

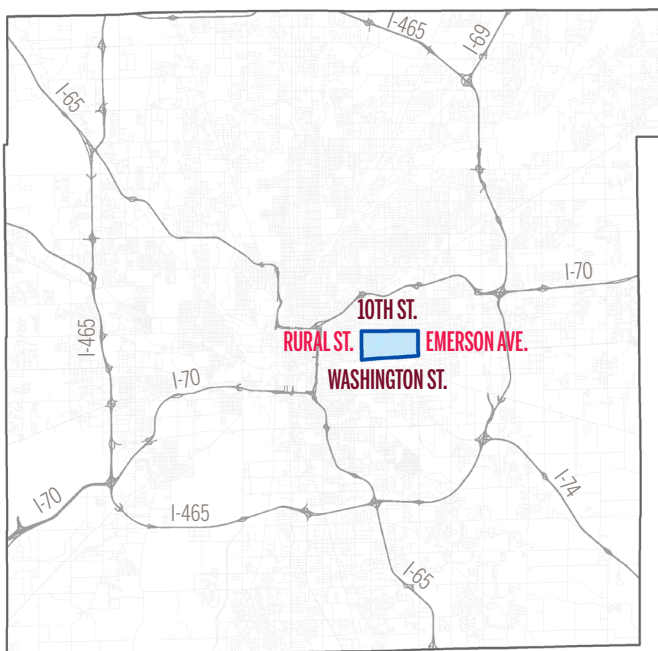


SUBSTANCE ABUSE, MENTAL HEALTH, & CRIME ON INDIANAPOLIS' NEAR EASTSIDE

BACKGROUND

In 2019, the IU Public Policy Institute worked with the John Boner Neighborhood Centers as part of the U.S. Department of Justice's Community Based Crime Reduction (CBCR) program. The goal was to identify core drivers of crime in the CBCR study area on the Near Eastside of Indianapolis (Figure 1). Overall crime rates and property crime rates are twice as high in that area compared to the rest of the city. Violent crime rates are three times higher. Study participants suspected that co-occurring substance abuse and mental health issues may be major contributing factors to those crimes. These co-occurring disorders happen when a person is diagnosed with both a substance abuse disorder and a mental illness. This brief explores the association between drug use, mental health disorders, and crime in the CBCR area.

FIGURE 1. CBCR study area in Marion County



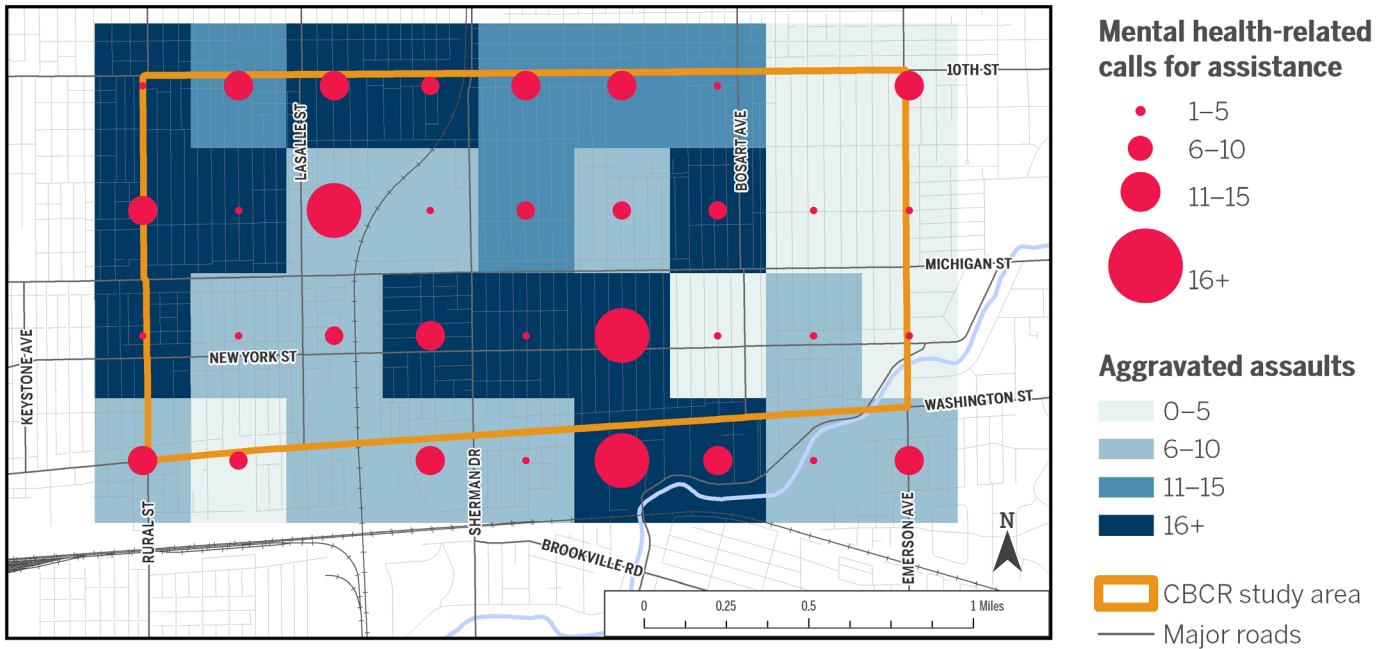
KEY FINDINGS

- Each participant group has a different perception of the prevalence of various crimes.
- Study participants think substance abuse and mental health disorders drive crime in the CBCR area.
- Participants described co-occurring substance abuse and mental health disorders as common in the CBCR area.
- Instances of violent crime and mental health-related emergency medical calls were not geographically connected.
- Co-occurring disorders can happen after prolonged, chronic stress.
- Gaps in social services in the CBCR area perpetuate substance abuse/mental health co-occurring disorders.
- Increased awareness of treatment options and social services will positively benefit residents.

METHODOLOGY

Researchers used an approach that included data analysis and interviewing four key community stakeholder groups: those working in the criminal justice field, various community organizations, young people, and those who live in the CBCR area. Data sources also included secondary data from the American Community Survey, the Marion County Coroner's Office, Indianapolis Emergency Medical Services (IEMS), and the Indianapolis Metropolitan Police Department (IMPD).

FIGURE 2. Mental health-related IEMS calls and aggravated assaults in the CBCR study area (2018)



Sources: Open Indy Data Portal (2018), IEMS Service Calls, Code 784 (2018), IMPD UCR, Codes 170 - 173 (2018)

FINDINGS

Demographics vary among the seven neighborhoods located within the CBCR area. The easternmost neighborhoods are more affluent, less racially diverse, and have higher levels of educational attainment than neighborhoods in the western part of the CBCR area. During the study, many interconnected socioeconomic factors emerged, such as economic instability, lack of employment opportunities, lack of affordable housing, and weak community social supports.

During interviews, participants identified types of crime they thought were most common in the CBCR area (Table 1). This is different from the drivers of crime and any circumstances that promote crime. Perceptions of crime in the CBCR area varied among the groups interviewed. All groups identified property crime, and most said violent crime and drug use are common in the area.

With the exception of young people, all groups in this study described drug-related crimes as having a relationship with substance abuse and mental health issues. The perception of drug use as both a type of crime and a core driver of crime, which is often associated with mental health issues, requires a deeper study of how these factors interact to impact crime in the CBCR area.

TABLE 1. Types of crime identified by stakeholder groups

	Criminal justice	Faith-based social service organizations	Youth	Residents
Property crime				
Violent crime				
Drugs				
Prostitution				
Sex trafficking				
Domestic violence				
Guns				
Technical violations				

Crime rates and perceptions of substance abuse differ among CBCR neighborhoods

Study participants stated that crime varies across the CBCR area. For example, data shows that western CBCR neighborhoods have higher crime rates across all categories.¹ Some participants thought the differences were due to higher levels of substance abuse and mental illness. Residents in western CBCR neighborhoods were more likely to agree that their neighbors struggle with these issues. However, not all data supported this perception. For example, IEMS data did not show higher levels of mental health-related issues in areas with more aggravated

assaults (Figure 2). Still, the CBCR area as a whole is a geographic hotspot for both aggravated assaults and mental health-related IEMS calls compared to surrounding neighborhoods.

Economic insecurity contributes to co-occurring substance abuse and mental health disorders

Participants often discussed co-occurring disorders of substance abuse and mental health, but struggled to define the differences between the two individual issues. The likelihood of someone having both a mental illness and a substance use disorder varies from 30 to 70 percent based on the specific disorder.² Genetic factors can contribute to co-occurring disorders, as can environmental factors like chronic stress.³ Survey participants felt these types of disorders were common in the CBCR area partly because of economic insecurity. They suggested there was a disproportionate amount of convicted offenders in the area. Research shows that convicted offenders have higher rates of co-occurring disorders, which can increase the likelihood of recidivism.^{4,5,6}

Participants also said substance abuse and mental health issues make economic challenges—like finding and keeping a stable job or housing—worse in the CBCR area. They often described socioeconomic challenges, mental health issues, and substance abuse disorders as an endless cycle that can affect families for generations.

Gaps in social services perpetuate substance abuse/mental health issues

People who have both mental health and substance abuse disorders are less likely to seek out and receive health services.⁷ Participants suggested that some of these people use drugs to self-medicate their mental health issues when traditional health care is not accessible. Nearly three-fourths of survey respondents agreed that many Near Eastside residents struggle with substance abuse and mental health issues. Survey participants said there is not sufficient access to services, particularly mental health and addiction treatment in their area.

“Mental illness care is so expensive ... it’s cheaper and easier for them [residents] to go out and get dope on the street.”

—Faith-based community participant

IMPLICATIONS

Substance abuse/mental health issues exacerbate existing socioeconomic challenges

While co-occurring disorders are not the sole cause of socioeconomic challenges in the CBCR area, they can exacerbate existing challenges. Participants said that substance abuse can hurt employment chances, cause economic immobility, and weaken social supports in the community. For example, people with co-occurring disorders are more likely to experience housing instability.⁸ Residents also believed that drug-related convictions constitute a major setback, hurting prospects for stable employment and housing. While research does not support a direct link between co-occurring disorders and crime, these disorders may worsen the issues that do increase criminal activity.

Increase awareness of and access to health services.

Survey participants perceived that residents do not use existing supports partly due to a lack of awareness. They discussed encountering residents during substance abuse or mental health crises but not knowing where to refer them for help. Piloted in 2017, the Mobile Crisis Assistance Team (MCAT) dispatched teams of police and mental health professionals to emergency calls. Despite barriers in implementation, the MCAT program was successful in diverting those in mental health crises from jail and connecting them to treatment.⁹ Expansion of this program should be explored to address drivers of crime and provide critical medical care.

FURTHER RESEARCH

Participants suggested that many barriers exist in accessing the health services they need and further research should identify these barriers. Those include stigma associated with certain disorders, a lack of time to devote to treatment, geographic location of services, and whether people can afford those services. Future research should also identify barriers specific to the CBCR area and its population, as a unique combination of factors affect the use of health services by CBCR residents.

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