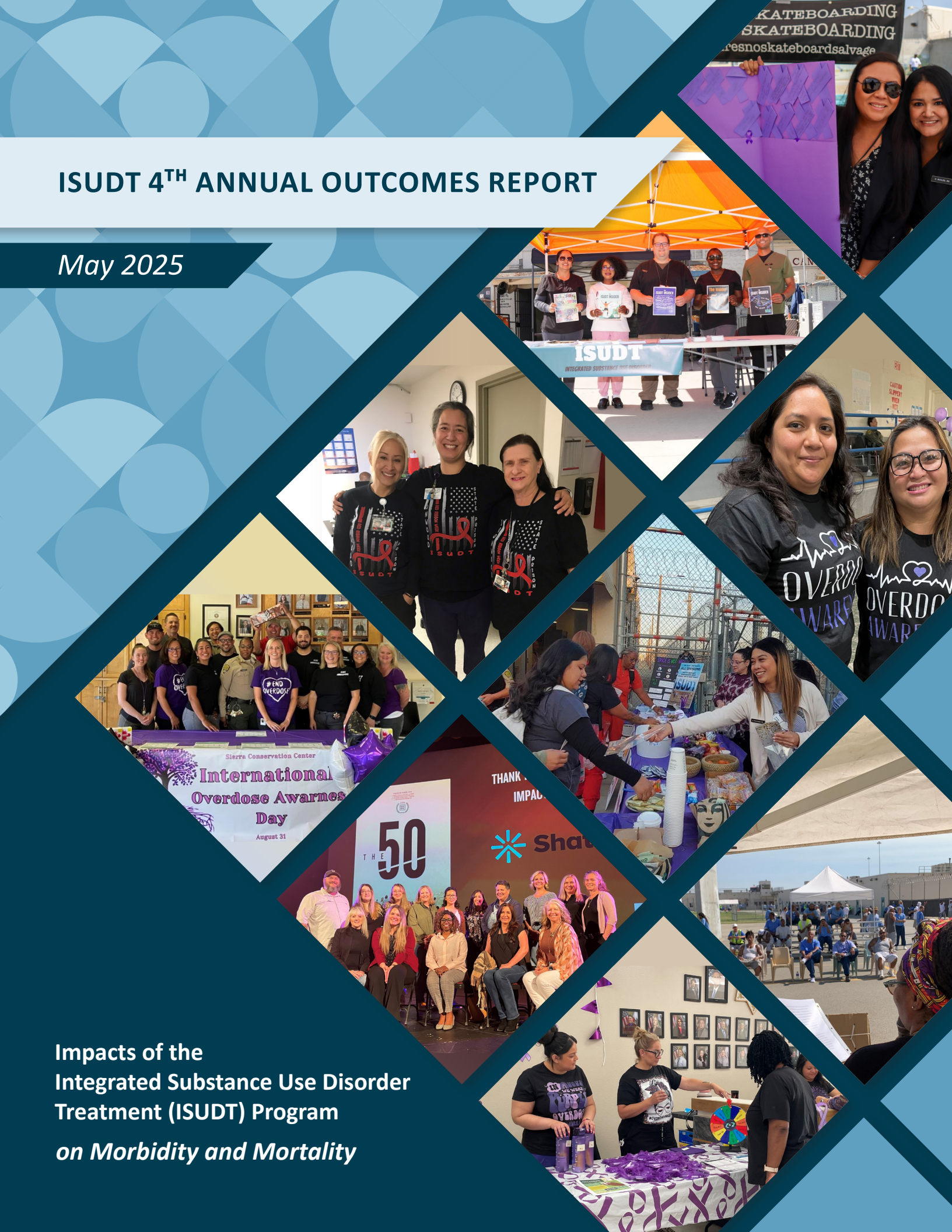
ISUDT 4TH ANNUAL OUTCOMES REPORT

May 2025



Impacts of the Integrated Substance Use Disorder Treatment (ISUDT) Program

on Morbidity and Mortality

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

This report was prepared by: The California Department of Corrections and Rehabilitation & California Correctional Health Care Services

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EXECUTIVE SUMMARY

This fourth annual Integrated Substance Use Disorder Treatment (ISUDT) Program Outcomes Report provides an update on the status of program implementation and details progress toward its goal of reducing substance use disorder (SUD)-related morbidity and mortality among incarcerated people in California Department of Corrections and Rehabilitation (CDCR). Data are presented on the population served by ISUDT to date, SUD prevalence estimates overall and among high-risk and vulnerable groups, and the proportions of people with opioid use disorder (OUD) or alcohol use disorder (AUD) who accessed Medication Assisted Treatment (MAT). The use of MAT for justice-involved people with OUD saves lives and produces significant cost savings. Research shows MAT during incarceration decreases overdose deaths following release from prison and increases treatment engagement in the community.

This report also presents data on urine drug screening (UDS), as well as MAT adherence and retention. Impacts of MAT on drug overdose outcomes, including overdose deaths, community emergency department (ED) and hospital visits for overdose, and suspected opioid overdoses treated with naloxone in CDCR are summarized. For the first time, this report includes data on post-release overdose deaths.

Background

Overdose deaths surged in the United States (U.S.) between 2018 and 2023 claiming nearly 692,500 lives. Although overdose deaths declined by roughly 24% in 2024, by year-end over 90,700 Americans lost their lives due to overdose. The U.S. is facing a grim new reality with overdose death rates remaining significantly higher than before the pandemic. The Drug Enforcement Administration (DEA) states that despite this decline, fentanyl remains a deadly threat, is responsible for a significant majority (75%) of all overdose deaths, and is still the leading cause of death for people aged 18-45 in the U.S.[1][2][3][4][5][6]

While national declines in overdose deaths are promising, it is unclear if this positive trend will continue. The DEA and the Centers for Disease Control and Prevention's (CDC) attribute declines in overdose deaths to source reduction of fentanyl internationally and within the U.S., treatment expansion and availability of MAT to address OUD, as well as the scale-up of education efforts and harm reduction strategies such as naloxone. The DEA is engaged in continuous efforts to detect and stop fentanyl trafficking into the U.S. and found that fentanyl entering the U.S. in 2024 was less potent than in prior years, with roughly 50% containing potentially lethal doses, as opposed to 70% in earlier years, and was therefore less likely to kill.[7][8]

1 https://www.cdc.gov/nchs/products/databriefs/db522.htm
2 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
3 https://www.progressivepolicy.org/u-s-drug-overdose-deaths-down-21-7-from-2023-to-2024/#:~:text=The%20CDC%27s%20latest%20estimates%20cover,September%202022%20to%20August%202023
4 https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html
5 https://www.getsmartaboutdrugs.gov/media/dea-administrator-record-fentanyl-overdose-deaths#:~:text=For%20Americans%20age%2018%2D45,100%20times%20stronger%20than%20morphine
6 https://www.dea.gov/press-releases/2024/12/16/overdose-deaths-decline-fentanyl-threat-looms
7 https://www.progressivepolicy.org/u-s-drug-overdose-deaths-down-21-7-from-2023-to-2024/#:~:text=The%20CDC%27s%20latest%20estimates%20cover,September%202022%20to%20August%20202
8 https://www.cdc.gov/overdose-prevention/data-research/facts-stats/us-dispensing-rate-maps.html

Similar to national trends, in 2024 California also experienced a decline (nearly 20%) in overdose death rates. However, rates are still much higher than before the pandemic with fentanyl claiming a significant majority (approximately 70%) of these lives.[9] [10] Fentanyl remains a deadly threat in California, with enough fentanyl seized at our ports of entry to kill one in every four California residents.[11]

CDCR launched the ISUDT Program in January 2020 to address drug overdoses and other morbidity and mortality caused by SUDs. The ISUDT Program has five components: 1) SUD Screening and Assessment; 2) MAT for OUD and AUD; 3) Behavioral Interventions (Cognitive Behavioral Intervention (CBI) and Cognitive Behavioral Therapy (CBT) for all SUDs; 4) Supportive Housing; and 5) Enhanced Pre-Release Planning and Transition Services. With the ISUDT Program, CDCR aims to build the capacity to address SUD as a chronic disease through a multi-divisional, collaborative delivery model and to create a rehabilitative environment which improves safety for incarcerated people and staff.

Between 2020–2024, the ISUDT Program made substantial progress in implementing its components statewide, with 192,927 people screened for SUD, 49,258 provided MAT, and 128,666 provided CBI, and CBT is now available to address SUD and co-occurring trauma.

Despite interdiction efforts, fentanyl continues to enter California and its prisons. The high prevalence of SUDs including OUD (34%), stimulant use disorder (StUD) (29%), and AUD (22%) among people incarcerated in CDCR makes the population particularly vulnerable to fentanyl.

There were 89 drug overdose deaths in CDCR in 2023. The drug overdose death rate (93 overdose deaths per 100,000) was significantly higher in 2023 compared to the two previous highest years on record, 2019 and 2022. The rate of death from fentanyl overdose increased nearly 5-fold between 2019 and 2023. These data indicate CDCR is in the midst of an opioid and fentanyl crisis, and interventions that protect against overdose death, such as MAT and naloxone, are more important than ever. Despite these challenges, the provision of MAT within CDCR and as people reenter the community mitigates overdose deaths and saves lives.

People who are released from CDCR prisons remain at high risk of death from drug overdose. Since the ISUDT Program inception, however, for people released from CDCR in 2021-2022, the standardized drug overdose mortality after release trended down compared to the preceding three years.

Among people released to the community in 2024, 96% had a Medi-Cal application submitted, 95% were provided naloxone, and of those on MAT, 95% were provided with medication at the time of release, and 90% had a MAT appointment established with a community provider. The proportion of those released who had received MAT or CBI while incarcerated increased from 44% in 2020 to 84% in 2024.

9 https://skylab.cdph.ca.gov/ODdash/?tab=Home
10 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
11 https://www.gov.ca.gov/2024/08/29/californias-fentanyl-task-force-seizes-over-8-8-million-fentanyl-pills/

Key Findings Presented in this Report

Among people with OUD, 81% accessed MAT, over twice as high as the community in California (31%) and the United States (U.S.) (25%).

Linking at-risk and vulnerable groups with OUD with ISUDT has achieved even higher rates of MAT for OUD among people with Hepatitis C (HCV) history (86%), human immunodeficiency virus (HIV) (85%), and in mental health care (84%).

CDCR's Black (72%), Asian/Pacific Islander (77%) Hispanic/Latinx (81%) populations with OUD accessed MAT at lower rates compared with the White population (87%).

Compared to people with OUD without a prescription for MAT, individuals prescribed MAT for OUD had:

- 56% lower overdose death rate.
- 12% lower rate of community ED and hospital visits for overdose.
- 14% lower rate of suspected opioid overdose treated with naloxone among those prescribed MAT for OUD.

Compared to people prescribed MAT for OUD who were not adherent to treatment, those who were adherent to treatment had:

- 89% lower overdose death rate.
- 62% lower rate of community ED and hospital visits for overdose.
- 69% lower rate of suspected opioid overdose treated with naloxone.

MAT prevented 23 overdose deaths in 2023.

Among people on MAT being released to the community, 95% were provided medication, 90% had a MAT appointment established, and 95% were provided with naloxone education and kits.

Naloxone (which was distributed widely throughout institutions in 2024) led to successful resuscitation of over 2,300 individuals who experienced suspected opioid overdose.

Conclusions

The ISUDT Program has made significant progress in improving access to SUD screening and treatment in CDCR that is aligned with community standards of care. SUD screening, assessment, linkages to evidence-based treatments (MAT, CBI, CBT), and supportive services have been expanded statewide to provide care for people beginning at entry into CDCR and throughout their incarceration. The proportion of people with OUD in CDCR who have accessed MAT is more than double than in the community. Data shows treatment is associated with reduced risk of fatal and non-fatal opioid overdose, especially among people adherent to therapy. Integration of the ISUDT Program with HCV, HIV, and the mental health programs has achieved particularly high rates of MAT for OUD. However, disparities in access remain for some vulnerable groups.

To improve the quality and reach of evidence-based SUD treatment and to build capacity, the ISUDT Program has focused on developing resources for provider training and decision support tools. Nevertheless, data in this report highlights the need for additional innovations to engage more people in need, maximize the effectiveness of treatment, and eliminate health disparities in CDCR's population.

BACKGROUND

Drug Overdose and Fentanyl are a Significant Public Health Threat

Drug overdose deaths peaked in California and in the U.S. in 2023.[12] Despite declines in 2024, drug overdose continues to plague our nation and by year-end 2024, over 90,700 Americans lost their lives due to overdose. Opioids and specifically fentanyl continue to have devastating impacts in the U.S. and pose a significant public health threat, contributing to 75% (or over 67,700) overdose deaths in 2024.[13] Fentanyl overdose remains the leading cause of death for people aged 18-45 in the U.S.[14] [15] [16] [17] [18]

The CDC estimates drug overdose killed 10,026 people in California in the 12-month period ending in October 2024.[19] Preliminary data from the California Department of Public Health indicates in the 12-month period ending in November 2024, 62% of drug overdose deaths in California involved an opioid and 55% involved fentanyl.[20] Therefore, opioids and especially fentanyl continue to pose a significant public health threat in California.

Many California counties are still overwhelmed with the number of fentanyl overdose deaths and increased fentanyl-related emergency department (ED) and hospital visits. In 2024, Los Angeles (L.A.) County (California's largest county) identified fentanyl as the most common drug listed as a cause of overdose death accounting for 64% of these deaths. Fentanyl overdose deaths skyrocketed in L.A. by over 1,600% in 2022. However, this rate increase slowed in 2023, with a 3% increase in deaths. However, there have been surges in fentanyl-related ED visits which increased by over 830%, and hospitalizations which increased by nearly 390%.[21]

The most recent data from San Diego County shows the number of drug-related overdose ED visits decreased by 12% from 2021 to 2024, while the proportion of opioid overdose ED visits increased by 13%. Preliminary San Diego County data indicates 72% of overdose deaths were opioid related.[22] While San Diego County's data does not specifically identify fentanyl deaths, they continue efforts to distribute naloxone and fentanyl test strips as harm reduction strategies to mitigate overdose deaths.[23]

12 https://skylab.cdph.ca.gov/ODdash/?tab=CA, accessed 03/26/2025
13 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
14 https://www.getsmartaboutdrugs.gov/media/dea-administrator-record-fentanyl-overdose-deaths#:~:text=For%20Americans%20age%2018%2D45,100%20times%20stronger%20than%20morphine
15 https://skylab.cdph.ca.gov/ODdash/?tab=Home
16 https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html
17 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
18 https://www.progressivepolicy.org/u-s-drug-overdose-deaths-down-21-7-from-2023-to-2024/#:~:text=The%20CDC%27s%20latest%20estimates%20cover,September%202022%20to%20August%202023
19 https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm, accessed 03/26/2025
20 https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH Document Library/Prelim_Monthly_Death_Data_2025_01.pdf, accessed 03/26/2025
21 http://lapublichealth.org/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf
22 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/od2a/Q1_2024_Overdose Quarterly Report.pdf
23 https://www.countynewscenter.com/fighting-the-fentanyl-overdose-epidemic/

Incarcerated or Formerly Incarcerated People are at High Risk of Death from Drug Overdose

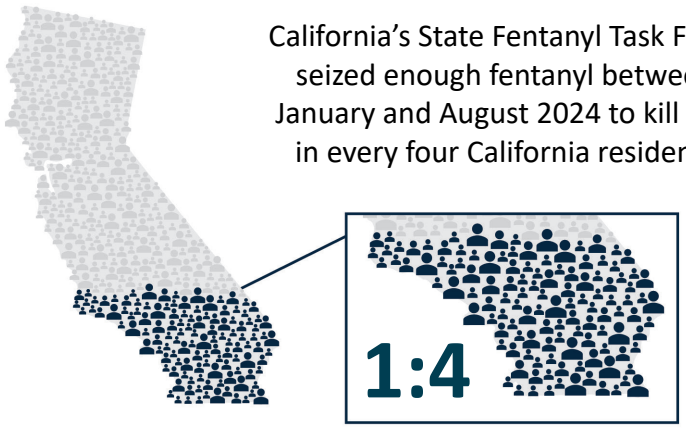
Incarcerated and formerly incarcerated people are disproportionally impacted by drug overdose. Incarcerated persons have rates of fatal and non-fatal opioid overdoses many times higher than the community population.[24] The most recent national data on overdose deaths among people incarcerated in state prisons is from 2018,[25] prior to the national fentanyl epidemic, and therefore is not useful for understanding current challenges. Opioid overdose is a leading cause of death among people released from prison; their risk is more than ten times higher than the community population.[26] The first two weeks following release from prison is a time of especially high risk for death from all causes including drug overdose.[27] [28]

People incarcerated in California jails are also at risk for drug overdose death. California jails, including L.A. and Riverside Counties, continue to experience clusters of fatal and non-fatal fentanyl overdoses. Data shows across California jails, in both rural and urban areas, fentanyl overdoses account for a majority of in custody deaths. In 2024, Riverside County Jail was identified as one of the nation's deadliest jails by several prominent news outlets with overdose identified as a leading cause of death.[29] [30] [31] [32]

The CDCR Population is at Risk for Fentanyl Overdose

CDCR's population continues to be impacted by the pipeline of fentanyl coming into our state and the high prevalence of OUD among incarcerated people. Large proportions of the CDCR population have OUD (34%), StUD (29%), and AUD (22%). Co-occurring OUD and StUD is also highly prevalent (22%). People arriving at CDCR from county jails in 2024 had an even higher prevalence of OUD (44%) than the overall population. Therefore, newly incarcerated persons may be at increased risk for drug overdose and CDCR may have a sustained or increased need for OUD-related services over time.

Fentanyl continues to enter the state of California and its prisons. California's State Fentanyl Task Force seized nearly 2.5 tons of fentanyl powder and over 8.8 million pills at ports of entry between January and August 2024 – enough to kill one in every four California residents.[33]



24 https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-opioid-use-disorder-treated-in-criminal-justice-system
25 https://bjs.ojp.gov/content/pub/pdf/msfp0118st.pdf
26 https://pmc.ncbi.nlm.nih.gov/articles/PMC10795482/#ABS1
27 https://www.nejm.org/doi/full/10.1056/nejmsa064115
28 https://pmc.ncbi.nlm.nih.gov/articles/PMC2955973
29 https://www.nytimes.com/2024/11/01/us/california-jail-deaths-riverside-county.html
30 https://www.latimes.com/california/story/2024-10-08/1-dead-several-hospitalized-after-suspected-drug-overdose-cluster-at-downtown-jail
31 https://calmatters.org/justice/2024/03/death-in-california-jails/
32 https://www.latimes.com/california/story/2024-10-08/1-dead-several-hospitalized-after-suspected-drug-overdose-cluster-at-downtown-jail
33 https://www.gov.ca.gov/2024/08/29/californias-fentanyl-task-force-seizes-over-8-8-million-fentanyl-pills/

In 2024, CDCR seized over 820 grams of fentanyl, 2,400 grams with packaging, and nearly 13,650 fentanyl doses and/or pills; trends are not available due to reporting changes. CDCR recently changed its fentanyl seizure reporting, making comparisons to previous years' fentanyl seizures unfeasible. Unfortunately, evidence from CDCR population's health (presented in ISUDT Program Impacts section of this report), including urine drug screening tests positive for fentanyl and drug overdose deaths involving fentanyl, indicates a significant amount of fentanyl makes its way into prisons despite interdiction efforts. The high prevalence of SUDs and OUD in CDCR makes the population particularly vulnerable to the hazard of fentanyl.

CDCR Distributes Naloxone to Mitigate Risk of Death from Opioid Overdoses

Naloxone is a medication that reverses opioid overdoses by blocking the effects of opioid drugs. Studies in the community have shown access to naloxone (e.g., emergency medical personnel, first responders, and bystanders) reduces opioid overdose deaths.[34] Research shows naloxone distribution combined with opioid overdose education reduces mortality in jails and prisons.[35]

To prevent deaths from opioid overdose, CDCR continued to expand naloxone distribution including: 1) offering naloxone to all persons upon release, so it is available during the high-risk post-release period; 2) making naloxone easily accessible to all staff to use in response to a suspected overdose; and 3) making naloxone available to all people incarcerated in prisons. CDCR is dedicated to reducing stigma around the use of naloxone and provides education about the pharmacological effects of naloxone to reduce misuse.[36] [37]

In 2024, over 2,930 suspected opioid overdose events were reversed by administering naloxone. These events involved 2,309 distinct patients - a 34% increase compared to 1,722 distinct patients in 2023. Despite its power to reverse opioid overdose and save lives, naloxone does not prevent overdose, and it is not a treatment or cure for OUD.

MAT is an Evidence-based Intervention

Food and Drug Administration (FDA)-approved drugs for OUD and AUD are referred to as MAT. MAT drugs commonly used to treat OUD are buprenorphine, methadone, and naltrexone. Naltrexone and acamprosate are used to treat AUD. Buprenorphine for OUD can reduce opioid-related mortality by 38%, and methadone can reduce it by 59%.[38] In a Medicaid population, each additional 60 days of adherence to MAT for OUD reduced the risk of overdose by an additional 10%.[39] Persons on MAT for at least one year have the best long-term outcomes.[40] Tapering or discontinuing medication leads to increased rates of relapse and overdose, and the length of MAT treatment is a decision specific to individualized risks and needs.[41] Stanford University found MAT saves lives and results in significant cost savings for justice-involved people with OUD (estimated at lifetime cost savings per person between $25,000 and $105,000).[42] Other research shows MAT provided during incarceration decreases overdose deaths by 75% following release from prison and increases community-based treatment engagement.[43] [44]

34 https://archives.nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science#ref
35 https://www.ncchc.org/position-statements/naloxone-in-correctional-facilities-for-the-prevention-of-opioid-overdose-deaths-2020/
36 https://cchcs.ca.gov/wp-content/uploads/sites/60/Impact-of-Naloxone-Availability-and-Distribution.pdf
37 https://cchcs.ca.gov/wp-content/uploads/sites/60/California-Prisons-Naloxone-Distribution-Jan-2023.pdf
38 https://pmc.ncbi.nlm.nih.gov/articles/PMC8265117/
39 https://pubmed.ncbi.nlm.nih.gov/35652681/
40 https://www.nature.com/articles/s41380-018-0094-5
41 https://www.lac.org/assets/files/Myth-Fact-for-MAT.pdf
42 https://fsi.stanford.edu/news/stanford-team-reveals-cost-effective-and-life-saving-treatment-opioid-disorder
43 https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-023-00209-w
44 https://www.aclu.org/wp-content/uploads/publications/20210625-mat-prison_1.pdf

ISUDT PROGRAM UPDATES

Progress in Implementing the Five Components of the ISUDT Program

Since its inception in 2020, the ISUDT Program has made substantial progress in implementing all five program components: 1) SUD Screening and Assessment; 2) MAT for OUD and AUD; 3) CBI and CBT; 4) Supportive Housing; and 5) Enhanced Pre-Release Planning and Transition Services.

In 2023, CBI was supplemented with CBT provided by licensed therapists to address addiction and co-occurring trauma for people with worsening SUD or not progressing in treatment. In July 2024, CBI transitioned from a set of 14-week interventions to a 16-week open-ended model to allow for increased flexibility and more people to receive services. CBI and CBT are standardized across institutions, allowing for programming continuity for people transferring between institutions.

All other ISUDT Program behavioral support initiatives have been established. In January 2024, Short-term Education programming was implemented at select CDCR institutions for people with SUD with under 7 months to serve, with expansion statewide by April 2024.

In February 2024, CDCR implemented an Aftercare program at select institutions for people who completed SUD-focused CBI to prevent relapse and support ongoing recovery. Statewide expansion of Aftercare was completed in September 2024 following execution of CDCR contract amendments, procuring curriculum for participants and Alcohol/Drug counselors, and establishment of CDCR Milestone Completion Credits for Aftercare participation.

CDCR continues to promote Supportive Housing at all institutions. As of February 2025, there are over 14,200 occupied Supportive Housing beds with more than 6,500 (roughly 46%) occupied by current and former ISUDT participants. The Peer Support Specialist Program (PSSP) is being integrated with Supportive Housing to help incarcerated people build community, trusting relationships, and self-improvement. PSSP is being implemented in phases, with 14 institutions completed, five more in progress, and statewide expansion expected by December 2025. To date, 472 incarcerated persons have been trained as Peer Support Specialists.

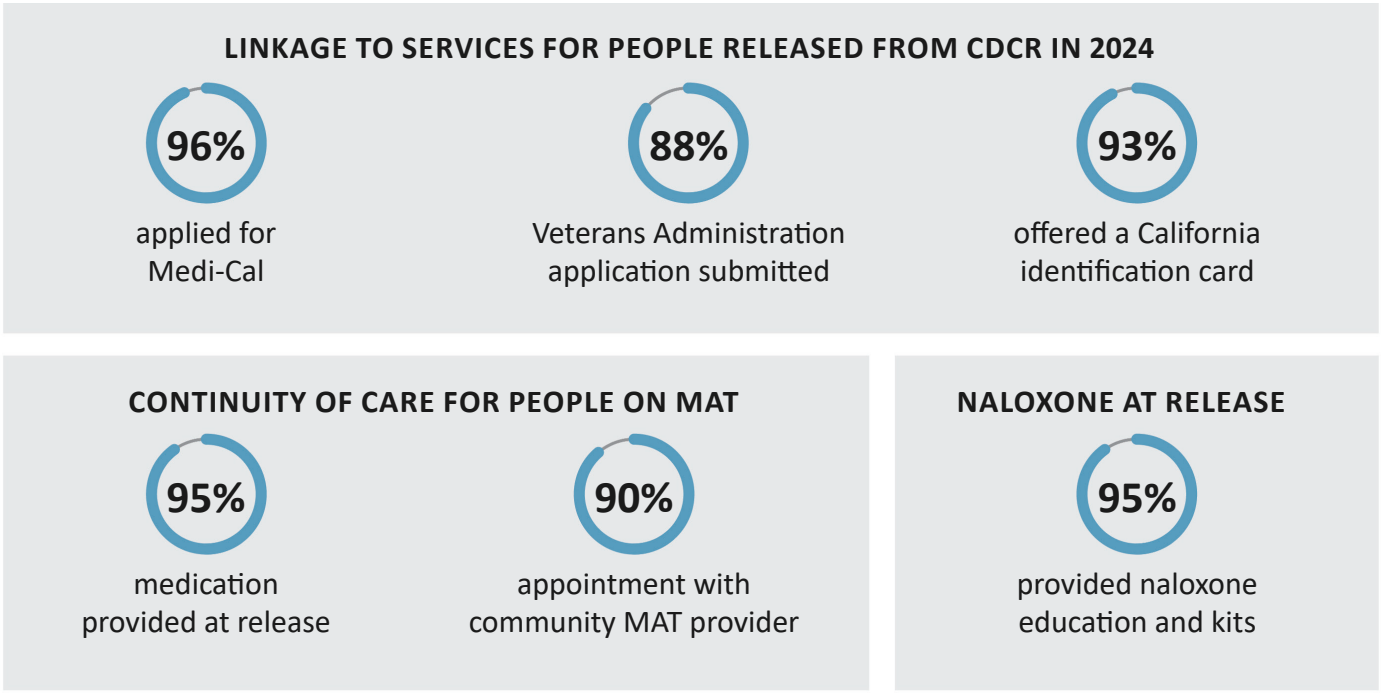
Services Provided in the First Five Years of the ISUDT Program

CDCR is one of the largest health care providers of SUD screening and treatment nationally. Understanding SUD as a treatable chronic medical condition, CDCR's primary focus is on expanding access to MAT for patients diagnosed with OUD and AUD in conjunction with evidence-based behavioral services. During 2020–2024, 192,927 people were screened for SUD, 85,490 were assessed for SUD treatment (MAT, CBI), 49,258 were provided MAT, and 128,666 participated in CBI. With the expansion of cognitive behavioral services in 2023–2024, 1,615 people were provided CBT, 2,128 were provided post-CBI Aftercare, and 4,551 people participated in Short-term Education programming who otherwise might not have accessed ISUDT services due to their short sentences.

Enhanced Pre-Release Planning & Transition Services

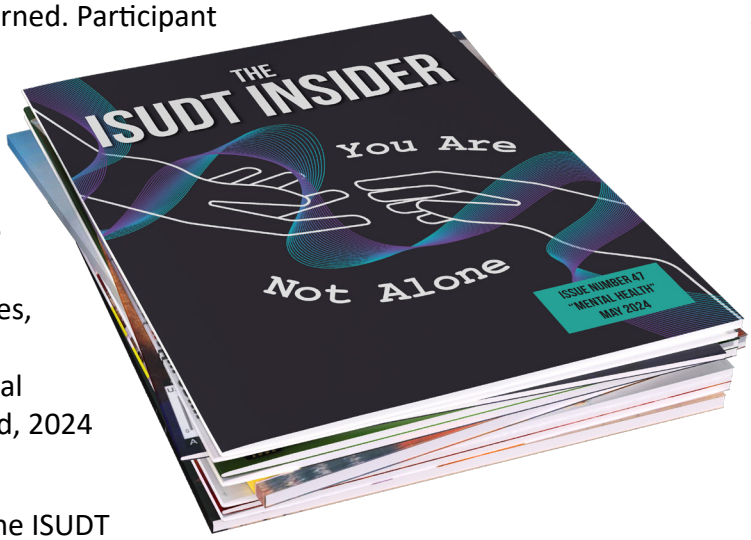
From 2020 to 2024, nearly 41,000 people identified with SUD and released from CDCR received treatment while incarcerated including MAT and/or CBI. And CDCR continues to prioritize pre-release planning and continuity of care services after release for successful community reentry and reduced negative outcomes such as relapses to drug use, overdose deaths, and recidivism. Pre-release services include help with benefits applications, housing, employment, SUD treatment resources, and linkage to medical care (**Figure 1**).

Figure 1. Enhanced Pre-release & Transition Services among People Released from CDCR



Communication & Outreach

The recovery community inside CDCR receives ongoing outreach, support, and communication resources for peer-to-peer sharing of encouragement and lessons learned. Participant insights are shared via the ISUDT Insider, a monthly newsletter-style publication which also provides tips and facts about SUD to reduce stigma and increase engagement in treatment.



Themes in 2024 included Bridging the Gap (Pre-Release Services), Heart Health, Social Work Month, Alcohol Awareness, Mental Health, Milestones, Healthy Lifestyles, Together We Can (Celebrating the 50th ISUDT Insider), The Art of Recovery (Art Therapy in Recovery), Emotional Wellness, and Think Outside the Box (Staying Connected, 2024 in Review).

As of December 2024, over 950,000 printed copies of the ISUDT Insider have been distributed to program participants statewide. Readers continue to share their artistic contributions, testimonials of their continued fight to overcome SUD, and feedback on the lifesaving ISUDT Program.

In 2024, staff received contributions from a correspondent network of people in recovery, who chronicled their challenges and triumphs, encouraging resilience.

> ***"I can honestly say ISUDT is the first program to click the rehabilitation light bulb on in my head."***

> ***"I'm receiving suboxone to get off heroin. It's a blessing, this MAT program, because since I started heroin, I have never been off it, until I got to this prison and got on this program. I haven't had a problem since I got on this program. Not on heroin, my relationship with my family has just surged. I am a better father."***

> ***"When I began the program three years ago, I was stubborn and unwilling to admit that I needed help. But, sitting in those circles and hearing myself in other people made me realize the effect that growing up around abuse and violence had on me. I honestly wished that I had gotten into one of those seats on the first day of my incarceration. It would have given me the confidence to believe in myself. Get diagnosed and get into ISUDT. You will like the results and your family will, too."***

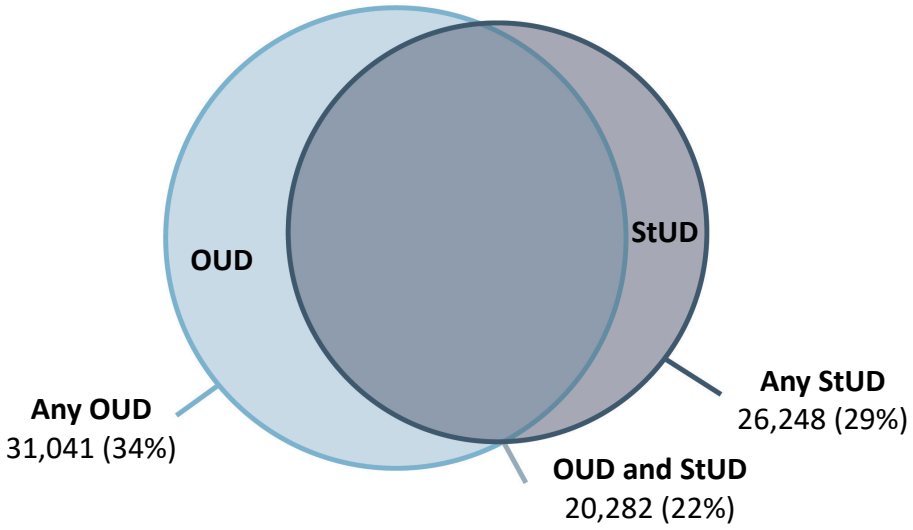
SUD PREVALENCE & ACCESS TO MAT AMONG HIGH-RISK GROUPS

To ensure the ISUDT Program is reaching the CDCR's population in need of services, SUD prevalence among demographic, high-risk, and vulnerable groups was estimated using SUD assessment, diagnosis, and treatment, and overdose hospital claims data.

As of December 2024, high proportions of the population were identified with a SUD: 34% (31,041) had OUD and 29% (26,248) had StUD. (**Figure 2**). Among people with OUD, nearly two thirds (65%, n=20,282) had a co-occurring StUD. (See **Appendix A** for methodology and summary data).

Figure 2. Prevalence of OUD, StUD, and Co-occurring OUD and StUD in CDCR's Population

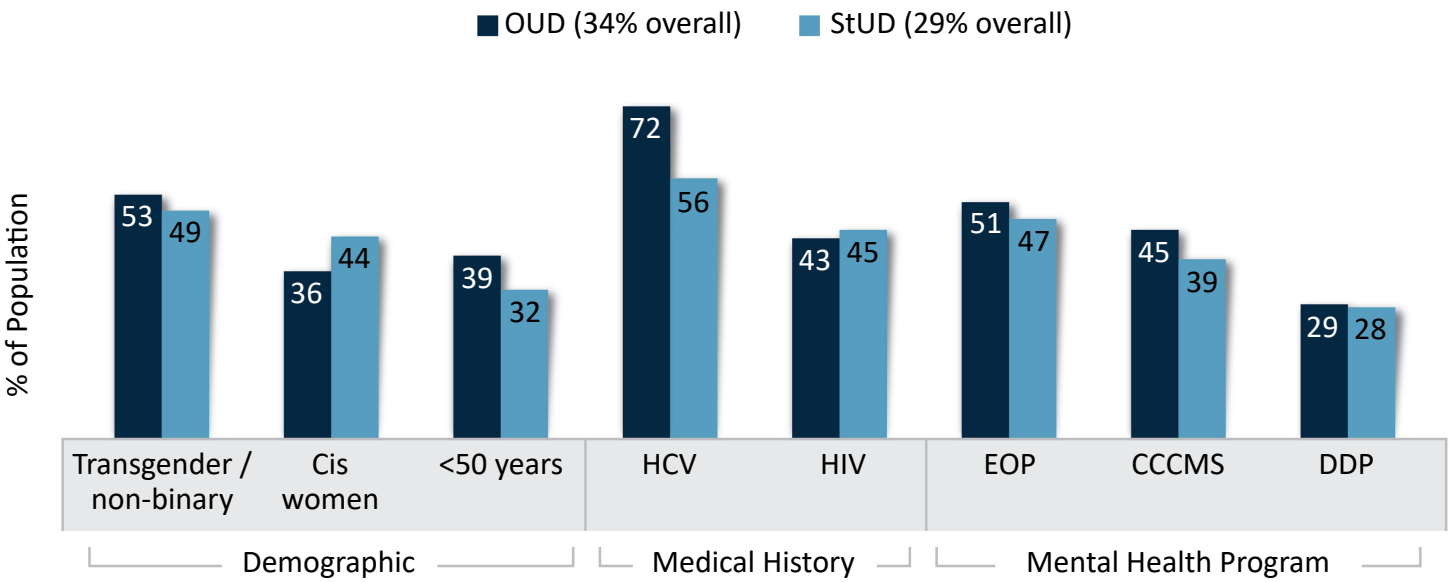
December 2024



OUD was highest among people with a history of HCV (72%) or HIV (43%), in the Correctional Clinical Case Management System (CCCMS) meaning those with mild to moderate mental illness (45%) and Enhanced Outpatient Program (EOP) or higher level of mental health care (51%) meaning those with serious mental illness, among trans/non-binary gender (53%), cis women (36%), and <50 years old (39%) (**Figure 3**). Of note, the prevalence of StUD, which is not treated with MAT, was 22% higher than OUD (44% vs. 36%) among cis women.

Figure 3. OUD and StUD Prevalence by High-risk or Vulnerable Group in CDCR's Population

December 2024



OUD also varied by race/ethnicity: Native American (46%), White (45%), Hispanic/Latinx (37%), Black (23%) and Asian/Pacific Islander (20%). However, OUD among CDCR's Black population is likely much higher. In 2024, Black people compared with White were nearly twice as likely to have an opioid overdose ED or hospital visit and over twice as likely to have two or more suspected opioid overdose reversals with naloxone. This disparity may be explained by far lower rates of HCV history (8% vs. 35%) and screening positive for drug use (9% vs. 20%), which are the most common pathways for evaluation for SUD treatment.

As of December 2024, 81% (25,133) of CDCR's population identified with OUD had accessed MAT at some point during their incarceration and 60% (18,645) were actively on MAT, roughly twice the most recent community estimates in California (31%)[45] and nationally (25%)[46]. (See **Appendix B** for methodology and summary data).

The ISUDT Program has achieved particularly high rates of access to MAT for people with OUD who have a history of HCV, HIV, or coexisting mental illness (**Table 1**). The prevalence of active HCV infection in CDCR's population continues to decrease following integration with the ISUDT Program from 9% in 2020 to 3% in 2024. As described in prior ISUDT Annual Reports, people with OUD on MAT have a 60% lower risk of reinfection after successful HCV treatment. These data demonstrate the positive impact of robust linkages with the ISUDT Program and expanded provider decision support tools.

45 https://www.sciencedirect.com/science/article/pii/S0955395922002031
46 https://www.cdc.gov/mmwr/volumes/73/wr/mm7325a1.htm

Although access to MAT for OUD in CDCR is far higher than in the community for all high-risk groups, people 50 years and older, cis women, and Developmental Disabilities Program (DDP) participants had lower rates, similar to trends in the community.[47] [48]

Table 1. Access to MAT for OUD in High-Risk or Vulnerable Groups in CDCR's Population

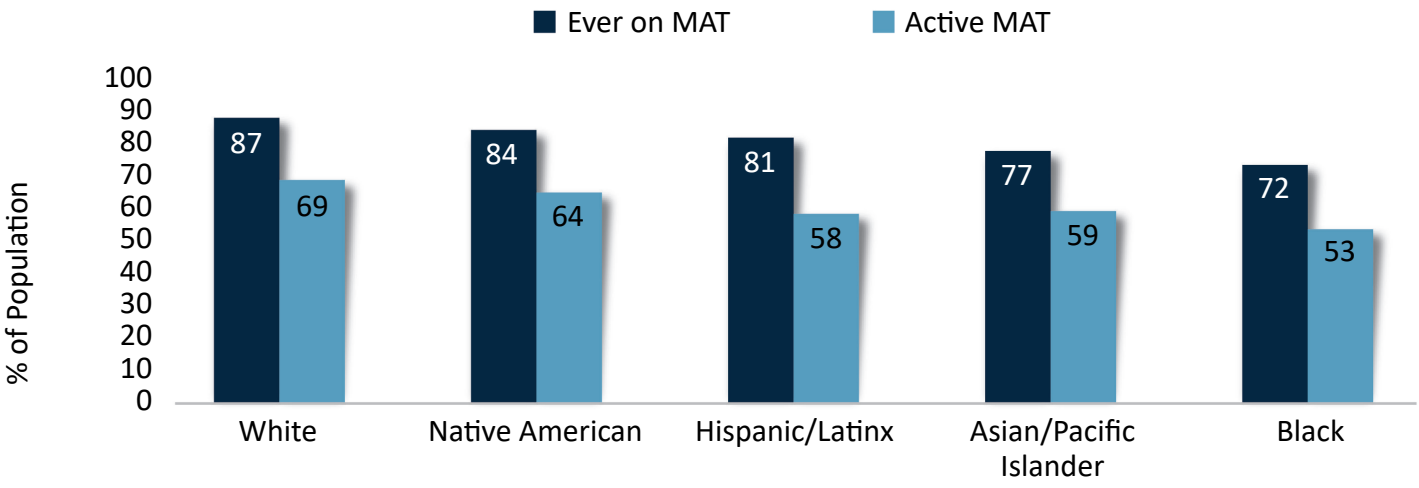
December 2024

Population with OUD	Ever on MAT (%)	Active MAT (%)
History of HCV	86	64
HIV Infection	85	59
Mental Health Program	84	67
≥50 years old	76	54
Cis-Women	75	56
Developmental Disabilities Program	75	57

There were observed disparities in MAT access among people with OUD across race/ethnicities relative to White with the greatest among Black people (**Figure 4**). Additionally, among those with a community hospital or emergency department visit for an opioid overdose or at least two naloxone resuscitation events during 2024, compared with White, Black people had lower rates of ever accessing MAT (52% vs. 82%) and being actively on MAT (42% vs. 58%). These trends are similar to community trends and represent an opportunity for the Department to engage in continued outreach aimed at hard to reach populations.

Figure 4. Access to MAT for OUD by Race/Ethnicity in CDCR's Population

December 2024



As of December 2024, AUD prevalence trends across high-risk and vulnerable groups were consistent with those of OUD (see **Appendix A**). Access to MAT for AUD was not compared across groups due to small numbers. Less than 2% of people with AUD had ever accessed MAT and less than 1% were currently on MAT.

47 https://www.cdc.gov/mmwr/volumes/73/wr/mm7325a1.htm
48 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807964

However, 70% (n=14,100) of those with AUD had co-occurring OUD for which treatment may have been a higher priority.[49] [50]

ISUDT HEALTH OUTCOMES

This section of the report presents data on urine drug screening (UDS), MAT adherence and retention, drug overdose death trends, and impacts of MAT on drug overdose outcomes, including overdose deaths, community ED and hospital visits for overdose, and suspected opioid overdoses treated with naloxone in CDCR. For the first time, this report also includes data on post-release overdose deaths.

CDCR Uses Urine Drug Screening (UDS) to Manage OUD

Urine drug screening (UDS) is the standard of care for managing OUD, and it serves several important purposes, including monitoring treatment adherence, detecting relapse and illicit drug use (including opiates, fentanyl, and methamphetamine), guiding clinical decisions, and building trust and accountability. In 2024, CDCR performed 203,760 UDS tests, using three distinct UDS panels: 1) Screening (used at reception centers or in preparation for an initial evaluation for MAT; 18% of UDS); 2) Monitoring (used for ongoing monitoring on MAT; 73% of UDS); and 3) Comprehensive (used when a patient exhibits severe, unstable, co-occurring disorders requiring testing of psychotropic medications; 8% of UDS). In 2024, people on MAT were monitored with an average of 6 UDS per person.

The presence and use of illicit drugs within CDCR remains a problem. Among all UDS, 8.8% detected opiates, 4.3% detected fentanyl, and 12.5% detected methamphetamine. Notably, 80% of the UDS that were positive for fentanyl occurred among person who were already on MAT. Therefore, although there are risks of exposure to illicit opiates and fentanyl in CDCR, these risks are mitigated by MAT.

People on MAT in CDCR have a High Adherence to Treatment and Retention in Treatment

MAT is dosed either daily (administered orally) or monthly (administered as an injection). CDCR defines adherence as having received oral doses on at least 80% of the days of the preceding month or having received an injection within the preceding month. In 2024, 88% of people on MAT were adherent. In 2024, 93% of UDS tests done within the week of administration of a dose of buprenorphine detected both the drug and its metabolite – consistent with a high adherence to treatment.

As of December 2024, MAT retention in CDCR, defined as the percentage of people who were on MAT six months ago and remain on MAT, is 85%. Among the subset of people who started MAT for the first time six months ago, 70% remain on treatment. Patients who have newly started treatment are at higher risk of discontinuing treatment and need more support.

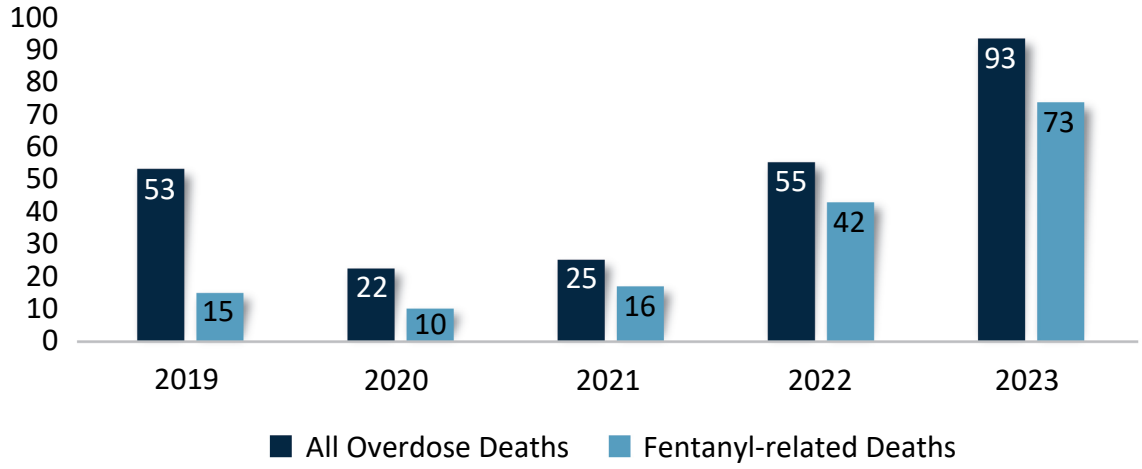
Overdose Deaths in CDCR

There were 89 drug overdose deaths in CDCR in 2023. The rate of death from drug overdose in CDCR was significantly higher in 2023 compared to the two previous highest years on record, 2019 and 2022 (93 overdose deaths per 100,000 in 2023 compared to 53 in 2019 and 55 in 2022; **Figure 5** and **Appendix C**). In 2023, 83% of overdose deaths within CDCR involved an opioid, and of the opioid deaths, *94% involved fentanyl*. The fentanyl overdose death rate increased 393% (nearly 5-fold) between 2019 and 2023.

49 https://pubmed.ncbi.nlm.nih.gov/35934583/
50 https://www.factsfightfentanyl.org/

Figure 5. CDCR Overdose Death Rates: All Overdose Deaths and Fentanyl-related Deaths

Rate per 100,000 CDCR Population, 2019-2023



In 2023, 23 (26%) drug overdose deaths in CDCR involved a stimulant drug, either alone (5) or in most cases in combination with an opioid drug (18). Just three (3%) overdose deaths involved alcohol. Of the alcohol-related deaths, two deaths involved a combination of ethanol, and the third death involved methanol poisoning. Just three (3%) of the overdose deaths involved buprenorphine, and two of those three overdoses were caused by buprenorphine in combination with other drugs including fentanyl. Only one of the deaths involving buprenorphine was in a person with an active prescription for buprenorphine for OUD.

Of the 72 people who died of an opioid overdose in CDCR in 2023, 38 (53%) had an identified OUD and 16 (22%) had an active prescription for MAT, but just 6 (8%) met the definition of an adherent regimen (completing an injectable dose within 30 days, or oral doses on at least 24 of the preceding 30 days). While MAT reduces risk of overdose death, people on MAT for OUD can still overdose if they use illicit drugs, including opioid drugs (e.g., fentanyl) or stimulant drugs (e.g., methamphetamine).

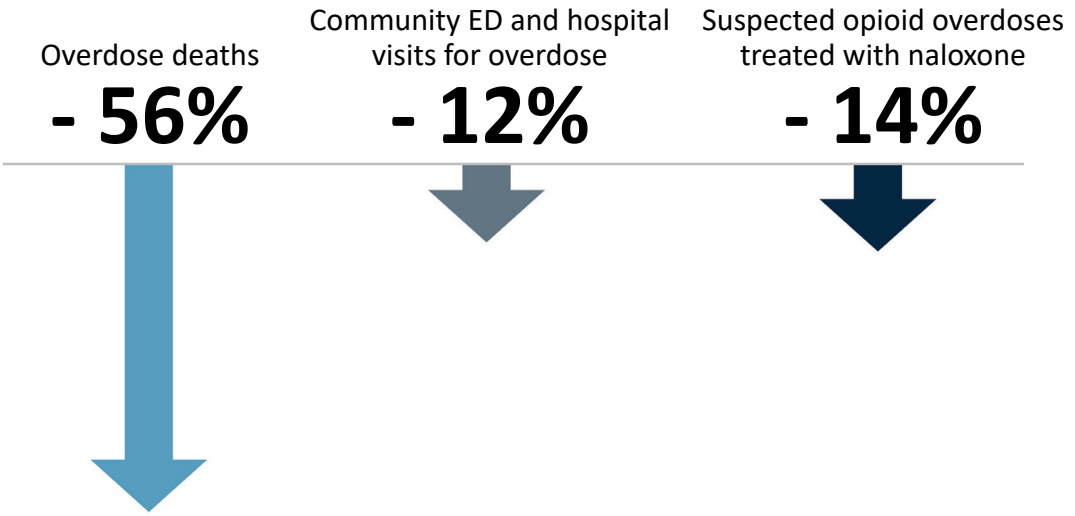
MAT Impacts on Overdoses in CDCR

A cohort analysis was conducted to determine whether MAT for OUD in CDCR had an impact on overdose outcomes, including: 1) overdose deaths, 2) the utilization of community ED and hospital services for overdose, and 3) suspected opioid overdoses treated with naloxone at a CDCR institution. The analysis period for overdose deaths was a 12-month period starting January 2023, and the analysis period for the other two outcomes was an 18-month period starting January 2023. The analysis included 42,787 CDCR incarcerated persons with an OUD (having a current or past prescription of MAT for OUD or a National Institute for Drug Abuse (NIDA) Modified-ASSIST Substance Involvement score for an opioid of 4 or more). The rates of overdose outcomes among persons on MAT for OUD were compared to the rates among those who had an OUD but were not currently on MAT.

When compared to persons with OUD without a prescription for MAT, all drug overdose outcomes examined were significantly lower among those with a prescription for MAT for OUD. The rate of death from drug overdose was 56% lower, the rate of community ED and hospital visits for overdose was 12% lower, and the rate of suspected opioid overdose treated with naloxone at a CDCR institution was 14% lower. Based on the total amount of time people with OUD were on MAT and on the difference in the rates of drug overdose death among people with OUD on MAT and not on MAT, MAT prevented 23 overdose deaths in 2023 alone. (**Figure 6**; **Appendix D**, Table D1).

Figure 6. Reduction in Rates of Overdose Outcomes Among the CDCR Population with OUD on MAT Compared to Those with OUD Not on MAT

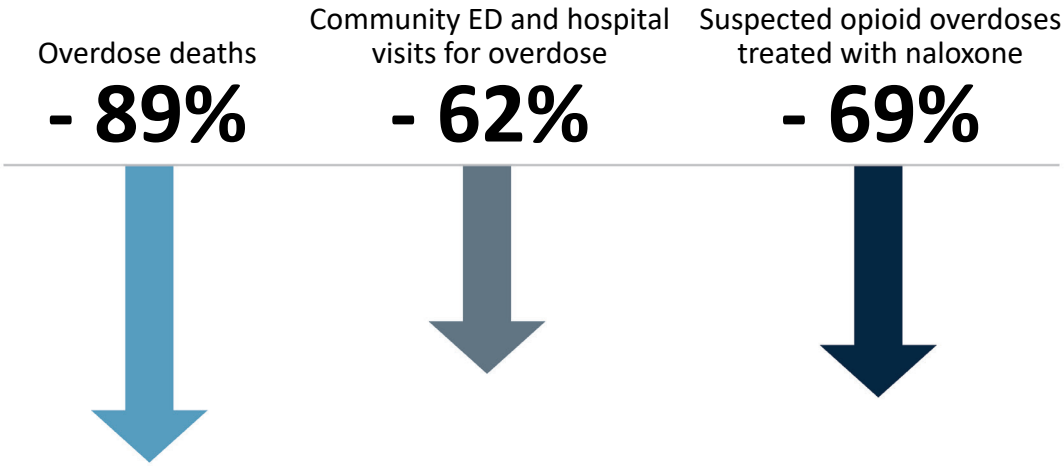
Percent reduction, 2023 (deaths) and January 2023 - June 2024 (other outcomes)



The same approach was used to determine the impact of MAT adherence on drug overdose outcomes. The rates of overdose outcomes among persons who were adherent to their prescriptions to MAT for OUD were compared to the rates among those who had a prescription for MAT for OUD who were not adherent. In the 18-month analysis period, persons with a prescription to MAT for OUD had an adherent regimen 84% of the time. Compared to those who were prescribed MAT for OUD but were not adherent, all drug overdose outcomes examined were significantly lower among those who were adherent: The overdose death rate was 89% lower, the rate of community ED and hospital services overdose rate was 62% lower, and the rate of suspected opioid overdose treated with naloxone at a CDCR institution was 69% lower (**Figure 7**; **Appendix D**, Table D2).

Figure 7. Reduction in Rates of Overdose Outcomes Among the CDCR Population Adherent to MAT for OUD Compared to Those Not Adherent

Percent reduction, 2023 (deaths) and January 2023 - June 2024 (other outcomes)



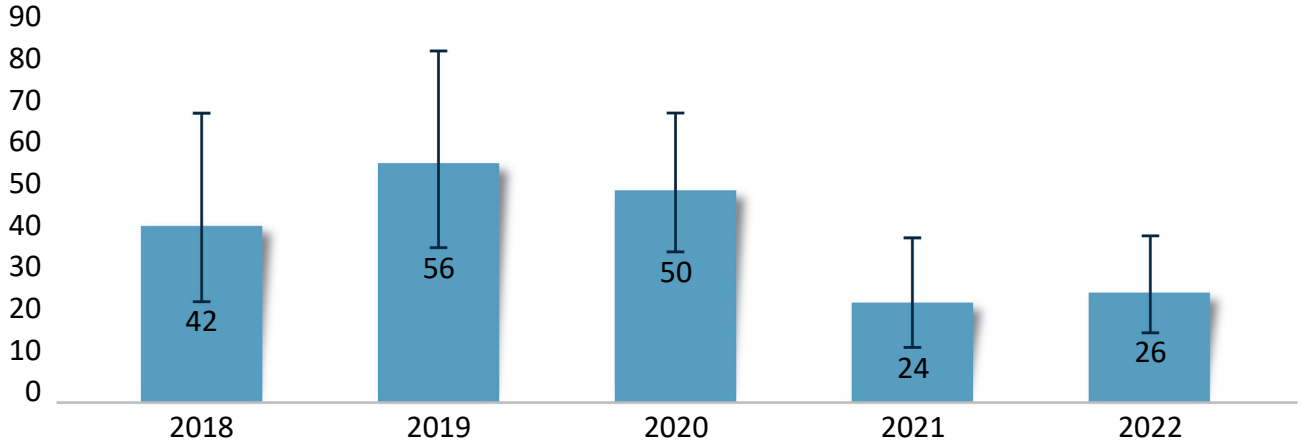
Together, these studies demonstrate MAT saves lives in CDCR and underscore the importance of access to MAT for OUD and of adherence to MAT.

Post-release Overdose Deaths

To determine whether the implementation of the ISUDT Program in 2020 had an impact on overdose deaths after incarceration, overdose deaths among persons released from CDCR prisons in 2018-2022 were identified from California vital records data. Among 161,273 individuals released during the time period, 108 overdose deaths were identified in the high-risk period of the first 14 days after release. Using the standardized mortality ratio (the number of observed deaths compared to the number of deaths expected based on the ages and sexes of the people in the population), overdose deaths decreased from 49.9 in 2018-19 to just 25.3 in 2021-22, representing a decrease in overdose mortality of 49% relative to the community after implementation. However, persons released from prison continue to experience higher rates of fatal drug overdose than the community (**Figure 8**).

Figure 8. Overdose Deaths Within 14 Days of Release from CDCR Compared to an Age-, Sex-, & Year-Standardized California Population by Release Period

Standardized mortality ratios, 2018-2022



CONCLUSIONS & NEXT STEPS

The ISUDT Program has made significant progress in improving access to SUD screening and treatment in CDCR aligned with community standards of care. SUD screening, assessment, linkages to evidence-based treatments (MAT, CBI, CBT), and supportive services have been expanded statewide to provide care for people beginning at entry into CDCR and throughout their incarceration. Over 80% of people with OUD have accessed MAT, more than double that in the community, greatly reducing their risk of fatal and non-fatal opioid overdose especially among people with high medication adherence. Although integration of the ISUDT Program with HCV, HIV, and the mental health programs has achieved particularly high rates of MAT for OUD, disparities in access remain for several vulnerable groups.

Over the last two years, the ISUDT Program enhanced SUD screening at entry into CDCR and developed provider training and decision support tools to improve the quality and reach of evidence-based SUD treatment and care and to build capacity:

- Implementation of universal UDS in Reception Centers to supplement SUD screening with the NIDA Quick Screen for earlier linkage to ISUDT Program services.
- Implementation of a registry with clinical information for each patient diagnosed OUD or high-risk indicators for OUD (opioid overdose, naloxone administration with improvement) to serve as a care team decision support tool for outreach and linkage to ISUDT services.

- ISUDT Program Dashboard measures for monitoring adherence and retention on MAT for OUD and supporting clinicians in working with their patients to meet program goals.
- Provider education and training around rapid induction of MAT for OUD to reach and maintain an adequate dose to overcome cravings, individualized to each patient, and consideration for alternative formulations such as long-acting injectable buprenorphine.
- Expansion of OUD management to the primary care setting, improving timely access to evaluation and treatment, with continued management of more complex patients by the Addiction Medicine Central Team.
- Expansion of CBT.

Data in this report suggest possible additional ISUDT Program innovations to reach more people in need, maximize the effectiveness and impact of MAT for OUD, and eliminate health disparities in CDCR's population:

- Continue integration between the ISUDT Program and other health care and rehabilitative programs serving high-risk and vulnerable populations.
- Enhance options for housing that support treatment, recovery and rehabilitation.
- Focus Continuing Medical Education on the latest evidence-based guidelines and patient-tailored strategies for MAT for OUD adherence and adequate dosing to overcome opioid cravings in the era of fentanyl.
- Consider newer strategies being used in the community that might be modified for the carceral setting to manage StUD such as providing incentives or benefits to people who have negative UDS results for stimulants, known as Contingency Management.
- Improve SUD screening and access to MAT for OUD, particularly among incarcerated Black people through outreach leveraging the PSSP.
- Consider focus groups or surveys of the incarcerated population, including Resident Advisory Councils, to understand barriers and facilitators of ISUDT Program participation and inform education and outreach to reduce stigma or fear of negative consequences around disclosing substance use or accepting SUD treatment.
- Develop strategies for tailored outreach and peer support, especially for people of non-White race/ethnicity, women, older people, and those with developmental disabilities.

To help ensure SUD-related and overall health care and rehabilitation programming benefits are achieved during incarceration and sustained following release to the community, CDCR continues to expand two key initiatives:

- The Department has made significant progress collaborating with stakeholders to transform Medi-Cal through the California Innovating and Advancing Medi-Cal (CalAIM) Justice-Involved Reentry Initiative. CalAIM links incarcerated people to community health care services prior to and upon release from incarceration. In 2023, California became the first federally approved state to offer a targeted set of Medicaid services to Medi-Cal-eligible youth and adults in state prisons, county jails, and youth correctional facilities starting up to 90 days before release.
- CDCR remains dedicated to leveraging the California Model, a system-wide cultural change to address longstanding challenges related to incarceration and prison working conditions, to implement initiatives that create an environment rich in rehabilitation for incarcerated people and a safer and more professionally satisfying workplace for all staff. The California Model reinforces the work undertaken by the ISUDT Program by expanding and enhancing the delivery of treatment and services that promote rehabilitation and successful reentry.

Managing the ISUDT Program's scope and complexity would not have been possible without the oversight and coordination of the ISUDT Planning and Implementation Committee and the multi-disciplinary collaboration across all CDCR operational areas. As the program matures, specific ISUDT Program areas are responsible for delivering and coordinating services. Going forward, the Department will continue to provide ISUDT Program oversight, evaluation, and monitoring, and will continue to communicate progress and outcomes in future reports.

APPENDIX A: ESTIMATED PREVALENCE OF SUD AND AUD IN CDCR

SUD and AUD prevalence was estimated among people incarcerated in CDCR's adult institutions on December 31, 2024, from multiple CCHCS data sources. SUD/AUD indicators include National Institute for Drug Abuse (NIDA) Modified ASSIST substance-involvement scores of 4 or higher (moderate-high use disorder severity); active diagnostic codes for alcohol, opioid, or stimulant dependence, abuse, use disorder, or withdrawal entered by providers in the patient's medical chart; and claims data for alcohol or stimulant-involved overdose send out (emergency department, hospitalizations). Additional OUD indicators include assessment with an American Society of Addiction Medicine (ASAM) tool (Rise, Continuum) or the DSM-5; opioid-involved send out in the past year; at least two naloxone administrations with improvement in the past year; and ever being on MAT for OUD. SUD and AUD prevalence was also estimated among people who entered a CDCR Reception Center during 2024 from the indicators described above supplemented with routine urine toxicology screening tests positive for alcohol, fentanyl, non-fentanyl opioids, or stimulants within 30 days of entry.

SUD and AUD prevalence estimates among demographic, high-risk, and vulnerable groups in CDCR's Population, December 2024								
	AUD Identified		OUD Identified		StUD Identified		OUD and StUD Identified	
Population	**N (%)**	**p-value**	**N (%)**	**p-value**	**N (%)**	**p-value**	**N (%)**	**p-value**
Overall	20,130 (22.0)	--	31,041 (33.9)	--	26,248 (28.7)	--	20282 (22.2)	--
Age								
Age <50	15,748 (24.3)	<0.0001	25,493 (39.4)	<0.0001	20,901 (32.3)	<0.0001	16,738 (25.8)	<0.0001
Age ≥50	4,382 (16.4)	*Reference*	5,548 (20.8)	*Reference*	5,347 (20.0)	*Reference*	3,544 (13.3)	*Reference*
Race/ethnicity								
White	4,413 (24.6)	<0.0001	8,005 (44.6)	<0.0001	6,839 (38.1)	<0.0001	5,601 (31.2)	<0.0001
Native American	353 (30.9)	<0.0001	527 (46.2)	<0.0001	474 (41.5)	<0.0001	384 (33.7)	<0.0001
Hispanic/Latinx	10,143 (23.8)	<0.0001	15,686 (36.9)	<0.0001	12,959 (30.5)	<0.0001	10,205 (24.0)	<0.0001
Black	4,326 (17.3)	0.80	5,669 (22.6)	0.02	4,897 (19.5)	0.06	3,334 (13.3)	0.94
Asian/Pacific Islander	245 (17.5)	*Reference*	278 (19.9)	*Reference*	302 (21.6)	*Reference*	187 (13.3)	*Reference*
Gender								
Transgender/non-binary/ other	842 (37.9)	<0.0001	1,172 (52.7)	<0.0001	1,099 (49.4)	<0.0001	906 (41.0)	<0.0001
Female	874 (31.2)	<0.0001	1,007 (35.9)	0.01	1,221 (43.5)	<0.0001	783 (27.9)	<0.0001
Male	18,414 (21.2)	*Reference*	28,862 (33.4)	*Reference*	23,928 (27.7)	*Reference*	18,593 (21.5)	*Reference*
Known HIV infection								
Yes	195 (25.5)	0.02	330 (43.1)	<0.0001	342 (44.7)	<0.0001	246 (32.2)	<0.0001
No	19,935 (22.0)	*Reference*	30,711 (33.9)	*Reference*	25,906 (28.6)	*Reference*	20,036 (22.1)	*Reference*
Mental health level of care								
EOP or higher	3,032 (33.6)	<0.0001	4,569 (50.7)	<0.0001	4,267 (47.3)	<0.0001	3,490 (38.7)	<0.0001
CCCMS	7,626 (28.7)	<0.0001	11,948 (45.0)	<0.0001	10,207 (38.4)	<0.0001	7,998 (30.1)	<0.0001
None	9,472 (16.9)	*Reference*	14,524 (26.0)	*Reference*	11,774 (21.1)	*Reference*	8,794 (15.7)	*Reference*
Developmental disability								
Yes	248 (23.1)	0.37	310 (28.9)	0.001	303 (28.4)	0.74	215 (20.0)	0.09
No	19,882 (22.0)	*Reference*	30,731 (34.0)	*Reference*	25,945 (28.7)	*Reference*	20,067 (22.2)	*Reference*
Physical disability								
Yes	3,005 (21.9)	0.76	4,315 (31.5)	<0.0001	3,810 (27.8)	0.01	2,902 (21.2)	0.002
No	17,125 (22.0)	*Reference*	26,726 (34.4)	*Reference*	22,348 (28.9)	*Reference*	17,380 (22.4)	*Reference*

CCHCS data available as of January 12, 2025.

APPENDIX B: ACCESS TO MAT IN CDCR

OUD prevalence was estimated among people incarcerated in CDCR's adult institutions on December 31, 2024, from multiple CCHCS data sources. OUD indicators include National Institute for Drug Abuse (NIDA) Modified ASSIST opioid-involvement scores of 4 or higher (moderate-high use disorder severity); assessment with an American Society of Addiction Medicine (ASAM) tool (Rise, Continuum) or the DSM-5; active diagnostic codes for opioid, dependence, abuse, use disorder, or withdrawal entered by providers in the patient's medical chart, opioid-involved send out (emergency department, hospitalization) in the past year; at least two naloxone administrations with improvement in the past year; and ever being on MAT for OUD.

Access to MAT for OUD among demographic, high-risk, and vulnerable groups in CDCR's population, December 2024						
	OUD Identified		Among OUD, ever on MAT		Among OUD, Active MAT	
Population	**N (%)**	**p-value**	**N (%)**	**p-value**	**N (%)**	**p-value**
Overall	31,041 (33.9)	--	25,133 (81.0)	--	18,645 (60.1)	--
Age						
Age <50	25,493 (39.4)	<0.0001	20,930 (82.1)	*Reference*	15,648 (61.4)	*Reference*
Age ≥50	5,548 (20.8)	*Reference*	4,203 (75.8)	<0.0001	2,997 (54.0)	<0.0001
Race/ethnicity						
White	8,005 (44.6)	<0.0001	6,964 (87.0)	*Reference*	5,479 (68.4)	*Reference*
Native American	527 (46.2)	<0.0001	442 (83.9)	<0.0001	340 (64.5)	0.06
Hispanic/Latinx	15,686 (36.9)	<0.0001	12,710 (81.0)	<0.0001	9,131 (58.2)	<0.0001
Black	5,669 (22.6)	0.02	4,103 (72.4)	<0.0001	3,024 (53.3)	<0.0001
Asian/Pacific Islander	278 (19.9)	*Reference*	214 (77.0)	0.04	163 (58.6)	0.001
Gender						
Transgender/non-binary/other	1,172 (52.7)	<0.0001	958 (81.7)	<0.0001	686 (58.3)	0.24
Female	1,007 (35.9)	0.01	753 (74.8)	<0.0001	568 (56.4)	0.01
Male	28,862 (33.4)	*Reference*	23,422 (81.2)	*Reference*	17,391 (60.3)	*Reference*
Known HCV History						
Yes	15,989 (71.6)	<0.0001	13,799 (86.3)	<0.0001	10,283 (64.3)	<0.0001
No	15,052 (21.8)	*Reference*	11,334 (75.3)	*Reference*	8,362 (55.6)	*Reference*
Know HIV Infection						
Yes	330 (43.1)	<0.0001	281 (85.2)	0.053	196 (59.4)	0.80
No	30,711 (33.9)	*Reference*	24,852 (80.9)	*Reference*	18,449 (60.1)	*Reference*
Mental health level of care						
EOP or higher	3,032 (33.6)	<0.0001	4,569 (50.7)	<0.0001	4,267 (47.3)	<0.0001
CCCMS	7,626 (28.7)	<0.0001	11,948 (45.0)	<0.0001	10,207 (38.4)	<0.0001
None	9,472 (16.9)	*Reference*	14,524 (26.0)	*Reference*	11,774 (21.1)	*Reference*
Developmental disability						
Yes	248 (23.1)	0.37	310 (28.9)	0.001	303 (28.4)	0.74
No	19,882 (22.0)	*Reference*	30,731 (34.0)	*Reference*	25,945 (28.7)	*Reference*
Physical disability						
Yes	3,005 (21.9)	0.76	4,315 (31.5)	<0.0001	3,810 (27.8)	0.01
No	17,125 (22.0)	*Reference*	26,726 (34.4)	*Reference*	22,348 (28.9)	*Reference*

CCHCS data available as of January 12, 2025.

APPENDIX C: OVERDOSE DEATHS IN CDCR

All Drug Overdose Deaths and Fentanyl Overdose Deaths in CDCR, 2019-2023, Compared to 2019.

Year	Population	All Drug Overdose Deaths					Fentanyl Overdose Deaths				
					Compare to 2019					Compare to 2019	
		N	Rate per 100,000	Rate 95% CI	Rate ratio	p value	N	Rate per 100,000	Rate 95% CI	Rate ratio	p value
2019	121,438	64[1]	52.7	40.6, 67.3	*ref*	*ref*	18	14.8	8.8, 23.4	*ref*	*ref*
2020	108,544	24[2]	22.1	14.2, 32.9	0.42	0.0001	11	10.1	5.1, 18.1	0.68	0.3259
2021	97,840	24	24.5	15.7, 36.5	0.47	0.0009	16	16.4	9.3, 26.6	1.10	0.7742
2022	96,610	53	54.9	41.1, 71.8	1.04	0.8272	41	42.4	30.5, 57.6	2.86	0.0001
2023	95,720	89[3]	93.0	74.7, 114.4	1.76	0.0005	70	73.1	57.0, 92.4	4.93	<0.0001

[1] 2019 count includes 2 OD deaths among persons not counted in the total person-time (one community correctional facility resident, one escapee)

[2] 2020 count includes 1 death categorized by CCHCS Mortality Review as Death Type "Drug Overdose (Accidental)" and Diagnostic Category "Accidental Injury"

[3] 2023 count includes 3 deaths categorized by CCHCS Mortality Review as suicides (where the method was drug overdose) and 1 death categorized by CCHCS Mortality Review as Death Type "Accidental Injury to Self" and Diagnostic Category "Drug Overdose"

APPENDIX D: MAT IMPACT ON OVERDOSE OUTCOMES

Table D1. Drug overdose outcomes among the CDCR population with OUD: Comparing those with a prescription for MAT for OUD to those without a prescription for MAT for OUD

	Mat Rx	No MAT Rx	MAT Rx Compared to No MAT Rx		
Outcome	**Rate per 100,000 person-months (95% CI)**	**Rate per 100,000 person-months (95% CI)**	**Rate Ratio (95% CI)**	**Percent Reduction (95% CI)**	**p value**
Overdose deaths[1]	9.40 (5.57-14.86)	21.19 (13.96-30.83)	0.44 (0.24-0.80)	56 (20-76)	0.0073
Community ED and hospital visits for overdose[2]	317.2 (297.1-338.2)	360.0 (333.8-387.6)	0.88 (0.80-0.97)	12 (3-20)	0.0113
Suspected opioid overdoses treated with naloxone (1/23-6/24[2])	347.7 (326.7-369.6)	403.1 (375.4-432.4)	0.86 (0.79-0.95)	14 (5-21)	0.0018

[1] Analysis period 1/23-12/23, 191,505 person-months with MAT Rx, 127,402 person-months without MAT Rx
[2] Analysis period 1/23-6/24, 294,810 person-months with MAT Rx, 194,470 person-months without MAT Rx

Table D2. Drug overdose outcomes among the CDCR population on MAT for OUD: Comparing those adherent to treatment to those with a prescription for MAT for OUD who were not adherent

	Adherent	Non-adherent	Adherent Compared to Non-adherent		
Outcome	Rate per 100,000 person-months (95% CI)	Rate per 100,000 person-months (95% CI)	Rate Ratio (95% CI)	Percent Reduction (95% CI)	p value
Overdose deaths[3]	4.58 (1.84-9.44)	40.81 (20.85-74.82)	0.11 (0.04-0.28)	89 (72-96)	<0.0001
Community ED and hospital visits for overdose[4]	253.3 (233.2-274.6)	665.4 (590.3-747.5)	0.38 (0.33-0.44)	62 (56-67)	<0.0001
Suspected opioid overdoses treated with naloxone[4]	262.7 (242.3-284.4)	850.5 (765.3-942.7)	0.31 (0.27-0.35)	69 (65-73)	<0.0001

[3] Analysis period 1/23-12/23, 152,816 person-months with MAT Rx, 26,307 person-months without MAT Rx
[4] Analysis period 1/23-6/24, 232,547 person-months with MAT Rx, 42,680 person-months without MAT Rx

APPENDIX E: POST-RELEASE DEATHS

Drug overdose death among persons released from CDCR prisons, within 14 days of release, 2018-2022*

Release Year(s)	Releases (N)	OD deaths within 14 days	
		N	Deaths per 100,000 releases (95% CI)
Before implementation (2018-2019)	70083	37	52.79 (38.31-72.76)
After implementation (2021-2022)	53293	35	65.67 (47.23-91.32)
2018	35023	14	39.97 (23.81-67.09)
2019	35060	23	65.60 (43.72-98.42)
2020	37897	36	94.99 (68.63-131.5)
2021	23729	14	59.00 (35.15-99.01)
2022	29564	21	71.03 (46.47-108.6)

* *Data from 2022 is preliminary but is expected to be more than 95% complete.*