

Insight from the Inside
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When I walked into the men's medium security prison to interview a group of drug addicts for the first time, I wasn't expecting to learn anything new about addiction. My dad had been a meth head for the past 30 years and my uncle was a heroin addict who died in the upstairs bathroom of my house when I was five. I had a sad story too, but I wasn't behind bars. I made good choices. I walked into the prison that day skeptical of MAT and secretly hoping that the administration would pull the plug on the treatment expansion. I thought it was a stupid idea to try to treat drug addicts by giving them more drugs. I'd soon find out I was wrong; this treatment was desperately needed.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines medication-assisted treatment, or MAT, as "the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose." I'm sure this is an accurate definition for those who initiate MAT in the community with private insurance and deep pockets. In prison, however, MAT should be defined differently. While there are three major medications¹ that prescribers use to

¹ These three medications are called Methadone, Suboxone, and Vivitrol. Methadone is the most commonly used form of MAT because it is used as a maintenance therapy and keeps patients from experiencing withdrawal symptoms such as nausea, vomiting, and diarrhea. Suboxone, like Methadone, helps relieve withdrawal symptoms, but it is also a partial opiate blocker; it blocks the effects of any additional opiates the patient has taken, which then discourages them to misuse or abuse other drugs. Vivitrol, a monthly injection, prevents relapse by completely blocking the effects of opiates and alcohol on the body. It offers no pain relief and can only be taken if a patient has already detoxed.

treat those who struggle with opioid addiction, most U.S. prisons only offer one.²

Counseling and behavioral therapies are rare for addicts in prison. Education on opioid use, treatment options, and overdose prevention is basically nonexistent.

I've lost almost everyone I've ever loved to drugs. Drugs have torn my family apart and have completely ruined my life. Pills, meth, coke, heroin... you name it, I've seen someone come down from it. When I was little, I learned that people who did drugs were bad and that they made poor choices. I learned that these people should go to jail, church, or rehab, and back to jail when church and rehab didn't work.

It took a really long time to unlearn these things. I'm not going to lie; sometimes I even still believe them. I think this is because every time my dad went back to jail, I felt safe. Over the years, his addiction worsened and his tolerance rose. He went on weeklong benders and fell into unshakeable psychoses. He thought we were trying to kill him, so he threatened to kill us first.

It was almost worse when he came down, though. When he began to crash, he got mean. He screamed, he broke shit, and then he screamed some more and broke some more shit. Then he slept for days. When he woke up, he recalled none of it. He was convinced we were brainwashed. He said I was a disrespectful liar. He would be so angry, he'd leave. So we'd begin to pack. We knew he was going to get high and come back. He'd be paranoid and he'd be armed.

² Most U.S. prisons offer Vivitrol as their only treatment for opioid addiction. This is problematic because this treatment doesn't work for everyone. Some people find that Methadone or Suboxone works better for them.

When he wasn't behind bars, there was not a day I wasn't scared. Drugs made a monster out of my dad. When he was in jail, I slept a little better, I ate a little more, I breathed a little easier. He had failed every rehab and twelve-step program he tried and we had no more money. Prison was the next best thing. He'd go away for a year and a half, and it would give us just enough time to heal the surface wounds he caused. While it didn't create a lasting cure for my father's addiction or our PTSD, it kept all of us safe for a little while. It kept my mom, my sister, and I safe from my dad, and it kept my dad safe from himself. We did not go in, and he could not come out.

Once, my mom visited my dad in jail when my sister and I were really little. She saw another mom pass her baby over to her incarcerated partner who swiftly pulled a bag of drugs out of the baby's diaper. That day she learned that prison wasn't a place for her kids. She had no intention of my sister and I ever stepping foot in a prison. So naturally she was really upset when I got involved in prison reform during my sophomore year of college. "Why do you want to do this, Harm? You can't save them," she said.

I had spent a lot of my time at Brown feeling really alone. I found myself surrounded by wealthy, sheltered kids twenty-four hours a day, seven days a week. Their bad days consisted of broken nails, dead dogs, and conversations with their grandparents that lasted a little too long for their liking. I had never felt more misunderstood than I did during this time. It became clear to me that these kids were never going to get it, so I decided that I needed to get off the Hill to try to find people who did. I didn't run right into the prison, though. I tried to apply to a bunch of service

programs first, which I was rejected from. I was frustrated, but I understood why I wasn't selected. What business did I have teaching English to immigrants in the community? I didn't even really know any immigrants back home, and I didn't have any experience or interest in teaching. I think I always knew that I would be able to make a bigger impact working for those who are addicted or imprisoned (or both), but I didn't think I could handle any more disappointment.

But it was familiar. I missed the chaos and the drama. It was easier for me. So I started seeking classes and programs at Brown that studied or worked with prison populations. I was curious about how these classes would be taught at a school like mine, and I went into these classrooms thinking I was going to teach everyone a thing or two. I thought I could offer a really valuable opinion in an otherwise unfamiliar group of people.

It started with a class on the history of global imprisonment and captivity. In this class, I learned that the U.S. has the biggest prison population in the entire world. Since the War on Drugs, this prison population has increased dramatically due to mandatory minimum sentencing laws. Half of the inmates in federal prisons are non-violent drug offenders. We spend billions of dollars each year to incarcerate drug addicts. Since the 1980s, U.S. prisons have become de facto treatment centers for the addicted and the mentally ill. Only there's little treatment actually being offered. There are just not enough resources and this is not a population that we think is deserving of help.

After I took this first class, I began to ask myself whether prisons are supposed to be punitive or rehabilitative by nature. In any case, they make people suffer, but to what

end? Not everyone who gets locked up learns their lesson. Despite serving more than ten years in total, my dad is still an addict. Last I heard, he was a homeless pyromaniac who walks around barefoot while he talks to himself. I think it's safe to say that my dad is still pretty fucked up and that prison didn't scare him into sobriety or reform him into a productive member of society.

Once I had the background information on the problem of mass incarceration in this country, I couldn't just do nothing. I felt compelled to act. The following semester, I took a class in the public health department on designing education for better prisoner health. The class was divided into five teams: weight management, depression, HIV Prep, Hep C, navigating the healthcare system, and medication-assisted treatment. Since I had to apply to get into the class, my professors knew about my background. I knew that there was going to be a field work component in this class and I was really excited about the chance to apply what I would learn in the classroom. I really wanted to get in, so I exploited myself; I spilled all the gory details about my dad's drug use and incarceration and the impact it had on my family. When I was accepted to the class, I was placed on the MAT team.

I found myself working on a \$4 million project. There was a massive overdose epidemic in the U.S., and Rhode Island was hit particularly hard. It wasn't long after I learned my teammates' names that the governor announced she would be expanding the medication-assisted treatment program (which was practically nonexistent) at the Adult Correctional Institute (ACI) in Cranston. So we got to work right away doing research and conducting focus group interviews. The prison would get enough money

for the medications, but for nothing else related to the program. Education materials and health communications were our responsibility. We were supposed to educate people on treatment options and convince them to give one of them a try. However, we had no credibility. We weren't doctors, we weren't addicts, and we had never stepped foot in a prison before. The administrators and the inmates saw right through us.

The literature we reviewed and the interviews we conducted showed unsettling results. There were a lot of people with negative opinions about MAT and a lot of prisoners were opposed to trying it. They thought it was a crutch and I did too. My team started to feel uneasy about our project and we tried to communicate our qualms about advertising something we weren't sure we agreed with. The prison administration began to pressure us.

In an effort to convince us that these medications actually worked, our professors set up our first focus group interview at the ACI. We started with a group of twenty random men, but when we told them they wouldn't receive good time for talking to us, fifteen of them left. We were left with five young men who took turns talking about how unnecessary they thought the program expansion was. They didn't think the junkies should be allowed to get high on the inside. They thought the money would be better spent on other things like gym equipment or education. It turns out that none of the guys in this first group were actual heroin addicts. They couldn't offer any first-hand experience with opioid addiction, but they did offer us some insight into what the rest of the prison thought about those who did.

It took months to find a group of guys who could represent our target population. We organized our second focus group interview through the Providence Center, which provides services to people with mental illnesses and drug addictions in the community and in the prison. They were able to find six guys in the minimum-security facility who were willing to talk about their long histories of drug abuse with us. What they said was incredibly revealing and heart breaking. They told us about coming from abusive homes. They told us about getting addicted to painkillers after accidents. They told us about how they lost everything because of their addictions: their families, their jobs, their homes.

We met with this same group several times over the summer. They illustrated what it was like to withdraw from heroin in prison. They threw up and shit themselves for days, and all the medical staff could offer them was Pepto Bismal. They shook and sweat every night for weeks. They could not think about anything other than getting high so that they could just stop getting sick.

Finally, I was starting to understand the importance of offering MAT in jail. These guys were not getting fair trials. They were supposed to be answering questions and making important legal decisions while they were sick and sleep-deprived. A lot of them said they would admit guilt just so that they didn't have to sit in a courtroom all day and try not to be sick.

I'm not trying to say that all of the guys I talked to were innocent. They did awful things so that they could support their addictions. They did whatever they had to to stop getting sick. However, I learned that heroin and prescription painkillers were very

different from meth. These guys weren't violent or erratic when they came down; they were physically ill.

MAT and addiction education is important because it is nearly impossible for addicts to recover with the stigma that surrounds drug use and its treatment. A lot of us are either too far removed or just don't care enough to learn about a problem that affects us all. As a society, we have invested in a system that locks people with substance use disorders up instead of getting them the help that they need. Because of this, a lot of the guys I work with at the Rhode Island Department of Corrections are never going to achieve lasting recovery. Some of them are even going to overdose and die. It saddens me to know that none of this is going to change until there is more treatment available *and* it is seen more positively.

I was devastated that I had moved 3,000 miles away from home to find that some people are as fucked up as the people I had tried to get away from. Even the ones who were making progress still had a long way to go. In a lot of ways, none of the people I met with are ever going to be able to fully redeem themselves. But I was beginning to be able to differentiate my experiences from theirs. I became a lot more open-minded and hopeful. I started to see people get better. I met with people in the community who had been sober for years. I learned that recovery was possible for people who wanted it for themselves and had access to treatment.

It has been incredibly exciting to see people get better even though I may never see it in my own life. I am not going to lie, sometimes I still look at these people and immediately think they're pieces of shit. Sometimes I think they deserve all of the loss

and misfortune they've endured because of their addictions. But most days, I don't. My mom was right. I will never be able to save them. But maybe I can give them the tools they need to save themselves.