

## Amassing the evidence for a health-first approach to criminal justice reform

Across much of the world, nations are reconciling the unintended consequences of a decades-long trend in criminal justice that has greatly expanded the reach of the penal state by criminalizing behaviors arising out of treatable medical conditions and favoring punishment – and often severe punishment – over rehabilitation as the primary product of justice. In view of that recent history, criminal justice reform has emerged in many jurisdictions and nations – alongside climate change and poverty reduction – as a critical consensus priority area for the twenty-first century.

As these reform efforts mature, there is an increasing – and increasingly important – acknowledgment of the central role that health plays in criminal justice systems. Too often, as with substance use disorders and mental illness, untreated health conditions are at the root of criminal justice involvement. Too often, as with under-resourced correctional health agencies and the widespread use of long-term solitary confinement, criminal justice systems impose an undue health burden on those under its supervision. Too often, the health deficits that accrue to the justice-involved are left unattended to the great detriment of families, communities, labor markets, and community health and social welfare systems. Many criminal justice systems around the world – including systems of community supervision – have for too long missed a vital opportunity to improve the health of people who experience poor access to care in the community. This story – the deep and often lasting intersection between criminal justice involvement and health – is as old as modern systems of justice. Now, a growing number of criminal justice and health organizations – not just an exceptional few – are embarking on concerted partnerships to ensure that those who enter the criminal justice system leave it in better health than when they arrived.

This special issue of the *International Journal of Prisoner Health* aims to advance this effort, however modestly, by drawing attention to opportunities where a health-based approach to reform has the potential to improve health and criminal justice outcomes for justice-involved individuals. As such, this special issue is not dedicated to the publication of original research, but rather to articles that describe the current state of evidence in a handful of crucial areas and outline some specific steps that criminal justice and health professionals might take to turn that evidence into action. The first article in this issue describes how a human rights framework can help move criminal justice policy toward valuing the health of those in the system. We then turn to seven additional articles that concentrate specifically on correctional health policy for select justice-involved populations – women, those with serious mental illness and/or substance use disorders, transgender individuals, those in long-term solitary confinement, children, and older adults – highlighting both the need and the opportunity to advance health for those whose criminal justice involvement poses particular risks. A complementary special issue of this journal focused on treatment models and treatment-based programming in criminal justice systems is forthcoming later this year.

Many of the articles in this special issue have been developed over the course of a two-year project funded by the University of California Office of the President to support increased collaboration among UC faculty and students working at the intersection of criminal justice and health from the vantage of over 20 different academic disciplines. As a result, half of these articles arose out of an abiding effort on the part of academics to improve the state of health care for criminal justice-involved populations in California. But in each case, authors have taken care to consider – and adapt – the situation in California for application globally. These articles have been joined by an equal number from correctional leaders, policymakers and academics outside of the

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University of California system. The editorial team behind this special issue has been exceedingly impressed – and grateful – to have found such a breadth and depth of research talent interested and engaged in injecting an evidence-based, patient-centered health perspective into every aspect of criminal justice reform.

It is important to note that the UC Criminal Justice and Health Consortium is far from the first collaborative effort aimed at ensuring that criminal justice reform in the twenty-first century puts health first both as a matter of principle and of pragmatism. Similar efforts are proliferating across traditional boundaries – both of geography and profession – and are providing reform-minded policymakers and practitioners with an ever-growing wealth of evidence to draw on. The World Health Organization, in particular, has long identified, and sought to address, the pernicious effects that some criminal justice systems have had on public health. Their Health in Prisons Programme has not just brought a public health perspective to countless criminal justice systems and correctional facilities across their member states but has also successfully wed those efforts to a call for all criminal justice systems to operate within international codes of human rights and medical ethics – all in the name of reducing health inequalities.

Here in the USA, the effort to connect criminal justice and health – and improve the health of criminal justice-involved populations – is far more diffuse. But, given the sheer number of actors moving into this space over the past ten years, it is no less ambitious. For nearly a decade, the Academic Consortium of Criminal Justice Health, housed at the University of Massachusetts, has been bringing criminal justice and health scholars together with correctional administrators and health professionals – and in doing so has supported innovation in correctional health for systems across the country. The Center for Prisoner Health and Human Rights at The Miriam Hospital/Brown University has long advanced education, research, and advocacy at the intersection of criminal justice and health and has led the effort to transform the treatment of addiction – both as a health and criminal justice matter – in their state. In New York City, the Punishment to Public Health program of the John Jay College of Criminal Justice is fostering collaboration amongst various government agencies and community-based organizations and providing direct technical assistance to those committed to a health-based approach to reform. Likewise, Human Impact Partners' Health Instead of Punishment program in Oakland, California recently launched an effort to connect Departments of Public Health with criminal justice reform advocates in acknowledgment of the role that criminal justice systems often play in perpetuating health disparities. This is particularly critical in the USA, where no universal right to health care exists. Accordingly, the Urban Institute's Connecting Criminal Justice with Health Care Initiative applies expertise and resources to the task of bridging that very gap between need and access to care among criminal justice-involved populations. In the specific area of mental health, organizations like the Center for Court Innovation, the Council of State Governments, and the American Civil Liberties Union's National Prison Project have long advocated for – and successfully pursued – a more compassionate, health-focused, and evidence-based approach to mental illness in criminal justice, including a re-examination of laws that effectively criminalize poor health.

There is, clearly, much evidence mounting that can be used to advance the cause of a health-first approach to criminal justice reform. As these and other organizations move forward, the pressing need to successfully connect emerging evidence and innovative programs to the policymakers and professionals who can put them into practice – and to evaluate and disseminate the outcomes of new systems of care – will only grow. In asking our colleagues in the University of California and elsewhere, as well as the *International Journal of Prisoner Health's* wide readership, to consider the current state of knowledge in their areas of research from that very policy perspective, we hope to offer one more step forward in bridging the gap between criminal justice reform and health.

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On behalf of the editorial team for this special issue; Cyrus Ahalt, Scott Allen, Craig Haney, Josiah Rich, and Brie Williams.