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A statewide coalition of consumers, providers, educators, and advocates
representing the voice for alcohol and substance use services

Providers and Advocates Urge Los Angeles Jails to End Deadly Cutbacks to Opioid Treatment
As overdose deaths surge, new policy leaves more than 800 people on a waitlist for lifesaving medication-assisted treatment as overdose deaths surge

Sacramento, CA – The California Coalition of Alcohol and Drug Associations (CADA) is calling on the Los Angeles County Board of Supervisors to immediately reverse a recent policy change that has sharply restricted access to medication-assisted treatment (MAT) for people with opioid use disorder in the County's jails.

In a letter sent to Board Chair Kathryn Barger and the full Board of Supervisors, CADA details the risks associated with the Correctional Health Services policy that was implemented this fall. By only prioritizing MAT at intake and placing all others on a waitlist, regardless of clinical need or risk level, Los Angeles County jails are effectively restricting evidence-based medical care. In just over a month, that waitlist more than doubled from 363 to 835 people, with an average wait time of 25 days.

“These are not abstract numbers—these are human beings locked in a jail system that is already facing one of its deadliest years on record,” said Robb Layne, author of the letter on behalf of CADA and Executive Director of the California Association of Alcohol and Drug Program Executives. “Every overdose behind bars is preventable, and every one is a policy failure. Los Angeles County jails should be expanding access to MAT, not rationing it.”

CADA’s letter notes that overdose deaths now account for at least 28% of all in-custody deaths in Los Angeles County jails—up from 9% in 2016. The rollback of MAT access also comes just one week after California Attorney General Rob Bonta filed suit against the County over “inhumane” jail conditions and a “shocking rate of deaths,” including overdoses.

“Medication-assisted treatment is not optional or experimental care - it is the gold standard of treatment for opioid use disorder,” said Cheryl Marcell, Executive Director of the California Society of Addiction Medicine. “The evidence is unequivocal: MAT reduces overdose deaths, withdrawal complications, recidivism, and overall costs to the public. Los Angeles County was rightly praised as an early leader in jail-based MAT. To pull back now, in the midst of rising deaths and a growing jail population tied to Proposition 36, is indefensible.”

The letter also raises concerns that, despite Los Angeles County receiving an additional \$8 million in opioid settlement funds this fiscal year for jail health care, the MAT program did not receive a corresponding increase in support.

“These dollars were intended to save lives and address the harms of the opioid crisis,” said Dr. Le Ondra Clark Harvey, CEO of the California Behavioral Health Association. “Using them to backfill unrelated jail costs while people wait weeks for basic medical treatment is a betrayal of the public trust.”

CADA is urging the Board of Supervisors to take four immediate steps:

1. Eliminate the MAT waitlist and restore full, clinical access to buprenorphine and other evidence-based medications throughout a person’s incarceration—not just at intake.
2. Guarantee continuity of care, so that people on MAT in the community can continue treatment when taken into custody, and those who start MAT in jail transition directly to community providers upon release.

3. Deploy opioid settlement funds as intended, to expand MAT capacity and staffing rather than to backfill unrelated jail needs.
4. Build formal partnerships with community providers to create a “no wrong door” system linking jail-based care to residential, outpatient, and recovery support services after release.

“Delaying or restricting evidence-based medical care during incarceration is not only harmful, but it may violate constitutional rights, as the Attorney General’s lawsuit makes clear,” continued Robb Layne. “The Board of Supervisors has both the authority and the responsibility to fix this. We urge them to act now, before more lives are lost.”

"Access to medication offers crucial stability to individuals, which is essential for decreasing overdose deaths and significantly aiding in successful re-entry," said Jennifer Alley, the Executive Director of the California Opioid Maintenance Providers. "Ultimately, this approach results in reduced recidivism."

“Medications for opioid use disorder, like methadone and buprenorphine, not only curb withdrawal and reduce cravings—they save lives. Denying access to these proven treatments in jails puts people at heightened risk of fatal overdose and undermines their ability to rebuild stable lives after release. We urge the Los Angeles Board of Supervisors to act on evidence, follow what works, and fully restore Medication-Assisted Treatment in jails,” said Grey Gardner, California State Director for the Drug Policy Alliance.

CADA and its member organizations have offered to work with the Board of Supervisors, Correctional Health Services, and Los Angeles County jail leadership to design and implement a comprehensive, clinically sound treatment response that protects both patient safety and public safety.

“The first step is simple and urgent,” Layne concluded. “Stop restricting access to MAT. Start expanding it.”

About the California Coalition of Alcohol and Drug Associations (CADA)

The California Coalition of Alcohol and Drug Associations (CADA) is a statewide coalition of substance use disorder and behavioral health providers and advocacy organizations dedicated to expanding access to evidence-based treatment, advancing recovery, and improving outcomes for individuals, families, and communities impacted by addiction.