Impact of Naloxone Availability and Distribution within the California Department of Corrections and Rehabilitiation (CDCR)

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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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TABLE OF CONTENTS

Purpose 4

Introduction & Background 5

Naloxone Distribution Among Correctional Populations 7

Naloxone at Release from CDCR 10

Naloxone Within CDCR Saves Lives 10

Naloxone Expansion to CDCR's Incarcerated Population 13

Lessons Learned & Best Practice Recommendations 13

What's Next? 14

PURPOSE

The purpose of this report is to document the progression of naloxone distribution in the United States (U.S.), in correctional settings, and the evolution of naloxone availability within California prisons. While naloxone is not treatment for opioid use disorders (OUDs), it saves lives among people who have experienced an opioid overdose.[1] This is of critical importance given the continued rise in opioid-related overdose deaths in the U.S. which reached a record high of over 112,000 in 2023.[2] In an effort to mitigate opioid overdose deaths, the Center for Disease Control and Prevention (CDC) recommends that individuals at increased risk for opioid overdose carry naloxone and keep it at home.[3] Since incarcerated and formerly incarcerated people are at increased risk of overdose death, providing naloxone in correctional institutions and upon release is an essential lifesaving strategy.[4]

Naloxone is a resuscitative medication that can reverse an opioid overdose if given in time, including overdoses from heroin, fentanyl, and prescription opioid medications. Naloxone is an opioid antagonist – it attaches to opioid receptors and reverses and blocks the effects of other opioids.[5]

While naloxone saves lives, *it does not prevent overdoses*. And, according to the National Institute on Drug Abuse (NIDA), it is *not a cure for OUD and is not considered treatment*.[6] In other words, naloxone is not a medication to treat OUD but has been approved by the U.S. Food and Drug Administration (FDA) to treat immediate, life-threatening symptoms of opioid overdose.[7] According to the NIDA, naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected.[8] However, naloxone is a provisional medication and its effects do not last long, thus seeking emergency medical services is advised and is often necessary.[9]

Unfortunately, many people who experience an opioid overdose, and are provided naloxone at the time of overdose, do not survive a year. A review of emergency medical services data from Massachusetts found that while more than 90% of people administered naloxone by emergency medical services survived their overdose, about 35% of these individuals subsequently died from an opioid overdose one year later.[10]

Data demonstrate the urgent need to connect people who experience an opioid overdose, as well as those at risk of overdose, to medication assisted treatment (MAT) to treat OUD in order to save their lives; MAT continues to be the first-line defense against the nation's opioid overdose crisis. Incarcerated individuals in CDCR are screened, assessed, and linked to appropriate behavioral

1 https://nida.nih.gov/publications/drugfacts/naloxone#:~:text=But%2C%20naloxone%20has%20no%20effect,)%2C%20codeine%2C%20and%20morphine
2 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
3 https://www.cdc.gov/overdose-prevention/reversing-overdose/index.html#:~:text=Patients%2C%20family%20and%20loved%20ones,and%20keep%20it%20at%20home
4 https://www.hhs.gov/about/news/2023/12/21/biden-harris-administration-announces-new-action-increase-naloxone-access-federal-facilities-across-nation.html
5 https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone#:~:text=Naloxone%20is%20a%20medication%20approved,heroin%2C%20morphine%2C%20and%20oxycodone
6 https://www.nytimes.com/2016/07/28/us/naloxone-eases-pain-of-heroin-epidemic-but-not-without-consequences.html
7 https://www.ncbi.nlm.nih.gov/books/NBK541393/
8 https://nida.nih.gov/publications/drugfacts/naloxone
9 https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-during-opioid-overdose
10 https://www.cnn.com/2017/10/30/health/naloxone-reversal-success-study/index.html

interventions and MAT, depending on their clinical needs, with a targeted focus on preparing them for successful release.

MAT Saves Lives

A National Institutes of Health funded study found that treatment of OUD with MAT following a nonfatal opioid overdose is associated with significant reductions in opioid-related mortality – **opioid overdose deaths decreased by nearly 40% for those receiving buprenorphine.**[11]

MAT During Reentry Saves Lives

Research shows starting medications for OUD prior to release from incarceration and **continuing MAT during reentry reduces risk of overdose death by 75%.**[12]

CDCR continues to implement strategies to scale-up distribution of naloxone and while naloxone saves lives, the Department recognizes it is not a treatment for OUD. Thus, in an effort to reduce overdose deaths among CDCR's population, MAT is available at all institutions for all incarcerated persons with OUD, and correctional staff have access to naloxone on all housing units to ensure it can be easily administered to an incarcerated person experiencing an overdose. MAT, and specifically buprenorphine, is an evidence-based treatment for OUD and long-term retention on MAT is associated with improved outcomes.[13] [14]

INTRODUCTION & BACKGROUND

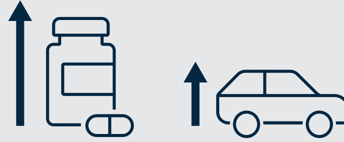
Over the past two decades, the U.S. has experienced a mounting crisis of substance use and addiction that is grimly depicted by the sharp rise in deaths from drug overdoses.[15] Synthetic opioids such as fentanyl are responsible for a significant majority of fatal and nonfatal overdoses in the U.S. and California.[16] [17] In 2018, the Substance Abuse and Mental Health Services Administration published a toolkit as a foundation for educating stakeholders on the use of and increased access to naloxone in an effort to save more lives from opioid overdose.[18] Fentanyl-

11 https://www.nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose
12 https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose/
13 https://www.ncbi.nlm.nih.gov/books/NBK541393/
14 https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/IB_1498_Provider_BupforOUD.pdf
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&gad_source=1
16 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
17 https://calmatters.org/explainers/california-opioid-crisis/
18 https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone

related overdose deaths in the U.S. and in California are continuing to increase at a rapid and unpredictable pace.[19]

Fentanyl Impacts

In the U.S. over **150 people die** every day from overdoses related to synthetic opioids like fentanyl.[20]



In 2021, more Californians **died from fentanyl overdoses** than from car accidents.[21]

In 2022, **88% of opioid overdose deaths** in California were attributable to fentanyl.[22]

Substance use disorders (SUDs) are highly prevalent among justice-involved populations. It is estimated approximately 65% of the U.S. prison population suffers from a SUD.[23] Of the incarcerated population living with SUD, around 25% are estimated to have OUD.[24] [25] The risk of fatal overdose in incarcerated populations with OUD is disproportionately higher (estimated at between 25 and 30%) compared to the community and drug tolerance generally decreases during incarceration.[26] Notably, drug and alcohol overdose is the third leading cause of death in jails and the leading cause of death post-release.[27]

Data from CDCR's Third Annual Integrated Substance Use Disorder Treatment (ISUDT) Outcomes Report, published in May 2024, show that in 2022, 85% of overdose deaths among CDCR's population involved an opioid, and of those deaths 89% involved fentanyl, which is consistent with community trends. National data show individuals are at a particularly high risk of opioid overdose death in the first two weeks following release from incarceration.[28] Though not a substitute for treatment, research has shown that opioid overdose education and naloxone distribution programs in prisons and jails reduce mortality.[29] Furthermore, naloxone distribution to people releasing from corrections is an important harm reduction strategy.[30] Research demonstrates the efficacy of overdose reversal following naloxone administration by laypersons is high, reported at over 75%.[31]

19 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
20 https://www.cdc.gov/ore/search/transcripts/CDC-Podcast-The-Dangers-of-Fentanyl_audio-transcript.html#:~:text=In%20fact%2C%20over%20150%20people,people%20aren't%20expecting%20it
21 https://calmatters.org/explainers/california-opioid-crisis/
22 https://skylab.cdph.ca.gov/ODdash/?tab=Home
23 https://nida.nih.gov/publications/drugfacts/criminal-justice
24 https://jaapl.org/content/50/4/502#:~:text=Unsurprisingly%20then%2C%20there%20is%20a,persons%20estimated%20to%20be%20affected.&text=With%20a%20captive%20audience%2C%20incarceration,everywhere%20that%20it%20could%20be
25 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787100
26 https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00138-6
27 https://www.ncchc.org/wp-content/uploads/Naloxone-in-Correctional-Facilities-for-the-Prevention-of-Opioid-Overdose-Deaths-1.pdf
28 https://ascpjournal.biomedcentral.com/articles/10.1186/1940-0640-7-3
29 https://www.ncchc.org/position-statements/naloxone-in-correctional-facilities-for-the-prevention-of-opioid-overdose-deaths-2020/
30 https://www.sciencedirect.com/science/article/abs/pii/S0277953621006250
31 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5753997/

To-date, all 50 states and the District of Columbia have enacted laws related to the use of naloxone to treat opioid overdose, and nearly all states permit pharmacies to provide naloxone without a prescription.[32] The other form of naloxone, an injectable liquid, still requires a prescription.[33] Prior to 2019, CDCR distributed naloxone to incarcerated persons who paroled while receiving opiate prescriptions, and subsequently distributed naloxone to all incarcerated persons at release through a standing order which went into effect December 2019.[34] However, a standing order for naloxone is no longer necessary since the FDA approved intranasal naloxone for nonprescription use. In March 2023, the U.S. FDA approved Narcan, 4 mg naloxone hydrochloride nasal spray for over the counter, nonprescription use; the first naloxone product approved for use without a prescription.[35]

The use of illicit opioids by CDCR's population has created a danger to incarcerated persons and potentially to custody staff. In order to combat opioid-related harm, CDCR uses a three-pronged approach to making naloxone readily available, which includes:

Three-Pronged Approach

1) The provision of naloxone to all individuals releasing from CDCR.
2) Naloxone is made easily accessible to all staff to use on incarcerated persons' suffering from an overdose.
3) Naloxone is available to incarcerated people within CDCR.

The focus of this briefing is to document the current state of naloxone distribution among correctional populations and outcomes associated with overdose education and naloxone administration to correctional officers and incarcerated people, and the potential for future research to examine effects of naloxone on post-release mortality.

NALOXONE DISTRIBUTION AMONG CORRECTIONAL POPULATIONS

Overdose Education and Naloxone Distribution (OEND) have been implemented in jails and prisons to varying degrees across the U.S. and in other countries and are an evidence-based overdose prevention initiative.[36] Scotland's OEND program led to a 36% decrease in opioid overdoses in the first 4-weeks following release from prison.[37] [38] [39] A separate study in Oslo, Norway that provided a voluntary brief naloxone training to incarcerated individuals nearing release (within 6-months) found that training significantly improved participating individuals' knowledge of risk factors, symptoms, and care regarding opioid overdose.[40]

32 https://www.ncchc.org/position-statements/naloxone-in-correctional-facilities-for-the-prevention-of-opioid-overdose-deaths-2020/
33 https://covidblog.oregon.gov/how-the-availability-of-naloxone-without-a-prescription-will-save-lives/#:~:text=1%3A%20What%20forms%20does%20naloxone,to%20get%20the%20injectable%20form
34 https://cchcs.ca.gov/wp-content/uploads/sites/60/California-Prisons-Naloxone-Distribution-Jan-2023.pdf
35 https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray
36 https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0255-5
37 https://harmreduction.org/wp-content/uploads/2020/09/A-primer-for-implementation-of-OEND-in-jails-and-prisons-Wenger-2019-RTI.pdf
38 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982071/
39 https://pubmed.ncbi.nlm.nih.gov/28397322/
40 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5696738/

Besides CDCR, other states' department of corrections have taken action to increase availability of naloxone within their institutions. As of 2019, the Federal Bureau of Prisons (BOP) implemented procedures for the emergency use of naloxone by trained BOP staff.[41] All BOP staff are trained to recognize signs and symptoms of opioid overdose and administer naloxone; naloxone is available for use by all trained BOP staff 24-hours a day. Additionally, the BOP recommends naloxone provision to all incarcerated persons with OUD or at risk for opioid overdose upon release or transfer.[42] These individuals are trained to administer naloxone and recognize the signs of an opioid overdose.

A 2018 survey of 36 Illinois jails found that of the jails in the sample reported they either offered naloxone to individuals at release or were planning to do so in the future. In Texas, as of 2019, the Bexar County Sheriff's Office is the first program in the state to distribute naloxone to all releases.[43] And as of 2022, the St. Louis County Jail in Minnesota began providing naloxone kits to incarcerated individuals at release.[44] Similarly, as of 2023, the Orleans Parish Sheriff's Office in New Orleans started distributing naloxone to individuals releasing from its jails.[45]

Cook County Jail in Illinois began offering OEND to its incarcerated population in 2016 through Cook County Health.[46] According to a study of individuals released from Cook County Jail, more than one third of them reported using the naloxone provided to them at time of discharge on themselves or others. Of those who reported using naloxone, more than 95% were successful in reversing an opioid overdose. Importantly, 70% of these released individuals reported educating family and friends on proper naloxone administration.

The San Francisco County Jail OEND program established in 2013 reported that during 4 years of operation, which included nearly 640 incarcerated individuals, almost 70% received naloxone upon release and of those who received naloxone, more than 30% reported reversing an overdose and over 40% received naloxone refills from community-based programs after reentry.[47] The program is testimony to the feasibility and efficacy of implementing OEND in criminal justice settings.

In 2015, the New York State Department of Corrections and Supervision partnered with the New York State Department of Health and the Harm Reduction Coalition to develop an OEND program in New York State prisons that targeted all soon-to-be-released people incarcerated across the state's 54 correctional facilities, not just those deemed high-risk for opioid overdose.[48] Relatedly, New York City jails on Rikers Island who provided OEND to jail visitors found that 10% of participants had administered naloxone in the 6-months following training.[49] [50] Thus, carceral-based OEND programs for incarcerated persons, releasing individuals, and those in close contact with incarcerated or formally incarcerated persons have been found to have lifesaving potential.[51]

41 https://www.bop.gov/policy/om/002_2019.pdf
42 https://www.bop.gov/resources/pdfs/opioid_use_disorder_cg.pdf
43 https://news.uthscsa.edu/new-program-to-distribute-narcan-to-released-inmates/
44 https://www.wdio.com/front-page/top-stories/st-louis-county-jail-first-in-region-to-provide-naloxone-to-certain-inmates-at-release/
45 https://www.wwltv.com/article/news/local/orleans/opso-to-give-inmates-overdose-reversing-medicine-when-released/289-d396fe4c-2445-4166-9754-9ede69d076ce
46 https://cookcountyhealth.org/press_releases/cook-county-health-study-indicates-naloxone-nasal-spray-kit-effective-for-patients-upon-discharge-at-cook-county-jail/
47 https://www.liebertpub.com/doi/10.1177/1078345819882771
48 https://www.vera.org/downloads/publications/corrections-responses-to-opioid-epidemic-new-york-state.pdf
49 https://harmreduction.org/wp-content/uploads/2020/09/A-primer-for-implementation-of-OEND-in-jails-and-prisons-Wenger-2019-RTI.pdf
50 https://pubmed.ncbi.nlm.nih.gov/29175025/
51 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5324705/

While correctional agencies may focus OEND efforts to target high-risk individuals as a preferred method of distribution, it can be a complex process to approach distribution in this way, and often has a lower impact than distributing naloxone to all incarcerated persons.[52]

An important consideration regarding OEND is to acknowledge barriers to program implementation and naloxone distribution. An evaluation conducted by the Duke Opioid Collaboratory to assess two overdose prevention programs for individuals releasing from rural North Carolina county jails identified 4 major barriers: 1) limited support from jail staff; 2) inconsistent ability to provide access to naloxone and education materials upon release; 3) systemic gaps in supporting people during reentry; and 4) an unsupportive community environment.[53] To overcome these barriers, efforts from stakeholders (e.g., jail systems and staff, program implementation teams, and incarcerated individuals) will need to focus on destigmatizing the use of naloxone as well as raising awareness about the positive impacts of naloxone.[54] Furthermore, the Vera Institute recommends the following to ensure a successful OEND program: 1) having a strong champion of the program; 2) focusing on staff-buy-in at inception; and 3) forming key partnerships with community-based organizations.[55] In general, removing barriers to naloxone accessibility should be a main priority in order to reduce the number of opioid overdose deaths across the country.[56]

A novel approach to naloxone distribution in jails involves the use of vending machines. For example, Michigan has installed Narcan vending machines in 7 of their jail facilities in the lobbies, where anyone coming to the facility can access them free of charge.[57] Indiana has also installed Narcan vending machines across 55 of its state's counties, with the first of these machines installed in various county jails and hospitals.[58] Other states that have also installed naloxone vending machines in their jails include Illinois, Kentucky, North Carolina, and Ohio.[59] During the first 9 months of 2020, Los Angeles (LA) County Jail installed free self-serve Narcan vending machines throughout secure release areas of the LA County Jail. Remarkably, compared to other distribution methods, jail vending distribution achieved distribution at 2.5 times the rate achieved in the community during the same time period.[60]

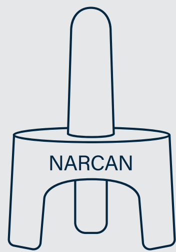
While intranasal naloxone should be easily accessible to everyone, increased attention to distribution efforts should be exercised for high-risk populations including incarcerated and soon to be released individuals. The CDC acknowledges that certain situations and conditions may make an opioid overdose more likely, including: 1) a history of overdose; 2) people with sleep-disordered breathing; 3) people taking benzodiazepines with opioids; 4) people at risk of returning to a high dose for which they lost tolerance (e.g., people undergoing tapering or recently released from prison); 5) people taking higher dosages of prescription opioids; and 6) a history of SUD.[61]

52 https://behaviorhealthjustice.wayne.edu/naloxone_toolkit/cbhj_naloxone_toolkit_june-2021.pdf
53 https://populationhealth.duke.edu/sites/default/files/2022-09/OverdosePreventioninJailsQualitativeStudyFindings.pdf
54 https://populationhealth.duke.edu/sites/default/files/2022-09/OverdosePreventioninJailsQualitativeStudyFindings.pdf
55 https://www.vera.org/downloads/publications/corrections-responses-to-opioid-epidemic-new-york-state.pdf
56 https://www.pewtrusts.org/-/media/assets/2020/11/expanded_access_to_naloxone.pdf
57 https://www.cossup.org/Content/Documents/Articles/RTI_Distributing_Naloxone_to_Justice_Involved_Populations.pdf
58 https://www.cossup.org/Content/Documents/Articles/RTI_Distributing_Naloxone_to_Justice_Involved_Populations.pdf
59 https://www.ncsc.org/__data/assets/pdf_file/0034/79945/RJOI-Vending-Report-FINAL-July-2022.pdf
60 https://behaviorhealthjustice.wayne.edu/naloxone_toolkit/cbhj_naloxone_toolkit_june-2021.pdf
61 https://www.cdc.gov/overdose-prevention/manage-treat-pain/reduce-risks.html#:~:text=Factors%20that%20increase%20risk%20for,or%20other%20sleep%2Ddisordered%20breathing

NALOXONE AT RELEASE FROM CDCR

Based on a review of OEND programs among correctional systems, it appears that CDCR operates one of the largest naloxone education and distribution programs in the nation. As part of the ISUDT Program, CDCR began offering naloxone education and kits to all individuals releasing from state prison, not just individuals deemed to be high-risk for opioid overdose. The Department continues to prioritize the provision of naloxone education and kits upon release, which has become a standard part of release processes. Since naloxone is offered to all CDCR releases, an individual must opt-out in order not to receive it. This strategy has significantly increased the number of people who accept naloxone at release.

Naloxone at Release



Nearly 94% of all individuals released from CDCR in 2023 were provided naloxone education and a kit.

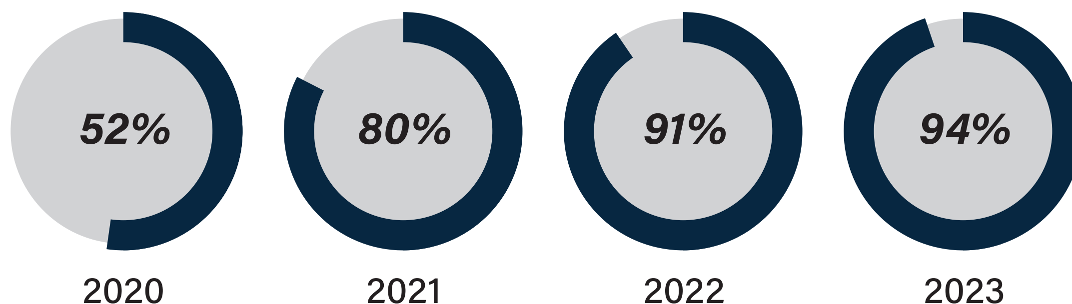
More than 96% of those releasing on MAT were provided with naloxone education and a kit.

88,000 naloxone kits have been provided to people releasing from California's state prisons since April 2020.

**Data as of December 2023* — *Data as of December 2023

The percentage of CDCR releases who received naloxone education and kits has increased substantially since 2020, which is indicative of CDCR's efforts to expand awareness of the dangers of synthetic opioids, specifically fentanyl, and reduce stigma surrounding the use of naloxone.

Percent of CDCR Releases Who Received Naloxone Education and Kits
since April 2020



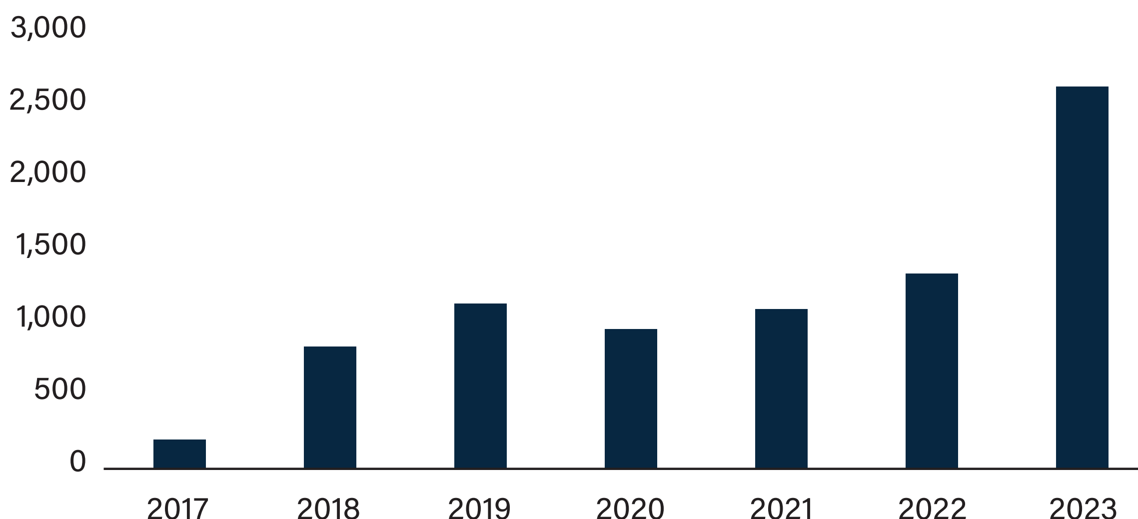
NALOXONE WITHIN CDCR SAVES LIVES

California has allocated $30 million to support the development and distribution of naloxone. As of July 2023, the state took steps towards creating a more affordable and accessible supply of

naloxone through the CalRx Naloxone Access Initiative.[62] The state will work with pharmaceutical partners to develop, create, and distribute naloxone nasal spray at a much lower cost in an effort to remove barriers to care.[63] [64] This is vital given that a more affordable version of naloxone is necessary for increased accessibility to the medication in vulnerable, low-income populations, who are disproportionately impacted by the opioid epidemic.[65] [66] This is especially significant given that the majority of justice-involved persons come from low-income communities.[67]

In June 2017, the CDCR began allowing licensed vocational nurses and psychiatric technicians to carry and administer intranasal naloxone in response to potential opioid overdoses. In the first 6 months (from June 2017 through December 2017), there were roughly 170 naloxone events with administration by health care staff to incarcerated individuals experiencing an overdose. (A naloxone event is defined as a single incident in which an incarcerated person was administered a dose, or multiple doses, of naloxone). Since 2017, the number of naloxone events with administration by health care staff to incarcerated individuals has grown exponentially; and in 2023, of the 2,359 documented naloxone events with administration by health care staff to incarcerated individuals experiencing an overdose, 1,641 (70%) has signs of clinical improvement documented. As of March 2024, there have been more than 700 naloxone events with administration by health care staff.

Number of Naloxone Events with Administration by Health Care Staff
from June 2017 to December 2023



In November 2018, CDCR started allowing all first watch sergeants to carry intranasal naloxone kits on their persons, and in March 2021 began allowing all conservation camp correctional officers and correctional supervisors to carry an intranasal naloxone kit on their person. From November 2018 through December 2018 there were 17 naloxone events with administration by custody staff to incarcerated individuals experiencing an overdose; and in 2023 there were over

62 https://www.gov.ca.gov/2023/07/06/california-takes-first-step-in-creating-its-own-naloxone-supply/
63 https://calrx.ca.gov/naloxone-access-initiative/
64 https://www.ama-assn.org/system/files/ama-overdose-epidemic-report.pdf
65 https://www.gov.ca.gov/2023/07/06/california-takes-first-step-in-creating-its-own-naloxone-supply/
66 https://aspe.hhs.gov/sites/default/files/private/pdf/259261/ASPEEconomicOpportunityOpioidCrisis.pdf
67 https://lawjournalforsocialjustice.com/2021/03/29/the-poverty-to-prison-pipeline/#:~:text=While%2080%20percent%20of%20the,contact%20with%20the%20prison%20system

400 naloxone events with administration by custody staff, which represents more than a 2,300% increase between 2018 and 2023. Naloxone is stocked in all CDCR housing units as of 2023. In 2023, of the 410 documented naloxone events with administration by custody staff to incarcerated individuals experiencing an overdose, 170 (more than 40%) has signs of clinical improvement documented. Notably, as of March 2024 there have already been more than 500 naloxone events with administration by custody staff.

Statewide Continuing Medical Education is now provided to California Correctional Health Care Services staff regarding the expectation of the provision of naloxone at release, and CDCR custody staff supervisors also receive naloxone training, and carry naloxone. Additionally, CDCR requires training for all correctional officers to be certified to administer intranasal naloxone and has developed a process to expand the availability of intranasal naloxone for correctional officers, making kits available for use throughout all institutions. This is of vital importance given that community data show someone else was present in nearly 40% of overdose deaths. Thus, having naloxone available allows bystanders to help save lives.[68] Furthermore, a key component of CDCR's OEND efforts include continuing to inform staff and incarcerated persons about the dangers of opioids and overdose prevention using various departmental channels such as the ISUDT Insider, CDCR's CCTV health and wellness channel, and naloxone education at CDCR clinics during discharge planning and upon release.

CDCR continues to lead the way in implementing and maintaining evidence-based practices in naloxone distribution. From 2019 to 2022, nearly 2,000 opioid overdoses within CDCR were reversed using naloxone. And in 2023, over 1,600 lives were saved within CDCR as a result of naloxone being administered to an incarcerated person who suffered from an overdose. Thus, providing accessibility to naloxone represents a critical action to fight the ongoing opioid crisis and mitigate overdose deaths within CDCR. Notably, individuals who experience an overdose within CDCR are linked to the ISUDT Program for assessment and SUD treatment, which may include MAT for OUD if clinically appropriate. In addition, the Department is scaling-up our Peer Support Specialist Program (PSSP) in an effort to link individuals who experience an SUD-related overdose to services post overdose as a means of added support. PSSP seeks to train incarcerated individuals to use their lived experiences to provide recovery and rehabilitative support to their peers.

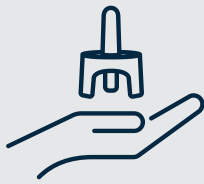
While departmental data show that increased access to naloxone saves lives (e.g., staff carrying naloxone), staff are also using it to make a difference outside of work. Pelican Bay State Prison ISUDT Certified Nursing Assistant Rachel Feldsine saved a woman's life in Cresent City using naloxone. On January 30, 2023, driving down Elk Valley Road, Feldsine saw several people surrounding a woman lying unresponsive on the sidewalk. Feldsine stopped to assist and noticed the woman was not breathing but could not revive her with a sternal rub. She then noticed the woman's drug paraphernalia and made an immediate, lifesaving decision to administer two doses of Narcan, which she luckily kept in her car. The woman was revived within 30 seconds, and soon after the paramedics arrived to perform an assessment. The woman admitted to having used fentanyl, but was determined to be medically stable, and she has since fully recovered from the incident. It is thanks to Feldsine's remarkable act of service that this woman is still alive today.

68 https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a1.htm?s_cid=mm6935a1_w

NALOXONE EXPANSION TO CDCR'S INCARCERATED POPULATION

Not only has CDCR allowed staff to carry and administer naloxone but has also made naloxone widely available to incarcerated people while in custody. In 2023, naloxone was provided to selected high-risk yards. As of February 2024, all CDCR incarcerated persons are offered an intranasal naloxone kit by nursing as part of the reception center process, and individuals are allowed to keep the naloxone on their person if they transfer from one housing location to another. This allows incarcerated individuals to easily access naloxone if needed without the fear of retaliation or adverse consequences by revealing illicit drug use to custody staff.

Naloxone Administration by Incarcerated People



As of February 2024, there have been **57 documented naloxone events with administration by an incarcerated person to another incarcerated person** experiencing an overdose. The true number of naloxone administrations by an incarcerated person is likely much higher, but many overdoses are not reported and thus remain undocumented.

Interestingly, prior research has found a 14% decrease in opioid overdose mortality in states that enacted laws that make it easier for people to access naloxone in the community and protected people reporting overdoses from being arrested.[69] [70] It is expected that the provision of naloxone to CDCR's incarcerated population will help to reduce opioid overdose mortality over time.

LESSONS LEARNED & BEST PRACTICE RECOMMENDATIONS

The CDC recommends naloxone be offered to all persons prescribed opioids, particularly those who are at an increased risk for opioid overdose.[71] Data show that an overwhelming majority of people releasing from CDCR willingly accept naloxone education and kits, which suggests a continued need for distribution at release. CDCR has found that offering naloxone to every person releasing is the best way to increase the likelihood of acceptance. Furthermore, ensuring that individuals have access to naloxone while incarcerated creates a direct pathway to harm reduction. Relatedly, ensuring that custody staff are trained to administer naloxone and carry the medication increases the likelihood of being able to provide lifesaving measures to an incarcerated person experiencing an opioid-related overdose. Thus, access to naloxone must be considered a primary best practice for maintaining evidence-based practices in managing SUD.

In conjunction with measures to manage SUD, research demonstrates that targeted treatment efforts like MAT combined with counseling or case management prior to release from jail or prison, in addition to a strong referral to community-based MAT upon release, is effective and results in significant positive outcomes for individuals with OUD; for example, studies have found that individuals starting MAT pre-release were more likely to enter into drug treatment

69 https://www.theguardian.com/society/2023/may/19/naloxone-opioid-epidemic-drug-overdose-deaths
70 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8107918/
71 https://www.cdc.gov/stop-overdose/media/pdfs/2024/04/Naloxone-Fact-Sheet-508.pdf

in the community, less likely to be reincarcerated, and less likely to have an opioid or cocaine positive urine drug screen.[72] Generally speaking, a primary priority is to reduce treatment gaps to prevent MAT diversion and increase equitable access to community-based treatment resources for individuals releasing from incarceration through the creation and expansion of a sustainable infrastructure for reentry programs.[73] [74]

WHAT'S NEXT?

Much of this report has focused on individuals releasing from CDCR and the question remains: What happens to people after they release? While the number of CDCR releases who accept naloxone education and kits has increased year-over-year, it remains unknown whether these kits are being utilized and, if so, with what rate of success.

A target of future research is to collect data on the efficacy of naloxone-on-release to prevent post-prison fatal and non-fatal opioid overdose. This would be a substantial endeavor and require participation from multiple stakeholders, e.g., formerly incarcerated individuals, family members of formerly incarcerated individuals, and state and local health departments. A large-scale study of this kind may not be feasible and thus would need to focus on a smaller sample of high-risk individuals. Another consideration includes collection of qualitative measures such as general well-being after reentry, which focuses on people's perceptions of the quality of their lives by their living and employment conditions as well as the quality of their relationships.

72 https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf
73 https://gmu1.app.box.com/s/57q3298df11zd9w638q4l00ucj7e89nk
74 https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf