



Feedback on Board of State and Community Corrections Opioid Survey

The undersigned community based organizations and advocacy groups are grateful that the BSCC is interested in better understanding the occurrence of drug overdoses within local detention facilities. Because the BSCC does not often send out statewide surveys of this kind, and considering the recent and concerning increase of in-custody overdose deaths across the state, we encourage the BSCC to expand the scope of this survey beyond opioid antagonist use. While we understand the difficulties in measuring the impact of drugs on the lives and wellbeing of incarcerated people, we feel that opioid antagonist use alone is an insufficient proxy for understanding this complex issue. Impacted families, incarcerated people, and local advocates often struggle to obtain crucial information about how Sheriff's Departments and Probation Departments are working to prevent and appropriately respond to overdoses in custody. The questions on the current survey draft will yield very little information from counties that do not closely track their opioid antagonist use in custody. We ask that the BSCC include the following questions so we can better understand how local law enforcement and the BSCC can further prevent tragic and avoidable drug overdoses in facilities.

1. Are facilities researching best practices for reducing smuggling of drugs, unsafe drug use and overdoses? If so, please share those best practices.
2. What procedures, if any, are in place to ensure jail staff aren't bringing drugs to facilities? How are line staff searched before entering facilities?
3. What is your disciplinary policy when opioids are found on staff? What is your disciplinary policy when opioids are found on an incarcerated individual?
4. What overdose prevention education programming is in place in facilities? What training and education is happening for all jail/facility staff on how to administer Naloxone/Narcan? What training is available to incarcerated people on how to administer Naloxone/Narcan. What is the cadence of these trainings?
5. What assessment is made upon booking to address whether an individual has an ongoing substance use history?
6. Are facilities using harm reduction models like Medication Assisted Treatment (MAT)? If so, do you continue MAT care for people who enter the jail on a MAT program? Do you have a MAT induction program for people who request MAT at the jail? What are the requirements to receive MAT at the jail? How many people are enrolled in these programs? How do overdose rates among the MAT-enrolled population compare to overdose rates prior to the use of the MAT program?
7. If an opioid is used/found, what are the facilities policies for aftercare and support? When an overdose occurs, what is the average time for a medical responder to arrive at the facility? What is the policy around notifying family members?
8. How do you identify people who require withdrawal monitoring? Do you have a housing unit specifically designated for people who require withdrawal monitoring? Do nurses conduct rounds with people who require withdrawal care? If so, how often?



8. What units are experiencing a prevalent use of opioids? What support is offered in units where opioid use and possession is prevalent?

9. When opioid antagonists are used, how often is it administered by jail staff vs incarcerated people?

10. If your facility provides opioid antagonists, where are they located in each facility?

Question 6 of the draft survey asks: *Does your agency have an opioid antagonist (e.g., Naloxone/Narcan) available within the detention facility? The information provided should be for the last day of the reporting period. [check boxes, single selection only]*

- a. Yes
- b. No

We suggest adding as a follow up: *If you answered no, please expand on why your facility does not have access to an opioid antagonist (e.g., Naloxone/Narcan).*

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