

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

JOSEPH SCLAFANI, MICHAEL FEINSTEIN,
and BRET CAPPOLA,

Plaintiffs,

CAROL A. MICI, in her official capacity as
Commissioner of the Massachusetts Department
of Corrections,
DOUGLAS DEMOURA, in his official capacity
as Superintendent of MCI-Cedar Junction, and
STEVE SILVA, in his official capacity as
Superintendent of MCI-Norfolk,

Defendants.

C.A. No.

DECLARATION OF MICHAEL FEINSTEIN

Pursuant to 28 U.S.C. § 1746, I, Michael Feinstein, declare as follows:

1. I am 32 years old and I am currently incarcerated at MCI-Cedar Junction. Prior to my incarceration, I lived in Plymouth with my parents.
2. I have been diagnosed with anxiety disorder, depression, attention deficit disorder, and opioid use disorder. I also struggle with an addiction to benzodiazepines, alcohol, and cocaine.
3. To treat my opioid use disorder, my doctors prescribed medication for addiction treatment (MAT) with buprenorphine. Before I entered MCI-Cedar Junction, I received 12 mg of buprenorphine per day. With the help of my medication, I was able to enter active recovery. Buprenorphine gave me my life back. It is the sole reason I am not a funeral card on my mother's refrigerator.
4. Once I entered MCI-Cedar Junction, the providers confirmed that I suffered from opioid use disorder and that I had been prescribed 12 mg of buprenorphine per day to treat my disease. Nevertheless, they immediately decreased my dose to 4 mg of buprenorphine per day and told me that I could remain on my medication for only 90 days.
5. I am terrified that if I am unable to remain on my medication during my time in a Massachusetts Department of Correction facility and if I do not receive my proper dosing, I will lose control of my addiction and I will relapse, overdose and die.

Life Before Active Addiction

6. I had a wonderful childhood.
7. We lived in a great neighborhood, where the neighbors knew each other and spent time together.

8. I also have an amazing family. I was very close with my parents and my brother. Just like both of them, I loved playing baseball. I also enjoyed being the class clown.

History of Addiction

9. I began using opiates when I was sixteen or seventeen years old. I was prescribed opioids for pain when my wisdom teeth were removed and quickly became addicted. Once prescription opiates became too expensive, I began to buy heroin instead.
10. My parents have always supported me as I worked to overcome my addiction. They took me to my first detox at age seventeen. At that time, I thought my addiction was the worst it could get. I had no idea what I would go through in the following years.
11. When I was in active addiction, my life was very unstable. I could never hold down a job, and I was constantly in trouble with the law. I experienced relapse after relapse.
12. I have been hospitalized for overdose three times, and I have overdosed a few more times than that. I have been found face down in the basement, and I have been administered Narcan three or four times for overdose. In the winter of 2016, I experienced a near fatal overdose. The medics administered multiple doses of Narcan to keep me alive and I was rushed to the hospital.
13. I have tried to enter into active recovery multiple times, but before buprenorphine, nothing worked.
14. I tried Vivitrol, but I had terrible side effects and could not stay on the treatment.
15. I also tried methadone, but it was unable to curb my cravings. I was forcibly withdrawn off of methadone while I was in prison, which was incredibly long and painful. I can never do that again.

16. I tried straight detox at least a dozen times, but I was never able to retain recovery for more than a few months because the cravings were still so strong.

Path to Active Recovery

17. In the spring of 2019, I was sick and tired of living with active addiction, and I had a strong will to dig myself out of the hole of drug use. So, in April 2019, I went to High Point Treatment Center to get treatment for my opioid use disorder. After asking me questions about my addiction and treatment history, my provider confirmed my opioid use disorder diagnosis and prescribed me 12 mg of buprenorphine per day. This treatment helped me to achieve active recovery from my opioid use disorder.

18. Before I got on the proper dose of buprenorphine, I was constantly craving opiates and was always thinking about getting high. It was nearly impossible to think about anything else. After I entered into active recovery on the proper dose of buprenorphine, I could finally focus on other aspects of life. The medication also helped alleviate my depression and anxiety. I found myself wanting to live again.

19. Between April and October 2019, I was able to rebuild my relationships with my family, who are all very supportive of my recovery. My parents have been married for 33 years and are a significant source of stability for me. My brother is my best friend. My active addiction had driven a wedge between me and my family, but my active recovery allowed me to reconnect with them as their son and brother.

20. Due to my active recovery, I also was able to return to my landscaping and masonry work. I liked using my hands, and I was proud to be building something. The work was physically taxing, but I was able to do it because I was finally feeling healthy. With the help of my buprenorphine treatment, I felt like I was finally able to move towards something positive.

Current Incarceration

21. Although buprenorphine helped me enter into active recovery from opioid use disorder, I still struggled with my addiction to benzodiazepines. In April 2019, I blacked out while using benzodiazepines. I awoke in a garage that I mistakenly thought belonged to my house.
22. I accepted responsibility for my actions and pled guilty to unarmed burglary. I was sentenced to three to four years in a state facility, and entered MCI-Cedar Junction on October 1, 2019.

Lack of Maintenance Treatment at Massachusetts Department of Correction Facilities

23. The day after I entered MCI-Cedar Junction, I saw a nurse in the medical unit. I told her that my doctor had prescribed 12 mg of buprenorphine per day to treat my opioid use disorder.
24. She called the doctor, who told the nurse that I would receive a 4mg dose for a 90-day taper. I was shocked and anxious when I learned that I would not be kept on my proper maintenance dose of buprenorphine, which had enabled me to finally enter active recovery.
25. No one gave me a medical reason for the decrease in my prescribed dose or the 90-day limit.
26. When I was finally able to see Dr. Hameed, she immediately told me that she would not answer any questions about Suboxone.
27. I was very worried about the fact that I was on the improper dose of my medication and that I would be removed from buprenorphine entirely after 90 days.
28. As a result, I told the doctor that I needed to go back to my proper 12 mg dose. She answered that she believed nobody needed to be on a dose of more than 4 mg. I then explained that my addiction is not limited to 90 days, so my treatment could not be limited to 90 days either. She answered that MCI-Cedar Junction provided buprenorphine for only 90 days at most. I told her that I thought I had a legal right to treatment, and she responded that she was not “scared to go to court.”

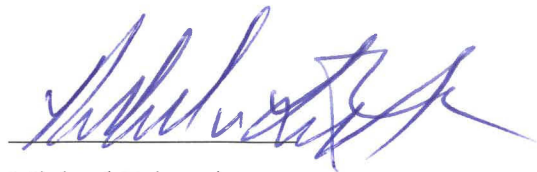
29. As far as I am aware, the medical providers at MCI-Cedar Junction tell all the patients who are prescribed buprenorphine for addiction treatment that we can only stay on buprenorphine for 90 days at most.
30. Every morning at MCI-Cedar Junction, the patients who take buprenorphine line up in the medical unit to receive our medication. We drink water, then take the crushed up tablets sublingually. We sit in the auditorium for ten minutes or so while the medication dissolves, then we drink water again. A guard then performs a mouth check with a flashlight to make sure nothing is left in our mouths.
31. The correctional officers make it difficult for us to receive our medication at MCI-Cedar Junction. I have heard officers call our medication line "the crack line." It is hard enough seeking access to treatment without this additional stigma and antagonism.
32. The patients at Cedar Junction who are prescribed buprenorphine are segregated into separate housing in Block 5. Those of us who are in Block 5 have little or no access to the programs and activities that are available to other prisoners, including drug counseling and prison work. At my community provider, I received counseling to complement my buprenorphine maintenance treatment, and I would like to participate in counseling during my period of incarceration. Access to prison programs and work opportunities is important not only for our wellbeing, but also because we can earn up to fifteen days per month of good-time sentence reduction credit.
33. I have not been able to get a job throughout my time on Block 5.
34. I have not been able to access drug and alcohol counseling throughout my time on Block 5.
35. I have not been able to have a contact visit with my family members throughout my time on Block 5.

36. Given what I heard from Dr. Hameed and what I have seen happen to other inmates, I have not filed any grievances because I am afraid it will make the experience worse. I know that people are bullied by the staff if they speak up and I don't want that to happen to me.
37. I heard that the providers suddenly stopped giving Andrew Consoli, another prisoner on Block 5, his medication for no reason. I heard that, when Andy complained about it, they punished him by putting him in the infirmary. The infirmary is a horrible place to be because you have to stay in a small, cement room, with a cement bed, and the lights are on all the time. It is also very isolated.
38. I am terrified that they will remove me from my buprenorphine treatment entirely if I file a grievance and as a result, I have stayed quiet.
39. On 4 mg, I have already felt many symptoms of withdrawal, like anxiety, flu-like symptoms, and restless legs.
40. I know that these symptoms will get even worse if I am removed from my medication entirely.
41. I am also very worried about relapsing while I am at a Massachusetts Department of Correction facility. If they take me off my medication, my cravings will return. I don't want to lose control again and re-enter active addiction. I know that illegal drugs are available in prisons. I am worried that, if someone offers me heroin or fentanyl in prison, I will not be able to say no. Since it has been so long since I have used opioids, I have no tolerance now. Given my relapse history, I am terrified of potentially overdosing either in prison or upon my release. That is my biggest fear.
42. I am also worried that, if I choose to purchase buprenorphine on the black market to avoid relapse and overdose, I will face DOC discipline for self-medicating.

43. Just a couple of weeks ago, I heard that someone who was on the buprenorphine program with me at Cedar Junction died of opioid overdose soon after being released from prison. I have heard that DOC did not give him a proper prescription for buprenorphine when he was released. That goes to show that in order to stay alive, we need DOC to provide us with our proper medication.
44. I have a lot to look forward to after I am released. The manager of the masonry company I was working with before I entered MCI-Cedar Junction said he would be happy to have me back when I am released. My nephew was born while I've been held here, and I can't wait to meet him after I go home. I want to make sure I can stay alive and maintain my active recovery while I am incarcerated so that I can continue my recovery on the outside.
45. I have already lost dozens of friends to the opioid crisis. I don't want to join them and cause my family that kind of pain.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on December 18, 2019

A handwritten signature in blue ink, appearing to read 'Michael Feinstein', written over a horizontal line.

Michael Feinstein