



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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FOR IMMEDIATE RELEASE:

Boston – April 20, 2022 – Today, Prisoners' Legal Services of Massachusetts (PLS) held a press conference at the Massachusetts State House in response to the Massachusetts House's recent proposal to increase funding for the incarceration of people civilly committed for treatment of substance use disorder (SUD), under the statute known as Section 35 (M.G.L. c.123 s.35). The current budget is poised to funnel \$21.9 million into the Department of Corrections' Massachusetts Alcohol and Substance Abuse Center (MASAC) facility and \$2.5 million into the Section 35 facility operated by the Hampden County Sheriff's Department, respectively.

Speakers – including public health experts and directly impacted people – urged the passage of amendments 332 and 333 by Representative Ruth Balsler to redirect the money away from correctional facilities and into health care settings.

“Substance and alcohol use disorders are medical conditions that deserve prompt diagnosis and treatment,” said Dr. Todd Kerensky, President of the Massachusetts Society of Addiction Medicine. “As with all medical conditions, people should expect treatment to be grounded in the four principles of medical ethics: autonomy, do good (beneficence), do no harm (non-maleficence), and justice. We can have a reasonable debate about whether involuntary treatment is potentially helpful or harmful. However, putting people in jail to receive treatment is unjust. Having a substance or alcohol use disorder is not a crime.”

“As addiction experts, we know correctional environments do not foster recovery. There's no other medical condition where we would consider sending individuals to correctional settings, let alone expect them to heal or recover there,” stated Deb Goldfarb, Licensed Independent Clinical Social Worker at the Grayken Center for Addiction. “Resources should be allocated towards ensuring equal access to person-centered, humane, and evidence-based treatment options in health care settings.”

Incarcerating people for SUD treatment is a harmful and antiquated practice – a vestige of a time when SUD was seen as a moral failing rather than a disease. This policy is dehumanizing and reinforces the stigma associated with addiction, discouraging people from seeking help.

"SUD and Alcohol Disorder are diseases, and they are legally recognized disabilities," explained Bonita Tenneriello, a senior attorney with PLS. "Yet Massachusetts, alone among states, has a policy of sending men to prison solely because of these diseases. This reinforces a long history of stigma that stops people from getting treatment for SUD. People with addiction and their

families should not be saddled with the shame of prison. Instead our lawmakers should feel shame to continue this horrific policy."

Among individuals who receive treatment for opiates, those with a history of involuntary treatment are 1.4 times more likely to die of opioid-related overdoses, [according to the Massachusetts Department of Public Health](#).

"From the minute I went in I felt like a prisoner," said Christopher Hiltz, who was held in MASAC earlier this year. "The guards yelled at me and treated me terribly, and they punished me with solitary confinement in a cold cement cell with urine on the floor. I wanted to get sober but this did not help."

"I had no idea that he was going to be sent to prison and treated like an inmate," shared Mr. Hiltz's sister. "I thought this was to help somebody with drug addiction and mental illness, but it only made things worse."

In response to the House's proposed budget, Representative Ruth Balser filed two amendments to the budget: 332, which would eliminate the funds for incarceration under Section 35, and 333, which would redirect funding to community treatment programs and, as necessary, Section 35 programs licensed or approved by the Departments of Public Health and Mental Health. These amendments are imperative to ending this harmful and senseless practice.

"Public health crises require public health solutions, not criminalization," stated Oami Amarasingham, Deputy Director of the Massachusetts Public Health Association. "The criminalization of substance use disorder under Section 35 is an obstacle to addressing one of our state's biggest public health issues. Rather than increase funding for incarceration, we urge legislators to follow the recommendations of the Section 35 commission to expand access to treatment programs and stop sending civilly-committed men to criminal justice facilities for treatment."

PLS and a number of advocacy groups – including the ACLU of Massachusetts, Association for Behavioral Healthcare, Massachusetts Association for Mental Health, and Massachusetts Public Health Association – sent a letter yesterday to the Joint Committee on Ways & Means, calling for the passage of amendments 332 and 333.

For more information, please contact PLS Communications and Development Coordinator Aaron Steinberg at asteinberg@plisma.org.

[Prisoners' Legal Services of Massachusetts](#) is an organization committed to being anti-racist and whose mission is to challenge the carceral system through litigation, advocacy, client counseling, partnership with impacted individuals and communities, and outreach to policymakers and the public in order to promote the human rights of incarcerated persons and end harmful confinement. The office prioritizes work involving health and mental health care, assaults by staff, extreme conditions of confinement (including COVID, overcrowding, exorbitant prison phone rates), misuse of segregation and isolation, and racial equity.