

An Opiate Addiction Crisis Behind Bars

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In the United States, our national conversation about opiate addiction has too often ignored the rampaging effect of drug abuse behind bars (Williams, 2017). The easy access to drugs in our nation's prisons and its effect on recidivism are ignored. Sterile hopelessness fuels a runaway drug culture nationally. In the Souza-Baranowski Correctional Center, a Massachusetts maximum-security prison, there is a lack of meaningful programming activities and rehabilitation opportunities. Drug use flourishes. This drug epidemic behind bars exists from coast-to-coast. A routine of addiction, trafficking, and a culture of gambling and idle desperation mark daily life in these guarded, miserable places.

Entering any cell block in any Massachusetts prison is like entering a world guided by the hustle for illicit drugs. Entering N-2, a cell block here in Souza-Baranowski, is an assault on the senses. One is immediately struck by the rancid smell of smoke leeching from cells and pockets of hungry prisoners scheming to buy or sell drugs. N-2 is a one-hundred-man cell block that is home to prisoners living in single or double cells. Two tiers make up the unit of cinderblock, steel, fluorescent lighting and tile floors. Visitors to the unit will immediately smell the stink of burning toilet paper used to ignite K-2 or marijuana. Floors on the lower levels, also called "flats", are littered with refuse and hair trimmings because prisoners establish "barbershops" at stainless steel tables that occupy these spaces.

A convict code demands a slavish devotion to silence and conformity – "snitches get stitches" is a well-worn mantra and "rats" are "checked off the block" when discovered. A viral drug culture relies on the convict code to traffic and introduce drugs throughout the prison (also see Crewe, 2009).

Besides K-2 and marijuana, illicit drugs include percocet, suboxone, heroin, methadone, and others. Synthetic drugs like suboxone and K-2 have become more cost effective and easy to introduce to jails and prisons. Here, in Souza-Baranowski Correctional Center, a strip of suboxone can cost just one-hundred dollars. Drugs are introduced by staff, family, friends, attorneys and by any means available to prisoners with a will to get them. Perhaps the most common method of introducing drugs to the general population is through medical prescription. Medically prescribed narcotics are often sold after a visit to a med-line.

Insistent drug deals are made openly. Prisoners often scream into vents and communicate from cellblock to cellblock seeking drugs that are bought

and sold in a grotesque bazaar using postage stamps as money, goods purchased from the facility store, and credit card numbers called “digits” transferred by friends and family members with access to merchant numbers and point of sale devices. Today’s technology allows many people to use their cell phones to accept credit card numbers and complete transactions.

Many factors encourage this crisis of addiction, not the least of which is a diminished quality of life within Souza-Baranowski coupled with a culture of hopelessness fuel this occupation of addiction and trafficking. Punishment and fear go only so far within prison walls. Prisoners feel the misery of doing time. They are all too aware that they are not a protected class, are disenfranchised in various ways including via the thirteenth amendment, and are, at best, ignored by politicians. This hopeless rage drives many prisoners to addiction. Prisoners of Souza-Baranowski are confused and angry over their treatment, anger which fuels hostility towards authority and recidivism (Mathiesen, 2006).

Souza-Baranowski is a prison named for two guards killed by a prisoner, and this history drives an institution full of actors too comfortable with punishment and retribution. Most prisoners doing time here feel it is the mission of the facility to punish. Food is prepared in unsanitary conditions by untrained prisoners indifferent as to whether meals are properly cooked and served. Prisoners arrive to meals starving and leave hungry. Guards only care to ensure that there are no disturbances. Very little personal property is permitted and privileges are being taken bit by bit. Codes for prisoner care go ignored. Violence is a daily occurrence.

What remains is the constant availability of drugs. Availability of illicit drugs within prison walls is abundant. Prisoners who have no alternatives embrace the drug culture. Souza-Baranowski, and prisons like it, create misery and a perfect climate for this opiate addiction crisis. However, the addiction crisis in prison penetrates deeper than the ready supply of drugs. Prisoner addicts trust fellow addicts. A peer-to-peer network is as much a part of doing time as gangs and non-drug users are excluded from this dangerous circle of association.

Outside prison walls, heroin and other opiates have gripped young people trying to cope with the challenges of global capitalism and technology (Marsh *et al.*, 2017). The loss of employment opportunities has left many disaffected and alienated, particularly young white men living in regions of the country ravaged by the flight of jobs stemming from deindustrialization

and the concentration of wealth in the United States (Rodwin and Sazanami, 2017). The drug crisis behind bars reflects one that exists in neighborhoods throughout the Commonwealth and across the country. Prison administrators attempt to discourage this wave of drug abuse and traffic using disciplinary action, urine testing, confidential informants and closed-circuit surveillance.

Prison officials also take precautions with incoming mail. Correspondence entering Souza-Baranowski, for example, is carefully inspected. Cancelled stamps are removed from the envelope. Gummed flaps are removed. Letters are read and inspected. Prison officers know that certain drugs like K-2 are sprayed on paper and postage stamps then easily introduced to prisons coast-to-coast. Suboxone strips, a synthetic drug, which is popular among prisoners for its heroin like effect, can be easily attached to paper or hidden in envelopes.

Neither the underlying cause of addiction, nor an alternative introduced to give prisoners hope are addressed. Life in the maximum-security Souza-Baranowski is merely a squalid succession of days where they could be an opportunity to change the course for so many imprisoned here.

By the force of indifference, prison officials create a hostile environment for prisoners. Passive aggression and contempt toward captives are palpable. Micro-aggressive conduct is visible from bad food and small portions served on wet trays to taking of personal property and privileges. A lack of meaningful goodwill is a part of life in Souza-Baranowski and throughout this nation's penal institutions.

Self-medicating prisoners stumble around cell blocks high, while stoned prisoners hide in their cells, their eyes glazed over. Blank stares are a sign of prisoners using drugs and giving up hope for anything more than tomorrow being the same as the day before. Confusion, hallucination, elevated heart rate, and seizures mark the effects of K-2 or "spice", the synthetic marijuana commonly introduced to prisoners. Suboxones effects – pale skin, gaunt appearance and a withdrawal felt to the bones – are hidden by prisoners who use in the darkness of their cells. Each day is a chase to "get well" searching for an eighth of strip, or a sixteenth, just to "get right". Such drugs maintain an addiction, one that diminishes reintegration prospects upon release.

There is an insidious cat and mouse game played out in these places. Prison officials are unable or unwilling to address the opiate addiction crisis behind bars. Jailors aware of a condition or situation that pose a

substantial risk of serious harm place themselves in a jeopardy of legal or administrative repercussions. Prison officials, who have knowledge of a dangerous situation, ignore it and become negligent.

Prisons by their very nature are a grim waste of time. Merely placing individuals in these institutions is not a deterrent. Anger fuels recidivism (Mathiesen, 2006). Institutions like Souza-Baranowski squander an opportunity for social improvement in the wake of conflicts and harms (Christie, 1977). Correctional facilities are in a unique position to teach civic responsibility, yet they do not. This lack of opportunity impacts recidivism. Prisoners released into society without necessary social skills, but have spent years scrambling for drugs, are not being positioned well to avoid re-offending. What is returned to society is an individual facing lifetime management.

Prisons are islands where resources that could otherwise be spent on social welfare are devoured (Davis, 2003). They are vacuums – expensive guarded and forbidden places where attitudes are shaped and recidivism becomes the result. Prisoners may not get adequate food, medical treatment, or rehabilitative service, but in all these institutions they are getting heroin, suboxone, K-2, marijuana, and a host of narcotics comparatively easy. It is this ugly truth that is destroying the integrity of our institutions and fabric of our culture.

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