#### NOROLK INMATE COUNCIL

# Massachusetts Department of Correction MCI-Norfolk

Substance Use Disorder (Mental Health Factors)

### CONTRIBUTING FACTORS

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William J. Duclos Majority Co-Camp Chairman

Adams Sanders Minority Co-Camp Chairman

Ray Colon Latino Co-Camp Chairman

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MCI - Norfolk 2 Clark Street, P.O. Box 43 Norfolk MA 02056

## Substance Use Orders (SUD's) Mental Health Factors

#### Introduction:

Now comes the Norfolk Inmate Council (NIC) to address the epidemic of Substance Use Disorders (SUD's) and Mental Health crises which is fueling the SUD crisis. This proposal is not meant to place fault to accuse anyone of wrong doing but to act as the original Superintendent of the facility intended to collaborate and better the overall prison. This proposal's main goal is to come together for solutions and build a model for implementation throughout the Massachusetts Department of Corrections (DOC) and possible to be used across the country.

#### Background / History:

The long state of decline not only at MCI-Norfolk and the DOC but across the country has led to numerous deaths and implementation of ever increasing security measures which equates to punishment of all prisoners for the actions of a certain percentage. These loss of privileges and quality of life standards for prisoners has included but are not limited to: Limited visitation with one of the most restrictive regulations in the Country. This has also limited mail to being photocopied and increased regulations and litigations due to desperate decision making by administrators to curb the supply of synthetic drugs (K-2). Unfortunately this has not reduced the use or trade within the DOC but only fueled the market on the yards and increased the prices and addiction. The DOC has implemented the Medicated Assisted Treatment (MAT) with a Methadone product which in no way treats K-2 addiction. There has been several addicts who have tried the MAT program without success.

The financial impact on the prison has also been overwhelming. Due to limited and restricted employment for this group theft has increased within the facility. Theft in prison increases violence which is the key factor in the increase in violence at MCI-Norfolk.

Staff morale is low in contrast to the quarterly reports of administrative staff. The lack of morale has effected the basics of prison operations. When someone is placed in the BAU or taken out for a medical emergency, cells are not secured and property left available for theft by addicts in need of funds to pay for their addiction. When the prisoner return to population, clothing and appliances are missing. When Institutional Grievances are filed for the individual to be made whole, they are denied with a final resolution of Concur with IGC (Institutional Grievance Coordinator). This could all be flushed out simply by viewing the camera footage to see if staff secured the cell which would prove was never done.

Prisoners working in Industries for a few dollars a day could come back from work and find a \$220 TV missing or a \$30 pair of headphones which is more than most for a week's work. This builds resentment and anger among prisoners.

The BAU lacks a program component to address the A.D.A. aspect of SUD's which only creates further harm to the addict and person suffering from the disease.

Substandard Food: The food being served most days at MCI-Norfolk is unpalatable. This is pointed to litigation by a few inmates. However this further requires

purchasing of canteen items which are increasingly expensive. Since addicts have no income this requires once again finding a means to gain funds to feed themselves. Recent legislation to reduce canteen prices has had zero effect and prices continue to climb in canteen.

#### The Wedge Factor:

Destabilizing of the prison has occurred also because the continued loss of privileges such as sugar products, flour, fruits in the canteen, etc. A by product of the K-2 epidemic has been the increase in "Home Brew" (Fermented Juices). The need for funds to pay for the SUD (K-2) addiction have created a new alcohol addiction within the facility which has never been seen before. Alcohol in a correctional facility is one the most dangerous things because many times prisoners get violent towards staff. This has also become unsafe for the prisoners who do not engage in the substances. These prisoners attend: programs, religious groups and community civic engagement activities. However a new invention of the Home Brew has been developed called "Shining" which is when regular Home Brew is cooked down to produce a high alcohol product which a 16 oz bottle can cost about \$100 or (25 Books of stamps). This process of cooking off alcohol resulted in several fires at MCI-Norfolk. Two responded to by Norfolk Fire Department. The result of this was loss of cooking items. Pots , pans etc. Once again punishing everyone for the diseases of a few. All fueled by an untreated disease. However a reasonable person has to say this now because it is a safety threat to the lives of prisoners living in housing units. If a fire of this type happened at night, the wood structures we live in could easily have an unintended loss of life for everyone housed in the Unit of 68 prisoners or so.

#### Fuel to Hopelessness:

What has fueled a large part of this disease is the hopelessness which has occurred. Prisoners are not allowed to attend programing, work and Self Improvement Groups (103 DOC 473). This takes addicts and places them with vast amount of idle time. Also making the prison yards look like some say "Mass & Cas" in Boston. Some prisoners stuck in the SUD world of K-2 begin first thing in the morning looking for financing and product to start their day. This then moves onto afternoon and then nights. There seems to be no attention brought to the fact that this is a disease and needs treatment not punishment.

#### Stigmatization:

Most people suffering from SUD's (K-2) have been stigmatized at MCI-Norfolk. When I first arrived at MCI-Norfolk as a 20 year old the older prisoners would try and reach out to me/us and encourage us to get into college, go to school and work on getting out. Unfortunately the continued loss of quality of life items (cooking items, liberties) and continued freeze ups (stopping of all movements) has placed a wedge between prisoners doing the right things and those struggling. This wedge has deteriorated the fabric of the community prison and continued restrictions on the Norfolk Inmate Council (NIC) and associate committees have only further eroded the civic engagement between the two groups. The natural mentorship of encouraging one another has been replaced by ridicule and shunning. DOC policy discourages such mentorship. The NIC had a group of prisoners who volunteered for years in the CSU (medical unit) to hang out with, play games, fellowship with prisoner / patients who are older or in failing medical health within the medical unit. However administrators found this to be not compliant with a policy or regulation and stopped the process. In a letter acknowledging their volunteering as being appreciated with the best intentions. However mandatory training and

approval to assist residents in any capacity is required. There was no harm or major violation to warrant such an action. In fact as many of those who did volunteer with the prisoner / patients expressed their concerns of who was going to play Bingo with them or other games or just hang out and talk. It is a shame that administrators have never learned the old saying the letter of the law kills, but the spirit maintains life.

#### Mental Health Complications:

Many of these suffering from SUD's (K-2) also suffer from other mental health disorders and the consistent DOC policy of punishment over treatment or security first has only sent them into a downward spiral. The lack of MH care has fueled many to self medicate with illicit substance on the yard. Prisoners have indicated that the constant change in MH providers and a lack of racially diverse MH providers have created barriers in trust and treatment. Prisoners seeking treatment to address the factors of their crimes are not provided a treatment plan. In fact for those of us seeking to better our mental health and become more complete human beings are required to place a sick slip in monthly and providers can change frequently or often as every other month. Most prisoners lack the coping skills to negotiate the daily stressors of prison coupled with the mental health effects of long term quarantine and lock down from the COVID pandemic as noted by The Mental Health Legal Advisory Committee in a letter to DOC and State officials. There seems to be an insensitivity to mental health conditions within the DOC.

#### Housing Factors:

Administrators have now implemented a system at MCI-Norfolk to utilize a point base system which has little to do with housing compatibility and the human factor. Mental Health prisoners with histories of violent pasts towards cell mates are forced to live with other prisoners. Causing self harm and unmet reasonable accommodations to live. The other prisoners are in fear for their safety. Transgender prisoners are being forced to live in violent housing units and cells with sexually violent prisoners, thus exasperating their work on becoming their complete selves and at times stigmatizing their cell mates. Prisoner PREA victims are being forced to live with other prisoners with no regard to their trauma. This all culminated recently with a prisoner who was transferred back to the intake unit for a disciplinary infraction. The same night upon transfer his cellmate a prisoner who has SMI wrapped a cord around his sleeping cell mate's neck and had a diligent officer who heard something off not made a quick check, it would have resulted in death. Housing officers and lower level security staff ask for correction to such practices time and again without progress from administrators. This builds a diminished morale within the ranks of Correctional Officers and Inmates. Staff feeling hopeless that no one is at the wheel of the ship and Immates being on edge not knowing what to watch out for.

#### Summary:

These aspects need to not be looked at as a laundry list of complaints but what feeds the disease of addiction in a correctional facility. Please see "Treatment Over Punishment", (T.O.P.), Suggested Steps Forward for ideas to combat the SUD Crises in Massachusetts Prisons.

Respectfully Submitted,

William J. Duch

cc: file