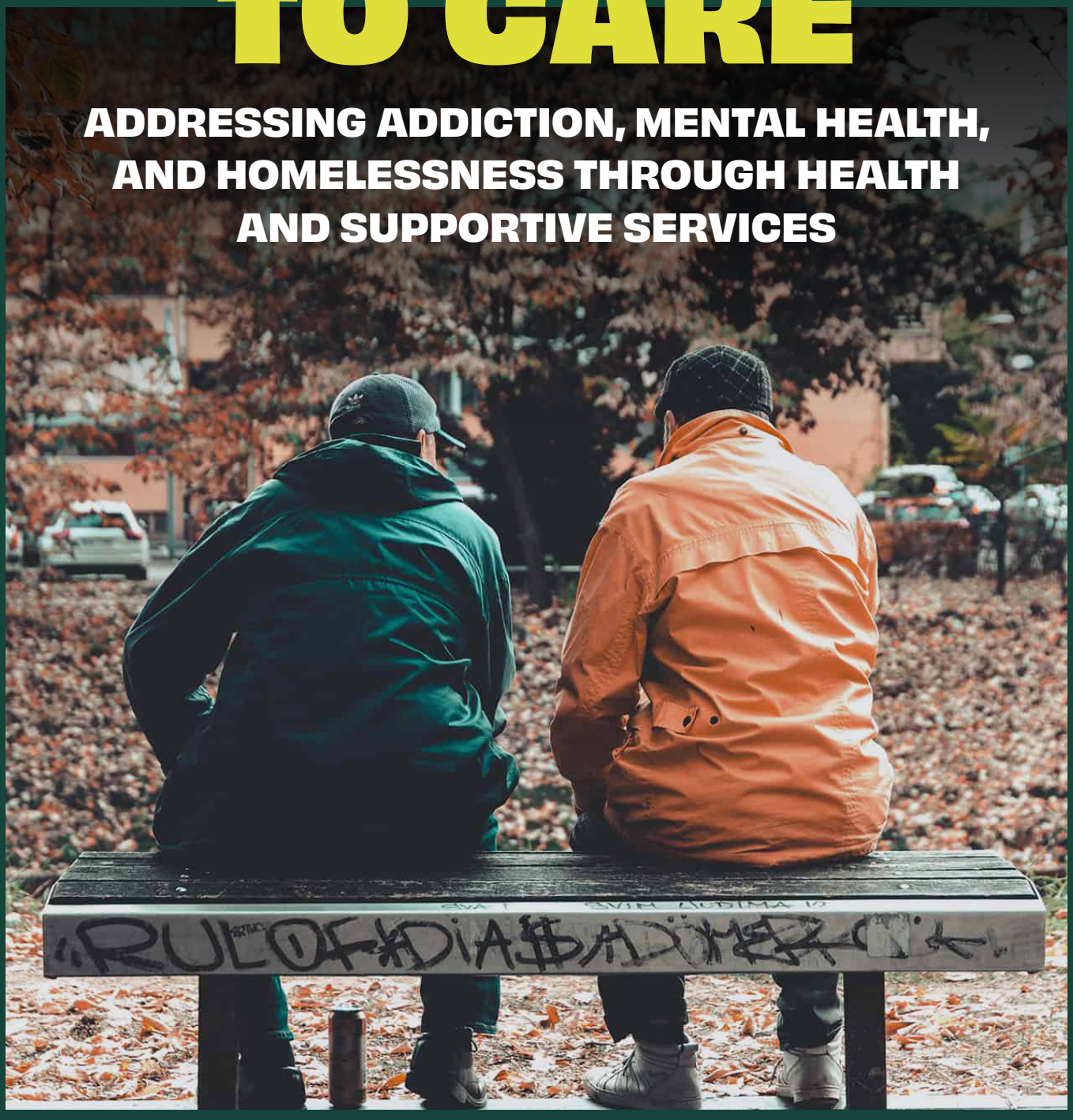
FROM CRISIS TO CARE

ADDRESSING ADDICTION, MENTAL HEALTH, AND HOMELESSNESS THROUGH HEALTH AND SUPPORTIVE SERVICES



DRUG POLICY ALLIANCE.

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EXECUTIVE SUMMARY

Drug use, mental health, and homelessness are inextricably linked in the mind of the public. Many of us know someone who has struggled with drug use or who has a mental health condition. Many of the family members and friends of people who are impacted by these issues feel like they have run out of options for their loved ones. We see our loved ones struggling, and we also see people struggling on the streets.

Not only are there too few supports for individuals and families across the country, but those that do exist often do not meet evidence-based standards or the needs of those seeking care.

People need better access to care.

The policy solutions that can effectively address the needs of people who use drugs and people with mental health conditions are complex. There is no one-size-fits-all approach to care. While some people may need long-term mental health or drug treatment, others may need outpatient therapy; some may need immediate access to medication that reduces opioid cravings and overdose risk, while others will benefit from harm reduction interventions. At its core, one thing is true: People need options and better access to care.

Criminalization diverts funding away from needed health services without addressing why people are struggling.

Unfortunately, elected leaders are doubling down on punishment and criminalization.

Arrests, incarceration, encampment sweeps, involuntary treatment, and drug and mental health courts all cost taxpayer money and divert public resources away from addressing the root causes of suffering. These approaches keep people from lifesaving drug treatment, housing, and supportive services — and they provide no change in the circumstances that cause suffering in the first place.

We have solutions that increase access to care and maintain public safety.

The safest neighborhoods have the housing, health, and social services people need. They provide services that offer a full continuum of care, are available when people seek them, and center community responses. They are voluntary and tailored to individual needs and unique life circumstances.

This policy brief outlines five approaches that take care of people and help create healthier, safer communities. If we want both thriving individuals and neighborhoods, we must:

1. **Invest in voluntary and evidence-based treatment.**
   Treatment should be on-demand, affordable, accessible, and attractive. It can include outpatient therapy and treatment, medications that reduce overdose deaths, treatment that rewards positive steps, or residential care. These treatment options can decrease overdose risk and convictions, help people stay in their community while maintaining housing and employment, and reduce costs related to criminal legal involvement.

2. **Establish community-based crisis response programs.**
   In this model, teams of trained crisis responders attend to the immediate mental health or drug crisis in the community. They focus on de-escalation, emergency counseling, and service connection and delivery. These programs can lead to better connection to social services, reduced hospitalization rates and lengths of stay, reduced frequency and intensity of future crises, fewer arrests, and less use of force.

3. **Implement supportive housing programs.**
   These programs quickly and successfully connect people experiencing chronic homelessness with permanent housing along with ongoing supports and treatment. They can include connections to other services, including case management, independent living skills training, medication management, substance use disorder and mental health treatment, employment services, and home health aide services. Supportive housing can reduce homelessness, public suffering, arrests, incarceration, and shelter and emergency room costs.

4. **Reduce criminal penalties.**
   The massive increase in arrests over the past several decades has only overwhelmed court systems, wasted money, and left people with lifelong criminal records that impede their recovery and make it more difficult to access housing, food, and employment. Decriminalization, declining to prosecute, and dismissal can not only reduce recidivism and maintain public safety, but can also lessen the financial burden of arrests, court cases, processing, and incarceration on taxpayers.

5. **Invest in long-term solutions to public safety.**
   Long-term investments — including social support services, community-based healthcare, housing, and physical environment improvements — address the underlying causes of suffering and crises without the human and financial harms of punishment.

Politicians have long invested our taxpayer and government dollars in punishment. But communities and families are pleading for help. Our elected leaders must prioritize health approaches that address the root causes of suffering and create lasting change.

INTRODUCTION

Many of us struggle to make ends meet. We juggle the expenses of putting food on the table and paying rent each month. We balance the everyday obligations of going to work and taking care of our families with necessary tasks like going to medical appointments or renewing driver's licenses.

For those of us with mental health disabilities or substance use disorders, these everyday tasks can be even harder because of the barriers our policymakers have put in place.

To the general public, drug use, mental health, and homelessness are inextricably linked. Many of us know someone who has a substance use disorder or mental health condition, and many well-intentioned family members and friends of people who are struggling feel like they have run out of options to help their loved ones.

When you look at the numbers, the enormity of the crisis is magnified. Behind each of these figures is someone's child, spouse, parent, friend, or loved one.

OVER 1.5 MILLION

people attempt suicide each year, affecting not just those individuals but their families and friends.[1]

1 IN 3

people in the United States has lost someone they know to overdose.[2]

TENS OF THOUSANDS

of children across the U.S. have lost a parent to overdose.[3]

At the core, so many people are suffering - particularly those with mental health disabilities or substance use disorders - and face an onslaught of hurdles to accessing the care they urgently need. Decades of underinvestment in services and social safety nets have worsened addiction, overdose, mental health conditions, and poverty. Stigma, cost, fear of punishment, and unavailability of services can make it hard for people to seek or receive healthcare, treatment, or emergency services.[4] For example, for those who are in substance use disorder treatment, 60% have been in treatment at least once before. Many people cycle through treatment programs because the programs fail to offer adequate or effective help.[5] Many people have sought housing or employment but are routinely denied services and support because of their conviction record or mental health or drug use history.[6] The supports that do exist often do not meet the needs or unique circumstances of those seeking care.

As homelessness rises, these issues have become more visible on our streets. Many of us are understandably concerned about seeing public drug use, mental health disabilities, or homelessness in our neighborhoods. The concerns are both for the individual suffering — sometimes someone we love — and the wider community.

The policy solutions that can effectively address the needs of people who use drugs and people with mental health conditions are complex. There is no one-size-fits-all approach to care. While some people may need long-term mental health or drug treatment, others may need outpatient therapy; some may need immediate access to medication that reduces opioid cravings and overdose risk, while others will benefit from harm reduction interventions. At its core, one thing is true: People need options and better access to care. We must focus on improving access to supportive services, treatment, and housing if we want both thriving individuals and neighborhoods.

We all want and deserve healthy and safe communities. The safest neighborhoods have the housing, health, and social services people need. They provide services that offer a full continuum of care, are available when people seek them, and center community responses. They are voluntary and tailored to individual needs and unique life circumstances. Communities and families are pleading for help — our elected leaders must prioritize health approaches that address the root causes of suffering and create lasting change.

This brief will:

- Explain the complex relationship between mental health, drug use, and homelessness
- Show how arrests, incarceration, and punishment increase homelessness and undermine care for people with mental health disabilities and substance use disorders
- Highlight effective and humane policy solutions that address these complex issues and create healthier, safer communities

PART ONE

There is a complex relationship between mental health, drug use, and homelessness.

HOW MANY PEOPLE IN THE UNITED STATES EXPERIENCE MENTAL ILLNESS, ADDICTION, AND HOMELESSNESS?

The population of people who meet the criteria for a substance use disorder (SUD) or serious mental illness is relatively small; the number of people who experience both and are also unhoused is quite small.

As homelessness rises, these issues have become more visible on the streets of cities across the United States. Supporting people who use drugs, people with mental health disabilities, and people who are unsheltered requires investment in safe places for people to spend time, get support, and sleep.

Drug Use and Substance Use Disorders

Half of people aged 12 or older in the United States have used illicit drugs at some point of their lives.[7] A quarter have used illegal drugs *in the past year*.[8] Most people who use drugs do not go on to develop a substance use disorder.[9] But each year, about 27 million — or 9% of the population over age 12 — meet the criteria for a substance use disorder (including marijuana use disorder and excluding alcohol use disorder).[10]

Mental Health Disabilities

Nearly 25% of adults report experiences of mental illness in the past year, and 5% report serious mental illness.[11] Serious mental illness includes conditions like bipolar disorder and schizophrenia.

Co-Occurring Disorders

In the past year, five million adults met the criteria for both a serious mental illness and a substance use disorder.[12]

Homelessness, Mental Health Disabilities, and Substance Use Disorders

Of the 770,000 people who experience homelessness on any given night across the U.S., 21% report having a serious mental illness, and 16% report having a substance use disorder.[13]

WHAT IS THE IMPACT OF DISCRIMINATION AGAINST PEOPLE WITH MENTAL HEALTH DISABILITIES AND SUBSTANCE USE DISORDERS?

People who use drugs and people with mental health disabilities face stigma from their communities and across multiple domains — including healthcare, housing, education, parenting, public assistance, and the legal system. Experiences of discrimination impede successful recovery because they stop people from accessing treatment and resources. This stigma ultimately leads to increased health system costs, increased disease and death, and loss of productivity.

Health is possible, but stigma is in the way.

Stigma pushes people into the shadows. Policies and practices, both explicit and covert, discriminate against, exclude, shame, and dehumanize people because of their drug use or mental health diagnosis. Instead of exploring what people need for their stability, health, or recovery, many policies and practices meet people with tough love. Judgment and blame isolate people, making them believe that they do not deserve care. In turn, many people with mental health disabilities or people who use drugs do not want to seek — or are blocked from seeking — services intended to support them.

Stigma in healthcare settings deserves special attention because it stops people with mental health disabilities and people who use drugs from seeking medical treatment and support.

Stigma can manifest in different ways, including:

- Denial of care
- Provision of sub-par care
- Verbal or physical harassment
- Longer waits for care[14]

These practices of discrimination lead to worse health outcomes by:

- Discouraging care-seeking
- Impeding access to diagnosis
- Contributing to treatment non-completion
- Blocking people from resources and opportunities
- Compounding poor mental and physical health outcomes[15]

These experiences of contempt lead many people who use drugs and many people with mental health disabilities to avoid or discontinue engagement in healthcare or treatment altogether.[16] These experiences can be heightened for people of color who face increased bias and racism from providers.[17] Healthcare and treatment non-engagement impedes recovery and leads to increased health system costs, increased disease and death, and loss of productivity.[18]

FOR PEOPLE WHO ARE UNHOUSED, WHY MUST WE ADDRESS HOMELESSNESS FIRST BEFORE WE CAN ADDRESS OTHER NEEDS?

Stability is key to someone being able to recover from or better manage mental health conditions or substance use. Safe and affordable housing is essential to stability and ensuring people can lead healthy, fulfilling lives.

Without stable housing, it is much more difficult for people to access healthcare services, secure employment, obtain education, and maintain a general day-to-day routine.

Housing can also provide emotional and psychological refuge from external threats. All of these factors are essential in supporting recovery and helping people avoid criminal legal involvement.

WHAT ARE THE CAUSES OF HOMELESSNESS IN THE UNITED STATES?

Homelessness has increased across the United States in recent years due to lack of affordable housing, rising inflation, stagnating wages among middle- and lower-income households, and disinvestment in social services.[19]

The number of people experiencing homelessness in 2024 — 770,000 — was the highest number ever recorded in the United States.[20] Further, the number of unhoused people in need of housing exceeds the number of available and affordable housing units.[21] This lack of affordable housing and an inadequate social safety net for those who have experienced job loss or debt all increase the risk of mental health conditions, problematic drug use, and overdose.[22]

WHAT IS THE RELATIONSHIP BETWEEN HOMELESSNESS AND DRUG USE?

The majority of unhoused individuals do not have a substance use disorder.[23] However, people with substance use disorders are disproportionately represented among unhoused people.

While generally not the cause of homelessness, people may increase their drug use as a way to stay alert while unhoused, or to cope with the trauma and violence of homelessness.[24] Policing and encampment sweeps can also force people to use alone, use more rapidly, or reuse syringes or pipes in order to avoid detection.[25] These practices can all increase the risks of using drugs. This criminalization of homelessness and drug use has contributed to overdose becoming one of the leading causes of death among unhoused people.[26]

WHAT IS THE RELATIONSHIP BETWEEN HOMELESSNESS AND MENTAL HEALTH DISABILITY?

The majority of unhoused individuals do not have a mental health disability.[27] However, people with mental health disabilities are disproportionately represented among unhoused people.[28]

Not having a safe place to call home and sleep can increase anxiety and depression, leading to worse mental and physical health conditions.

WHY DO UNSHELTERED HOMELESS PEOPLE HAVE FREQUENT CONTACT WITH LAW ENFORCEMENT?

Many localities address homelessness through criminal enforcement rather than increased housing. Local ordinances — like camping, parking, and sitting/lying bans — prompt police to interact more with unhoused people.

As a result, people who are unsheltered are especially likely to come into contact with the police, to be arrested, and be jailed.

This might be because:

- People are in public, so all their behaviors are on display (e.g. sleeping, drinking, urinating).
- Cities have increasingly passed laws that criminalize practices that people employ in order to survive (e.g. stealing, drug use, trespassing).[29]

WHY DO UNSHELTERED HOMELESS PEOPLE HAVE FREQUENT CONTACT WITH LAW ENFORCEMENT?

Homelessness and housing instability can be an outcome of incarceration because being locked up, even for a few days, can cause people to lose their jobs or housing. A criminal record also makes it more difficult for people to re-access jobs and housing.

- Formerly incarcerated people are nearly 10 times more likely to be unhoused than the general population.[30]
- Among people exiting prison, 1 in 3 experience housing instability and 1 in 10 experience homelessness in the year following release.[31] People exiting jail face similar rates of housing instability and homelessness.[32]
- Rates of homelessness are especially high among formerly incarcerated people who are people of color and/or women, have been incarcerated more than once, and/or have recently been released from prison.[33]
- Housing insecurity and homelessness are associated with increased risk of rearrest and booking among those who are formerly incarcerated or on parole.

Criminalization does not stop homelessness, and it diverts funding away from needed health, housing, and supportive services.

A 2023 research brief from the Prison Policy Initiative concluded:

> "Housing is one of our best tools for ending mass incarceration. It does more than put a roof over people's heads; housing gives people the space and stability necessary to receive care, escape crises, and improve their quality of life. For this reason, giving people housing can help interrupt a major pathway to prison created by the criminalization of mental illness, substance use disorder, and homelessness."[34]

PART TWO

Arrests, incarceration, and punishment increase homelessness and undermine care for people with mental health disabilities and substance use disorders.

Punishment, coercion, and violence are the default responses to drug use, mental health conditions, and homelessness: Harsh enforcement has been the status quo in the U.S. for the past 60 years. But these approaches cost taxpayer money, worsen health outcomes, and undermine public safety.

Care systems that do exist are inadequate and underfunded.

WHY IS IT HARD FOR PEOPLE TO GET TREATMENT FOR ADDICTION AND MENTAL HEALTH DISABILITIES?

Inadequate service systems fail people who want and need support and treatment.

Most people with substance use disorders (SUDs) have not received any type of treatment within the past year.[35] While mental health treatment access is more common, nearly 50% of people with any mental illness diagnosis, and 30% of people with a serious mental illness diagnosis, have not received care within the past year.[36] Only 34% of people with both serious mental illness and substance use disorder diagnoses have received treatment for both.[37]

Even fewer people receive high-quality care that is based on scientific evidence. This is because current treatment options are not available, attractive, or affordable.

There are many reasons people cannot access or do not seek treatment, including:

- Cost
- Shortage of treatment slots and needed services
- Location or lack of reliable transportation
- Excessive policies and requirements for enrolling in and remaining in treatment programs
- Lack of evidence-based treatment options
- More pressing needs such as housing, secure access to food, medical treatment, or gainful employment

"My son Tyler tried to access addiction treatment more than a dozen times over the years. There was always a wait — sometimes, there were no beds available at all. When he was admitted, he was rarely offered medication or therapy, and he never received the mental healthcare he needed to address the underlying issues that led to his substance use.

Once, while waiting for a bed to open, he used outside and overdosed in the lobby. He was revived with naloxone, taken to the ER — and still had to wait days for treatment."

- Susan Ousterman

In particular, for people who are Black, Latino, and Indigenous (especially those who are also low income), LGBTQ+, parents, living in rural places, or impacted by both SUD and mental illness diagnoses, there is a lack of evidence-based treatment available.[38] This is because some people have particular difficulty finding a provider who understands their experiences. Others have had negative treatment experiences based on their identities and so do not return for care.[39] There are also more limited options for people who are low income, who live in rural places, or who have a co-occurring diagnosis, due to treatment availability, cost, and lack of insurance acceptance.[40]

HOW DOES A POLICING APPROACH TO DRUG USE AND MENTAL HEALTH CRISES UNDERMINE PUBLIC SAFETY?

Aggressive policing stops individuals in crisis from getting the help they need and wastes taxpayer money that could, instead, address the root causes of behavioral health crises.

When someone experiences a physical health emergency, like a heart attack or allergic reaction, medical personnel respond with treatment. Police do not handcuff or arrest the person without the individual having received proper medical attention. In contrast, many people experiencing a drug or mental health crisis do not receive the medical attention they need, and police are routinely used to respond to overdose and behavioral health crises. But communities and people in crisis are still struggling despite this investment in police.

Researchers at Pew Research Center found that people who have been diagnosed with serious mental illness and substance use disorder are at heightened risk of arrest. Between 2017 and 2019:

> "Adults with co-occurring disorders made up 2% of the U.S. population but 15% (1 in 7) of all people arrested from 2017 to 2019. Almost half of these individuals had a substance-related arrest, such as drug possession, as the most serious charge…Black adults with co-occurring disorders were arrested 1.5 times more often than their White counterparts."[41]

We need well-resourced community alternatives to arrest and a social safety net that can meaningfully support those who struggle with drug use or have mental health disabilities. This solution is explored in the following section.

Police are unequipped to support people experiencing mental health or drug crises. In fact, police officers themselves have asserted that they are overburdened by mental health and drug use crisis calls. Relying on police can also lead to lifelong criminal legal involvement and police violence, which makes it harder for people to maintain housing and employment.

"As a career law enforcement professional, I know that relying on police to address drug use is a losing battle. That is not their job, nor are they equipped or qualified to do it. Police are already overwhelmed and overstretched.

More police isn't the answer. We need to connect people to the care they need."

- Lieutenant Diane Goldstein (Ret.),
Executive Director of the Law Enforcement Action Partnership (LEAP)

The mere presence of police can make a crisis situation worse: Police often escalate a situation, which results in unnecessary and excessive use of force.[42] In particular, the risk of people with serious mental illness experiencing police use of force is 12 times higher than people without serious mental illness.[43] Additionally, a recent survey of 2,800 police officers who had responded to an overdose in the past six months found that police were just as likely to make an arrest as they were to administer naloxone, which can reverse opioid overdoses.[44] As a result, people with mental health disabilities and people who use drugs — particularly Black, Latino, and Indigenous people — experience disproportionate violence and death at the hands of police.[45]

Police violence, harassment, and aggressive tactics also exacerbate drug-related harms and mental health distress, or create new issues.

They are associated with increased suicide risk, psychotic episodes, and other psychological distress.[46] Even merely living in a neighborhood with high levels of stop-and-frisks and police violence can increase depression, anxiety, and suicidality, especially for Black people.[47] Fear of police and arrest can also increase the risk of fatal overdose and infectious disease, discourage people from seeking treatment, and lead people to avoid calling 911 during an overdose.[48]

Arresting people with mental health disabilities and people who use drugs also undermines community well-being.

Aggressive policing tactics that lead to such arrests —approaches that singularly focus on increased pedestrian stops, court summonses, and arrests, — do not reduce crime, decrease disorderly behavior, or increase public safety.[49] In addition to the human toll, aggressive policing wastes taxpayer money on interventions that fail to address suffering.[50] Effective strategies to respond to mental health crises, drug use, and disorder-related issues are those that target the root causes of disorder and the underlying needs of people with mental health disabilities or substance use disorders. These solutions are explored in the following section.

HOW DO ENCAMPMENT SWEEPS KEEP PEOPLE ON THE STREETS WITHOUT SOLVING HOMELESSNESS?

Encampment sweeps cost millions of taxpayer dollars and divert public resources away from addressing the underlying causes of homelessness.

Nationwide, there are more people experiencing unsheltered homelessness than there are beds available in homeless shelters.[51] For people who can access them, congregate shelters can provide a temporary stopgap. However, they are insufficient and often undesirable.

People avoid shelters for several reasons, including:

- Fear for their safety
- Feeling unwelcome
- Lack of privacy
- Strict rules
- Constant surveillance
- Complex shelter bureaucracy[52]

For example, shelters may have entry and exit times that make it impossible for a person to also hold down a job. Strict shelter rules can even impede one's ability to access care: Someone may need to go to a treatment program or medical appointment but must risk getting kicked out of the shelter if they return past the curfew time.

As a result of the unavailability and inadequacy of shelters and the lack of available, affordable housing, some unhoused people stay in encampments. While street encampments can be troubling reminders of nationwide systemic policy failures, destroying them makes unhoused people worse off. If encampments are destroyed, people may lose their sense of safety and stability, their medications, and important documents they need to access care. Not only does this approach harm people; it doesn't get them housed.

Raids of encampments (so-called "sweeps") make homelessness worse by:

- Damaging health, wellbeing, and connections to care and social networks
- Destroying life-saving medications used to treat acute and chronic illness, substance use disorder, and behavioral health
- Undermining paths to housing and financial stability by destroying important records *(e.g. driver's licenses, birth certificates, social security cards)* and work items *(e.g. tools, uniforms, and other work-related materials)*[53]

Encampment sweeps also cost local communities millions of dollars.[54]

Taxpayers bear the cost of bulldozers and fencing, city personnel and police, and court costs that result from raids. Sweeps can contribute to increased arrest, incarceration, and emergency healthcare costs that can divert money from other city activities like trash collection, park maintenance, and other responses to homelessness. Ultimately, sweeps merely shuffle people around and keep people unhoused, all while leading to worse health and financial outcomes.[55]

HOW DOES INCARCERATING PEOPLE WITH MENTAL HEALTH DISABILITIES AND/OR ADDICTION UNDERMINE PUBLIC SAFETY?

In jails and prisons, drugs are present, effective treatment is rare, and dangerous withdrawals occur. Locking up people who use drugs and people with mental health disabilities leads to: high overdose rates due to reduced tolerance to drugs, lifelong physical and mental health problems, and wasted taxpayer dollars.

Incarceration diverts resources from addressing the underlying conditions needed for individuals and communities to be safe and healthy.[56]

Compared to the United States adult population as a whole, incarcerated people are two to four times more likely to have an SUD diagnosis than adults who have not been incarcerated.[57] And incarcerated people are twice as likely to have been diagnosed with a mental illness.[58] People who use drugs and people with serious mental illness diagnoses — especially those who are uninsured or covered through Medicaid — often have these health issues prior to an encounter with the criminal legal system.[59]

Treatment in prisons and in jails is either unavailable or unhelpful.

Most people do not receive any sort of treatment, counseling, or evidence-based care during incarceration.[60] Of people with chronic mental health conditions in state and federal prisons, only 63% receive any treatment or counseling.[61] In jails, even fewer receive treatment or counseling: 45%.[62] Very few prisons and jails — less than 50% of jails and less than 10% of state prisons — offer methadone or buprenorphine, two medications for opioid use disorder which help people abstain from illicit opioids and cut the risk of overdose in half.[63]

There are astronomically high rates of overdoses in prisons and jails.

Drugs are still available inside prisons and jails, often supplied by law enforcement themselves. While incarcerated, people die of drug or alcohol intoxication at staggering rates because of dangerous withdrawal, unavailability of SUD treatment, and lack of naloxone, the opioid overdose reversal drug. Between 2001 and 2018, deaths from drug and alcohol intoxications in prisons and jails rose 600% and 400%, respectively.[64]

Incarceration can disrupt lives and increase overdose risk after someone is released.

Even spending just a few days in jail can cause someone to lose their housing, job, or transportation.[65] Additionally, lack of treatment in prisons and jails, combined with a conviction record, make it hard for people to achieve successful reentry and stabilize their drug use and mental health:

- People released from incarceration are at alarming risk of overdose. Two weeks after release from prison, people are 27 times more likely, on average, to die of opioid overdose than the general population.[66]
- A conviction record creates barriers to voting and securing employment, housing, and food.[67] All of these are essential for maintaining public safety and health.
  - Voting, stable employment and housing, and access to food are associated with lower chances of being rearrested and re-incarcerated.[68]
  - Housing and employment are understood as key factors for reducing problematic drug use.[69]

Incarceration also leads to negative health consequences for the loved ones and families of those in prison and jail.

Traveling long distances and paying hefty fees to stay in communication with an incarcerated person is a routine aspect of having a loved one in prison or jail.[70] Many people take on additional work or go into debt while a loved one is locked up.[71] This emotional and financial stress impacts many: parental, romantic partner or co-parent, sibling, child, or other family member incarceration can all lead to worse mental health, physical health, and drug use outcomes.[72]

In addition to the human cost, incarceration comes with an exorbitantly high price tag.

In many jurisdictions, the annual cost per incarcerated person averages over $40,000.[73] Added together, over $80 billion each year is spent on public prisons and jails.[74]

This is taxpayer money that would be much more effectively spent on addressing the root causes of crime.

Robin Lubbock for WBUR

HOW DOES INVOLUNTARY TREATMENT LEAD TO WORSE HEALTH AND FINANCIAL OUTCOMES?

When people who seek treatment already face so many barriers to accessing it — including high costs and long waitlists — we should prioritize resourcing community-based, scientifically-backed treatment programs rather than subpar involuntary treatment.

Involuntary treatment, forced medication, physical restraints, and seclusion in confined spaces undermines health and safety and can lead to deadly outcomes.[75]

For people with substance use disorders, return to use may happen and is often a natural part of recovery.[76] Thus, drug use may occur following a period of involuntary commitment or mandated treatment.[77] People who attend mandatory abstinence programs are two times more likely to experience an overdose, compared to those who haven't been exposed to forced abstinence programs, due in part to forced abstinence and reduced tolerance.[78]

Patients describe involuntary interventions as distressing, traumatizing, and damaging to therapeutic relationships.[79] An investigation of Acadia Healthcare facilities, one of the largest chains of psychiatric hospitals in the United States, found that some patients held against their will did not receive therapy, were left unsupervised, or were denied access to medications.[80] These involuntary interventions lead many to avoid seeking services altogether.[81] Healthcare and treatment non-engagement leads to increased health system costs, increased disease and death, and loss of productivity.[82]

People who seek treatment already face so many barriers to accessing it, including high costs and long waitlists. We should prioritize resourcing community-based, scientifically-backed treatment and harm reduction programs rather than pouring taxpayer money into subpar involuntary treatment. This solution is explored in the following section.

HOW CAN DRUG AND MENTAL HEALTH COURT PROGRAMS MAKE PROBLEMS WORSE?

Drug and mental health court programs provide inadequate support and absorb government money that could be going to programs and services that are proven to support public health and safety.

Drug and mental health courts redirect a person from arrest, incarceration, or conviction in exchange for successful completion of a program or treatment. These programs have limited success in connecting people to care and reducing contact with the criminal legal system.[83] Many of these courts absorb government money that could be going to programs and services that are proven to support public health and safety.

Many programs fail to provide evidence-based care, and non-medical professionals like judges make medical decisions for clients. Some people still end up in jail as a punishment for program non-compliance.[84]

While these courts sometimes connect people to resources and treatment, they often do not address the conditions that led to a person's arrest.

People enrolled in drug and mental health court programs experience conditions of confinement and surveillance, including:

- No-contact orders, which can cut off people from important sources of support and connection
- Strict policies around attendance requirements at drug court appointments, self-help groups, or 12-step meetings, which can be challenging for people who work or have family or caretaking responsibilities
- Required abstinence from drug use, even though return to use is recognized as a normal part of recovery and even though people may want to reduce or stabilize their drug use but may not want to or be ready to quit
- Drug tests, which can complicate provider-client trust and relationships and involve hefty fees for clients
- Curfews, which can make family, caretaking, and job obligations more difficult
- Denial of methadone or buprenorphine, two medications for opioid use disorder which help people abstain from illicit opioids and cut the risk of overdose in half[85]

People often have to pay hefty fines for this surveillance and subpar care. Meeting the multiple, sometimes conflicting demands of these programs is difficult. We should prioritize resourcing community-based, scientifically-backed treatment and harm reduction programs rather than pouring taxpayer money into subpar drug and mental health court programs.

This solution is explored in the following section.

PART THREE

Effective solutions provide a full continuum of care, are available when people need them, are voluntary and tailored to individual needs and unique life circumstances, and center community responses.

HOW DOES INVESTMENT IN VOLUNTARY AND EVIDENCE-BASED TREATMENT DECREASE DRUG-RELATED HARMS, MAINTAIN COMMUNITY SAFETY, AND REDUCE PUBLIC SUFFERING?

Not everyone who uses drugs or who has a mental health disability needs or wants treatment. For those who do, we need to focus on expanding access to on-demand, affordable, accessible, and attractive treatment options.

Treatment options can include outpatient therapy and treatment, medications which reduce overdose risk, treatment that rewards positive steps, and inpatient, long-term care. Treatment should be provided in a voluntary, ethical, and client-centered manner in the least restrictive setting possible. Excessive red tape, long wait times, and negative provider attitudes make treatment out of reach for many.[86]

The financial and human benefits of community-based treatment far outweigh the costs of necessary investment in evidence-based treatment. In fact, fewer community-based health services in a community is associated with higher incarceration rates.[87] Thus, increasing access to health providers for mental health and drug use, and improving the affordability of care, could help lower incarceration rates. When communities provide mental health and drug treatment services, they reduce the damaging and costly cycling of people in and out of jails, emergency rooms, hospitals, and shelters.[88]

Substance use disorder (SUD) treatment is associated with decreased overdose risk, convictions, and mental and physical health conditions.[89] At the community level, substance use disorder interventions and treatment are also associated with reductions in costs related to criminal activity.[90]

Every treatment program should include access to methadone and buprenorphine, two medications that cut the risk of fatal opioid overdose in half.[91] These medications also improve treatment retention and reduce recurrence of illicit opioid use.[92] Ultimately, they can help people reduce problematic drug use and gain stability in areas of their lives like health, housing, and employment.[93]

Return to use during substance use disorder treatment is often a natural part of recovery and may happen during a person's treatment.[94] As such, treatment should not require abstinence from drugs in order for people to enroll or stay enrolled. Research suggests that SUD treatment can be beneficial to people with both abstinence and non-abstinence goals.[95] People face significant practical barriers to accessing treatment, including cost and long waitlists. In addition, many people who use drugs report that even if they want to enter treatment, they are not ready to completely stop using drugs. Most desire to reduce or stabilize their drug use first or transition to different drugs that are not as problematic for them (e.g., cannabis). As such, requiring strict abstinence from all drugs may contribute to lower treatment completion.[96] Indeed, research suggests that allowing individuals to choose their own SUD treatment goals (e.g., reduced use, abstinence, stable employment) could be the key to increasing treatment engagement.[97]

Additionally, the longer someone stays in SUD treatment, the better outcomes they have.[98] However, using drugs during an abstinence-only program can lead to involuntary discharge from treatment. In order to maximize treatment efficacy, abstinence should not be a requirement for staying in a program.

Community-based mental health services, like Assertive Community Treatment, help people with mental health disabilities stay in their community while securing and maintaining stable treatment, housing, and employment.[99]

Assertive Community Treatment (ACT) involves a team of behavioral health, peer support, substance use disorder treatment, employment, and housing specialists who help people with mental health disabilities build skills and engage in community activities.[100] ACT teams are on call at all hours of the day to help support individuals' needs and manage any crises that arise.[101] ACT improves quality of life and housing stability along with reducing hospitalization and incarceration.[102]

Peer support workers are particularly credible, trusted guides within ACT teams because their lived or living experience makes them more relatable to participants, and they have navigated complex healthcare bureaucracy themselves. Peers can help facilitate positive outcomes like improved connections to treatment, better care navigation, strengthened social relationships, and reduced hospitalization and incarceration.[103]

Coordinated mental health and substance use disorder treatment can better meet the needs of people with dual mental illness and SUD diagnoses who want to access both forms of treatment at the same time. Treatment providers should also work closely with other providers to address health or social service needs beyond substance use and mental health disability.

Harm reduction services help save lives, improve public health, and reduce healthcare costs.

Harm reduction services are life-saving tools. In addition to treatment, harm reduction can include services like overdose prevention centers, naloxone distribution programs, and syringe service programs.

These services are proven to:

- Save lives by preventing and responding to overdose[104]
- Curb the spread of infectious diseases like HIV and hepatitis C[105]
- Connect people with treatment, healthcare, and social services[106]
- Increase social connectedness[107]

People who use drugs report that providers in harm reduction settings are more respectful, non-judgmental, and accommodating.[108] This means that people may be more likely to stay engaged with these services.

Many of these harm reduction services also benefit the communities where they exist.

They can help:

- Maintain public safety[109]
- Reduce public drug use and syringe debris[110]
- Save money for local communities by averting overdose deaths, reducing emergency room and hospital visits, decreasing infectious disease transmission, reducing skin and soft tissue infections, and increasing medications for opioid use disorder uptake[111]

When care is available, attractive, and affordable, *people will seek it.*

Treatment and harm reduction services are effective health, public safety, and financial interventions.

Learn more on DPA's **substance use disorder treatment webpage, harm reduction webpage,** and **Protecting Our Communities toolkit.**

HOW CAN IMPLEMENTING COMMUNITY-BASED CRISIS RESPONSE PROGRAMS ADDRESS IMMEDIATE CONCERNS OF PUBLIC DRUG USE AND MENTAL HEALTH CRISES?

Community-based crisis response programs attend to the immediate needs of people experiencing behavioral health crises. These teams employ trained social workers and other behavioral health workers. They are intended to operate independently of law enforcement. Crisis response leads to better connection to services, reduction in hospital admissions, fewer arrests, and less use of force, ultimately benefiting individuals as well as the broader community.

In conjunction with call centers and crisis stabilization sites, communities should implement crisis response teams that operate independent of law enforcement, without the threat of punishment. Trained crisis responders focus on de-escalation, immediate emergency counseling, and service connection and delivery.[112]

Communities nationwide have increasingly realized that despite aggressive policing, drugs are more available and potent than ever. Police have killed scores of people experiencing a mental health crisis or intoxication. A majority of emergency calls nationwide involve minor nuisances, mental health, medical incidents, and other non-emergency situations.[113] These situations require expertise in behavioral health crises and thus are more effectively resolved on site and in the community by trained behavioral health workers. Police should not respond to calls for overdose, mental health crises, or drug-related crises. In fact, the U.S. Department of Justice and the U.S. Department of Health and Human Services have explained that, by law, people with behavioral health disabilities should receive a health response, not law enforcement, in situations that entail health intervention.[114]

Research on these crisis response programs shows that community response to mental health crises can lead to improved outcomes, including:

- Better connection to services
- Reduction in admissions to psychiatric hospitals and emergency rooms
- Lower intensity of future crises
- Fewer arrests (particularly trespassing, public disorder, and resisting arrest)
- Less use of force[115]

One study of a community-led crisis response program in Denver found that diverted mental health emergency responses led to a 34% drop in non-serious crimes, with no impact on serious crimes.[116] In fact, the evidence suggests that the program also reduced low-level offenses even during the hours that it was inactive.[117]

The Bazelon Center for Mental Health Law summarized the positive health and financial outcomes in a recent report:

> "When peers support those in crisis, individuals who need help are less likely to be admitted to emergency rooms and hospitals to receive inpatient care. They are more likely to participate in community-based services — which can help them avoid future crises and resulting institutionalization or incarceration — and be more engaged in the services they receive. They experience less self-stigma and more self-empowerment and hope. They are less likely to need crisis services in the future. For these reasons, systems that provide peer support services to people in crisis see significant cost savings: individuals spend less time receiving costly inpatient services and more time receiving community-based services — which are more effective at reducing hospitalization rates and lengths of stay, reducing the frequency and intensity of future crises, reducing criminal system involvement, and promoting participation in community activities."[118]

Investing in these community-based services will take us closer to our goal of healthier, safer communities.

Learn more in DPA's **crisis response fact sheet.**

HOW DOES SUPPORTIVE HOUSING ADDRESS IMMEDIATE CONCERNS OF PUBLIC HOMELESSNESS AND IMPROVE LONG-TERM OUTCOMES?

Supportive housing is an approach that quickly and successfully connects people experiencing chronic homelessness with permanent housing along with ongoing supports and treatment. Housing people leads to numerous positive health, behavioral, and financial outcomes and can be an important component of recovery.[119]

Stable, safe, and affordable housing is essential to ensure people can lead healthy, fulfilling lives. For many, housing helps provide the foundation necessary for recovery, reentry, and rebuilding. The supportive housing approach prioritizes securement of housing for people. It can also involve connection to other services, including case management, independent living skills training, medication management, substance use disorder and mental health treatment, employment services, and home health aide services.[120]

Learn more in DPA's **Protecting Our Communities toolkit.**

Supportive housing policies can produce many positive health, behavioral, and financial outcomes, including:

- Reduced homelessness, improved housing stability, and decreased hospital use for populations with behavioral health issues, including mental health disabilities, problematic drug use, and addiction[121]
- Reductions in arrests, bookings, and incarceration[122]
- Potential decreased costs due to reduced shelter and emergency room use[123]
- Increased positive social and health behaviors, including goal setting, success, and responsibility[124]

HOW CAN REDUCING CRIMINAL PENALTIES IMPROVE HEALTH AND SAFETY OUTCOMES?

Decriminalization, declining to prosecute, and dismissal can reduce recidivism, maintain public safety, and lessen the financial burden on taxpayers that results from arrests, court cases, processing, and incarceration.

United States laws criminalize relatively common behaviors. These include jaywalking, fare evasion, street vending, public intoxication, possession of small quantities of drugs, trespassing, biking on sidewalks, and driving without a valid license, registration, or insurance.[125] Many of these behaviors are fairly common across racial and socioeconomic groups.[126] Others, such as public intoxication or driving without a valid driver's license, may be more common or visible for certain socioeconomic and racial demographics because of housing insecurity and bureaucratic and financial barriers. Targeted policing results in the extreme policing and disproportionate arrest of low-income communities of color.[127]

Drug arrests are one of the leading causes of arrest in the U.S., with nearly one million each year, or one arrest every 30 seconds — the majority for possession alone.[128] Policymakers should work to remove criminal penalties for drug possession and use, as well as other everyday behaviors.

Multiple evaluations have shown that this approach can lead to a number of health and safety benefits:

- Arrests in the decriminalized categories decline, leading to decreased exposure to the criminal legal system.[129]
- Subsequent re-arrests for offenses impacting public safety decline.[130]
- Public safety is maintained and 911 calls remain stable.[131]
- Fatal overdoses do not increase.[132]

Coupled with reducing or eliminating criminal penalties, policymakers must increase funding for community-based substance use and mental health services. Arrest, incarceration, and the burden of criminal records all lead to dire health impacts and barriers to employment, housing, public benefits, and education. Without fears of these penalties, people can better access harm reduction, treatment, and supportive services they may want and need to remain healthy.

These policies can also improve overall community wellbeing.

Learn more on DPA's **prioritize health webpage.**

WHY MUST WE INVEST IN LONG-TERM SOLUTIONS IN ADDITION TO IMMEDIATE RESPONSES TO HOMELESSNESS, MENTAL HEALTH, AND DRUG USE?

Long-term investments create public safety, health, and financial benefits without wasting resources on policing and punishment.

For many people, a mental health disability or drug use is not the root of their problems.

Our current crisis has been fueled by:

- Long-term underinvestment in public health systems
- Lack of dignified, stable, well-paid employment
- The dismantling of programs that ensure people can access housing, food, healthcare, and other basic needs
- The criminalization of social problems
- The systemic segregation and marginalization of people of color

COVID-19 has also led to economic distress, reduced social services, loss of community, interruptions in harm reduction and treatment programs, and decreased mental health.[133]

We need short- and medium-term solutions to mental health and drug use struggles, homelessness, and disorder. In addition, long-term approaches to public safety can lead to significant benefits without the human and financial harms of policing and punishment.

Long-term investments in public safety that are supported by scientific evidence include:

- Increasing economic and social support services
- Expanding community-based healthcare
- Creating affordable, stable housing
- Improving the physical environment by fixing abandoned buildings, cleaning up and greening vacant spaces, and lighting public spaces
- Repealing the lifelong consequences of a conviction[134]

Learn more on DPA's **Protecting Our Communities toolkit.**

IT'S TIME TO INVEST IN CARE, CRISIS-RESPONSE PROGRAMS, HEALTH SERVICES, AND HOUSING FOR SAFER, HEALTHIER COMMUNITIES.

Many people who use drugs and have a mental health disability and/or are experiencing homelessness have complicated needs and face many hurdles to recovery and stability. Politicians have long invested our taxpayer and government dollars in punishment. But more effective solutions exist to address the root causes of these issues and get people on a path towards recovery. These include treatment and care services, community-based crisis response, supportive housing programs, and long-term investments in housing, food, and healthcare. Reducing and ending criminalization of low-level offenses can ensure the focus and funding stay on the services and care people need.

We all want to keep our loved ones, families, and communities safer and healthier. We have proactive solutions — we must implement them in order to nurture thriving individuals and neighborhoods.

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