

Community Reentry: Perceptions of People with Substance Use Problems Returning Home from New York City Jails

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ABSTRACT *Each year about 100,000 people return to New York City communities from municipal jails. Although about four-fifths report drug or alcohol problems, few have received any formal drug treatment while in jail. Researchers and practitioners have identified a number of policies related to corrections, income, housing, and drug treatment that may be harmful to the successful reintegration of people leaving jail. In order to explore the challenges to successful community reentry, six focus groups and one in-depth interview were conducted with 37 men and women who had been released from jail or prison in the last 12 months. Participants were asked to describe their experiences prior to and immediately following release from jail. Findings suggest that many people leaving jail are not prepared for release and, upon release, face a myriad of obstacles to becoming healthy, productive members of their communities. We discuss the implications of these findings for programs and policies that promote community reintegration of individuals returning from correctional facilities.*

KEYWORDS *Community reintegration or reentry, Discharge planning, Drug treatment, Jail, Substance abuse*

INTRODUCTION

Recent public health research suggests that social exclusion, i.e., being denied access to resources, such as education, housing, and employment, harms health, and social inclusion promotes well-being.^{1,2} In this report, we examine the experiences of a population frequently excluded from mainstream society, people returning from jail and prison with substance use problems, in order to understand their perspectives on the experience of reentry and elicit their suggestions for policies and programs that could better promote individual and community well-being.

In recent decades, local, state, and federal criminal justice, drug and other social policies have led to an explosive increase in rates of incarceration. Between 1980 and 2002, the U.S. jail population increased by 265%,³ resulting in an

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unprecedented number of people being released from jail on a daily basis. Each year, about 100,000 people return to New York City communities from the city jails; another 25,000 return from New York State prisons.^{4,5}

Because prisons and jails are filled with people with much higher rates of health and related problems than the general population, public health practitioners increasingly see the importance of addressing the needs of this population. An estimated 80% of New York City jail inmates report a substance use problem, yet most inmates receive limited or no help to find drug treatment after release,^{6,7} and most leave jail without government benefits or identification to get needed services. In addition, more than a quarter report mental health problems while in jail and recent national studies suggest rates of HIV infection are six times higher among jail and prison inmates than the general U.S. population.⁸ Compounding these problems is the fact that there are few jail or prison programs to address these issues,⁹ and the majority of the formerly incarcerated return to neighborhoods disproportionately burdened with health problems, unemployment, and environmental degradation. Evidence suggests that current policies and practices related to the reintegration of people leaving jail and prison have adverse health and social consequences for individuals, families and communities.^{10,11}

In 2002, as part of a community-based participatory research (CBPR) intervention to address and change citywide policies harmful to drug users leaving jail, a team of academic and community partners conducted focus groups with individuals who had been released from jail or prison within the last 12 months. The goal of these groups was to elicit from people recently released from jail personal accounts of the impact of city policies that affected drug users leaving jail and to inform priorities for action in a campaign to target and change selected policies that are harmful to the community reintegration of drug users returning from jail to two New York City neighborhoods, East and Central Harlem. This paper describes what we learned about these participants' perceptions of the difficulties they faced and the factors that eased their transition from jail to home.

MATERIALS AND METHODS

Data Collection

In Spring 2002, we conducted six focus groups with men and women recently released from the New York City jail system.* The focus groups asked about participants' experiences prior to release from jail and their perceptions of the challenges to community reintegration. General questions probed participants' history of incarceration and their experiences in jail and post-incarceration, particularly in seeking employment, housing, and drug treatment.

The focus groups and interview were co-facilitated and tape-recorded. The tapes were professionally transcribed, reviewed, and edited by the facilitators. To protect participants' confidentiality, names and all other personal identifiers were deleted from transcripts. All participants completed informed consent procedures. In order to identify recurring themes, analyses were conducted according to standard qualitative data management and analytic procedures.^{12,13} Our intent was

*Although some had recently exited prisons rather than jails, our questions addressed experiences in jail, the entry point into prisons.

not to assess the accuracy of participants' self-reports but to understand better their perceptions.

Participants

In order to hear a range of experiences, participants were recruited from a variety of community settings, including service providers, treatment facilities, and storefront research and outreach centers. An advertising flyer, in English and Spanish, describing the focus of the sessions was used to recruit participants. Participants were also recruited through word of mouth and through referral by outreach workers. Criteria for participation included being 18 years of age or older and having been released from jail or prison within the past 12 months. Participants were given an incentive of \$20.00 and a \$3.00 subway fare for taking part in the focus group. Focus groups were co-facilitated by two of the authors who have expertise in focus group facilitation.

Each group had 4 to 8 participants and lasted about 1 h. All participants completed a short sociodemographic questionnaire after their group session. The sample of 37 included 15 self-identified African Americans, 11 Puerto Ricans, 4 Whites, 2 Latinos, 1 Jamaican, 1 Columbian, and 3 who did not identify themselves. Eleven were women and 26 men. Three groups included both men and women, two were all males and one all female. One in-depth interview was conducted with a Latino male who preferred not to share his experiences in a group setting. The majority of focus group participants, except those recruited through treatment facilities, reported that they had used drugs in the last 6 months. Most had been incarcerated at Rikers Island, the site of several city jails.

RESULTS

An underlying theme of the participants' accounts of their experiences was their perception that the city jail does not adequately prepare inmates for release from jail and return to the community. While specific barriers experienced by people leaving jail may vary, the obstacles to reentry discussed here were recurrent themes in all the focus groups. In our review of the transcripts, we identified three major domains in which participants identified frequent problems and occasional successes. These were: 1) substance use; 2) employment; and 3) housing. In each of these domains, participants described their perceptions of the problems they experienced and the factors that facilitated or blocked successful community reintegration.

Substance Use

Despite the fact that many people were incarcerated for drug use or selling, most participants said that the demand for drug treatment programs at Rikers Island far exceeded their availability, and lack of Medicaid coverage, which New York City terminates on arrest and re-instates only after a lengthy bureaucratic procedure, makes enrolling in community drug treatment programs upon release more difficult. Failing to provide treatment for people at Rikers Island and ensure that people can transition to community-based treatment programs immediately upon release contributed to many participants' resumption of drug use.

Trying to Stay Away From Drugs and Drug Selling Many participants' narratives about their first 24 h after release from jail involved stories about facing the

temptation to go back to drugs. Most participants were released in the early hours of the morning when no service agencies are open, making the lure of drugs hard to resist. Some participants shared plans to resume drug use, and many reported getting high immediately upon release. For example, one man described this experience:

You know what happened to me? I was getting high right on 123rd street in the yard where I was first arrested. They came over and wrote me two tickets because I had nowhere to go and it was five o'clock in the morning.

Releasing individuals in the middle of the night serves to postpone their access to services, thus reducing the likelihood that inmates will make the critical connections to drug treatment or social service agencies. In addition, many said they did not receive the paperwork they needed to retrieve belongings or did not have the transportation, money, or time to retrieve their possessions from the separate facility where personal property is held. As a result, many participants left jail without the personal identification needed to apply for government benefits or money to pay for transportation to service agencies that could help them find jobs and housing.

Others also emphasized that staying away from drugs was a formidable obstacle. One participant described the challenges he faced resisting drugs, particularly in the absence of other opportunities:

It's like—having nothing to do. If you're not getting high, you're not in the flow of things—like getting high with your friends... everybody's getting caught up in that web, once you're a drug abuser.

Financial stress can also make it difficult to remain drug-free. One participant described how money worries provoked depression that can trigger drug use:

Sometimes if you don't have [money], you're not strong enough, and don't have a strong self-esteem, you get depressed and you turn back [to drugs].

Lack of Income Encourages Return to Drug Selling Almost all of the participants faced considerable financial stress upon release from jail, and many felt that their time in jail worsened their financial situation. Fundamental tasks such as looking for a job or showing up for appointments with a probation or parole officer were further complicated by their lack of money. Many reported that not having money upon release was the biggest post-release problem and blocked their ability to carry out their plans and realize their hopes for the future. One woman said,

The biggest problem I faced was income. How are you going to get by out there? How are you going to make ends meet?

One participant described his perception of limited options after release:

The first 24 h you out, you ain't got no money. You have the choice of putting a couple of dollars in your pocket or just standing on the corner and hope that somebody that you know of give you a handout. Like your friends will want to give you some drugs to sell down at Central Park.

As this statement illustrates, many respondents reported that their first priority after release was to get enough money in their pocket “to get off the ground,” to meet basic needs and, then, to help find a job. Other inmates reinforced this perception of limited options, expressing the view that “git jobs” (legitimate jobs) were hard to come by, leaving no choice but to go back to earning income in the drug trade. Finally, as previously described, participants reported difficulties in obtaining public assistance benefits, closing off still another path to legitimate income.

Families sometimes inadvertently contributed to the pressure to return to drug selling. For some participants, being able to stay with friends or family after release was often contingent on their ability to contribute financially to the household. One man described the dilemma:

For the first two weeks (after release) it's good and then your family starts to tell you to get a job, because they are not going to pay for you. So you tell them you're going to work every morning, but really you're going to the street and selling drugs everyday. Then, when you get busted again, your family says, 'Why are you doing that again?' But you wanted me to help you with the bills.

Critical Role of Family and Friends in Reducing Drug Use Although participants described the pressures they felt to use or sell drugs, many also acknowledged the negative impact of drug use on their health and the supportive role of family and friends in helping them to get off drugs. Leaving jail with options beyond the street increases an individual's chances of success in resisting the temptation to return to drugs. One man explained:

My first twenty-four hours, I was thinking about going home. I got a family. I wasn't thinking about getting high. You know after you been down so long, I was thinking about going home, so the first thing I did was to get home and be with my lady. Before that I stopped and went to the YMCA to a (Narcotics Anonymous) meeting.

For this participant, the availability of home and family—and his prior involvement in a support group—overrode any temptation to go back to drugs. Other participants described the critical role that family and friends played in helping them to make the transition from prison or jail to home and to “get clean”:

I wanted to clean my body; I wanted to clean my soul, my spirit. And...with having my son there and my friend. Just knowing that he was in my corner helped.

Families provided housing, links to services, and emotional support.

I learned a little just by sitting in jail and my mother talking to me over the phone and telling me you're going to lose your kids and your family and all of that. She just wanted me to stay still. When I came out, I just went straight to her house.

Several participants also indicated that while personal motivation helped them to get into drug treatment upon release, they couldn't have done it without family support, housing and access to medical care. One participant explained:

You know, my first 24 h, I was very determined. I came out and if I had waited a day or so without going to the program, I would have gone right back to

shooting dope. I went right out, and I was determined; I was focused on what I had to do. Fortunately, I'm real lucky, I had a wife, and I had an apartment. And I had Medicaid. Thank God for that.

Employment and Education

Focus groups discussions about drugs frequently led back to the issues of employment and education. In the view of many participants, lack of jobs, job training, formal education and job discrimination limited their ability to find legal employment, increasing the pressure to sell drugs as a way of earning money and encouraging drug use to overcome the depression, boredom and lack of self-esteem associated with unemployment. At the same time, using or selling drugs further reduced their access to legal employment.

No Preparation for the Job Market Discussions of the inadequacies of discharge planning in the jail consistently referred to the lack of vocational training and lack of assistance in finding a job outside of jail. Most participants reported that the jail did not meet the test, as the following quotes illustrate:

As far as preparing you, they don't prepare you at all, especially at Rikers Island. You have got to prepare yourself. As far as work skills—cutting hair and mopping corridors, that's not being prepared for anything. And then what do I have to put in my resume for the past six months—laying up on Rikers Island?

While finding a job upon release was most participants' primary goal, none felt that the jail system had prepared them for this task. Without the necessary qualifications and guidance for where to look for jobs, participants felt destined for failure in the outside world. As this participant expressed:

When you leave people with nothing to do, there is no incentive to do. After a couple of days out on the streets, you're moving right back to what you were doing.

Perceptions of Job Discrimination In addition, reports of employment discrimination were also common among participants and further limited their perceptions of access to housing and employment. Many individuals described their experiences trying to get jobs without disclosing their criminal record, yet when employers discovered the truth, they inevitably lost the job. One man described being laid off when his employer found out he was a felony offender:

It is very difficult for me because I have to lie on job applications. And sometimes I get the job. As soon as my social security went into the computer, they find out that I was a felony offender, and they just lay me off.

Several others described a similar situation where jobs offered to them were withdrawn as soon as the employer became aware of their criminal record. One participant discussed the challenges in finding a job after release from jail, expressing optimism in spite of his difficulties:

That's the hardest thing you face day by day as an ex offender. How you going to get a job? How you going to make ends meet? It's not easy at all, but if you don't try, you never going to accomplish nothing.

Housing

Many participants emphasized that having a place to live and a job are critical to resuming a healthy and productive life in the community. They discussed the importance of housing as a first step to making positive changes in behavior and lifestyle and to creating stability in their lives in the community. Some participants had a home to return to or family and friends who would take them in after they were released, but several had unstable housing situations, and many said the shelter system was their only option upon leaving jail. While some participants reported receiving referrals to the shelter system prior to release from jail, many felt that the correctional system provided them with limited information on housing. Even with referrals to the shelter system, some participants said that it required significant perseverance and patience first to be admitted to the system and then to move to more permanent housing. For example, one man said:

I stayed on top of the people (in trying to follow through on his referral to temporary shelter). I said, 'I have a five day referral here,' and they said 'No' and I said, 'Well you going to have to call the police to take me back to Rikers Island, because this is where they sent me.' So at about 11 P.M. they said, 'Okay we are going to give you a room.' But, the first thing they told me was, 'Get out of here.'

Those less persistent or more easily discouraged may end up without shelter.

Many participants described policies that further limited their access to housing. For example, some were evicted from their housing while they were in jail, and others reported being denied access to public housing because of the U.S. Department of Housing and Urban Development (HUD) *One Strike and You're Out* policy barring those with a criminal record from public housing. One person explained:

I can't get housing because I have a felony. They gave me a disability but if I put in for housing, the only way I can get housing is if I go to a mental health program. Then I will be in some type of place where I'm in prison again.

Another person described how requirements for information to get housing or other benefits can jeopardize the family members who provide support:

People take you in when you out on parole; they are doing it as a favor, take you in because they're family. To get on parole or public assistance they give you a bunch of forms not only asking about you, they want to know about everybody in your household. But the others in the household, they feel they shouldn't have to give any information about themselves. They're not the ones that were incarcerated, not the ones getting that assistance. So they're scared about that big brother theory, scared about giving up that information, it might affect their checks; it'll affect their rent control. So then it comes down to your not getting public assistance because you can't give the information that they want unless you get it from somebody else or lie, and it's the same thing with Medicaid.

This person was in the difficult bind of having to ask family members willing to take him in to risk their own confidentiality and stability so that he could apply for public benefits.

LIMITATIONS

This study has several limitations. Participants were volunteers and, thus, may differ from the general population of people released from Rikers Island in significant ways. In addition, the small sample size did not allow comparisons in perspectives on reentry by gender and race/ethnicity. Since this study was designed to better understand policies and practices related to community reintegration in New York City, it may not reflect policies and practices related to reintegration in other cities across the country. In addition, it has been several years now since this study was conducted, and some of the practices our respondents reported may have changed.

DISCUSSION

These focus groups showed that common practices and policies related to the release process, substance use, employment, education, and housing often served as deterrents to successful community reentry and made it harder for those returning home to make health-enhancing decisions. Many of the obstacles to reentry appeared to be at least in part the consequences of lack of rehabilitative services and pre-release planning within the city jail system. As a result of these shortcomings, many people were discharged without money or a place to go and with few realistic options but to turn back to lives of drugs and crime. Participants expressed the desire to take part in drug treatment, educational and vocational programs in jail, and the need for pre-release counseling, reinstatement of public benefits, and referrals to job placement and housing programs. However, few reported receiving any of these services. Given that a majority of people in jails have drug problems, failing to provide drug treatment to people while incarcerated or upon release leads to missed opportunities for reducing substance abuse and improving community health and public safety. Urine tests show that 75% of males and 81% of female New York City inmates have used illicit drugs in the days before their arrest, yet fewer than 25% enroll in any drug treatment services while incarcerated.^{14,15} In addition to the lack of treatment available to inmates, the lack of adequate discharge or pre-release planning for inmates puts them at increased risk for homelessness, drug use, violence, and continued dependency upon their return to the community, all expensive social problems for municipal governments. At a different level, these problems contribute to recidivism and the high costs of our correctional system. In New York City, almost half of those released from jail are re-arrested within 12 months,¹⁵ and the full annual cost of incarceration for one person has been estimated at about \$92,500.¹⁶

Many of the obstacles described by focus group participants were related to regulations and practices that have inadvertently made successful community reentry more challenging. Both housing and welfare policies, for example, often made it more difficult for people returning from jail to find stable housing or income.^{6,17,18} The evidence suggests that the decisions made by those leaving correctional facilities in the first hours after release are critical to their successful community reentry, and their capacity to make health-enhancing decisions is diminished when they are released at a time of day when no service agencies are open, and the temptation to go back to drugs is strong.^{7,19} Programs that offer prerelease as well as post-release services and integration of drug treatment, health care, employment and vocational training, social services, mental health and

housing are able to reduce the negative impact of incarceration and address the health and social needs of the incarcerated.^{9,20-22}

Participants' narratives also showed that individual strengths, such as personal motivation, family and friends, can be important resources for reentry. Those who had friends and family to turn to after release described how critical this source of support was to their success, yet several also described how policies and practices of city agencies jeopardized this source of support. A better understanding of the reentry process and the obstacles faced by those leaving jail will help public health professionals to plan programs that attend to the needs of this population and advocate for policies that promote health, public safety and social justice.

Postscript

In the time since these focus groups were conducted, public health and criminal justice advocates have worked with the New York City government to plan and implement a series of new initiatives to improve reentry processes. These include a new effort to bring people released from jail directly to job programs, a new law mandating discharge planning for people leaving jail, a pilot program to reserve low income housing units for homeless people released from jail, and a reduction in the number of people released from jail at 5 am.²³⁻²⁵ To date, these new efforts reach only a relatively small proportion of those in need. However, they demonstrate that it is possible to mobilize social will for reform and to consider the health and social consequences of reentry policies. Whether these positive but modest reform efforts will lead to the systemic changes needed to make successful reentry the norm rather than the exception remains to be seen.

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REFERENCES

1. Macdonald G, Leary MR. Why does social exclusion hurt? The relationship between social and physical pain. *Psychol Bull.* 2005;131(2):202-223.
2. Evans J, Repper J. Employment, social inclusion and mental health. *J Psychiatry Mental Health Nurs.* 2000;7(1):15-24.
3. Harrison PM, Karberg JC. *Prison and Jail Inmates at Midyear: 2003 Bulletin.* Washington, District of Columbia: U.S. Dept of Justice, Office of Justice Programs, Bureau of Justice Statistics; 2004.
4. Bloomberg M. *Mayor's Management Report, Fiscal Year 2003.* New York, NY: City of New York; 2003.
5. New York City Department of Corrections. *Annual Report, 2002.* New York, NY: City of New York; 2002.
6. Freudenberg N, Daniels J, Crum M, Perkins T, Richie B. Coming home from jail: the social and health consequences of community reentry for women, male adolescents, and their families and communities. *Am J Public Health.* 2005;95(10):1725-1736.
7. Nelson M, Deess P, Allen C. *The First Month Out: Post Incarceration Experiences in New York City.* New York: Vera Institute of Justice; 1999.
8. Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates

- and releases from U.S. correctional facilities, 1997. *Am J Public Health*. 2002;92:1789–1794.
9. Freudenberg N. Jails, prisons and the health of urban populations: a review of the impact of the correctional system on community health. *J Urban Health*. 2001;78:214–235.
 10. Travis J. *But They All Come Back: Rethinking Prisoner Reentry*. Washington, District of Columbia: U.S. Dept. of Justice, National Institute of Justice; 2000.
 11. Travis J, Solomon AL, Waul M. *From Prison to home: The Dimensions and Consequences of Prisoner Reentry*. Washington, District of Columbia: Urban Institute Research Paper; 2001.
 12. Strauss A, Corbin J. *Basics of Qualitative Research*. Newbury Park: Sage Publications Inc.; 1996.
 13. Kreuger RA. *Analyzing and Reporting Focus Group Results: Focus group kit 6*. Thousand Oaks: Sage Publications, Inc.; 1998.
 14. Arrestee Drug Abuse Monitoring Program (ADAM). *Annual Report on Drug Use among Adult and Juvenile Arrestees*. 1999. (NCJ 181326). Washington, District of Columbia: National Institute of Justice; 2000.
 15. City of New York, Office of the Mayor. *Mayor's management report. Preliminary fiscal year 2000*. (Agency Narratives, Volume 1). New York: Author; 2002.
 16. City of New York, Independent Budget Office. *Memo on costs of incarceration in New York City*. Prepared for Hunter College Center on AIDS, Drugs, and Community Health; 2002.
 17. Moffitt R. *From Welfare to Work: What the Evidence Shows*. Washington, District of Columbia: The Brookings Institution; 2002. Policy Brief 13. Available at: <http://www.brook.edu/dybdocroot/wrb/publications/pb/pb13.pdf>. Accessed February 15, 2003.
 18. U.S. Department of Housing and Urban Development. Screening and eviction for drug abuse and other criminal activity. 66 *Federal Register* (May 24, 2001), Final Rule 24 CFR 5 et al.
 19. Nelson M, Trone J. *Why Planning for Release Matters*. Issues in Brief, p. 1–8. New York: Vera Institute of Justice; 2000.
 20. Conklin TJ, Lincoln T, Flanagan TP. A public health model to connect correctional health care with communities. *Am J Public Health*. 1998;88:1249–1251.
 21. Hammett TM, Roberts C, Kennedy S. Health-related issues in prisoner reentry. *Crime Delinquency*. 2001;47:390–409.
 22. Richie BE, Freudenberg N, Page J. Reintegrating women leaving jail into urban communities: a description of a model program. *J Urban Health*. 2001;78:290–303.
 23. Von Zielbauer P. *City Creates Post-jail Plan for Inmates*. *New York Times*. September 20, 2003:B1.
 24. Von Zielbauer P. *Rikers Houses Low-level Inmates at High Expense*. *New York Times*. January 16, 2004:B1.
 25. New York City Council. Local Law to amend the administrative code of the city of New York, in relation to discharge planning services. Accessed May 27, 2005 at <http://webdocs.nycouncil.info/textfiles/Int%200310-2004.htm?CFID=585186&CFTOKEN=60621226>.