

# Restrictive housing is associated with increased risk of death after release from prison

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A new study led by researchers at the University of North Carolina at Chapel Hill has found that being held in restrictive housing (i.e., solitary

confinement) is associated with an increased risk of death after a person is released from prison.

Incarcerated individuals who were placed in restrictive [housing](#) in North Carolina from 2000 to 2015 were 24 percent more likely to die in the first year after their release, compared to those who were not held in restrictive housing. In addition, people held in restrictive housing were 78 percent more likely to die from suicide, 54 percent more likely to die from homicide, and 127 percent more likely to die from an [opioid overdose](#) in the first two weeks after their release. Further, the number of restrictive housing placements and spending more than 14 consecutive days in restrictive housing were associated with further increase in the risk of death and re-incarceration.

"For the first time ever, using data shared with us from our partners at the North Carolina Department of Public Safety, we've been able to demonstrate a connection between restrictive housing during incarceration and increased risk of death when people return to the community. In addition, our study found that the more time people spent in restrictive housing the higher the risk of mortality after release. This study provides [empirical evidence](#) to support ongoing nationwide reforms that limit the use of restrictive housing. North Carolina is a leader in this thinking as the Department of Public Safety has preemptively implemented multiple reforms that have resulted in the limited use of restrictive housing," said lead author Lauren Brinkley-Rubinstein, Ph.D., an assistant professor of social medicine in the UNC School of Medicine.

The paper was published in *JAMA Network Open*.

"We appreciate this research collaboration and recognize the importance of these results in shaping policy and practice," added Gary Junker, Ph.D., Director of Behavioral Health for the N.C. Department of Public

Safety Adult Correction and Juvenile Justice. "Since 2015, the department has initiated several programs to divert people from restrictive housing, including Therapeutic Diversion Units for those with mental illness. While safety and security must remain our top priority, we recognize that reduced use of restrictive housing will likely improve post-release outcome."

These findings are from a retrospective cohort study conducted by Brinkley-Rubinstein and co-authors from UNC, Emory University, the N.C. Department of Public Safety and the N.C. Department of Public Health. Incarceration data for people who were confined in North Carolina between 2000 and 2015 were matched with death records from 2000 to 2016.

"We also found that non-white individuals were disproportionately more likely to be assigned to restrictive housing than their white counterparts. In fact, the mortality and reincarceration outcomes after release were also quite different between these racial groups. The post-release opioid overdose and suicide death outcomes among those receiving restrictive housing were more pronounced among white individuals compared to non-whites, while the all-cause and homicide death and reincarceration outcomes were higher among non-white Americans compared to whites," said co-author Shabbar Ranapurwala, Ph.D., MPH, an assistant professor of epidemiology in the UNC Gillings School of Global Public Health and a core faculty member of the UNC Injury Prevention Research Center.

Given the observational nature of the study, establishing cause and effect may be difficult, yet, the strength and consistency of the findings points to the fact that restrictive housing is an important marker of increased mortality risk among formerly incarcerated individuals. And to prevent any potential harm, we not only need innovative prison programs like the Therapeutic Diversion Unit, but also need to link this vulnerable

population to appropriate care.

Provided by University of North Carolina Health Care

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