Editorial

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More than freedom: addressing the limits of decarceration without sufficient structural support

Depopulation or decarceration

The USA relies on systems of punishment to warehouse poor, racialized communities, incarcerating people at a higher rate than any other country in the world (Alexander, 2020; Simon, 2007). Critics of this phenomenon – known as mass incarceration – often locate the crisis in the oppressive and punitive presence of the system itself –the loss of legal freedom. However, this analysis obfuscates its social, political and economic origins: the deeper crisis of mass incarceration lives outside the jail and prison walls. Mass incarceration was driven by concentrated poverty, racial oppression, violence and labor market exclusion (Alexander, 2020; Simon, 2007). In the context of poor Black communities, carceral systems built upon centuries of targeted, punitive exploitation originating in chattel slavery (Wacquant, 2001). The privatization of social services and austerity-driven public spending agendas of neoliberal governments over the last half century have only served to reinforce and deepen social and economic inequalities (Nabarun *et al.*, 2018).

Over the past two decades, reversing the harms of "mass incarceration" has garnered bipartisan political and scholarly attention and support. Yet, the focus of ending mass incarceration has often been exclusively on the goal of emptying jails and prisons. While a worthwhile objective, this emphasis ignores that in many jurisdictions, the carceral state – a term broadly used to refer to criminal legal systems of control and supervision – is interlocked with systems of social support and health service provision. Carceral systems thus play contradictory roles in communities, as sources of both oppressive coercion and care. To end our harmful reliance on these systems, we need to reckon with their paradoxical roles in communities. We call for broader, public attention not only to legal freedom but also health and social welfare.

It is worthwhile to distinguish between depopulation and decarceration approaches. Depopulation seeks to reduce the number of individuals incarcerated, while decarceration aims to reduce overreliance on incarceration as a means of socioeconomic and racialized control through alternative social/economic investments. Though various US cities have ostensibly enacted decarceration agendas, we argue that they fall short of the critical levels of social service investment needed to be successful.

Emergency initiatives to reduce the spread of COVID-19 within jails and prisons revealed the insufficiencies of the depopulate approach [1]. During the pandemic, thousands of individuals were released from incarceration abruptly and without sufficient community support or appropriate referrals to community-based services. For many, the consequences of being turned onto the streets, without access to housing, treatment or social services, were catastrophic (Lynn and Ross, 2015; Bowleg, 2020). Yet the unmet need for community-based services is not new. In Philadelphia, where two of the authors conducted research and worked in forensic social services, we frequently encountered individuals who expressed

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This work was partially supported by the National Institute on Drug Abuse, National Institutes of Health [grant number T32-DA037801].

This work was partially supported by the National Science Foundation [grant number 1851033] and the Wenner-Gren Foundation [grant number 9446].

despair upon learning of their imminent, unsupported release or who declined opportunities for early parole to stay in jail longer to wait for court-mandated treatment programs. Even for those who waited, the quality and level of support was, and still is, grossly inadequate. Collectively, these experiences demonstrate that depopulation is not enough. Our current decarceral vision for social and economic investment is too limited: to reverse the devastating community health impacts of mass incarceration, we need proactive, community-based care (Kajeepeta *et al.*, 2021; Brinkley-Rubinstein and Cloud, 2020). As part of a comprehensive decarceration approach, we need aggressive social policy that funds treatment systems providing long-term, intensive, supported respite – what we call "systems of supportive interruption" (Drucker, 2018).

A case for supportive systems of interruption

Experiments with incarceration and policing alternatives, which have emerged as part of broader depopulation and decarceration efforts, reveal limitations of existing social service programming options and highlight the need for alternate systems of supportive interruption. These programs, which include models such as prearrest diversion and behavioral health alternative response programs, seek to replace traditional law enforcement with behavioral health treatment and case management services, diverting people before they are exposed to the harms of the criminal legal system. Yet the potential of these interventions is limited by deficiencies in the underlying social service infrastructure; even the best case managers cannot refer participants to services which do not exist (Anderson *et al.*, 2023). Just as critically, these programs rely on the ability of participants to show up even while in in crisis. Too often, when a participant relapses into drug use, or is otherwise in crisis in the community, sustaining contact with these support systems becomes an unmanageable burden. In these cases, it is unfortunately still the police who will likely make the next contact with the participant.

Ultimately, the community context can be a grim place for people living in extreme poverty with grossly limited community-based support. Our current landscape of community-based, outpatient programs is often ill-equipped to support escalating crisis and does not "remove people from their environment" – a request we often hear from participants in our research (Sufrin, 2017; Ziv, 2021). After particularly difficult periods in street-based poverty, our respective research participants have described jails as offering critically important breaks – often referred to as "time outs" – from the chaos of street-based poverty. Our call for social and economic investment in alternative social safety net structures reflects this expressed need; these perspectives do not legitimize the use of carceral strategies.

Though inpatient substance abuse treatment and mental health care theoretically offer "time outs," these systems require insurance, have prohibitive criteria with complicated referral pathways, offer only limited time away from the community and lack the capacity to meet community need [2]. Jails and prisons, however, require no insurance, have no eligibility criteria or wait lists and provide structures of extended interruption away from street-based poverty. These breaks come at an unbearably high cost: care is poor to nonexistent; conditions are inhumane; and consequences for physical, emotional, financial health and stability are dire (Kajeepeta *et al.*, 2021; Brinkley-Rubinstein and Cloud, 2020). We need comprehensive social and economic investment in "alternative spaces of supportive interruption." Without universal basic income, universal medical care and guaranteed housing, basic social service structures are the minimum of what our society owes low-income communities – many of which have been shaped by racial oppression.

Expanding the focus to health and social welfare

We desperately need support for public, alternative structures for supportive interruption that are not rooted in criminalization, but in health promotion and social welfare. These systems would be defined by crisis de-escalation and intervention techniques based in health and not

carceral logics. Systems would be in active contact with vulnerable individuals on the street, offering crisis intervention, or the "time out" that our research participants wanted. To achieve this goal, we must assess, reckon with and address insufficient community support. Communities most targeted by the carceral state deserve more than legal freedom.

Notes

1. National Academies of Sciences, Engineering, and Medicine, Division of Behavioral and Social Sciences and Education, Committee on Law and Justice, and Committee on the Best Practices for Implementing Decarceration as a Strategy to Mitigate the Spread of COVID-19 in Correctional Facilities. Decarcerating Correctional Facilities during COVID-19. Edited by Julie Schuck, Emily P. Backes, Bruce Western, and Emily A. Wang. Washington, D.C., DC: National Academies Press.; Sivashanker *et al.* (2020).
2. Whelan, A. The Philly region has few beds for behavioral health patients – and intense demand. Philadelphia Inquirer. March 1, 2022.

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