

ISUDT 3RD ANNUAL OUTCOMES REPORT

May 2024



Impacts of the Integrated Substance Use Disorder Treatment (ISUDT) Program
on Morbidity and Mortality



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

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Executive Summary

This report is the third annual Integrated Substance Use Disorder Treatment (ISUDT) Program Outcomes Report and provides an update on the status of program implementation, and seeks to determine if the program is continuing to achieve its goals of reducing substance use disorder (SUD)-related morbidity and mortality. Drug overdose death trends are presented as well as an examination of the impact of medication assisted treatment (MAT) adherence on a range of outcomes including overdose-related utilization of community hospital and emergency department services, and hepatitis C virus (HCV) re-infections. ISUDT Program goals remain focused on building departmental capacity to address SUDs as a chronic disease through a multi-divisional, collaborative delivery model.

There is one overdose death in the United States (U.S.) every four and a half minutes, and 2023 was the deadliest year on record with over 112,000 lives lost due to overdose.^{1 2 3 4} The U.S. and California have experienced year-over-year surges in overdose deaths between 2019 and 2023, with overdose deaths nationally remaining over 50% higher and over 115% higher in California than before the pandemic.^{5 6 7 8 9} ^{10 11} The national opioid crisis continues to be fueled by fentanyl, with fentanyl remaining the leading cause of death among Americans between the ages of 18 and 45. Notably, drug overdose deaths have resulted in a decrease in life expectancy among the U.S. population.^{12 13 14}

California has been significantly impacted by opioids, specifically fentanyl, with overdose death rates increasing by over 33% in 2020, and by almost 55% in 2021, and this surge continues with an additional 8% increase from August 2022 to August 2023.^{15 16 17} Fentanyl overdose death data from California counties are staggering with Los Angeles County, California's most populous county which contributes to over a third of all California Department of Corrections and Rehabilitation (CDCR) admissions, reporting over a 1,650% increase in fentanyl overdose deaths between 2016 and 2022.¹⁸ California remains at the epicenter of fentanyl trafficking in the U.S. with seizures at the San Diego border continuing to spike, increasing nearly 600% between 2021 and 2022, creating a pipeline of this deadly drug directly into California.^{19 20}

1 <https://www.cnn.com/2023/09/13/health/overdose-deaths-record-april-2023/index.html>

2 <https://www.npr.org/2023/12/28/1220881380/overdose-fentanyl-drugs-addiction>

3 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

4 https://www.cdph.ca.gov/programs/ccdphp/opioids/pages/landingpage.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_governor_mc_en&utm_term=na_na&utm_content=general&qad_source=1

5 <https://www.cnn.com/2023/09/13/health/overdose-deaths-record-april-2023/index.html>

6 <https://www.npr.org/2023/12/28/1220881380/overdose-fentanyl-drugs-addiction>

7 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

8 https://www.cdph.ca.gov/programs/ccdphp/opioids/pages/landingpage.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_governor_mc_en&utm_term=na_na&utm_content=general&qad_source=1

9 <https://www.commonwealthfund.org/blog/2023/us-overdose-deaths-remain-higher-other-countries-how-harm-reduction-programs-could-help#:~:text=Drug%20overdose%20deaths%20in%20the,drop%20in%20American%20life%20expectancy>

10 <https://www.npr.org/2023/12/28/1220881380/overdose-fentanyl-drugs-addiction>

11 <https://calmatters.org/health/2023/12/california-mental-health-fentanyl-crisis/>

12 https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20221222.htm

13 <https://www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html#:~:text=Deaths%20from%20drug%20overdoses%20remain%20higher%20than%20the,down%20overall%20life%20expectancy%20in%20the%20United%20States>

14 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10414597/#:~:text=National%20overdose%20mortality%20increased%20from,mortality%20to%20the%20pandemic%20period>

15 https://www.cdph.ca.gov/programs/ccdphp/opioids/pages/landingpage.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_governor_mc_en&utm_term=na_na&utm_content=general&qad_source=1

16 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

17 [https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH Document Library/MortalityDataBriefFinalADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/MortalityDataBriefFinalADA.pdf)

18 <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/FentanylOverdosesInLosAngelesCounty.pdf>

19 <https://voz.us/california-fentanyl-seizures-increased-by-600-in-2022/?lang=en>

20 <https://www.justice.gov/usao-sdca/pr/fentanyl-seizures-border-continue-spike-making-san-diego-national-epicenter-fentanyl>

CDCR began implementation of the ISUDT Program in January 2020 to address SUDs, with a targeted focus on identifying and treating opioid use disorder (OUD) among California's state prison population to reduce historically high rates of SUD-related morbidity and mortality. Initially, the ISUDT Program focused on establishing program infrastructure and assessing and treating incarcerated individuals who were entering CDCR already on MAT, high-risk individuals within CDCR, and individuals releasing within 15 to 24 months. In Fiscal Year (FY) 2022-23, CDCR began implementation of the next phase of the ISUDT Program and has implemented, to varying degrees, all five program components and has expanded access to treatment to CDCR's entire population including: 1) SUD Screening and Assessment; 2) MAT; 3) Behavioral Interventions (Cognitive Behavioral Interventions – CBI and Cognitive Behavioral Therapy – CBT); 4) Supportive Housing; and 5) Enhanced Pre-Release Planning and Transition Services.

Since implementing the ISUDT Program, CDCR has made significant progress identifying and treating SUDs among our population. However, the Department is not immune to the overdose crisis occurring nationally and in California. OUD prevalence among CDCR's population remains high, at approximately 30%, meaning a significant proportion of CDCR's population are high-risk for overdose death. In addition, positive urine drug screen results for fentanyl among CDCR's population increased by more than 4-fold between 2020 and 2023, and more people are arriving to CDCR from county jails positive for fentanyl. This increase is attributable to more urine drug screens being conducted and an increase in the proportion positive for fentanyl. Notably, fentanyl seizures within CDCR have increased over 11,000% from 2019 to 2023, with just under 13 grams seized in 2019 to over 1,500 grams seized in 2023.

Given the proliferation of fentanyl, coupled with high OUD prevalence, combating overdose deaths within CDCR remains a challenge. The overdose death rate among CDCR's population in 2022 is similar to but slightly higher than the 2019 rate, prior to ISUDT Program implementation (53 overdose deaths per 100,000 in 2019 compared to 55 overdose deaths per 100,000 in 2022, representing a 4% increase). Of importance, although the 2022 overdose death rate is slightly higher than the 2019 rate, there were more overdose deaths in 2019, and 2019 remains CDCR's record year for overdose deaths. Specifically, there were 64 overdose deaths in 2019 and 53 overdose deaths in 2022. The rate in 2022 appears higher than in 2019 because CDCR's population was larger in 2019 but the actual number of overdose deaths in 2022 is lower than in 2019.

Fentanyl is the main driver of overdose deaths within CDCR, increasing by nearly 3-fold between 2019 and 2022 (from 15 fentanyl overdose deaths per 100,000 in 2019 to 41 fentanyl overdose deaths per 100,000 in 2022). In 2022, 85% of overdose deaths among CDCR's population involved an opioid, and of the deaths from opioids, 89% involved fentanyl, which is consistent with community trends. Despite the increased number of fentanyl overdose deaths among CDCR's population, the Department did not have the year-over-year surges in overall overdose deaths experienced in the U.S. or in California. This finding suggests access to MAT within CDCR is having an impact on the number of people dying from overdoses, and leveraging national estimates, it is likely that 50% more people would have died in CDCR of drug overdoses without MAT – meaning MAT within CDCR is improving SUD-related health outcomes and is continuing to save lives.²¹

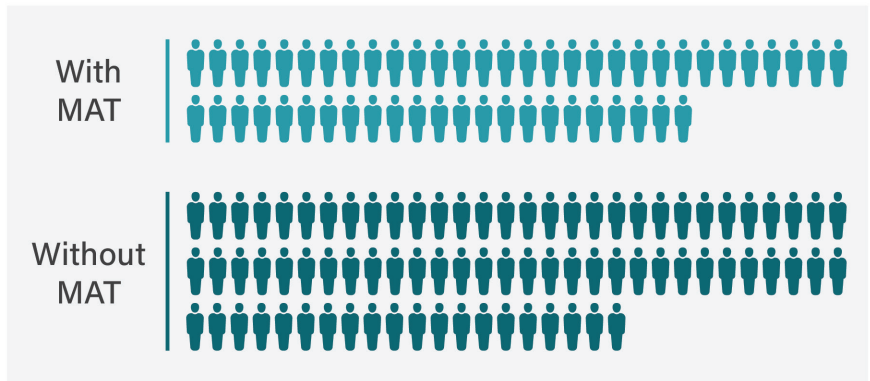
²¹ https://www.ncbi.nlm.nih.gov/books/NBK538936/pdf/Bookshelf_NBK538936.pdf

MAT Within CDCR Saves Lives

50%

more people would have died of overdose in CDCR without MAT

53 lives were lost due to overdose within CDCR in 2022, and this number would have likely been **80** or more without MAT



Implementation of the ISUDT Program has improved access to SUD treatment within CDCR, and aligns our treatment practices with community standards of care. The ISUDT Program continues to achieve its goals of reducing SUD-related morbidity and mortality.

Key Outcomes



MAT saves lives with over 80% of overdose deaths in CDCR occurring among people with OUD not on MAT.



6X higher rate of overdose among those who skip doses of MAT compared to those who received all doses.



Significant proportions of high-risk, vulnerable populations (Transgender individuals and people with developmental disabilities) **are being linked to MAT** (approximately 35% and 36% respectively).



71% decrease in the prevalence of active HCV infection among CDCR's population resulting from HCV and ISUDT Program expansion and integration.



29% reduction in community hospitalizations and emergency department visits among those with OUD who were **prescribed** MAT.



Over 1,600 lives saved within CDCR in 2023 from naloxone administration.



76% reduction in community hospitalizations and emergency department visits among those with OUD who were **adherent** to MAT.



83% of people released in 2023 with a SUD received treatment prior to release.

Introduction & Background

The National Overdose Crisis & the Catastrophic Effects of Fentanyl

In 2023, the U.S. experienced another devastating year for drug overdose deaths. While the increase in overdose deaths nationally is beginning to slow compared to the sharp increases observed in recent years, Centers for Disease Control and Prevention (CDC) data show that for the first time in U.S. history, overdose deaths peaked over 112,000.^{22 23 24} Between 2019 and 2023, overdose deaths surged in the U.S. increasing 30% between 2019 and 2020, and an additional 15% between 2020 and 2021, reaching a record of over 110,000 lives lost due to overdose by year-end 2022. Provisional CDC data from 2023 show another 3% increase – surpassing the previous record from March 2022.^{25 26 27 28}

Both nationally and in California, opioids and specifically fentanyl, continue to have catastrophic effects, and consistent with prior years, are responsible for the majority of all overdose deaths. In the twelve-month period ending in January 2022 (the most recent provisional CDC opioid data available), opioids were responsible for approximately 75% of overdose deaths with roughly 89% of these deaths attributable to synthetic opioids (primarily fentanyl).²⁹ Western states in particular, including California, have had a surge in overdose deaths with over 7,000 people dying from an opioid overdose, and more than 21,000 emergency department visits in California related to opioid overdoses in 2022. Fentanyl is responsible for 87% of these deaths with opioid-related (including fentanyl) overdose death rates in California increasing by over 33% in 2020, and by almost 55% in 2021.^{30 31 32} Preliminary data from 2023 indicate the surge in overdose deaths in California continues, increasing an additional 8% from August 2022 to August 2023.^{33 34}

Furthermore, many California counties are struggling to address the significant increases in fentanyl overdoses occurring across the state. Specifically, between 2016 and 2022, Los Angeles County (California's most populous county which contributes to over a third of all CDCR admissions), saw a 1,652% increase in fentanyl overdose deaths, a 621% increase in fentanyl overdose emergency department visits, and a 225% increase in fentanyl overdose hospitalizations.³⁵ In 2023, San Francisco County reported nearly 800 overdose deaths – its deadliest year on record, and declared a state of emergency in the Tenderloin District as a result of the proliferation of fentanyl in the area.³⁶ Fentanyl was a factor in more than 81% of overdose deaths in San Francisco County – up from 74% in 2021 and 70% in 2022. Notably, nearly one-third of people in San Francisco County who died from an overdose were

22 <https://www.commonwealthfund.org/blog/2023/us-overdose-deaths-remain-higher-other-countries-how-harm-reduction-programs-could-help#:~:text=Drug%20overdose%20deaths%20in%20the,drop%20in%20American%20life%20expectancy>

23 <https://www.npr.org/2023/12/28/1220881380/overdose-fentanyl-drugs-addiction>

24 <https://calmatters.org/health/2023/12/california-mental-health-fentanyl-crisis/>

25 <https://www.cnn.com/2023/09/13/health/overdose-deaths-record-april-2023/index.html>

26 <https://www.npr.org/2023/12/28/1220881380/overdose-fentanyl-drugs-addiction>

27 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

28 https://www.cdph.ca.gov/programs/ccdphp/opioids/pages/landingpage.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_governor_mc_en&utm_term=na_na&utm_content=general&qad_source=1

29 https://oneill.law.georgetown.edu/wp-content/uploads/2023/02/ONL_Revised_50_State_P5.pdf

30 https://www.cdph.ca.gov/programs/ccdphp/opioids/pages/landingpage.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_governor_mc_en&utm_term=na_na&utm_content=general&qad_source=1

31 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

32 [https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH Document Library/MortalityDataBriefFinalADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/MortalityDataBriefFinalADA.pdf)

33 https://www.cdph.ca.gov/programs/ccdphp/opioids/pages/landingpage.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_governor_mc_en&utm_term=na_na&utm_content=general&qad_source=1

34 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

35 <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/FentanylOverdosesInLosAngelesCounty.pdf>

36 <https://sfmayor.org/article/mayor-london-breed-declares-state-emergency-tenderloin>

unhoused. Narcan is being widely distributed in an effort to combat these grim statistics.³⁷

Across jurisdictions, incarcerated and formerly incarcerated individuals continue to be disproportionately impacted by OUD, and are at high-risk of overdose death during incarceration and following release – necessitating the need for access to MAT.^{38 39 40 41} Drug and alcohol overdose is the third leading cause of death in jails, and is the leading cause of death post-release.⁴² While updated national statistics are not yet available for overdose deaths among correctional institutions, state-level data indicate the national trend in fentanyl overdose deaths in the community are reflected among incarcerated populations with some jurisdictions reporting increases in overdoses and overdose deaths between 20 to 60%.^{43 44 45 46 47 48}

49

The overdose death rate among CDCR’s population in 2022 is similar to but slightly higher than the 2019 rate, prior to ISUDT Program implementation (53 overdose deaths per 100,000 in 2019 compared to 55 overdose deaths per 100,000 in 2022, representing a 4% increase). Although the 2022 overdose death rate is slightly higher than the 2019 rate, there were more overdose deaths in 2019, and 2019 remains CDCR’s record year for overdose deaths. CDCR calculates overdose death rates per 100,000 (based on the total institution population) to enable year-to-year comparisons and comparisons with other jurisdictions. However, it is also critically important to examine the actual number of overdose deaths that occurred over time, and not just the rates. The actual count of overdose deaths shows there were 64 overdose deaths in 2019 and 53 overdose deaths in 2022. The rate in 2022 appears higher than in 2019 because CDCR’s population was larger in 2019 but the actual number of overdose deaths in 2022 is lower than in 2019.

Fentanyl is responsible for a significant majority of overdose deaths within CDCR, increasing by nearly 3-fold between 2019 and 2022 (from 15 fentanyl overdose deaths per 100,000 in 2019 to 41 fentanyl overdose deaths per 100,000 in 2022). In 2022, 85% of overdose deaths among CDCR’s population involved an opioid, and of the deaths from opioids, 89% involved fentanyl, which is consistent with community trends.

Furthermore, positive urine drug screen results for fentanyl among CDCR’s population increased by more than 4-fold between 2020 and 2023, and more people are arriving to CDCR from county jails positive for fentanyl. This increase is attributable to more urine drug screens being conducted and an increase in the proportion positive for fentanyl. Departmental data show fentanyl seizures within CDCR have increased over 11,000% from 2019 to 2023, with just under 13 grams seized in 2019 to over 1,500

37 <https://www.sfpublicpress.org/2023-is-san-franciscos-deadliest-year-on-record-for-drug-overdoses/>

38 <https://www.vera.org/publications/overdose-deaths-and-jail-incarceration/national-trends-and-racial-disparities#:~:text=The%20ways%20that%20incarceration%20contributes,health%20care%20and%20social%20supports>

39 <https://nida.nih.gov/publications/drugfacts/criminal-justice>

40 <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>

41 <https://jaapl.org/content/early/2021/08/02/JAAPL.200127-20>

42 <https://www.ncchc.org/position-statements/naloxone-in-correctional-facilities-for-the-prevention-of-opioid-overdose-deaths-2020/#:~:text=Drug%2FAlcohol%20overdose%20is%20the,jails%2C%20following%20illness%20and%20suicide.&text=Furthermore%2C%20the%20risk%20of%20death,release%20from%20prison%20or%20jail.&text=Opioid%20overdose%20results%20in%20death%20from%20coma%20and%20cessation%20of%20breathing>

43 <https://www.vera.org/publications/overdose-deaths-and-jail-incarceration/national-trends-and-racial-disparities#:~:text=The%20ways%20that%20incarceration%20contributes,health%20care%20and%20social%20supports>

44 <https://www.npr.org/2021/07/15/1015447281/overdose-deaths-state-prisons-increase>

45 <https://bjs.ojp.gov/content/pub/pdf/msfp0119st.pdf>

46 <https://www.governing.com/health/drug-overdoes-deaths-in-missouri-prison-system-up-19>

47 <https://www.kansascity.com/news/state/missouri/article267678657.html>

48 <https://www.azfamily.com/2023/08/02/maricopa-county-sheriff-penzone-discuss-drugs-jails-recent-lake-tragedies-more/>

49 https://tulsaworld.com/news/local/crime-courts/tulsa-county-jail-is-microcosm-of-rising-national-fentanyl-epidemic/article_5269f2c4-9f89-11ee-988a-ff415c48744c.html

grams seized in 2023. The actual amount of fentanyl making its way into CDCR is likely much higher. These data are supported by CDCR's SUD prevalence estimates that show OUD prevalence among our population is high, at approximately 30%, meaning a significant proportion of CDCR's population are high-risk for overdose death. Given the proliferation of fentanyl, coupled with high OUD prevalence, combating overdose deaths within CDCR remains a challenge. However, data presented in this report shows access to MAT within CDCR is mitigating overdose deaths and improving other health outcomes. Of significance, overdose deaths among CDCR's population have not increased at rates experienced in the U.S., in California, or in other nearby western states which is a further indication of the efficacy of the ISUDT Program, specifically MAT.⁵⁰

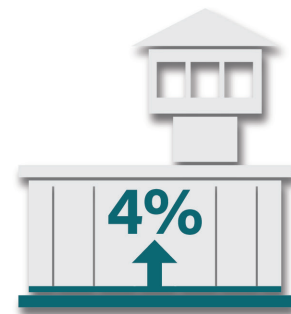
Increase in Overdose Deaths



increase in the U.S.
since before the
pandemic



115%
increase in
California since
before the pandemic



increase in CDCR in 2022
since before the pandemic,
significantly lower than U.S.
and California

This report is intended to provide a program implementation status update, and to assess ISUDT's impact on morbidity and mortality for individuals receiving MAT services. For the first time, this report presents SUD prevalence estimates among CDCR's population. The information in this report provides a picture of ISUDT's progress and potential areas for process improvements. As the ISUDT Program continues to mature, and as additional data becomes available, the Department will expand, update, and refine reporting and evaluation efforts. Data presented in this report may differ slightly from data previously reported as the Department seeks to include the most up-to-date data available.

⁵⁰ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Fentanyl Seizures

Data show the national overdose crisis is being fueled by fentanyl with the Federal Drug Enforcement Administration (DEA) calling fentanyl “the single deadliest threat our nation has ever faced”, and stated fentanyl is everywhere and no community in the U.S. is safe from it.⁵¹ Drug traffickers are mixing fentanyl with other illicit drugs to make drugs cheaper, and more powerful and addictive with many victims of fentanyl overdose unaware they have consumed the drug. Fentanyl is extremely potent and is up to 50 times stronger than heroin and 100 times stronger than morphine.^{52 53} In 2023, the DEA seized more than 77 million fentanyl pills and nearly 12,000 pounds of fentanyl powder surpassing the previous record from 2022. This is the most fentanyl seized by the DEA in a single year and amounts to more than 386 million deadly doses of fentanyl—enough to kill every American.⁵⁴ California remains at the epicenter of fentanyl trafficking in the U.S. with seizures at the San Diego border continuing to spike, increasing nearly 600% between 2021 and 2022, creating a pipeline of this deadly drug directly into California. Many California cities are increasing law enforcement efforts to seize fentanyl.^{55 56 57 58}

California Remains at the Epicenter of Fentanyl Trafficking in the U.S.



51 <https://www.dea.gov/fentanylawareness>

52 <https://www.dea.gov/press-releases/2023/08/17/dea-recognizes-national-fentanyl-prevention-and-awareness-day-extended>

53 https://www.cdph.ca.gov/programs/ccdphp/sapb/pages/fentanyl.aspx?utm_source=dc_gs&utm_medium=paidsearch&utm_campaign=dc_ope_always-on_mc_en&utm_term=na_na&utm_content=fentanyl&gad_source=1

54 <https://www.dea.gov/press-releases/2024/01/18/year-review-dea-innovates-fight-fentanyl>

55 <https://www.gov.ca.gov/2023/12/22/sf-operation-2023-update/#:~:text=Making%20San%20Francisco%20Safer%3A%20State,Doses%20of%20Fentanyl%20in%202023&text=WHAT%20YOU%20NEED%20TO%20KNOW,special%20operation%20began%20in%20May>

56 <https://www.justice.gov/usao-sdca/pr/fentanyl-seizures-border-continue-spike-making-san-diego-national-epicenter-fentanyl>

57 <https://www.cbp.gov/newsroom/local-media-release/border-patrol-agents-seize-more-35-million-fentanyl>

58 <https://www.justice.gov/usao-sdca/pr/fentanyl-seizures-border-continue-spike-making-san-diego-national-epicenter-fentanyl>

Status of Implementation & Populations Served

ISUDT Program Scope and Goals

The opioid crisis occurring within the U.S. and specifically in California is life-threatening and is associated with a 20-fold greater risk of early death due to overdose, infectious disease transmission, trauma, and suicide.^{59 60} This crisis continues to impact individuals incarcerated within CDCR, which has had historically high overdose death rates prior to the implementation of the ISUDT Program. Opioids, primarily fentanyl, continue to be the main driver of overdose deaths among CDCR's population, and comprise increased proportions of these deaths – demonstrating the ongoing urgency for continued screening, assessment, and linkage to SUD treatment (specifically MAT) during incarceration.

CDCR began implementation of the ISUDT Program in January 2020 to address SUDs, with a targeted focus on identifying and treating OUD among California's state prison population to reduce morbidity and mortality. Initially, the ISUDT Program focused on establishing program infrastructure and assessing and treating incarcerated individuals who were entering CDCR already on MAT, high-risk individuals within CDCR, and individuals releasing within 15 to 24 months. In Fiscal Year (FY) 2022-23, CDCR began implementation of the next phase of the ISUDT Program and has implemented, to varying degrees, all five program components and has expanded access to treatment to CDCR's entire population including: 1) SUD Screening and Assessment; 2) MAT; 3) Behavioral Interventions (CBI and CBT); 4) Supportive Housing; and 5) Enhanced Pre-Release Planning and Transition Services.

Program goals remain focused on building departmental capacity to address SUD as a chronic disease through a multi-divisional, collaborative delivery model to reduce SUD-related morbidity and mortality, supporting the creation of a rehabilitative environment which improves safety for incarcerated people and staff, and supporting successful reintegration of individuals into their community at the time of release.

Understanding the Population We Serve

The ISUDT Program has helped CDCR to recognize SUD as a treatable, chronic disease defined by a persistent pattern of substance use and related health and social problems.⁶¹ In particular, the program continues to focus on the provision of OUD treatment during incarceration with the use of MAT. Chronic substance use is associated with physical changes in the brain that impact brain functioning, emotions, and behavior and often require the use of medication, specifically buprenorphine, to address the cravings, reactivity, tolerance, and withdrawal associated with the short- and long-term characteristics of the disease.^{62 63 64} MAT bridges the biological and behavioral mechanisms of addiction, and research indicates medication can successfully treat OUD and help sustain recovery. When used as prescribed, MAT stabilizes brain chemistry and reduces cravings which reduces illicit use of opioids.^{65 66}

59 <https://www.nationalacademies.org/our-work/medication-assisted-treatment-for-opioid-use-disorder>

60 [https://www.cdc.gov/mmwr/volumes/72/wr/mm7226a4.htm#:~:text=In%202022%2C%20provisional%20data%20indicated,\(IMFs\)%20\(1\)](https://www.cdc.gov/mmwr/volumes/72/wr/mm7226a4.htm#:~:text=In%202022%2C%20provisional%20data%20indicated,(IMFs)%20(1))

61 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797101/>

62 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4899042/>

63 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4899040/>

64 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797101/#b12-ascp-04-1-45>

65 https://www.opioidlibrary.org/wp-content/uploads/2019/06/NCBH_MAT_MythsVFacts.pdf

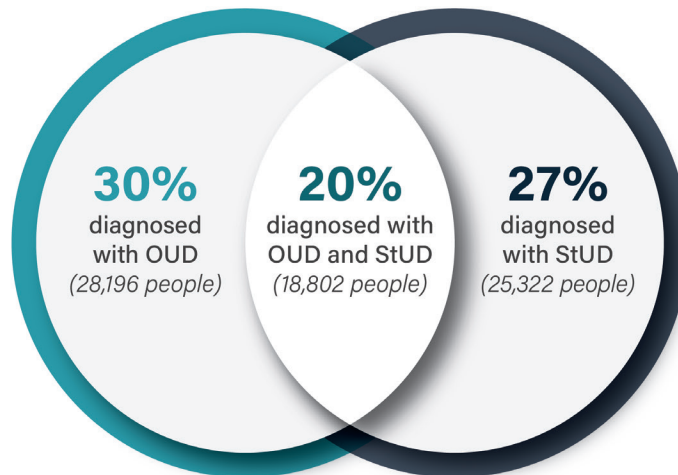
66 <https://www.lac.org/assets/files/Myth-Fact-for-MAT.pdf>

Prior to ISUDT Program implementation, CDCR did not have processes or the infrastructure to systematically screen, assess, or link incarcerated individuals to SUD treatment. In addition, prior to ISUDT, MAT was only available in a limited capacity through pilot projects at three institutions, and not all FDA-approved medications were available to treat OUD.⁶⁷ Notably, CBIs were not standardized across institutions - making it extraordinary difficult to support service continuity when people transferred throughout CDCR. In addition, CBT was not available to address co-occurring trauma and SUDs. With the implementation of the ISUDT Program, identification and linkages to evidence-based treatments (MAT, CBI, CBT) are now integrated into departmental processes. Individuals are screened, assessed, and linked to SUD treatment and services at intake into CDCR and throughout the course of their incarceration. Now, all forms of FDA-approved medications are available to treat OUD and alcohol use disorder (AUD), and CBI and CBT are standardized across institutions using evidence-based curriculum. Implementation of the ISUDT Program represents significant progress for the Department in improving access to SUD treatment and aligns SUD treatment practices within CDCR with community standards of care.

It is important to identify SUD prevalence among CDCR's population and develop a picture of those receiving services in order for CDCR to fully understand the complex treatment needs of our population and to inform service provision. National SUD prevalence estimates were used as a baseline to develop the ISUDT Program. These estimates show 65% of the U.S. prison population meets the clinical definition for having a SUD, and another 20% did not meet the clinical criteria for a SUD, but were under the influence of drugs or alcohol at the time of their crime.^{68,69} OUD prevalence among incarcerated individuals nationally is high, estimated at roughly 25%.^{70,71} CDCR SUD prevalence estimates show OUD prevalence is high among our population (nearly 30%), with AUD and stimulant use disorder (StUD) at roughly 25%, respectively, and polysubstance use (OUD and StUD) at nearly 20% (See Appendix B for a detailed summary and description of the methodology). Opportunities for outreach and linkage to services for individuals who may have SUD that have not been assessed include those with a diagnosis, self-disclosed frequent substance, or a SUD-related emergency department visit or hospitalization.

Figure 1: SUD Prevalence Among CDCR's Population

December 2023



67 <https://cchcs.ca.gov/wp-content/uploads/sites/60/Reports/MAT-Final-Legislative-Report-Final-3-1-2019.pdf>

68 <https://nida.nih.gov/publications/drugfacts/criminal-justice>

69 <https://nida.nih.gov/publications/drugfacts/criminal-justice#:~:text=There%20are%20high%20rates%20of,involving%20drugs%20or%20drug%20use>

70 <https://bjs.ojp.gov/document/oudstlj19.pdf>

71 <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>

In order for the ISUDT Program to ensure CDCR is reaching the populations in need of services, ISUDT participant demographic data was compared to CDCR's total population data for 2023. This analysis is preliminary as it did not account for SUD prevalence among the various demographic groups. While it did not reveal any significant disparities in access to SUD treatment, and determined that significant proportions of several high-risk, vulnerable populations are being linked to care, it did reveal opportunities for continued outreach.

ISUDT services, and in particular MAT, are available at all institutions on all yards, with data showing a significant proportion of CDCR's population (22%) received MAT (26,550) in 2023. Although Black individuals are overrepresented in CDCR's total population (at 46%), only 11% participated in MAT (3,641). This finding is consistent with community data that show Black individuals are disproportionately impacted by OUD and are less likely to access treatment and represents an opportunity for focused outreach within CDCR which will include leveraging the Peer Support Specialist Program.⁷²

An additional preliminary but notable finding shows that although the Transgender/Non-Binary/Other population is only 2% of CDCR's total population, 35% received MAT, and 19% attended CBI SUD. This finding is noteworthy as community data show SUDs are highly prevalent among Transgender populations – meaning CDCR is linking this vulnerable population to SUD treatment at high rates.⁷³ In addition, the percentage of individuals with a physical disability who received MAT (20%) and attended CBI SUD (13%) was consistent with CDCR's population (22% received MAT, 14% attended CBI SUD). Individuals with developmental disabilities received MAT at a high rate (36%) which is also an important finding as people with developmental disabilities are at high risk for SUDs, and these data show they are accessing treatment within CDCR at high proportions (See Appendix A).⁷⁴

CDCR continues to lead the way in implementing and maintaining evidence-based practices in SUD treatment including MAT. MAT acceptance rates among CDCR's eligible population remain high at 84%. The transformations observed as a result of the ISUDT Program provide further support for the necessity of SUD treatment that includes

“ This treatment saves lives and helps young people like me be a part of something more, learn things I'd never learn on my own. Thanks ISUDT!!! ”

- *California Men's Colony Program Participant*

medication(s) for OUD in order to prevent fatal and non-fatal overdoses and health complications associated with SUDs within CDCR and upon reentry. The Biden Administration's National Drug Control Strategy established a goal of increasing the number of jails and prisons offering MAT by 50% by 2025.⁷⁵ This goal comes at a critically important time given increases in fentanyl-related overdose deaths nationally, in California, and among CDCR's population.⁷⁶ CDCR remains at the forefront of SUD treatment and continues to make progress toward reducing stigma and normalizing SUD as a treatable chronic condition. Since inception in January 2020, the ISUDT Program has provided services to more incarcerated people than any other incarceration-based SUD treatment program in the nation (See Figure 2 below).⁷⁷

72 <https://store.samhsa.gov/sites/default/files/pep20-05-02-001.pdf>

73 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8945921/>

74 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8334640/>

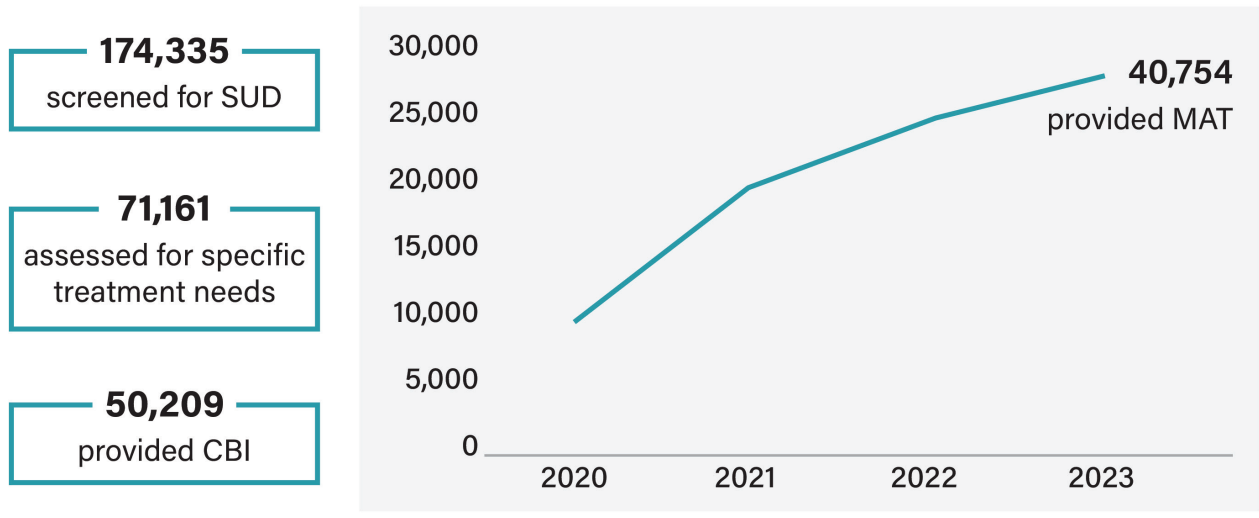
75 <https://www.whitehouse.gov/wp-content/uploads/2023/03/2023-Performance-Review-System-Report-Final.pdf>

76 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

77 <https://cchcs.ca.gov/wp-content/uploads/sites/60/MAT-in-United-States-Jails-and-Prisons-Final.pdf>

Figure 2: CDCR's Population Who Received ISUDT Program Services

January 2020 - December 2023

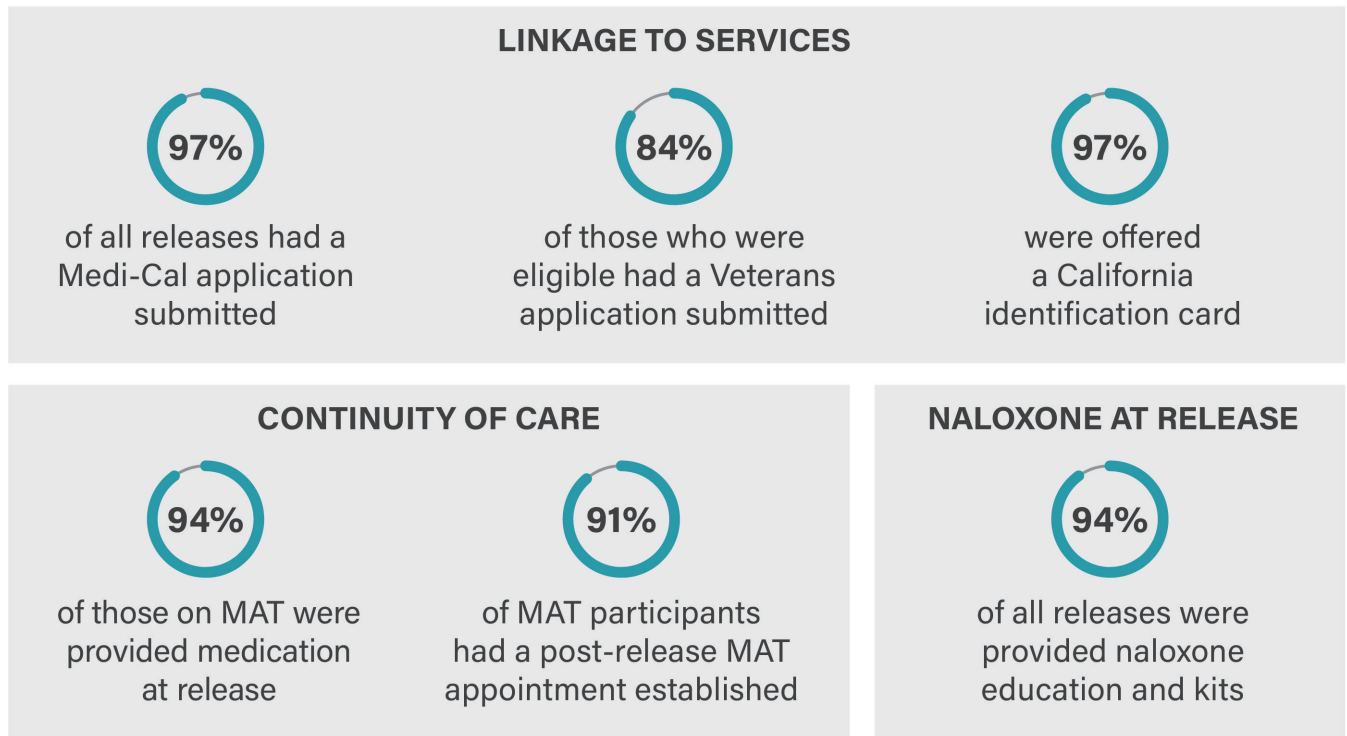


Prioritizing Post-Release Linkage to Services

The Department continues to focus on pre- and post-release efforts to decrease the risk of overdose death, increase the chances of sustained sobriety, and improve health and behavioral health outcomes among individuals preparing to reenter their communities by prioritizing linkage to services.

Figure 3: Enhanced Pre-Release & Transition Services

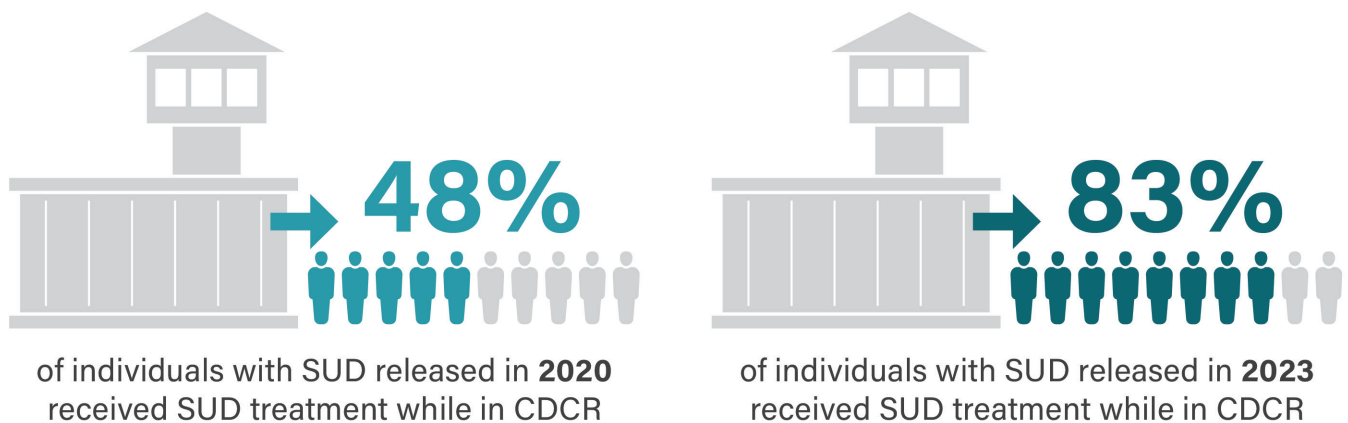
Data December 2023



A Snapshot of CDCR Releases with SUD

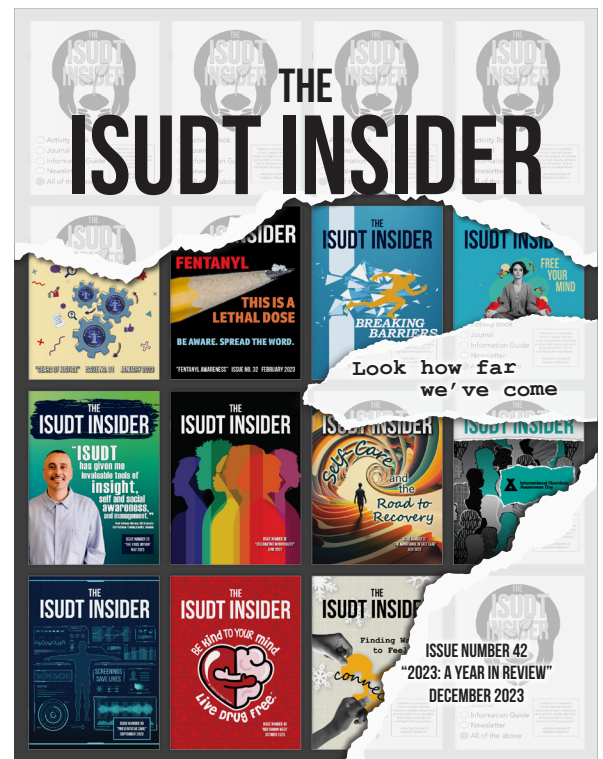
Significantly more people receive SUD treatment prior to release than before ISUDT implementation. Of the nearly 13,000 individuals with a SUD released in 2023, 83% received SUD treatment while in CDCR (10,769 individuals). Relatedly, the number of individuals on MAT at the time of release has steadily increased since 2020, and by year-end 2023, nearly 50% of individuals with SUD were active MAT participants at the time of release (6,109 individuals). This is of particular importance as research shows starting medications for OUD prior to release and continuing MAT during reentry reduces the risk of overdose death by 75%.⁷⁸

Figure 4: Comparison of Releases who Received SUD Treatment



Communication & Outreach Efforts

The Department continues to champion growth in recovery through the ISUDT Insider, a monthly newsletter-style publication which aims to reduce stigma around SUD, share tips and facts about the disease, increase engagement in treatment, and support a network for shared experiences and insights. Themes in 2023 included fentanyl awareness, understanding the Board of Parole Hearings approach to ISUDT participants, social work, self-care, International Overdose Awareness Day, preventive care, and finding ways to stay connected with family. As of December 31, 2023, the Department has distributed over 740,000 printed copies of the ISUDT Insider to program participants across the state and received over 1,100 individual responses with tips for best practices in recovery, personal anecdotes, artistic contributions, and feedback on how the ISUDT Program has impacted incarcerated people's lives and their recovery. In addition, 58 incarcerated people across the state have shared their interest in being personal correspondents to the newsletter to contribute a larger role in sharing words and images of inspiration throughout California prisons.



⁷⁸ <https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose/>

“Recovery is a process. However, for this process to begin, one must be willing and receptive towards accepting accountability for ourselves as well as the ripple effect of our addiction,” one such correspondent at California Correctional Institution wrote to express their interest in a more active role. “Everyone’s experience is unique in its own way. From those experiences we’re granted the ability to assist others seeking change. By sharing, we all take a more active role. That gives others the courage to share their own story and begin the journey towards change and recovery. Remember, seek progress, not perfection!”

“I have a good grasp of what it takes to turn things around and a relatability with other (SUD patients) that can really make a difference in my community,” another correspondent from North Kern State Prison wrote.

“As far as how ISUDT has impacted my life, well it has saved my life. I once was extremely depressed and suicidal. I’ve had four attempts before I started this program and boy, I was a trainwreck,” a program participant at California Health Care Facility also explained. “Now I’m doing so much better. I’m able to focus and my cravings aren’t stressing me out physically and mentally. Because of ISUDT, I can function.”

ISUDT Program Implementation – What’s Coming Next

In early January 2024, short-term programming was phased in at selected CDCR institutions – North Kern State Prison and Central California Women’s Facility for those who arrive at CDCR who are identified with a SUD, have less than 6-months to serve and would otherwise not have access to services due to their short sentences. The Department is working on launching additional short-term programming groups during 2024 and expects full implementation by June 2024.

The Department has made great progress implementing the Peer Support Specialist Program which was initiated at five CDCR institutions in 2023 – Avenal State Prison, Calipatria State Prison, Central California Women’s Facility, California Medical Facility, and Valley State Prison. The Peer Support Specialist Program seeks to train incarcerated

“ This program is helping me to finally make the right choice in my life. I’m ready to get sober and serious about my life. I have help and support. I think I’ll be able to stay on the right path and succeed. ”

- *Central California Women’s Facility Program Participant*

individuals to use their lived experiences to mentor and support their peers during incarceration with links to post-release employment opportunities. The program will be used to conduct peer outreach and education to increase treatment engagement and retention among hard to reach populations such as members of the Black community within CDCR. This program component has been well received by staff and incarcerated persons receiving over 600 initial applications from the population, accepting 246 training participants, 150 of which are for paid positions and 96 trained volunteers are waitlisted to support vacancies. Phase 1 Training commenced in December 2023, and is in progress. The Peer Support Specialist Program plans to scale to all institutions over the next two FYs and has a nexus to aftercare and Supportive Housing as well as other rehabilitative initiatives.

The Department is working to implement aftercare in some Supportive Housing locations as well as other locations for those who complete SUD-focused CBI to provide relapse prevention and to support ongoing recovery. Progress toward implementation includes contract amendments, curriculum procurement, and Alcohol and Other Drug counselor training. Establishment of Milestone Completion Credits for aftercare and linking this program component to the Peer Support Specialist Program are in progress with implementation projected for late 2024.

Supportive Housing has been initiated at all CDCR institutions in some capacity. Of the nearly 14,600 occupied Supportive Housing beds, over 6,200 are occupied by current and former ISUDT participants. In 2024, the Department will continue to work on integrating Supportive Housing with the Peer Support Specialist Program.

Through the ISUDT Program, the Department has initiated CBT groups to address co-occurring trauma and addiction for individuals in CDCR's population worsening or not progressing in treatment. In 2023, CBT groups were implemented at 11 institutions, with plans to implement at the remaining institutions in 2024.

ISUDT is more than a (Substance Use Disorder Treatment) Program

ISUDT has given me invaluable tools of insight, self, and social awareness, and management. Through the concepts of addictive thinking patterns and criminal thinking patterns, I learned a lot about my thoughts, feelings, and behaviors. More importantly, I learned about the characterological traits that played a role throughout my life and into my life crime. Having internalized the concepts of the program, I apply them in all that I do. Simply put, ISUDT has given me TRANSFORMATION (renewing of the mind).

- Correctional Training Facility Participant and CBI Graduate

ISUDT Program Impacts

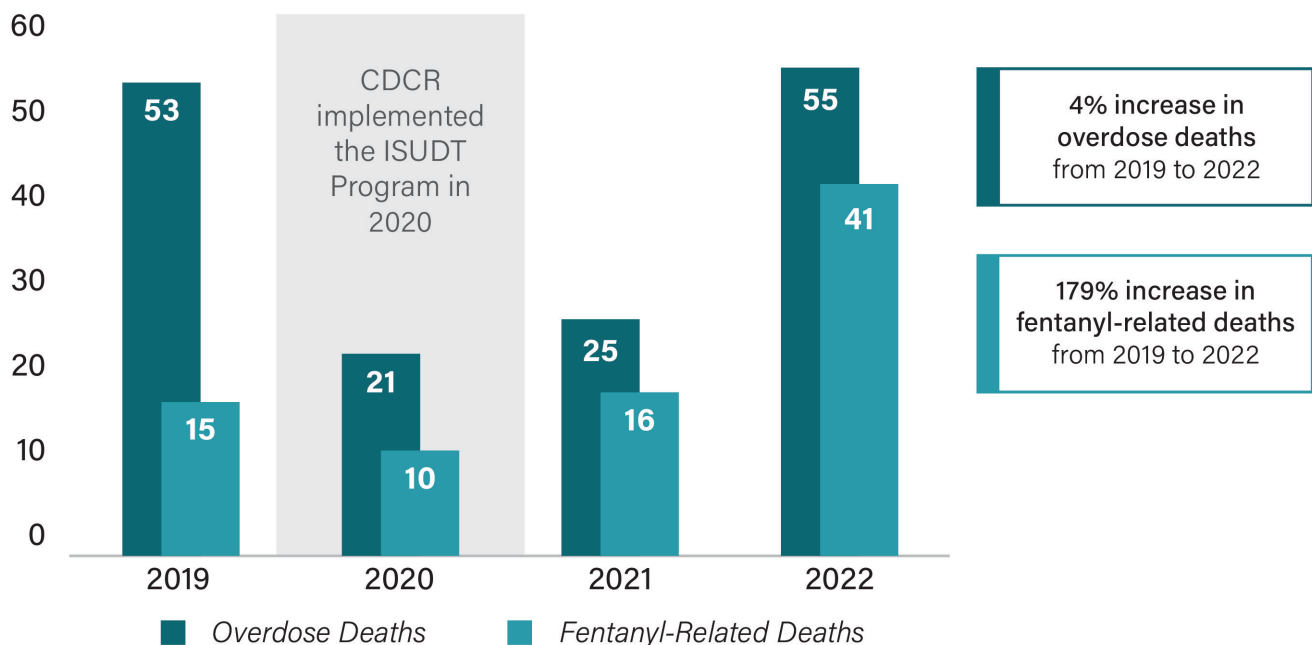
This section of the report presents analyses of drug overdose death trends and assesses the impact of MAT on drug overdose-related utilization of community emergency department and hospital services, and HCV primary infections. This report is intended to provide a program implementation status update, and to assess ISUDT's impact on morbidity and mortality for individuals receiving MAT services. As the ISUDT Program continues to mature, and as additional data becomes available, the Department will expand, update, and refine reporting and evaluation efforts. Data presented in this report may differ slightly from other published reports.

Overdose Death Rates Among CDCR's Population

Data shows CDCR's drug overdose death rate in 2022 was similar to but slightly higher than the 2019 rate (55 overdose deaths per 100,000 in 2022 compared to 53 overdose deaths per 100,000 in 2019, rate ratio = 1.04, $p = 0.8248$). In addition, CDCR's opioid overdose death rate in 2022 was similar to but slightly higher than the 2019 (47 opioid overdose deaths per 100,000 in 2022 compared to 45 opioid overdose deaths per 100,000 in 2019, rate ratio = 1.05, $p = 0.8143$). Although drug overdose deaths initially declined following ISUDT implementation, fentanyl continues to cause more overdose deaths within CDCR, with the fentanyl overdose death rate increasing significantly, almost 3-fold or nearly 180%, between 2019 and 2022 (from 15 fentanyl overdose deaths per 100,000 in 2019 to 41 fentanyl overdose deaths per 100,000 in 2022, rate ratio = 2.79, $p = 0.0002$) (See Figure 5 and Appendix C). Despite the significant increase in fentanyl overdose deaths, CDCR's overall overdose death rate increased slightly and the actual number of people who died from an overdose in 2022 is lower than before ISUDT implementation – demonstrating that access to MAT within CDCR is having a mitigating effect on overdose deaths and without MAT more people would have died of overdose within CDCR.

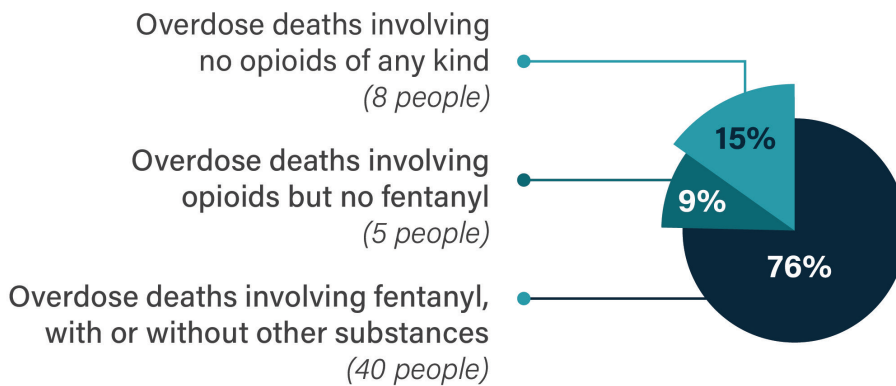
Figure 5: CDCR Overdose Death Rates & Fentanyl-Related Overdose Death Rates

per 100,000 CDCR Population, 2019-2022



In 2022, 85% of overdose deaths among CDCR's population involved an opioid, and of the deaths from opioids, 89% involved fentanyl, which is consistent with community trends. There was just one opioid-related overdose death in CDCR that involved buprenorphine, and that overdose was caused by buprenorphine in combination with other non-opioid prescription drugs. Notably, the death involving buprenorphine was not among an individual participating in MAT (See Figure 6 and Appendix D).

Figure 6: Overdose Deaths Among CDCR's Population in 2022



Over 80% of overdose deaths in CDCR in 2022 occurred among people with OUD not on MAT (See Appendix D). While MAT reduces risk of overdose death, people on MAT are often high-risk and can still die from an overdose if they continue to use illicit drugs. Community data shows a considerable number of people on MAT have experienced an overdose, and there are identifiable factors associated with people at risk of overdose that may represent areas for intervention. In particular, longer duration on MAT is associated with a decreased risk of overdose, while younger people, those with a reported emergency department visit for an opioid overdose in the last year, and people with a shorter duration on MAT are higher risk of overdose death.⁷⁹

MAT Adherence & Impact on Drug Overdose Events

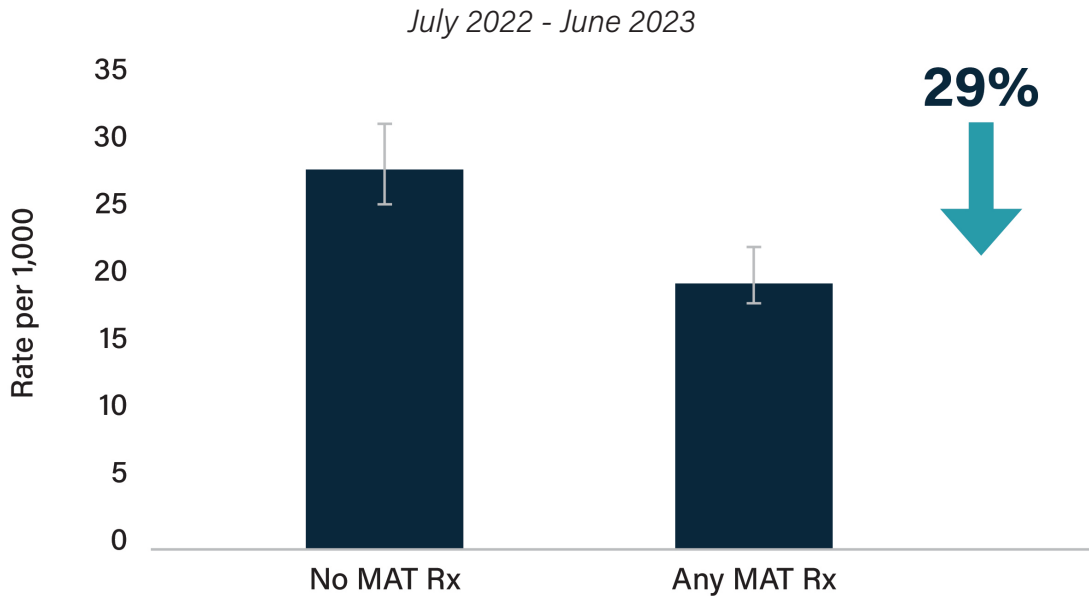
The next set of analyses were conducted to answer the question whether exposure to MAT and the degree of MAT adherence among CDCR's population with OUD impacted the utilization of community emergency department and hospital services from July 2022 to June 2023. This focused on CDCR's population with an identified OUD, including those with a National Institute on Drug Abuse (NIDA) Modified-ASSIST (MA) Substance Involvement (SI) score of 4 on at least one of the opioid categories (either prescription or illicit opioids), and those with a current or past prescription of MAT for opioids (whether or not there was a record of a NIDA score). During the evaluation period (July 2022-June 2023), 35,100 individuals incarcerated within CDCR had an identified OUD.

This analysis stratified people into two groups: 1) Individuals with OUD on MAT; and 2) Individuals with OUD not currently on MAT, to determine if access to MAT was associated with lower rates of drug overdose-related utilization of community emergency department and hospital services. The majority (56%) of the "No MAT" group with OUD were waiting for an initial MAT evaluation, or were evaluated but had not started MAT, and the remaining 44% in the "No MAT" group had a prescription for MAT for OUD at some point in the past but had stopped MAT.

⁷⁹ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-023-00771-4>

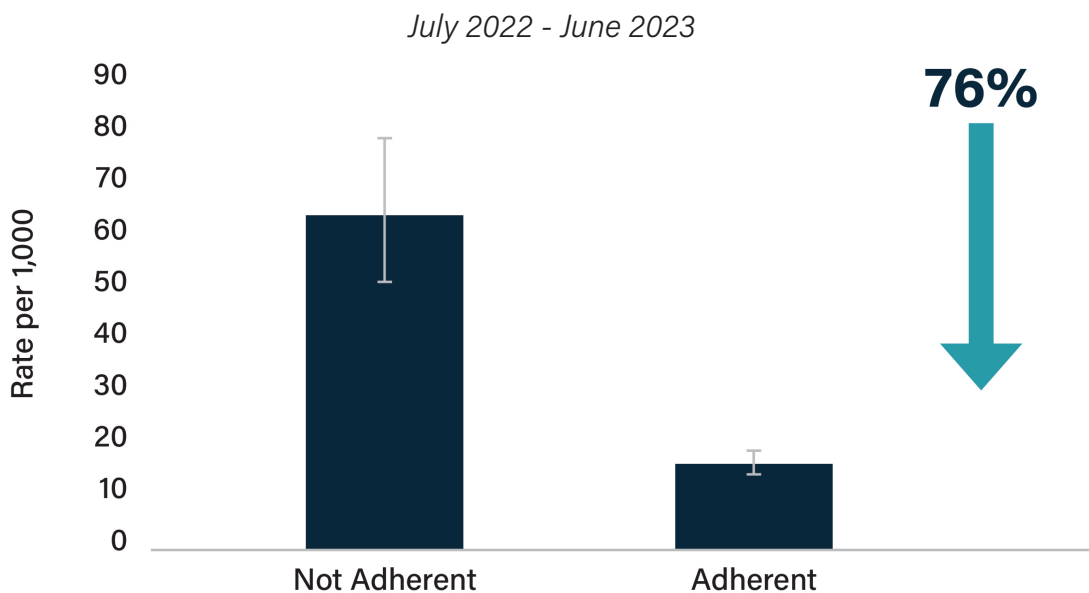
MAT is dosed either daily (taken orally) or monthly (as an injectable). Community data shows non-adherence to MAT (i.e. skipping doses) or stopping MAT increases risk of overdose. Of significance, the utilization of community emergency department and hospital services drug overdose rate was 29% lower among those with OUD who were prescribed MAT compared to those with OUD not currently prescribed MAT (RR = 0.71, p < 0.0001).

Figure 7: Drug Overdose Rates among CDCR's Population with OUD Prescribed MAT



This analysis found, 91% of those prescribed MAT were adherent to treatment - meaning they accepted a dose of oral MAT on at least 5 days in the preceding week or a dose of injectable MAT within the preceding 30 days. The utilization of community emergency department and hospital services drug overdose rate was 76% lower among those who were adherent to MAT for OUD, compared to those prescribed MAT for OUD who were not adherent (RR = 0.23, p < 0.0001). Among those on oral MAT, the more days the individual completed doses in the preceding week, the lower the rate of drug overdose.

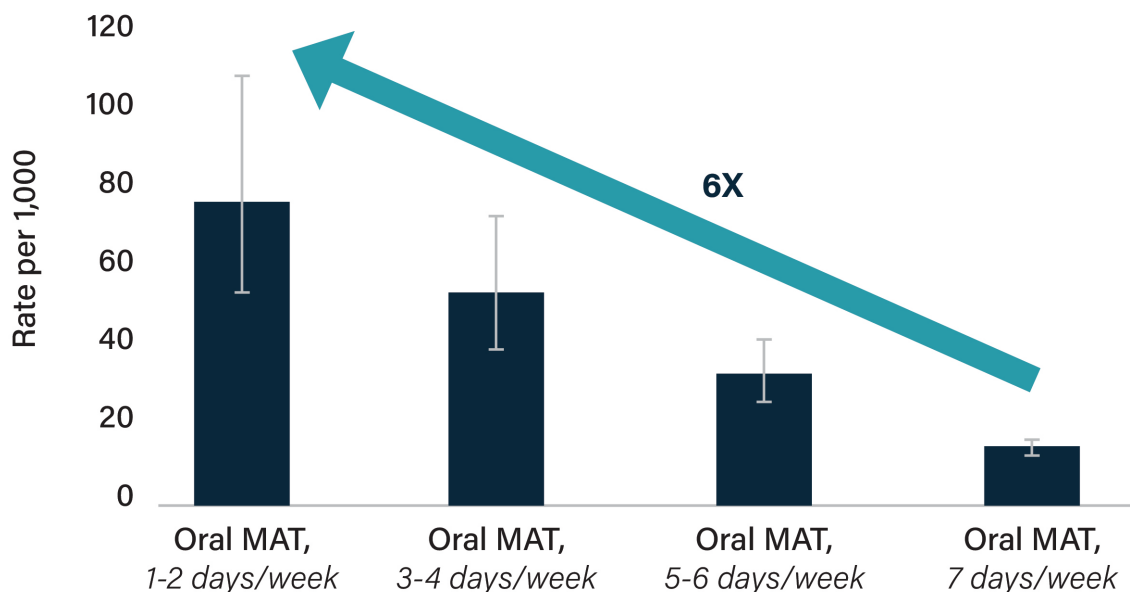
Figure 8: Drug Overdose Rates among CDCR's Population with OUD Adherent to MAT



This finding is consistent with community data which shows adherence to MAT improves retention in treatment and outcomes. Among those who had any MAT in the preceding week, individuals who had a dose administered everyday had the lowest rate of drug overdose. These findings show the more days of MAT that were missed, the higher the rate of drug overdose, with the rate of overdose just over 6 times higher among those who received doses for only 1 or 2 days in the preceding week compared to those who received all doses in the preceding week ($p < 0.0001$). These data demonstrate the importance of improving adherence to MAT, and the critical need to address root causes of non-adherence to treatment. Community data show that with each additional 60 days of adherence to MAT, after an initial 60 days of adherence, risk of overdose decreased by an additional 10%.⁸⁰ In addition, research shows individuals on MAT for at least 1-2 years have the greatest long-term success.⁸¹ There is evidence indicating tapering or discontinuing medication leads to increased rates of relapse and overdose. The length of MAT treatment is an individual decision that should be specific to individualized risks and needs.⁸²

Figure 9: Drug Overdose Rates among CDCR's Population with OUD on Oral MAT by Adherence

July 2022 - June 2023



HCV and ISUDT Program Integration

The 2023 Annual ISUDT Program Outcomes Report showed a 60% reduction in the rate of HCV reinfection in the year following treatment with cure among individuals with OUD who were on MAT compared with those with OUD not on MAT (16.7% vs. 6.7%, $p=0.01$). While repeating this analysis is not feasible due to the high rate of linking individuals being treated for HCV to the ISUDT Program, and specifically MAT for OUD, continuous monitoring of reinfection following HCV treatment shows a sustained overall reduction in reinfection to 5%. Prior to ISUDT Program implementation, in a cohort of individuals treated for HCV in the first year of treatment scale-up (FY 18-2019), the reinfection rate was at 10%–20%, which is 2 to 4-times higher than the current rate. Given most reinfections occurred soon after HCV treatment (56% within 6 months), enhanced services, such as counseling and peer support, early in

80 <https://pubmed.ncbi.nlm.nih.gov/35652681/>

81 https://www.opioidlibrary.org/wp-content/uploads/2019/06/NCBH_MAT_MythsVFACTS.pdf

82 <https://www.lac.org/assets/files/Myth-Fact-for-MAT.pdf>

treatment may benefit individuals while they are at highest risk. Among CDCR's assessed population, the overall new HCV infection rates within one year of an HCV-negative test during 2021–2023 (OUD 2.9%, co-occurring OUD and StUD 3.4%, no SUD 1%) were lower than the reinfection rate and may be largely driven by risk factors not amenable to MAT for OUD. With the expansion and integration of the HCV and ISUDT Programs, the prevalence of active HCV infection in CDCR's population has been reduced from 14% in 2018 to 4% in 2023, representing a 71% decrease). This finding shows the successful integration of the HCV and ISUDT Programs, and the efficacy of MAT among individuals with HCV.

MAT Mitigates Overdose Deaths within CDCR

While CDCR cannot make direct comparisons to community data, partially because incarcerated individuals with OUD are among the highest-risk for overdose death, and are more susceptible to other SUD-related health complications, data show overdose deaths among CDCR's population have not increased at rates experienced in the U.S., in California, or in other nearby western states which all reported significant year-over-year increases during each year between 2019 and 2022.⁸³

During 2020 and 2021, CDCR's overdose death rates declined nearly 60 and 54% respectively, and CDCR's opioid overdose death rate declined by 50% in 2021 compared to prior to ISUDT Program implementation. Notably, CDCR's overdose death rate in 2021 was 25 per 100,000, which is less than half of the rate prior to ISUDT Program implementation and lower than California's rate during the same time period. CDCR's overall overdose death rate is up slightly in 2022 (4% or 55 per 100,000) compared to prior to ISUDT program implementation (53 per 100,000 in 2019). Of significance, the actual number of people who died of an overdose within CDCR in 2022 is lower than prior to ISUDT Program implementation (64 overdose deaths in 2019 compared to 53 overdose deaths in 2022). For additional context, overdose deaths rates nationally remain over 50% higher and over 115% higher in California than before the pandemic, and CDCR experienced a 4% rate increase during this time frame.^{84 85 86} Data show fentanyl nationally, in California, and in CDCR is driving these increases.

However, despite the increased number of fentanyl overdose deaths among CDCR's population, the Department did not have the year-over-year surges in overall overdose deaths experienced in the U.S. or in California. This finding suggests MAT within CDCR is mitigating overdose deaths and many more people incarcerated within CDCR would have died without access to medication(s) for OUD. National data shows people with OUD are up to 50% less likely to die when they are being treated long-term with MAT.⁸⁷ Research demonstrates that starting medications for OUD prior to release and continuing them during reentry reduces the risk of overdose death by 75%.⁸⁸ Leveraging national estimates, it is likely that 50% more, or 80 people, would have died in CDCR of drug overdoses in 2022 without MAT – meaning MAT within CDCR is improving SUD-related health complications and is continuing to save lives.

It is important to note that while naloxone is not treatment for OUD and does not prevent overdoses from occurring, over 1,600 lives were saved within CDCR in 2023 as a result of naloxone being administered to an incarcerated person who suffered from an overdose.

83 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

84 <https://www.commonwealthfund.org/blog/2023/us-overdose-deaths-remain-higher-other-countries-how-harm-reduction-programs-could-help#:~:text=Drug%20overdose%20deaths%20in%20the,drop%20in%20American%20life%20expectancy>

85 <https://www.npr.org/2023/12/28/1220881380/overdose-fentanyl-drugs-addiction>

86 <https://calmatters.org/health/2023/12/california-mental-health-fentanyl-crisis/>

87 https://www.ncbi.nlm.nih.gov/books/NBK538936/pdf/Bookshelf_NBK538936.pdf

88 <https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose/>

Program Priorities

While the Department is pleased with the progress the ISUDT Program has made, opportunities for improvement exist to further support recovery and rehabilitation among incarcerated individuals with SUD. Although CDCR has screened and assessed a majority of our population for SUD, there are individuals waiting to be assessed, others who are reluctant to be assessed and to initiate and remain in treatment, and there are people waiting for CBI.

Data from this and past reports shows MAT adherence improves outcomes, and the Department must improve rates of people accessing services and remaining in treatment. There are opportunities to engage Peer Support Specialists with focused efforts on hard to reach populations (such as members of the Black community within CDCR).

The catastrophic effects of fentanyl on CDCR's population necessitates continued efforts to mitigate the distribution of fentanyl and other illicit drugs within our prisons. Our priority is to ensure people who need SUD treatment are provided access to evidence-based treatments in order to develop the skills to manage their addiction and address their underlying trauma in a safe, supportive, and humane environment.

The Department has implemented the California Model, an initiative aimed at improving working and living conditions for all who live in and work in state prisons. This model is based on treating people with human dignity as a foundational, organizing principle, and is designed to make the correctional landscape better for people in the care of CDCR, enhance the overall wellness of employees, and make the state safer for all citizens. The California Model builds upon work already underway within CDCR and represents an opportunity to enhance the delivery of services including ISUDT with a targeted focus on supporting reentry.

The Department continues to partner with stakeholders to implement the California Advancing and Innovating Medi-Cal (CalAIM) initiative to reduce health disparities and to improve outcomes for those releasing from CDCR. Our mission remains to facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing SUD treatment, rehabilitative services, and continuity of care.

The Department will continue to monitor and report on ISUDT Program related progress and outcomes.

Appendix A - ISUDT Program Participant Demographics

ISUDT Program Services Provided by CDCR Population Demographics in 2023					
Race	Total # Incarcerated	% Incarcerated Persons	% on MAT	% Attended CBI Life Skills	% Attended CBI SUD
All	122,549		22%	13%	14%
Latino	56,824	21%	23%	14%	15%
Black	32,762	4%	11%	13%	10%
White	25,291	2%	33%	12%	18%
Other/Uncategorized	4,375	1%	17%	13%	12%
Asian/Pacific Islander	1,849	2%	13%	12%	11%
American Indian/Alaskan Native	1,448	1%	32%	13%	20%
Gender Identity	Total # Incarcerated	% Incarcerated Persons	% on MAT	% Attended CBI Life Skills	% Attended CBI SUD
All	122,549		22%	13%	14%
cis-M	115,678	94%	21%	13%	14%
cis-F	4,646	4%	21%	19%	17%
Trans/Nonbinary/Other	2,225	2%	35%	15%	19%
Age Category	Total # Incarcerated	% Incarcerated Persons	% on MAT	% Attended CBI Life Skills	% Attended CBI SUD
18-24	6,708	5%	20%	9%	14%
25-29	15,610	13%	27%	12%	17%
30-34	21,048	17%	28%	13%	17%
35-39	18,532	15%	26%	12%	16%
40-44	16,640	14%	24%	13%	15%
45-49	12,221	10%	20%	14%	13%
50-54	9,673	8%	17%	14%	12%
55-59	8,158	7%	14%	15%	11%
60-64	6,599	5%	11%	15%	10%
65+	7,360	6%	6%	13%	6%
All	122,549		22%	13%	14%

Appendix B - SUD Prevalence Estimates

CDCR SUD prevalence estimates were developed using several data sources including assessment results from the National Institute on Drug Abuse Modified-ASSIST (NIDA MA - substance involvement (SI) scores of 4 or more for various drug types), substance and alcohol use diagnoses, hospital claims data on substance use related overdoses and skin and soft tissue infections, urine drug screening data, and population disclosures of frequent substance and alcohol use. It is important to note CDCR's entire population has not been assessed due to the sheer volume of people who screen positive for possible SUD (via the NIDA Quick Screen) and because some people are reluctant to be assessed. Therefore, SUD prevalence estimates among CDCR's population, while consistent with national estimates, are conservative.

Use Disorder Category	Indicator for Confirmed	Confirmed Use Disorder		Indicator for Possible	Possible Use Disorder		Confirmed + Possible Use Disorder	
	(History)	N	% of CDCR Population	(Past Year)	N	% of Possible	N	% of CDCR Population
Any SUD identified	Overall	37,438	39.7	Overall	4,476	100.0	41,914	44.4
AUD identified	Overall	19,233	20.4	Overall	4,214	100.0	23,447	24.8
ODU identified	Overall	27,860	29.5	Overall	144	100.0	28,004	29.7
Any StUD identified	Overall	24,399	25.8	Overall	69	100.0	24,468	25.9
ODU and Any StUD	Overall	18,446	19.5	Overall	14	100.0	18,460	19.6

Appendix C - Overdose Deaths in CDCR, 2016-2022

Year	Average Population	Drug Overdose				Opioid-Related Overdose				Fentanyl-Related Overdose			
		Deaths (N)	Death Rate (per 100,000)	Rate Ratio	p value	Deaths (N)	Death Rate (per 100,000)	Rate Ratio	p value	Deaths (N)	Death Rate (per 100,000)	Rate Ratio	p value
2019	121,437	64	52.7	ref	ref	54	44.5	ref	ref	18	14.8	ref	ref
2020	108,544	23	21.2	0.40	0.0001	22	20.3	0.46	0.0013	11	10.1	0.68	0.3259
2021	97,839	24	24.5	0.47	0.0009	20	20.4	0.46	0.0020	16	16.4	1.10	0.7742
2022*	96,555	53	54.9	1.04	0.8248	45	46.6	1.05	0.8143	40	41.4	2.79	0.0002

*One overdose death from 2022 is unresolved pending the toxicology report. It has been included here as an accidental drug overdose death, but not as a fentanyl or opioid death.

*Overdose death data used for these analyses were provided by CCHCS Mortality Review on January 16, 2024.

**One overdose death from 2022 is unresolved pending the toxicology report. It has been included here as an accidental drug overdose death, but not as a fentanyl or opioid death.

Appendix D - Overdose Deaths in CDCR, by Drug Class

Drug Classes Involved	Deaths
Atypical antipsychotic and antihistamine	1
Opioid and alcohol	2
Opioid and non-steroidal anti-inflammatory drug	1
Opioid and serotonin and norepinephrine reuptake inhibitors	1
Opioid and stimulant	14
Opioid only	26
Opioid, atypical antipsychotic, and serotonin and norepinephrine reuptake inhibitors	1
Stimulant only	5
Synthetic cannabinoid	1
Unknown (toxicology pending)	1
Total	53

Appendix E - Utilization of Community Emergency Department and Hospital Services, July 2022-June 2023

July 2022 - June 2023				
	No MAT Rx	Any MAT Rx	Non-Adherent MAT	Adherent MAT
N	272	298	90	208
Rate (per 1,000 person-years)	27.53	19.48	62.59	15.01
95% CI	24.40, 30.95	17.36, 21.79	50.33, 76.94	13.04, 17.19
RD	<i>ref</i>	8.05	<i>ref</i>	47.59
%D	<i>ref</i>	29.2%	<i>ref</i>	76.0%
RR	<i>ref</i>	0.71	<i>ref</i>	0.24
95% CI	<i>ref</i>	0.60, 0.83	<i>ref</i>	0.19, 0.31
p-value	<i>ref</i>	<0.0001	<i>ref</i>	<0.0001