

A photograph of the California State Capitol building, showing its iconic dome and classical architectural details, set against a clear blue sky. An American flag is visible on the left side of the building.

# **OPIOID ANTAGONISTS IN LOCAL DETENTION FACILITIES: SURVEY RESULTS AND NEXT STEPS**

October 3, 2024

# Opioid Antagonists Survey Local Adult Detention Facilities

Of the 120 local adult detention facilities in California,  
**113 were occupied** as of June 30, 2024.

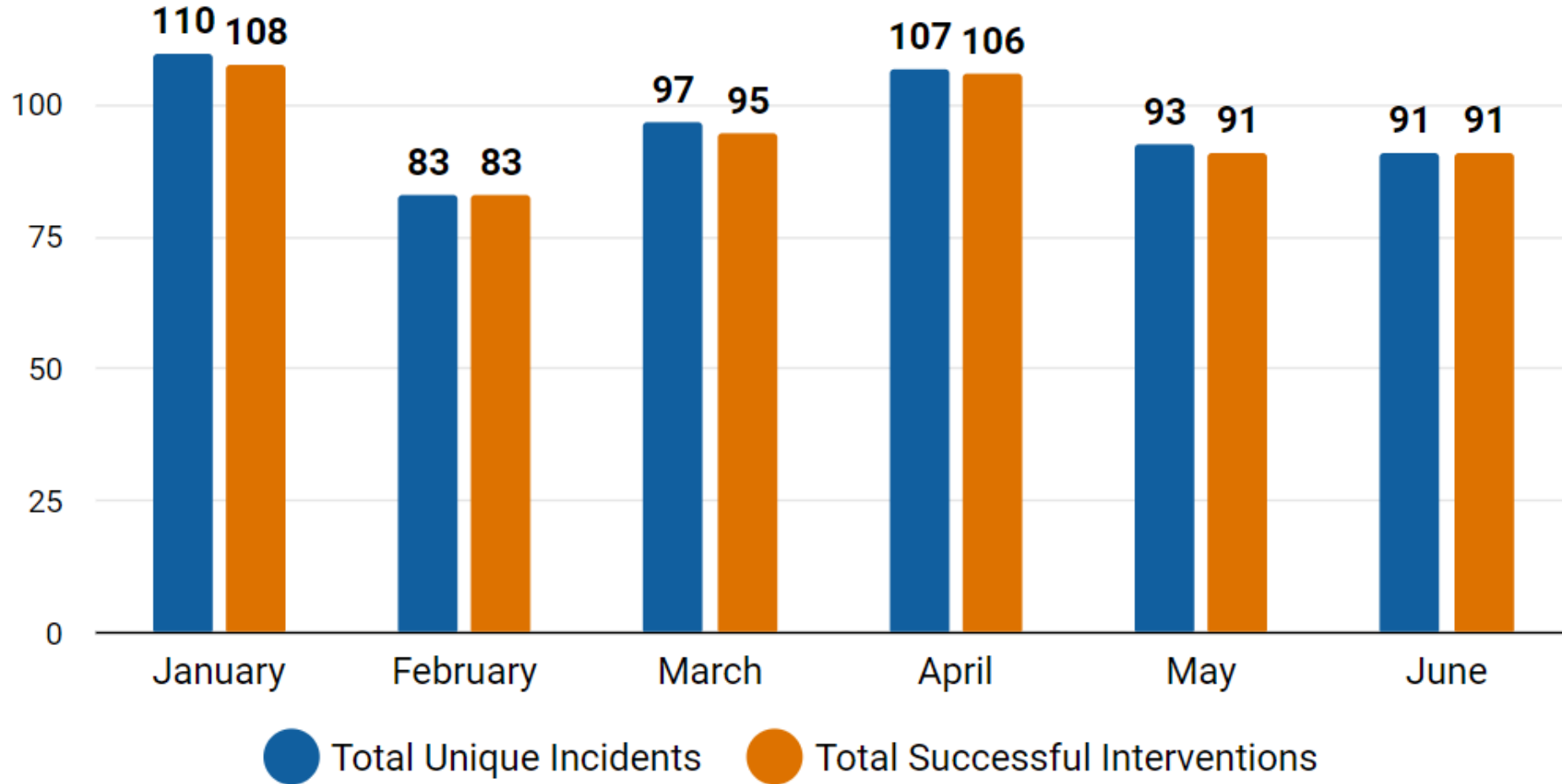
For the 113 occupied facilities, **100 percent provided  
survey responses.**

For the 113 reporting facilities, **100 percent have opioid  
antagonists available.**

**100%**  
survey response rate

# INCIDENTS OF OPIOID ANTAGONIST USE

Between January 1 and June 30, 2024, there were **581 unique incidents of opioid antagonist use**.<sup>1</sup>



**99%** successful intervention rate  
(574 of 581 unique incidents)<sup>2</sup>

## OPIOID ANTAGONIST ACCESSIBILITY & TRAINING



of facilities ( $n = 113$ ) had opioid antagonists accessible to custodial staff. **All facilities** who responded indicated they provided staff with training or education for the administration of opioid antagonists.



of facilities ( $n = 76$ ) that responded reported opioid antagonists were on custodial staff (e.g., duty belt) at all times.



of facilities ( $n = 30$ ) that responded indicated opioid antagonists were accessible to people who were detained (e.g., inside housing units, common areas).

**Out of the 30 facilities with opioid antagonists available to people who were detained, 77 percent provided training through educational materials posted throughout the facility ( $n = 23$ ).**

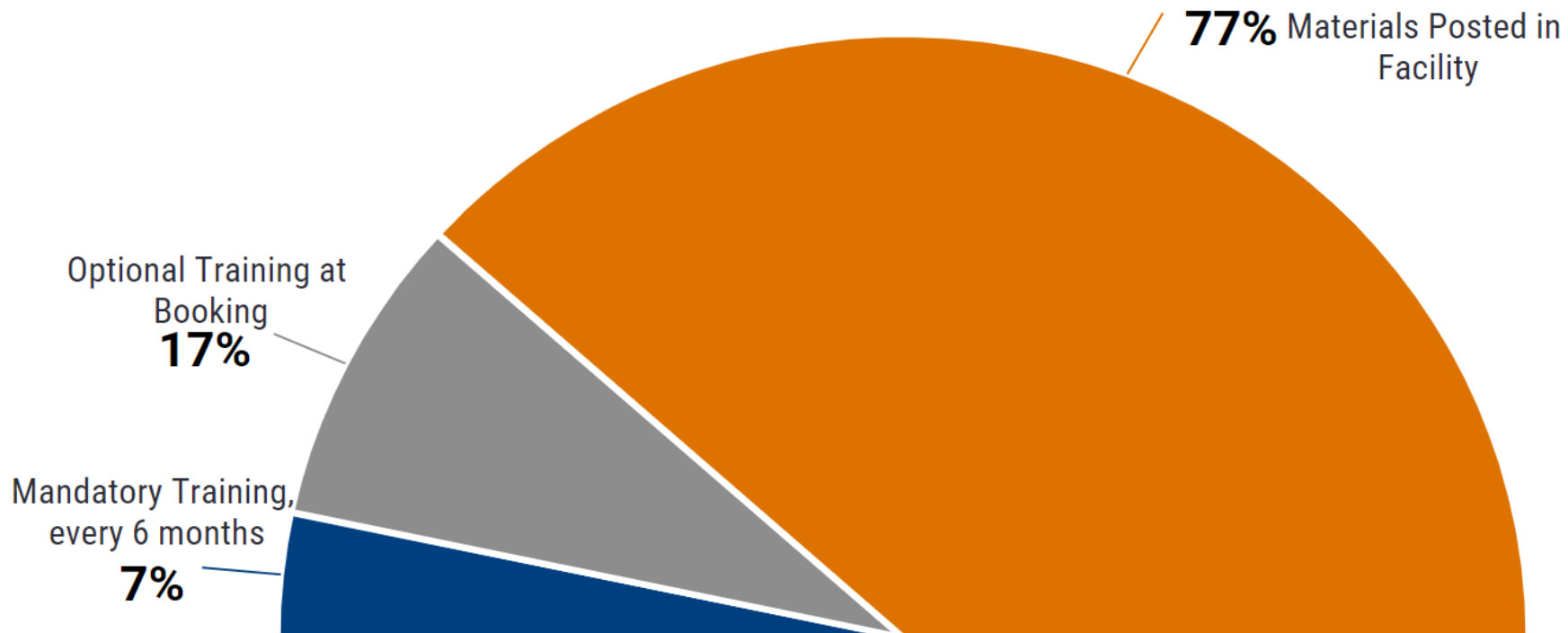
# OPIOID ANTAGONIST ACCESSIBILITY & TRAINING



▶ **27%**

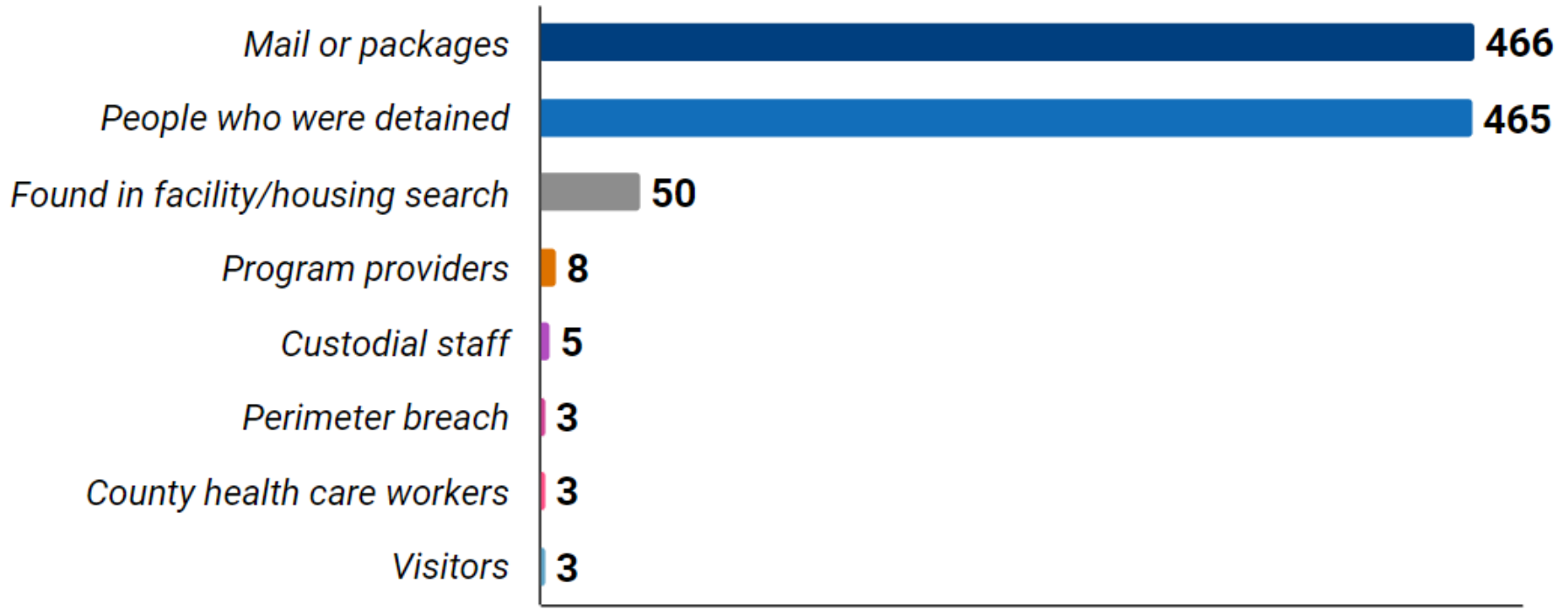
of facilities ( $n = 30$ ) that responded indicated opioid antagonists were accessible to people who were detained (e.g., inside housing units, common areas).

Out of the 30 facilities with opioid antagonists available to people who were detained, **77 percent provided training through educational materials** posted throughout the facility ( $n = 23$ ).



# METHODS FOR THE INTRODUCTION OF OPIOIDS INTO FACILITIES

Between January 1 and June 30, 2024, there were 1,003 known instances of opioid introduction.<sup>3</sup>



## 47%

of the known instances of opioid introduction were through mail or package deliveries.



## 46%

of the known instances of opioid introduction were through people who were detained.



## <1%

of the known instances of opioid introduction were through custodial staff.



## SUBSTANCE USE-RELATED PRACTICES

A blue semi-circular gauge with a yellow needle pointing to 94%.

94%

of the reporting facilities ( $n = 106$ ) assessed whether people had an ongoing substance use disorder at the time of booking. Most facilities reported using the Clinical Opiate Withdrawal Scale (COWS), the Clinical Institute Withdrawal Assessment (CIWA), non-specified medical and mental health screenings performed by medical staff, and questions asked during booking and/or intake by custody staff.

48% of the reporting facilities ( $n = 53$ ) housed people in a designated area when they were being monitored for withdrawal. For most facilities the housing location varied based on the severity of withdrawal symptoms. The locations most frequently identified included observation cells, holding cells, intake cells, medical cells, and sobering cells.

A blue semi-circular gauge with a yellow needle pointing to 48%.

48%

A blue semi-circular gauge with a yellow needle pointing to 84%.

84%

of reporting facilities ( $n = 95$ ) had a medication-assisted treatment (MAT) program for people. Most facilities reported people were eligible for MAT programs if they were currently in a MAT program, identified having moderate or severe opioid use disorder or Substance Use Disorder in their recent past or requested services.

# Opioid Antagonists Survey Local Juvenile Detention Facilities

Of the 132 local juvenile detention facilities in California, **128 were occupied** as of June 30, 2024.

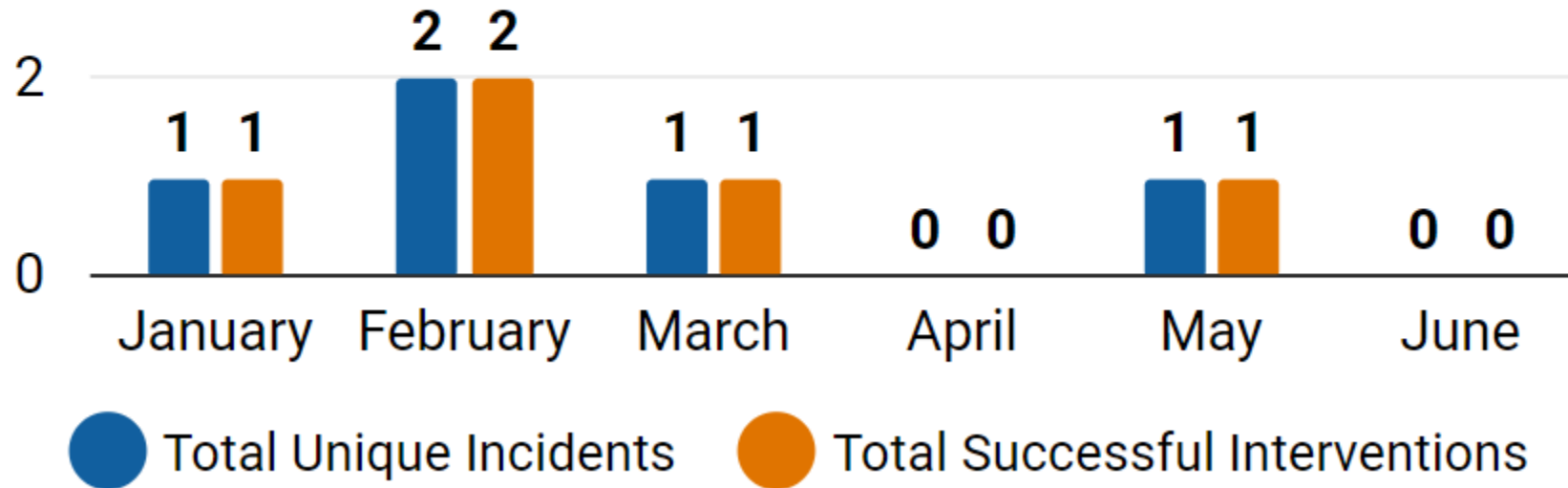
For the 128 occupied facilities, **100 percent provided survey responses** and **100 percent have opioid antagonists available**.

**100%**  
survey response rate



## INCIDENTS OF OPIOID ANTAGONIST USE

Between January 1 and June 30, 2024, there were **5** unique incidents of opioid antagonist use.



**100%**  
successful intervention rate  
(5 of 5 unique incidents)

# OPIOID ANTAGONIST ACCESSIBILITY & TRAINING



▶ **91%**

of facilities ( $n = 117$ ) had opioid antagonists accessible by youth supervision staff.



▶ **41%**

of facilities ( $n = 52$ ) reported opioid antagonists were physically on youth supervision staff (e.g., duty belt) at all times.



▶ **94%**

of facilities ( $n = 120$ ) reported opioid antagonists were accessible by facility medical staff.



▶ **96%**

of facilities ( $n = 123$ ) reported training or education were provided for opioid antagonist administration.

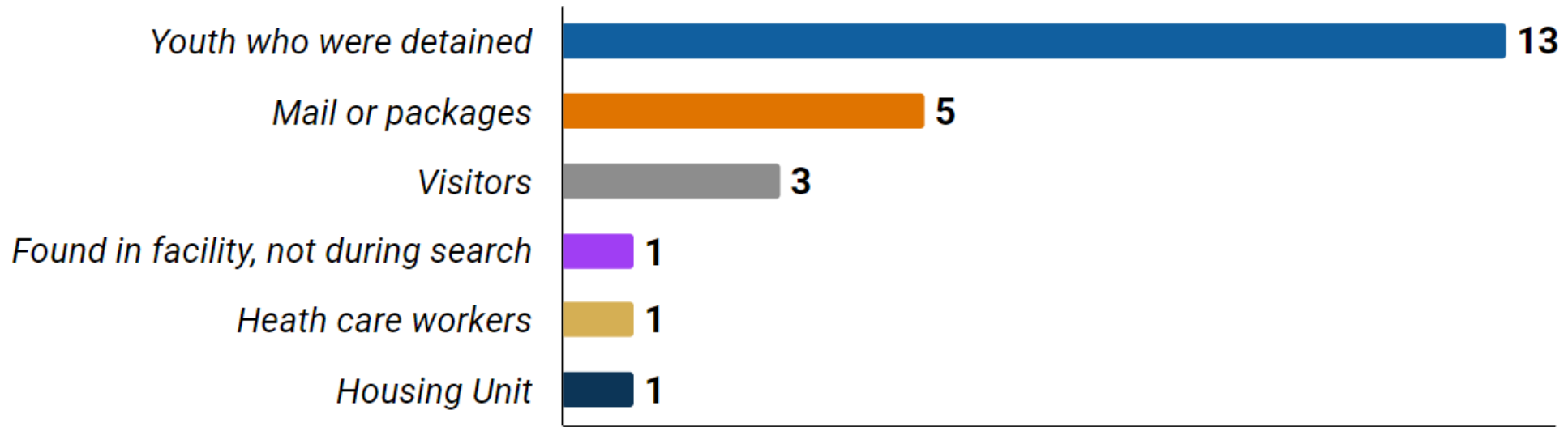


▶ **81%**

of facilities ( $n = 103$ ) reported training occurred at the time the opioid antagonist were initially provided to staff.

# METHODS FOR THE INTRODUCTION OF OPIOIDS INTO FACILITIES

Between January 1 and June 30, 2024, there were **24** known instances of opioid introduction.<sup>1</sup>



**54%**

of the known instances of opioid introduction were through youth who were detained.



**21%**

of the known instances of opioid introduction were through mail or package deliveries.

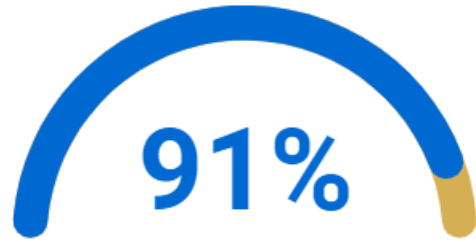


**13%**

of the known instances of opioid introduction were through visitors of youth who were detained.

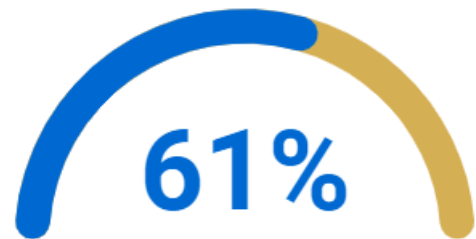
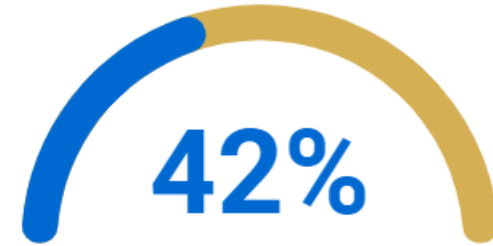


## SUBSTANCE USE-RELATED PRACTICES



of the reporting facilities ( $n = 116$ ) assessed whether youth had an ongoing substance use disorder at the time of intake. Most facilities report using the Clinical Opiate Withdrawal Scale (COWS), the Clinical Institute Withdrawal Assessment (CIWA), the Massachusetts Youth Screening Instrument (MAYSI), the Juvenile Justice Center Receiving Screening, the DSM Opioid Screening Interview, and the American Society of Addiction Medicine (ASAM) screening.

42% of the reporting facilities ( $n = 54$ ) housed youth in a designated area when they were being monitored for withdrawal. Most facilities in these cases emphasized the importance of continuous monitoring and direct observation of the youth in these areas through means such as glass housing units, CCTV cameras, and holding units close to staff stations.



of reporting facilities ( $n = 78$ ) had a medication-assisted treatment (MAT) program for youth. Most facilities report youth who were identified to have Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) were evaluated and initiated to be enrolled into their MAT programs as indicated by the facility's Medical Unit Providers. Facilities reported MAT programs encompass a collaborative approach from medical health and behavioral health to ensure youth were afforded services while in custody, as well as linkage to the community.

# Staff Recommendations

1. The Board defer further action until the In-Custody Death Review Division is established and can review the results for possible regulation recommendations or whether further information from local detention facilities is needed.
2. The Board end this data collection effort with the already completed second administration.

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