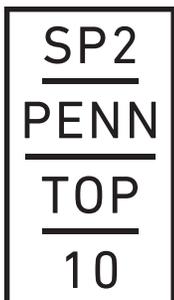


**THE INTERSECTING PROBLEMS OF SUBSTANCE USE,  
INCARCERATION AND HOMELESSNESS CREATE RISK  
IN URBAN NEIGHBORHOODS**

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Poor people of color in urban areas in the U.S. have a reduced chance of living in safe surroundings because of the high prevalence of intractable conditions such as substance use, incarceration and homelessness. These conditions create a dangerous environment where the wellbeing of residents is in jeopardy. Substance use is the most significant risk factor for incarceration, and episodic periods of imprisonment cause unstable housing and homelessness. In turn, unstable housing and homelessness are closely correlated with substance use and recidivism, creating an all-too-common cycle of substance use, prison time and homelessness. Policies and interventions attempting to address this cycle do not appreciate the multidimensional nature of the problem. Current piecemeal strategies often exacerbate one risk while trying to address another. Even worse, existing governmental bureaucracies inhibit the creation of a comprehensive solution by employing organizational silos in which resources invested by one section (housing, for instance) reap benefits only for others (mental health and primary care).

To break this cycle of intractable problems and improve conditions in urban areas, a multilevel approach must be implemented. The approach must collaboratively engage communities at the street-level to provide services while simultaneously engaging the policy processes at the governmental level to establish comprehensive policy solutions.

## WHAT YOU NEED TO KNOW

There is a lot of research-based evidence that indicates homelessness and incarceration are intertwined: a history of incarceration raises the risk of homelessness and vice versa. Additionally, high rates of substance abuse among incarcerated people increase the risk of homelessness and the need for social services after release.

Homelessness is tied to a prevalence of dangerous lifestyle habits and a decreased likelihood of obtaining needed healthcare services. In research studies, stable housing significantly reduced the rate of dangerous habits such as hard drug use, needle sharing, engaging in sex for exchange and unprotected sex. Studies also indicate that homeless people seldom use primary care services and are more likely to use expensive care services such as emergency rooms and hospitalization.

There are a growing number of barriers to implementing an effective solution to the problems posed by substance use, homelessness and incarceration. One is the Affordable Care Act (ACA), which actually could make getting care to the underserved populations in urban areas more difficult. The ACA encourages care agencies to save money by eliminating service to their costliest clients, those who require the highest level of care, such as the homeless and addicted. Additionally, agencies will be encouraged to provide more generalized care and eliminate specialized care for populations such as the homeless.

Another barrier is the siloed structure of the governmental agencies responsible for tackling social issues such as homelessness and substance use. Housing, mental and physical health, criminal justice, employment and welfare agencies are all housed in separate departments. In theory, these departments are in conversation with each other. In reality, however, collaboration is often absent. Making matters worse, budgets are seldom coordinated, with no incentives for one department to invest resources when another department will benefit from the improvement. Effective mental health services, for instance, might result in reduced incarceration episodes, creating savings in the criminal justice system. Mental health spends and criminal justice saves.

## WHY IS THIS ISSUE IMPORTANT?

- Involvement with the law can be a predictor of homelessness.
- Substance use can be a predictor of need for public medical and mental health services.
- In a study in Ohio, 81% of female prisoners who reported using substance abuse services also used housing services after release.
- Unstably housed substance users are twice as likely as stably housed substance users to share syringes.
- There are high levels of physical and sexual abuse among homeless women.
- Homelessness doubles the likelihood of people using expensive emergency room services for basic health needs.

## CREATING A MULTILEVEL SOLUTION

To address the intersecting problems of homelessness, substance use and incarceration, both policy-level and service-level changes are needed. The population most impacted by these challenges must be pushed to the foreground for policymakers. Government departments must collaborate more closely on these issues and there must be changes made in the laws that govern drugs and housing. Specifically, solutions should include:

- Changing policy so healthcare services are tailored and maintained for the population of people with a history of homelessness, substance use and incarceration.
- Government departments sharing the cost savings gained by programs that successfully address problems such as substance use or homelessness.
- Ensuring police and local courts continue to decriminalize marijuana use in accordance with emerging legislation to help reduce the U.S. jail population.
- Implementing housing-first policies that do not require participants to attend substance abuse treatment and discontinue substance use to maintain their housing.

Effective, comprehensive, collaborative interventions will have a significant impact on health disparities, re-incarceration rates, homelessness, physical health, mental health and healthcare costs. It would be well worth the effort to forge an effective response to the challenges that our urban communities face.