

had ‘Yoga for Dummies,’” Cosby recalled. “They also encouraged each other to walk the track in the yard and, on some occasions, managed to get together to do so.”

They also took care of each other in other ways. “We’d hang in the back of the line for someone who can’t move as fast,” Cosby recalled. “We’d literally just stand there with them.” For those without

financial support from family, women shared items—an action that could land them a Trafficking and Trading charge, along with time in solitary confinement. But they did it anyway, sometimes buying t-shirts and underwear for each other, or sharing food.

For women with limited mobility, others would make their beds or carry their items. If a woman can’t



reach the bathroom in time and soils herself or her bedding, Cosby said, “we don’t make a big deal about it. We just gather the sheets and wash them.”

If a woman was taken to the prison’s infirmary, prison rules prohibited her friends from visiting. But the women learned to be creative. They might file a sick call emergency, enabling them to go

to the clinic where they could check on their friend. Those who worked maintenance or outdoors made sure to knock on the window as they passed “so they know they haven’t been forgotten.”

That same creativity helps older incarcerated people everywhere continue to organize, making sure they aren’t forgotten either. ■

OPIOIDS: HOW TO STAY SAFE AND ALIVE

Opioids come from the opium poppy or are made synthetically in labs. Some examples include heroin, morphine, Percocet, oxycodone, Oxycotin, fentanyl, and tramadol. In the body, they chemically affect parts of your brain, producing a “high”—a feeling of wellbeing and euphoria. (Methadone is an opioid but does not produce the high.)

Opioids also affect the part of the brain that controls and slows down automatic breathing. Too much—whether street drug or prescription—will cause a loss of consciousness. It slows your breath until eventually, you stop breathing.

That’s how overdoses kill. And combining opioids with other drugs that cause sedation and slowing of breath, like alcohol or benzos, increases the danger of fatal overdose.

Regular use of opioids makes people crave more and more each day, tolerate higher amounts, and

become addicted. Going cold turkey sends people into opioid withdrawal, with stomach cramping, nausea, vomiting, aches, sweating, and dehydration.

The risk of opioid overdose is real in prison. If you take opioids that aren’t prescribed, you don’t know how pure they are, or how powerful. If you stop using opioids inside and get clean, when you get out of prison your tolerance for the drug is reduced. Then, if you take the same amount you used to take, just one dose can cause an overdose.

Street heroin and black-market opioid pills are often laced with fentanyl, which is hundreds of times more potent than other opioids. A tiny bit can cause an overdose.

Emergency responders can reverse overdose by breathing for the person and giving them Narcan (generic name: naloxone), which kicks the opioid off the receptors in the brain, so the person

starts breathing on their own and wakes up—often in withdrawal.

If you witness a person OD’ing, provide rescue breathing until help arrives. (Lay the person on their back; pinch their nostrils closed and cover their mouth with yours. Blow two even, regular breaths into their mouth to raise their chest. Then give a breath every five seconds.) It may save someone’s life.

Back on the street, people can request buprenorphine (Suboxone), a medication that reduces the craving and helps people stop using opioids. And methadone reduces cravings without producing a high. Most communities have programs for opioid use disorders, and many emergency responders carry Narcan kits. Prisons and jails should carry these lifesaving drugs too. A court recently ordered a Connecticut jail to provide methadone.

—Barbara Zeller, MD

