Norfolk Inmate Council
Executive Board
2 Clark Street / P.O. Box 43
Norfolk MA. 02056

November 7, 2025

Genesis of Substance Use Disorders (SUDS) in DOC Custody
(Suggestions Moving Forward)

The deaths at MCI-Norfolk have caused myself and the Norfolk Inmate Council (NIC) to reevaluate and pause in that this is centered in large part around the substance use disorder known as K2 (synthetic Cannabis). However this is more of a chemical concoction of poison with prisoners trying to self medicate and manifesting in self harm due to a lack of adequate mental health/behavioral health care.

The Massachusetts Department of Correction (DOC) has failed to provide for any treatment of this disorder and to briefly describe the genesis of this K2 Crisis which numerous pieces of legislation is centered around in 2025.

About 12 years ago the prison system was gripped in a Suboxone/Buprenorphine (SUD) crisis on the yard. This occurred with Suboxone being sold in the prison and replacing Heroin and various other street drugs. This was in the form of strips of about 32 pieces of paper. This is a street legal Opioid treatment drug. What occurred in the yard these strips would be sold one week for $40 then the next week $120. This created desperation and robberies in the yard of Suboxone dealers, negatively effecting the culture and climate of the facility. The DOC was aware of this and was slow to roll out the medicated assisted treatment (MAT) or Methadone for several years.

However in this time several prisoners dependent to Suboxone tried to detox with K2. This helped in large part but then created a situation of trading one dependency to another.

The K2 then took over and finally the MAT program entered. To late for many were now suffering a duel dependency on both methadone and K2. Thus because the MAT program entered so late in the crisis prisoners now are plagued with a duel dependence and only one being treated. The DOC has indicated that via public records through both Program Services and Health Services that the DOC has no treatment plan for K2.

This issue has become more complicated and destructive because since the K2 being introduced is not the same substance (Fentanyl, crystal meth, synthetic Cannabis, rat poisions, etc). Users have no idea what's in any given substance therefore if someone becomes dependent on one strain of K2 with crystal meth and purchases a different strain with Fentynol the individual will use in excess, thinking it is weak and become unconsciousness/overdose because they are purchasing to feed one addiction but has the wrong substance and does not even know it. This creates overdoses or as the the DOC terms it "medical emergencies, none responsive Inmate".

Since many of the strains of K2 have poison prisoners are vomiting and even becoming aggressive, scared and suffering additional undressed trauma from this

disorder.

Recently the DOC has offered through the MAT program to a limited number of prisoners Buprenorphine treatment instead of methadone. This has helped many to stop using K2, and needs to be more widely offered. Also why treat a K2 (Synthetic Cannabis) disorder with an Opioid treatment. Medical Marijuana is legal in Massachusetts in fact the MA-Parole board allows formerly incarcerated people the use of Medical Marijuana while on parole should this same practice not be duplicated in prisons to better assist prisoners in reentry to society, free of an active K2 addiction. A further complicating factor of placing K2 dependent prisoners on Methadone is if the individual relapses and staff need to respond to an "Unresponsive Inmate / Overdose" most times the prisoner is administered Narcan which brings the methadone user into an immediate and painful withdrawal. Security staff have commented they understand this and that is why the prisoner needs to be in restraints before administering Narcan due to adverse reactions.

This all seems counter productive. My suggestion is the DOC needs to treat this disease and reduce demand in all facilities akin to restorative justice practices noted below.

- Bring back the prisoner jobs just cut in half a few months ago under DOC Headquarters direction according to MCI-Norfolk administrators. Provide meaningful life sustaining jobs for all prisoners to earn money and good time (EGT). Thus teaching a work ethic before release.

- Reinvigorate the Self Help / Self Improvement groups and "Foster an atmosphere of participation as contrasted with repression." Allow prisoners to become part of the discussion. Allow those suffering from the dependency to be at the tables and offer insight of their struggles and what they need.

- Provide for productive engagement by prisoner stakeholders in treatment plans and contracts similar to the old mental health contracts.

- Make sure the gym and program buildings are accessible during high stress (Holidays, Deaths in the facility) and idle times. The NIC Athletics Committee once oversaw sports leagues without incident, which allowed for Holidays and low staffing periods for activities to continue. This has been eliminated by administrators under the banner of policy does not allow it.

- Increase the movie rating system to provide for more interest in movies and treat men like men with at least an R rating rather than utilizing antiquated studies from 20+ years ago from another state which greatly limits movie viewing to PG13 or lower.

- Provide a targeted medicated assisted treatment for K2 (medical marijuana, Hemp product, CBD oils). Following MA-Parole's reentry policies and practice.

- Allow mentorship, tutoring and leadership from other prisoners to better speak to their common lived experiences. Adopt from OCCC the training offered from Kiva Academy and train prisoners to be educated / certified mentors and counselors.

- Remove fines, fees and sanctions associated with past disciplinary K2 related

matters, thus providing hope and incentive for the future.

- Provide addiction specialists at every facility daily, and make available prisoner leadership in off hours.

- Partner with an outside provider and offer an SUD hotline as well as a suicide Hot Line 24 hours a day on tablets. Or direct emails to such approved stakeholders.

- Increase programing budget in the DOC increasing the 2% program budget to 4%. Allowing more program engagement without punitive actions if classes are missed or removal for disciplinary actions, and provide all prisoners the opportunity to earn all good time (EGT) to incentivize positive idle time behavior. Allow good time to be earned on the program tablets.

- Increase personal technology to include Lap-Top / Notebook computers for technological literacy for release. This will also allow for less paper in the correctional facilities improving security. Recreational activities should be provided on these devises based on completion of programs on the Notebook (Word, Excell, Powerpoint, etc.) This has already been proposed to the DOC since December 2024 by the NIC.

These suggestions are offered to try and reintroduce the spirit of meaningful and authentic rehabilitation to the DOC, Tax Payer and prisoners in DOC custody.

Respectfully Submitted,

William J. Duclos

William Duclos
Norfolk Inmate Council

cc: file