

May 19, 2023

Simon Walker  
Chief, Rule of Law and Democracy Section  
Rule of Law, Equality and Non-Discrimination Branch  
Office of the High Commissioner for Human Rights  
*Palais Des Nations*  
1211 GENEVA 10, SWITZERLAND  
[registry@ohchr.org](mailto:registry@ohchr.org), [nekane.lavin@un.org](mailto:nekane.lavin@un.org)

Dear Mr. Walker:

As a civil society organization involved for more than 40 years in direct services with thousands of clients addressing substance use disorder (SUD), mental health disorder (MHD), and related conditions, and as a consultative member of ECOSOC since 2012, Illinois T.A.S.C. Inc. is honored to submit our insights to the OHCHR regarding human rights challenges associated with the global drug problem. We attended the April Rome Consensus meeting and strongly support Resolution 54/22 of 4 April. To this end, please accept our perspectives for your consideration and publication in the OHCHR report.

In its *What is the Right to Health* fact sheet, the OHCHR speaks to the inclusivity of adequate housing as an “underlying determinant[s] of health.”<sup>[1]</sup> That is no truer than for individuals who have been involved in the justice system or struggling with SUD/MHD and other co-occurring conditions. Secure, safe housing is the most pressing issue for individuals returning from prison or jail; in the United States, about 600,000 individuals being released from prison each year face a housing crisis, and those who are formerly incarcerated are ten times more likely to be homeless than others and face high risk of recidivism as a result.<sup>[2]</sup>

The availability of safe housing for all global citizens – particularly those with SUD/MHD and/or returning to their communities from justice involvement – is critical, and aligns closely with Goal 11 of the Department of Economic and Social Affairs’ Sustainable Development plan:<sup>[3]</sup> **Make cities and human settlements inclusive, safe, resilient and sustainable.** Comprehensive case management programs for individuals with SUD/MHD incorporate housing security and other core health determinants (including job training/employment services, SUD treatment/recovery, mental health/counseling services, food supports, educational programs, and others) in a holistic approach not only aimed at preventing reuse, rearrest, or recidivism among these clients, but helping them realize a basic, secure standard of living.

Foremost among these determinants is secure housing. Programs like Permanent Supportive Housing (PSH)<sup>[4]</sup> encompass precisely these connected, comprehensive services, combining affordable housing with onsite services that help individuals, including those who are formerly homeless and/or have a disability, build stable, secure lives. These programs typically align unlimited affordable housing with wraparound services to resolve homelessness, improve

overall health and health determinants, and reduce public costs associated with chronic/emergency cases.<sup>[5]</sup> They also often include inpatient treatment when individuals on Medicaid (the US health program targeted at uninsured and underinsured Americans) move from inpatient to outpatient services, an important element in preserving not only their right to health but their ability to be and remain healthy.

PSH is associated with these benefits and with helping to reduce hospitalization and emergency room visits associated with SUD, and with increasing the chance of SUD treatment among homeless individuals with SUD. In the US, homelessness is a challenge for as many as five million formerly incarcerated individuals, but housing insecurity affects as many as 15 million.<sup>[6]</sup> The availability of PSH, and other supportive housing programs – i.e., Housing First<sup>[7]</sup> (long-term housing support for those challenged by chronic homelessness) and Rapid Re-Housing<sup>[8]</sup> (short-term residential and related supportive services for the most vulnerable homeless, including those who have been justice involved) – contribute vitally not just to the core goal of Target 11.1, and its supporting clause 11.1.1,<sup>[9]</sup> but to the overall health and quality of life for all people, notably those who face greater challenges to their health and welfare due to SUD/MHD and justice involvement.

The emphasis of Resolution 54/22 on the “human rights implications of drug policy” is powerful. Drugs are a global problem with global actors and networks; and recognizing, as the resolution does clearly, that “human rights are an indispensable part of the international legal framework for the design and implementation of drug policies...” affirms our collective sense that all nations and signatories must work as one to develop and execute policies, especially those promoting treatment and recovery from SUD and related conditions, with a humanistic focus. To this end, housing programs incorporated into a larger comprehensive case management approach contribute greatly to a range of health determinants and factors addressed in **Goal 3 (Ensure healthy lives and promote well-being for all at all ages),<sup>[10]</sup> notably Target 3.5 (Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol).**

Comprehensive case management efforts integrate programs incorporating support for clients in or leaving the justice system – or who otherwise would enter the justice system (such as alternatives to incarceration) – a range of screening and assessments, treatment and recovery support, and other services as needed (including for youth and families). These programs often incorporate Permanent Supportive Housing, Rapid Re-Housing, and other initiatives, and take a whole-person, whole-family approach to restoring individual and family stability/quality of life in general. More specifically, they have a direct impact on SUD treatment intake, retention, and outcomes, helping individuals – including those referred by the justice system (typically in lieu of arrest or formal charges for criminal offense) – enter, sustain, and complete treatment at significantly higher rates than for those individuals who receive treatment after referral from the justice system.

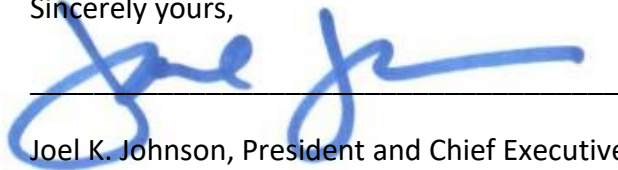
This translates to a range of societal and individual benefits, from true healing/recovery to individuals leading healthy, productive lives (in their communities, with their families), with

significantly reduced recidivism/justice system entry, at public costs a mere fraction of those associated with incarceration. These initiatives align with and affirm the tone and intent of **Goal 3/Target 3.5**, and warrant strong consideration for wider adoption and expansion by global policymakers.

Chicago T.A.S.C. Inc. is proud to provide this input to the Section and the OHCHR as part of our mission and daily purpose in helping build safer communities; respond to challenges anywhere regarding basic human rights/the human right to health; and advance health, treatment, and recovery. Please feel free to make our information public and available for consultation at the OHCHR website, and let us know if there are any additional materials, perspectives, or support we can provide.

Please feel free to contact me with any additional questions you have.

Sincerely yours,



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Joel K. Johnson, President and Chief Executive Officer

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[1] <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>

[2] <https://www.prisonpolicy.org/reports/housing.html>

[3] <https://sdgs.un.org/goals/goal11>

[4] <https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>

[5] <https://www.ncbi.nlm.nih.gov/books/NBK519595/>, <https://www.usich.gov/solutions/housing/supportive-housing/>

[6] <https://www.prisonpolicy.org/reports/housing.html>

[7] <https://endhomelessness.org/resource/housing-first/>

[8] <https://www.chicago.gov/city/en/depts/fss/provdrs/emerg/svcs/rapidrehousing.html>

[9] <https://sdgs.un.org/goals/goal11>

[10] [Goal 3 | Department of Economic and Social Affairs \(un.org\)](#)