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Briefing for Louisiana legislature regarding use of solitary confinement in state prisons

Solitary Confinement

Solitary confinement is broadly defined as confinement to a cell for 22-24 hours a day with no meaningful social or environmental stimulation. This confinement may last for months, years or decades. The American Bar Association (ABA) has defined it as a period in isolation exceeding 30 days.

In Louisiana prisoners in Closed Cell Restricted units (CCR) are held alone for 23 or 24 hours a day in 6 x 9 ft cells. They are deprived of all meaningful social interaction and opportunities for stimulation. They are allowed out of the cell for one hour a day to exercise alone in a cage or to shower. Restrictions are placed on personnel possessions, phone call and visitation.

These conditions are known to cause great suffering, particularly for vulnerable prisoners including the mentally ill. Notwithstanding the physical and psychological scars it creates, it is costly – estimated nationally to cost up to three times more than to house a prisoner in general population, and in terms of public safety it ill-equips prisoners who are eventually released from prison to reintegrate positively back into society.

No information is available in Louisiana as to how many people are held in long term isolation in the state's CCR units. However, it has been widely reported that two prisoners are known to have spent four decades in such confinement.

Mental health

Numerous studies into the use of prolonged isolation have documented the severe consequences of such confinement both regards mental and physical health.

While the effects of isolation for those without a pre-existing mental illness may be profound, the effects of such confinement for those with a pre-existing mental illness can be catastrophic. Without effective treatment, individuals with mental illness decompensate and are poorly equipped to transition to society when their prison time is up.

No information is available as to how many prisoners in Louisiana's CCR units have a mental health diagnosis. Studies have shown that the mentally ill are disproportionately overrepresented in isolation units. One national study estimates that approximately 30% of all prisoners in solitary confinement are "seriously mentally ill".

Public Safety

A common rationale for the use of solitary confinement is that it increases public safety. However, the experiences from states that have reduced the use of such confinement have found that the opposite is true. For example in Mississippi, corrections administrators acknowledged that the misuse of solitary confinement in their state made violence more prevalent in their detention facilities. Not only did the state find that it had saved millions of dollars by reducing the use of solitary confinement, it also experienced a 70% drop in prison violence.

Recidivism

Damage from the experience of solitary confinement harms not only the individual, but also the broader community. A significant number of prisoners held in CCR in Louisiana's prisons will eventually be returned to society. According to criminal justice experts, individuals subjected to solitary confinement who are deprived for periods of time without meaningful social interaction, and little stimulation, may manifest continued intolerance of social interaction which impairs their capacity to reintegrate into the broader community upon release from imprisonment.

This is reflected in statistics from some studies indicating that those who have been confined in isolation for a period of time during their incarceration are more likely to reoffend than those who have not.

National changes

In recent years, in recognition of the harmful consequences for public safety and the high costs of such incarceration a number of states have reduced their population held in solitary confinement (Maine, Mississippi and Illinois).

Legislation limiting the use of solitary confinement has been enacted or considered in a number of other states (including Colorado, Nevada, Montana, Florida, New York, Virginia, and Massachusetts).

In Texas a bill was passed earlier this year by the legislature for an independent third party to conduct a review of facilities in the state regarding the use of administrative segregation (or solitary confinement) and related statistics within a period of a year. The independent third party is required to provide a report of their findings and recommendations to the governor and others including committee with primary jurisdiction over criminal justice matters.

The use of prolonged isolation in Louisiana lacks transparency. There is no information available as to the extent of its use in state prisons, nor the rationale for its use. Without clear and consistent data there can be no meaningful analysis of its use and shuts the door on any discussions regards the development of effective and efficient reforms.

Information needed for an analysis of the use of solitary confinement in Louisiana:

- The number of prisoners in each of the CCR units across the State by the following criteria: a) age b) Race/Ethnicity c) principal offence at committal to prison
- Information on the average length of time prisoners have so far spent in CCR
- The number of prisoners in CCR with a mental health diagnosis. Is there screening prior to placement in CCR and follow up services available?
- The criteria for assignment to CCR and review process
- Cost of housing a prisoner in CCR as compared to General Population
- Breakdown in suicides in prison system by type of unit
- Information on rates of recidivism of prisoners held in CCR (differentiated between those who are released from general population (but previously in CCR) against those released directly from CCR)
- Is there a pre-release program available to CCR prisoners either prior to release to general population or the streets?