## The heroin trail to jail

## Inmates, addiction and ideas that can help

Editor's note: This My Turn column was submitted by Revan Schendler, who teaches a class through Greenfield Community College at the Franklin County jail on the sociology of crime and punishment, and facilitates a weekly discussion group, and Kerry Williamson on behalf of residents at the Franklin County House of Corrections. Because of the stigma that people with addictions face, especially heroin users, those involved in writing this column and who worked on the project withheld their names — except Williamson, who moderated a discussion from which many of the testimonies were drawn."

esidents of the Franklin County House of Corrections applaud the efforts of the Opioid Task Force to address an issue that has affected our lives in profound ways, and we thank you for the opportunity to make our voices heard. We are your brothers, sons, neighbors, and co-workers, ranging in age from 19 to 54. We are all residents of Franklin County.

The first question we asked was: Why did you first use opiates/heroin and how did the disease progress?

Then we asked: What could the Opioid Task Force do to support you addressing your addiction?

We found patterns in our stories. Most of us started by using prescription medications, either illicitly or because of medical issues ranging from back problems to dental surgery. We were introduced to opioids by trusted people in our family, as well as friends, doctors and employers. Many of us faced problems related to the challenges of being young and trying to find our way. Sources of proper guidance were missing in many of our lives. Some of us got into drug use because of the romanticism surrounding the lifestyle of the junkie as portrayed in parts of our culture. Some of us were using other drugs and may have had a pre-disposition to addiction. We did not understand the potential problems that opioid use can lead to, or the phenomenon that makes us think we are different and can

The progression of the addiction was also similar: our habits increased and many of us eventually turned to heroin for a cheaper alternative to prescription painkillers. Many of us also turned to intravenous usage, since we were told we were wasting the drug through other methods of use.

The end results were the same

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for all of us: crimes related to our opiate addictions that landed us in jail.

Many addicts wind up getting clean by getting arrested. There must be a better way. It was long ago determined that addiction is an illness and not a moral deficiency. We are not bad people, we have a disease. We commit crimes in order to find the money to keep us from getting sick from withdrawal. Some of us become suicidal from the hopelessness we feel and the shame we carry. Some of us are branded as felons, a scarlet letter that will follow us for the rest of our lives, denying us the right to housing, jobs and the ability to pursue certain careers, and even access to our children.

We are told we have made bad choices. We did not choose the nightmare we live. We suffer from a disease that tells us we don't have a disease and will deceive us into believing that we won't turn out like everyone else, that we are special. We don't see fundraising drives to help addicts in recovery like we do with cancer, yet our disease also places burdens on our communities and families. We hide out in church basements trying to find a chance to get better.

It's time for us to come out of the shadows and let people know that we are hurting. We want to get our lives back in order, like any other person with a potentially fatal disease. We want to repair the damage that addiction has done to our lives and the lives of others.

What can the Opioid Task Force do to support us addressing our addictions — and help others avoid jail as a place to get clean? Here are some of our ideas.

Provide more accessible resources. The Athol/Orange area has limited resources and those that do exist are hard to get to. Transportation is a problem for many of us. If resources are not accessible, we are on our own. We would like to see a program like the Intensive Outpatient Program, and some form of drop-in center like the Recover Project or the Recovery Learning Community in that region. Twelve-step programs are very helpful but it is hard to find meetings.

■ We would like access to a variety of recovery options, since 12-step programs do not work for all of us.

We need more access to inpatient treatment and mental health resources, since currently there are none in the immediate area and mental health facilities don't always admit drug users. Many users are dealing not only with addictions

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but also mental health issues (dual diagnosis). Having more group programs and access to one-on-one counseling, as well as some form of mentoring from our peers or allies would show us examples of success in people who have progressed in their recovery.

■ Affordable housing in drugfree environments. There is nothing worse than living someplace and trying to get clean and having to see the evidence of active drug use every day. We lose our housing when we are incarcerated or our addiction takes hold and we no longer can afford housing. Trying to get back on our feet is difficult. We wind up placing undue burdens on our family and friends when what we want is to stand on our own two feet. We need more halfway houses and other sober living environments.

More support from the community and more activities for sober people to socialize together. A recovery day in an entertainment venue or park, softball leagues, sober dances, cookouts: these and other activities would help us create a community of recovering people.

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Funding for education and vocational training would give recovering addicts opportunities to better ourselves. Many of us go from job to job trying to survive. Many addicts suffer from low self-esteem and the shame of being an addict. We need positive reinforcement in our lives to support us attaining our educational and employment goals.

More education in schools about addiction would help our children not to follow in our footsteps. Information needs to be spread that the drug dealer we warn our children about is often the medicine cabinet in the bathroom of our homes.

■ We also want access to our children. The very thing that gives many of us our identities is taken from us, the sense of family.

What we need more than anything is a shift in the public perception of the addict and a greater understanding of the struggles that we face on a daily basis. We want the opportunity to be involved in our communities in a positive way, to help ourselves and others.