

US mass incarceration damages health and shortens lives

The USA has a problem with incarceration. Since 1970, the number of people incarcerated has climbed from less than 500 000 to 2.3 million. Despite only 5% of the world's population living in the country, the USA imprisons nearly 25% of all incarcerated people globally; the highest rate of imprisonment in the world. The sheer scale of imprisonment in the USA and its unequal burden on people from minority and poor backgrounds raises concerns about its impact on the health and wellbeing of the national population. While black Americans account for only 13% of the country's population, they make up 40% of its prison population, according to the Vera Institute of Justice. A black man born from 2001 onward has a one in three chance of being incarcerated in his lifetime; this compares with one in 17 for their white counterparts. For black women the chance is one in 18, compared with one in 111 for white women. People from poor communities are also far more likely to go to prison.

Being in prison worsens several health outcomes and might even drive the spread of disease. Prisoners have a higher incidence of psychological disorders and face higher risk of suicide, self-harm, violence, and violation. Rates of infection with HIV, hepatitis C, and tuberculosis are higher in prisons, where often both infection prevention measures and treatment are poor. According to the think tank Prison Policy Initiative, even when treatment is available, incarcerated people face prohibitive co-payments for health services.

A new study by Elias Nosrati and colleagues in this issue of *The Lancet Public Health* presents evidence that the growth of incarceration has also fed one of the most serious public health issues in the USA today—death from drug misuse. Drug-use related deaths in the USA have increased by 600% since 1980, becoming the second most common cause of death for those aged 15–49 years. Localised economic declines, falling social mobility, and ease of access to prescription opioids have all been implicated in producing the uneven geography of drug deaths across the USA. Nosrati and colleagues ask whether the precipitous rise in incarceration since the 1980s might also have contributed. Their work compared drug-related mortality, median household incomes, and both jail and prison incarceration rates within

2640 counties between 1983 and 2014. They found that every 1 SD decrease in household income was associated with a 12.8% increase in drug related mortality; each 1 SD increase in jail incarceration rates was associated with a 1.5% increase in drug-related mortality and prison incarceration rates with a 2.6% increase. These associations remained when controlling for violent crime, demographics, all-cause mortality, and opioid prescriptions. A comparison between counties shows up to 50% more drug-related deaths in those with high incarceration rates than in otherwise similar counties with low incarceration rates.

The findings of this study support a plausible case that mass incarceration has added to the damaging effects of economic decline in increasing drug use and mortality. Incarceration can lead to drug addiction and death by feeding feelings of stigmatisation, by entrenching poor economic prospects, by breaking up families and communities, and by worsening individual mental health.

Over the past 40 years, US politicians of all stripes have sought to appear tough on crime, which has led to an over-reliance on incarceration across many types of offences and damaged public health. Drastic changes to the justice system will be needed to seriously reduce the prison population. Legislators need to repeal regressive sentencing laws that inflate the use of imprisonment (such as the three strikes law) and allow judges to pass sentences that are proportional to the crime. Discriminatory policies and those that unfairly pull the poor into incarceration—such as money bail, plea bargaining, and arrests for crimes of poverty—must also be addressed. Finally, chronic substance abuse should be confronted with treatment, not criminalisation. As Natasa Gisev and colleagues' study shows, also in this issue, consistent opioid agonist treatment can reduce criminal involvement. Drug misuse is a public health issue; more than a criminal one, and like many other petty crimes, it would be more effectively addressed by investment in social and community services, and not in steel bars. ■ *The Lancet Public Health*

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