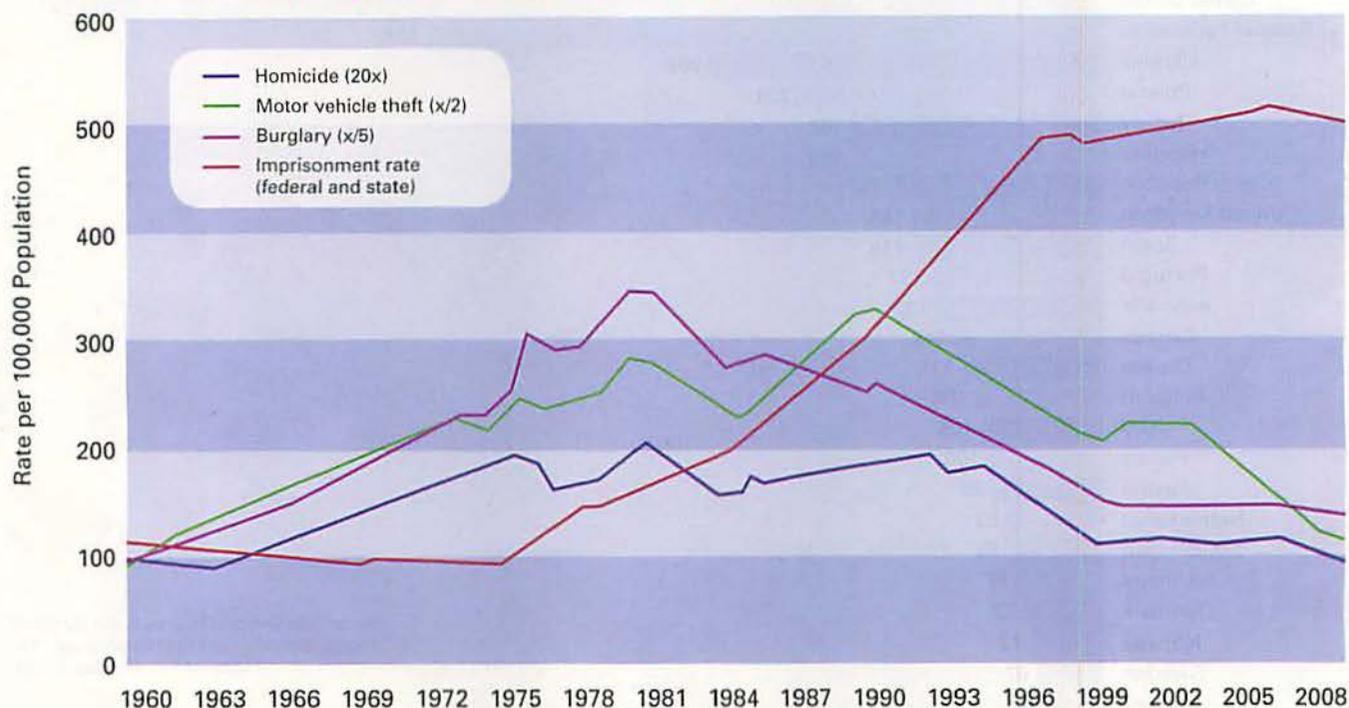
Mental illness among today's inmates is also pervasive, with

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University of California at Santa Cruz

Crime and imprisonment rates 1960–2008



Source: "The Growth of Incarceration in the United States: Exploring Causes and Consequences," The National Research Council, 2014.

64 percent of jail inmates, 54 percent of state prisoners and 45 percent of federal prisoners reporting mental health concerns, the report found. Substance abuse is also rampant and often co-occurring.

"Part of what's really swelled our jail and prison population, especially our jail population, is our inability to deal with the mental health crisis that we're facing in this country," says Tangney. "We have an enormous number of people who are suffering from very treatable illnesses who are not getting treatment and who end up getting caught in the criminal justice system as opposed to the mental health system."

The rise in incarceration rates has also disproportionately affected minority populations, the report found. In 2011, for example, about 40 percent of those behind bars were black, although African Americans and others of African descent make up only 13.2 percent of the U.S. population, one study found. Hispanics also were over-represented in prison, at 20 percent of the prison population compared with 17.1 percent of the U.S. population.

The report notes that such disparities in sentencing were caused partly by more severe laws and the war on drugs, as well as "small but systematic racial differences in case processing." For instance, blacks were more likely to be incarcerated before trial, to fare worse in plea agreements that might otherwise have kept them out of prison, to receive the death penalty, and to be arrested and charged with drug crimes, which carry stiff mandatory sentences, the report found.

People of color also are more likely to suffer disparities in mental health treatment in general, which results in their being "more likely to be ushered into the criminal justice system," says Tiffany Townsend, PhD, senior director of ethnic minority

affairs in APA's Public Interest Directorate.

"The rise in incarceration transformed not only the criminal justice system, but also U.S. race relations and the institutional landscape of urban poverty," the report notes.

Yet while some studies show U.S. crime dropped as incarceration rates went up, the report found no causal link between the two, Haney says. "It's very clear from our analysis that the reduction in the overall amount of crime is only modestly if at all attributable to the high rate of incarceration," he says, pointing to other countries that have experienced less crime — without high rates of incarceration.

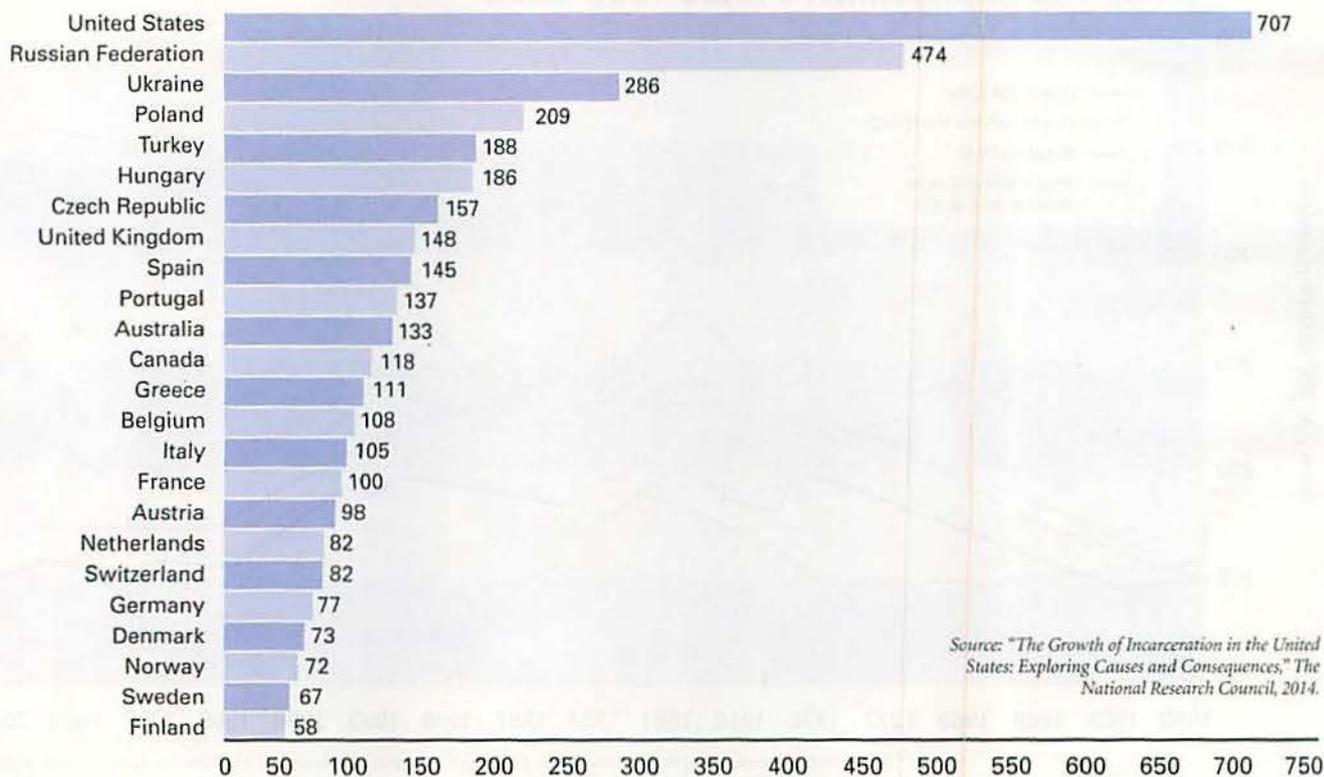
Even within the United States, crime rates have varied while the incarceration rate has shot up. For example, the number of people in prison for drugs is 10 times higher today than it was 30 to 40 years ago, yet the amount of drug crime hasn't changed.

The psychological impact of prison

In prison, inmates face a variety of challenges that affect their ability to become productive members of society once they leave confinement, the report says. Vocational training and educational programs have not been used as widely as they could be, while re-entry programs and other transitions to the community need improving, the report found. In addition, imprisonment can create or exacerbate mental health conditions.

While at least half of prisoners have some mental health concerns, about 10 percent to 25 percent of U.S. prisoners suffer from serious mental illnesses, such as major affective disorders or schizophrenia, the report finds. That compares with an average rate of about 5 percent for serious mental illness in the U.S. population in general. Dependence on drugs, alcohol or

Incarceration rates per 100,000



Source: "The Growth of Incarceration in the United States: Exploring Causes and Consequences," The National Research Council, 2014.

both is also common among prisoners.

It can be difficult to offer quality mental health treatment in corrections facilities, says Haney, because "prisoners are reluctant to open up in environments where they do not feel physically or psychologically safe." Also, the transition to care outside of prisons often is spotty. "Prisoners essentially fall out of the system because there's not an effective pass-off to the service providers in the community," Haney says. Treatment for mental health — as well as medical conditions — also is less effective in privately run prisons (about 10 percent of prisons), which may see medical treatment as a place to cut costs, the report says.

Indeed, private prisons' business model appears to be at odds with moves to reduce the incarceration rate, as that would relieve them of customers. "Because the private prison industry has an interest in expanding the market for its services, policies and programs that would significantly reduce the overall amount of imprisonment are not likely to be policies and programs they would support," says Haney.

Costs for inmates to access medical and mental health care are another concern. Most prisoners enter prison as indigents; if they have Medicaid, Medicare, Social Security or similar resources, those are discontinued. Many federal prisons, a majority of state prisons and an unknown number of jails require prisoners to pay a co-pay of \$2 to \$5 for medical visits, in an attempt to reduce frivolous use of medical services (fees can be waived for emergencies). Prisoners generally pay for these services from the minimal wages they earn doing prison jobs, yet the cost of the visits can deter them from seeking preventive and routine care.

The National Commission on Correctional Healthcare opposes any fee-for-service for inmates, says Thomas Fagan, PhD, director of the social and behavioral sciences division at Nova Southeastern University and APA's representative on the commission's board of directors. "The commission took the position that regardless of the reason for having it, it has a potential for being an obstacle to care."

In addition to the deprivations of ordinary prison life, further concerns arise with solitary or isolated confinement — when prisoners are typically confined to their cells for 23 or more hours a day, with little or no programming or meaningful social interaction. This kind of confinement creates serious psychological risks for prisoners; many of them experience panic, anxiety, rage, depression and hallucinations, especially when confined for long periods of time (some up to 25 years). Haney says he has observed cases where people enter without symptoms of mental illness and become mentally ill while confined this way.

"Segregated housing should not be used as a treatment strategy for seriously mentally ill offenders," says Fagan. "This is an issue correctional systems are struggling with right now."

Overcrowded prisons also can produce worsened health outcomes, decreased psychological well-being and increased risk of suicide, the report found. Such situations are still common today due to mandated sentences and lack of money to build more prisons, resulting in states using prisons over their rated capacities.

The overuse of solitary confinement, overcrowding and

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other inhumane conditions need to be changed, the NRC committee concluded.

Policy changes and other solutions

In the past few years, as costs of incarceration have mounted, the Obama administration has worked to reduce jail time for federal prisoners in for some drug offenses. Meanwhile, legislation has been proposed to modify mandatory sentencing and increase services to prisoners that are designed to cut recidivism.

The proposed laws have had some bipartisan support, says Roberta Downing, PhD, APA's senior legislative and federal affairs officer. "There has been a recent bipartisan nexus (between) the Tea Party and liberal Democrats on Capitol Hill who are concerned about mandatory minimum sentences, recidivism, solitary confinement and other related issues," she says.

The Smarter Sentencing Act, for one, would cut some mandatory sentences for nonviolent drug offenders. Some of those currently imprisoned for these offenses could apply to get their sentences reduced.

Congress is also considering the Recidivism Reduction and Public Safety Act, which would provide more drug treatment and job training and would allow inmates who complete such programs to reduce their sentences.

In addition, the U.S. Sentencing Commission earlier this year voted to cut sentences for some nonviolent drug offenses, and this change is expected to go into effect in November. This follows the commission's 2011 ruling to cut penalties for crack cocaine crimes. The U.S. attorney general's office is changing rules to allow more nonviolent, low-level drug offenders to win early release.

Some of these measures were recommended in the NRC report, which urges policymakers to revise criminal justice policies to reduce the rate of incarceration; to review mandatory minimums, long sentences and drug laws; and to consider more community-based alternatives to prison. But beyond steps to simply cut sentences and reduce the number of people in prison, the committee also recommends resources to help ensure prisoners are supported so they don't re-offend. For example, the committee recommended more vocational training and better prisoner re-entry programs as well as more research into the impact of mental illness and substance abuse on incarceration and recidivism. The committee also called for policymakers to address the wider social and economic conditions that cause crime in the first place, such as poverty, drug addiction and lack of education.

"The recommendations we made to reduce the number of people in prison and the amount of time they spent there need to go hand in hand with the other recommendations we made, which underscore the importance of providing people with resources while they're in prison to reduce the likelihood they'll come out unprepared to reintegrate into society," Haney says.

Townsend points out that incarceration can devastate communities and families separated from their loved ones. "In

some communities, a majority of men have been incarcerated, which leaves a major hole in the fabric of society," says Townsend.

These men can't provide for their families and are absent from their children, with the result being higher rates of poverty and the likelihood of mental health and behavioral issues for the younger generation. That can lead to their incarceration and perpetuate the cycle of imprisonment.

Fagan notes that over the past decade, some correctional systems have developed "intermediate care units" to help seriously mentally ill inmates transition from inpatient correctional mental health facilities back into the general prison population. Systems are also providing more return-to-community transition services. In addition, there are more attempts to keep mentally ill individuals out of prison or jail in the first place, through more drug courts, mental health courts and veterans' courts.

But all of these efforts are relatively scattered and are costly; there is not a national initiative to coordinate these on a wide scale, says Fagan, adding that he's not sure there is a national will to push for these improvements.

"People will say we should be doing more, but if I were to say the house down the street would be an ideal halfway house, what's your neighborhood's response to that? It seems easier to lock people up than to help them reintegrate into the community — or to keep them in the community initially."

Even if all the committee's recommendations are enacted, says Haney, it will be many years before the United States loses its title of biggest incarcerator.

"There will still be a considerable number of people in prison, even if our recommendations about mandatory minimums and so forth are followed — and those people need services. They have needs that need to be addressed so that their chances of surviving once they come out will be optimized." ■

Lorna Collier is a journalist in Chicago.

Types of incarceration

Federal prisons: Run by U.S. Bureau of Prisons; hold prisoners convicted of federal crimes and pretrial detainees.

State prisons: Run by state corrections departments; hold sentenced inmates serving time for felonies, usually longer than one year.

Local jails: County or municipal facilities; hold defendants prior to trial and those serving short sentences, usually less than one year.

Other types: Juvenile detention facilities, police lock-ups (small rooms in police stations where prisoners are held), immigration detention facilities, military prisons, state mental hospitals (when civilly committed).