

Statewide Drug Policy Advisory Council Meeting Minutes

**Betty Easley Conference
Center 4075 Esplanade Way,
Room 182
Tallahassee, FL 32399
July 23, 2019
8:30 AM to 4:00 PM**

Welcome/Introductions/Opening Remarks: Scott A. Rivkees, MD, State Surgeon General, introduced himself as the Chair and opened the meeting. He asked all members to introduce themselves and provided an overview of the agenda.

The following members or designees were in attendance:

Scott A. Rivkees, MD, Chair, State Surgeon General
LTC Andy Bernard for Ashley Moody (Attorney General)
Karen Weaver for Rick Swearingen (Department of Law Enforcement Commissioner)
Jeffrey Cece, MS, CPM for Chad Poppell (Department of Children and Family Services)
Maggie Agerton for Mark Inch (Department of Corrections)
Tracy Shelby, PhD for Simone Marstiller (Department of Juvenile Justice)
Penny Taylor, Director of Healthy Schools for Richard Corcoran (Department of Education)
Lt. Jason Britt for Terry Rhodes (Department of Highway Safety and Motor Vehicles)
Brandon Miller for Representative Cary Pigman (House of Representatives)
The Honorable Michelle Towbin-Singer (17th Judicial Circuit Court of FL)
Mark Fontaine (Florida Alcohol and Drug Abuse Association)
Beth Labasky for Peggy Sapp (Substance Abuse Prevention)
Dottie Groover-Skipper (Salvation Army)
MAJ Nate Dinger (Department of Military Affairs)
Jason Holloway (Florida Senate)
Walter Liebrich (Executive office of the Governor)
Aaron Gerson (Office of the State Courts Administrator)
Patrick Smith (Florida National Guard)
Nathan Dunn, MSA (Staff Liaison)

Guests and staff:

Wesley Evans, DCF
Mara Michniewicz, MPH Prevention Program Manager HIV/AIDS Section, DOH
Brittney Moulton
Jennifer Wenhold, Executive Director, DOH
Lucy Gee, Director Medical Quality Assurance, DOH
Mark Whitten, Bureau Chief, DOH
Traci Zeh, Program Administrator, DOH
Jason Fields MD, President of FSAM
Jennifer Johnson, MPH Interim Assistant Deputy Secretary for Health
Greg Yevtich, FNG, FD
Rebecca Poston, DOH
Brittney Moulton
Ursula Weiss, DOH

Stewart Waldo, DOH
Susan Williams, AHCA

Business

1. Review and Approval of Meeting Minutes from April 23, 2019:

The minutes were approved.

2. State Health Improvement Plan Overview - Jennifer Johnson, MPH Interim Assistant Deputy Secretary for Health

Ms. Johnson addressed the Council and provided an overview of the Florida State Health Improvement Plan (SHIP). The Plan sets health equity as a foundation, achieves broad stakeholder engagement, and emphasizes policy and system change and growth. The 2017 SHIP Process is made up of three sectors, the State Health Assessment Advisory Group, the Priority Area Workgroups and the SHIP Steering Committee.

The SHIP Steering Committee recognized Nine Priority Areas:

1. Health Equity

Goal HE1

Establish shared understanding across all sectors (including, but not limited to, states and local agencies and other organizations: concerning information and issues surrounding health equity (HE), cultural competency/sensitivity, and how social determinants of health (SDOH) influence the health of Florida's residents and communities.

Goal HE2

Strengthen the capacity of the state and local agencies and other organizations to work collaboratively with communities to reduce disparities in SDOH and advance HE.

Goal HE3

Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific needs of Florida's most vulnerable populations.

2. Maternal and Child Health:

Goal MCH1

Reduce infant mortality related disparities

Goal MCH2

Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities.

Goal MCH3

Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home.

3. Immunizations and Influenza

Goal IM1

Increase access to immunizations for infants and pregnant women.

Goal IM2

Increase access to immunizations for vaccine-preventable disease in children and teens.

4. Injury, Safety and Violence

Goal ISV1

Prevent and reduce intentional and unintentional injuries and deaths in Florida.

5. Health Weight, Nutrition and Physical Activity

Goal HW1

Improve the good environment and nutrition habits across the lifespan to increase healthy weight.

Goal HW2

Improve access to and participation in physical activity opportunities across the lifespan to increase health weight.

6. Behavioral Health-Includes Mental Illness and Substance Abuse

Goal BH1

Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.

Goal BH2

Decrease the number of newborns experiencing neonatal abstinence syndrome.

Goal BH3

Reduce the number of opioid overdose deaths among individuals with opioid use disorders.

Goal BH4

Reduce the number of deaths by suicide in Florida.

7. Sexually Transmitted Diseases (STDs) – Includes Other Infectious Diseases

Goal ID1

Reduce syphilis in Florida.

Goal ID2

Reduce new HIV infections in Florida through a coordinated response across public health systems partners.

Goal ID3

Demonstrate readiness for existing emerging infectious disease threats.

8. Chronic Diseases and Conditions – Includes Tobacco-Related Illnesses and Cancer

Goal CD1

Increase cross-sector collaboration for prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.

Goal CD2

Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.

9. Alzheimer's Disease and Related Dementias

Goal AD1

Identify a statewide system of resources and support to formalize the Alzheimer's disease and related dementias (ADRD) network.

Goal AD2

Strengthen the capacity of care organization to assess, diagnose and treat individuals with ADRD and expand support for their caregivers.

Goal AD3

Protect individuals with ADRD from further vulnerability.

3. Peer Recovery Specialists – Wes Evans, Statewide Coordinator of Integration and Recovery Services – DCF

Mr. Evans opened the presentation by identifying a Peer Specialist within the Recovery Oriented System of Care which is identified as a person with life experience.

Mr. Evans provided a PowerPoint presentation regarding Peer Specialists which includes, their role, benefits, barriers, preparation, billing, and supervision.

A Peer provides four types of support: emotional, informational, affiliation, and instrumental. A Peer support advocates for individuals receiving services, in and outside the services program, uses language based on mutual experiences, shares knowledge of natural community support resources, establishes an equitable relationship, self discloses lived experiences, focuses on recovery strengths to overcome challenges, and emphasizes experiential knowledge. Mr. Evans communicated the specific roles of a Peer Specialist which includes; Recovery Support Navigator or Recovery Support Bridger, Crisis Recovery Support Specialist, Whole Health Recovery Support Specialist or Peer Wellness Coach, Employment Support Specialist/Coach, Housing Support Specialist/Coach and Recovery Coach.

Mr. Evans conveyed that the benefits of a Peer Specialist is that they conduct themselves as change agents, they are living proof to staff and are great role models, and they provide a natural shift to recovery. The vision for the future of the Recovery Oriented Systems of Care program is to establish an integrated, values-based recovery-oriented system of care where a recovery is expected and achieved through the meaningful partnerships and shared decision making with individuals, communities and systems.

4. Needle Exchange Program - Mara Michniewicz, MPH Prevention Program Manager HIV/AIDS Section, DOH

Ms. Michniewicz provided a PowerPoint presentation on the Expansion of the Infection Disease Elimination Act.

381.0038(4), F.S. or Infection Disease Elimination Act (IDEA) was signed into law in 2016. This law authorized a 5-year pilot syringe exchange program in Miami-Dade to be operated by the University of Miami. The purpose is to prevent the transmission of HIV, viral hepatitis, or the other blood-borne diseases among persons who inject drugs (PWID), their sexual partners, and offspring.

Amendment, SB366, allows county commissions to authorize syringe exchange programs (SEPs) by way of a county ordinance and is applicable to all counties. State, county, or municipal funds may not be used to operate an exchange program. Exchange programs shall be funded through grants and donations from private resources and funds.

Before an exchange program may be established, Ms. Michniewicz explained that the county commission, the syringe exchange program (SEP), and the Department of Health must abide by specific guidelines before implementation.

Outlining categories as:

County Commission:

- Authorize exchange program through county ordinance
- Enter into letter agreement with local country health department
- Establish contract with exchange program

Syringe Exchange Program

- Operate exchange program
 - 1-to-1 exchange
 - HIV, HCV testing
 - Counseling or referrals for drug treatment
 - Distribute Naloxone materials
 - Collect data and report

Department of Health

- Provide advice, consultation, and recommendations

- Submit compilation of report of exchange program
- Promulgate rule, as appropriate

Ms. Michniewicz conveyed the next steps are to schedule call/webinar with CHD Health Officers to review bill language; share best practices from the University of Miami DEA Exchange SEP pilot program, request training from the National Association of State and Territorial AIDS Directors (NASTAD), Drug User Health Unit; develop data collection tool and determine what, if any, rule may need to be promulgated; develop a template letter of agreement to share with CHD's; and develop internal guidance on how to refer persons testing anonymously to confidential testing services.

5. Florida Society of Addiction Medicine (FSAM) – Jason Fields MD, Former President of FSAM

FSAM was founded in 1986 by dedicated physicians who were passionate about advancing the art and science of addiction prevention and treatment.

Mr. Fields provided a PowerPoint presentation on transforming the delivery of substance use disorder treatment in Florida. He identified that the FSAM advocacy is outlined with Teach It, Standardize It, and Cover It.

Teach It: Teach addiction medicine by expanding and strengthening our workforce and dispelling stigma. FSAM is increasing the addiction medicine workforce through a Loan Repayment Program for Substance Use Disorder Treatment Workforce (\$25 Million) and Mental and Substance Use Disorder Workforce Training Demonstration Program (\$10 Million). Mr. Fields communicated that states are using federal and state funds to deliver high-quality, competency-based addiction medicine education.

6. Legislative Update – Jennifer Wenhold, MSW, Executive Director, DOH and Rebecca Poston, MHL, PDMP Program Director, DOH

Ms. Wenhold addressed the Council and provided an overview of HB19 and HB451.

HB 19 Prescription Drug Importation Programs

The law establishes two prescription drug importation programs: The Canadian Drug Importation Program, to be established by the Agency for Health Care Administration, and the International Drug Importation Program, to be established by the Department of Business and Professional Regulation. For both programs, the law establishes eligibility criteria for the types of prescription drugs which may be imported and the entities that may export or import prescription drugs.

The legislation also outlines the importation process, the safety standards that must be adhered to, drug distribution requirements, and measures that may be taken against those who violate any program requirements. Most importantly, both programs require approval at the federal level before prescription drug importation under both programs can begin.

The Department continues to work collaboratively with both agencies on implementation. AHCA and DBPR are in the process of preparing the proposal for federal approval.

The Florida Board of Pharmacy, which is charged with creating an International Export Pharmacy permit type, under the International Drug Importation Program, has discussed and begun drafting the requisite application and rule should they receive federal approval of the programs.

HB 451 Nonopioid Alternatives

House Bill 451, Nonopioid Alternatives, was approved by Governor DeSantis and is effective July 1, 2019. The bill requires that before providing anesthesia or prescribing, ordering, dispensing, or administering an opioid listed as a Schedule II controlled substance to treat pain, the patient must be informed about available nonopioid alternatives.

Those nonopioid alternatives may include nonopioid medicinal drugs or drug products, interventional procedures or treatments, acupuncture, chiropractic treatments, massage therapy, physical therapy, occupational therapy, or any other appropriate therapy as determined by the health care practitioner. A healthcare practitioner will discuss the advantages and disadvantages of using nonopioid alternatives.

Under the new law, the Department is required to develop an educational pamphlet about using nonopioid alternatives and post the pamphlet on the department's website. Healthcare practitioners must provide the patient with this educational pamphlet and document the nonopioid alternatives considered in the patient's record. Those healthcare practitioners providing emergency services and care and health care practitioners licensed under Chapter 465 (pharmacists, pharm tech and pharmacies) are exempt from these requirements.

The pamphlet has been developed by the Department after a collaborative effort amongst the regulatory boards. MQA emailed the pamphlet to health care practitioners and has made them available on the Department's webpage located at www.flhealthsource.gov as well on each of the 22 regulatory board's websites. In addition to the English version of the pamphlet, both a Spanish and Creole version are also available.

The Department is currently working on creating a revised HB 451 pamphlet that addresses frequently asked questions that have arisen following implementation and consist of a more patient-friendly reading level. All previously printed pamphlets will still be in compliance with the law and may be used while supplies last. The updated pamphlets will be emailed to health care practitioners and made available on the Department's webpage located at www.flhealthsource.gov as well as on each of the 22 regulatory board's websites.

Ms. Poston addressed the Council and provided an overview of CS/CS/HB1253.

CS/CS/HB1253:

The database, known as E-FORCSE (Electronic Florida Online Reporting of Controlled Substances Evaluation) is a web-based program that facilitates the collection, storage, maintenance, and analysis of controlled substance dispensing data reported by pharmacies and dispensing health care practitioners. Recent changes in law authorize the Attorney General to request and receive information from the PDMP to use in active investigations and in pending civil or criminal litigation involving prescribed controlled substances. No identifiable patient information may be released, only the patient's unique identifier, year of birth, and the county, city and zip code where the patient resides.

Reports contain the detailed dispensing history of a pharmacy and includes:

- Name and identifier of the pharmacy;
- Summary of the number of prescriptions, patients and prescribers;
- Patient's unique identifier, year of birth, and the county, city and ZIP code where the patient resides;
- Date the prescription was filled and date the prescription was written;
- Prescription number;
- Drug name, quantity, and strength of the controlled substance, days' supply and payment method;
 - Name and identifier of the prescribing practitioner;

- Whether the drug was dispensed as an initial prescription or a refill and the number of refills ordered; and
- A summary of prescriptions dispensed by therapeutic class.

E-FORCSE collects and stores dispensing data for controlled substances in schedules II, III, IV and V. Dispensers are mandated to report dispensing information by the close of the next business day. As of June 10, 2019, 32.11 percent of residents have filled at-least one prescription this year. In addition, 33.48 million prescriptions were dispensed in calendar year (CY) 2018 and 4.21 million prescriptions were dispensed in CY YTD. DOH may not release any patient information other than the patient's unique identifier, year of birth, and the county, city, and zip code where the patient resides, consistent with provisions of HIPAA.

Information obtained by the Attorney General may only be used as evidence in criminal, civil, or administrative actions against a dispenser, manufacturer, or a pharmacy. PDMP staff is authorized to testify for purposes of authenticating the records introduced into evidence.

CS/CS/HB 375- Implemented

Authorizes DOH to enter into reciprocal agreements to share prescription drug information with specified federal agencies. The bill also exempts a prescriber or dispenser from checking the patient's controlled substance prescription history if the patient has been admitted to hospice pursuant to s. 400.6095, Florida Statutes.

7. Division of Community Health Promotion – Keshia Reid, Senior Environmental Epidemiologist

Ms. Reid provided a presentation on the Overdose Data to Action (OD2A).

The overarching strategies include:

Evaluation – Long-Term Goals

- Decreased rate of opioid misuse and opioid use disorder.
- Increased provision of evidence-based treatment for opioid use disorder.
- Decreased rate of ED visits due to misuse or opioid use disorder.
- Decreased drug overdose death rate, including prescription and illicit opioid overdose death rates.

Staffing/Resources

- Project manager and support staff
- Surveillance/data support
- Five Florida Epidemic Intelligence Service (EIS) Fellows assigned to county health departments for 3 years.
- Travel funding for technical assistance, partnership building, and program awareness.

Component 1 is through surveillance. Strategy one is Mobility Surveillance, strategy two is Mortality Surveillance, and strategy three is Innovative Surveillance.

Component 2 is through prevention. Strategy four is Prescription Drug Monitoring Program (PDMP), strategy five is Integration of State and Local Prevention and Response Efforts, strategy six is Establishing Linkages to care, strategy seven is Providers and Health Systems Support, strategy eight is Partnerships with Public Safety and First Responders, strategy nine is Empowering Individuals to Make Safer Choices, and strategy ten is Prevention Innovation Projects.

8. Updates to the 2019 Annual Report – DPAC

Nathan Dunn addressed the Council and provided an overview of the Statewide Drug Policy Advisory Council 2018 Annual Report and requested input from the Council to be added to the 2019 Annual Report. The content of the report is a compilation of information from the members of the Council.

The recommendations provided by members of the Council for consideration by policy makers are organized under four priority areas established by the Council:

- Priority Area #1: Reduce the Supply of Drugs in Florida
- Priority Area #2: Reduce the Demand for Drugs in Florida
- Priority Area #3: Reduce the Harmful Consequences through Prevention, Awareness, and Treatment
- Priority Area #4: Improve Data Collection and Surveillance

The Council recommended that the report's recommendations be organized under the same topic areas as the National Drug Control Strategy. This report provides three topic areas: Prevention, Treatment and Recovery, and Reducing the Availability of Illicit Drugs in the United States.

9. Agency and Member Updates – DPAC

The Honorable Michelle Towbin-Singer, 17th Judicial Circuit Court of FL

1. Pending funding from the legislature, the certification application process for Adult Felony Drug Courts will begin July 1, 2020. There will be a statewide Drug court training conference in November in Sarasota.

2. Case law has been developing that could allow certain crimes such as patient brokering or felony dui to be dismissed pursuant to pretrial intervention drug or veteran's court programs as provided for in Florida Statute 948.08. The Steering Committee for Problem Solving Court will be recommending changes to the current statute that would address this issue.

MAJ Nate Dinger, Department of Military Affairs

1. The Florida National Guard Counterdrug Program presented their Night Vision Anti-Drug Awareness briefing to 23,719 students since October 1st, 2018. This was an increase of 157% as compared to last year's 9,243 students. The Night Vision Anti-Drug curriculum was designed to complement the Florida Department of Education's Next Generation Sunshine State Health Standards.

2. On April 27, 2019 the Florida National Guard Counterdrug Program assisted in the planning and execution of several Drug Enforcement Administration (DEA) Prescription Drug Takeback Events. This support led to the collection of 5,117 lbs. of old or unused medication throughout Florida. Important to note, the 5,117 lbs. of unused or expired medication listed here was only a small portion of the 35,775 lbs. of medication the DEA collected in Florida that day.

Walter Liebrich, Governor's Office:

No updates.

Andy Bernard, Office of the Attorney General:

The OAG continues its Opioid litigation efforts on behalf of the State OF Florida.

Dotti Groover-Skipper, Salvation Army:

Ms. Groover-Skipper stated the adult rehabilitation centers are doing well and have individuals successfully graduating from their rehabilitation programs. More updates from the local level, in Hillsborough county the DEA360 strategy has launched pilots on training the trainer one on one opioid awareness training.

Jeffrey Cece – Department of Children and Families (DCF):

1. Florida's First Lady Casey DeSantis has been promoting her www.HopeForHealingFL.com initiative and conducting mental health listening sessions throughout the state, which involves the collaboration of DCF, DOH, DJJ, DOE, and AHCA. It is intended to help people access a variety of prevention and intervention resources before they experience a mental health crisis. School-based mental health training and education is being expanded. Addressing suicides and the opioid epidemic, particularly its impact on the child welfare system, are priorities. According to First Lady DeSantis, "Many Floridians are struggling with mental illnesses that are not visible to an outside observer. We must work to reduce the stigma so often associated with mental illness and focus efforts on getting those the help they need, before it is too late." There will also be a renewed focus on accountability for outcomes.
2. Significant progress has been made to assess behavioral health needs from a multi-agency perspective. DCF is currently collaborating with AHCA and DOH on a descriptive analysis of behavioral health capacity and gaps. DCF is also developing an application for the new 2-year planning cycle of the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant (due to SAMHSA on September 3), which entails updating the description of the behavioral health system and the needs and gaps it faces and proposing new performance indicators. The Managing Entities are also working on their regional needs assessments, which are due to the Department in October.
3. With regard to helping Northwest Florida recover from Hurricane Michael, DCF, in partnership with Big Bend Community Based Care, has announced the upcoming installation of Telehealth portals for mental health services in public schools in Bay, Calhoun, Gulf, Franklin, and Liberty counties serving more than 35,000 students. BBCBC will work with local school districts to ensure these services are available by the start of the school year. DCF will also receive a total of \$2.3 million in federal dollars to expand outreach and crisis counselors through the Crisis Counseling Program.

Maggie Agerton, Florida Department of Corrections (FDC)

No update.

Penny Taylor, Department of Education (DOE):

Ms. Taylor distributed a copy of the Division of Public Schools memorandum regarding the new Mental and Emotional Health Education rule. She also updated the council on the upcoming Substance Use and Abuse rule being proposed to the State Board of Education on August 21, 2019.

Lt. Jason Britt, Florida Department of Highway Safety and Motor Vehicles:

Lt. Britt reported an update of the Florida Highway Patrol's Criminal Interdiction Unit (CIU) Program. The Florida Highway Patrol (FHP) has long been responsible for public safety along Florida's roadways and Interstate system. As part of this important mission, there are thirty CIU teams strategically assigned throughout the state. Each team consists of a Felony Officer, a K-9 Handler and a K-9. They are responsible for interdicting illegal drugs that are transported across the state and to arrest those who are responsible for the illicit trafficking. In May, eleven new K-9 Handlers and K-9s graduated from the 2018-2019 FHP/CIU K-9 Academy. Along the same time period, new Felony Officers were selected to fill vacant CIU Felony Officer positions. The new K-9 Handlers, K-9s, and Felony Officers will benefit the CIU Program by filling those much-desired vacant positions.

Karen Weaver Department of Law Enforcement Commissioner

Overdose Deaths

The Drugs Identified in Deceased Persons by Florida Medical Examiners 2018 Interim Report was

released earlier this month (July 2019). This report provides information on seven categories of both licit and illicit drugs found in deceased persons in Florida between January 2018 and June 2018. Where comparisons are made, they are made against the same period (January – June) in 2017.

There's a mixed bag related to specific types within those categories of drugs, but the good news is: **Total drug related deaths decreased by 5 percent** (300 fewer)

There is also some good news in the opioid highlights: Opioid-*related* (includes present and cause) deaths decreased by 10 percent (312 fewer). Opioid-*caused* deaths decreased by 13 percent (279 fewer). Heroin occurrences and heroin-*caused* deaths decreased 19 percent and 23 percent, respectively. The occurrence of fentanyl analog and fentanyl analog-*caused* deaths decreased by 41 percent and 48 percent, respectively. There were also decreases in total occurrences and deaths caused by hydrocodone, oxycodone, and methadone. However, Fentanyl occurrences increased by 54 percent; and deaths by 64 percent. There were also decreases seen in occurrences/deaths by cocaine. The dominant 3 benzodiazepines (Alprazolam – *Xanax*; Diazepam – *Valium*; and nordiazepam) also reflected decreases in occurrences. These three are rarely the sole cause of death but are common as contributing to the cause of multi-drug deaths.

These numbers from Jan – June 2018 are encouraging. However, the second half of 2018, as reported in the annual publication of 2018 (usually November) data could diminish the decreases, or in some cases reverse the direction altogether.

Possible reasons for decreases:

- Awareness
- Prescribing practices
- Naloxone (Narcan) deployment

The bad news is with a few of the remaining categories: Methamphetamine-related deaths increased both in occurrence and as cause of death. Amphetamine deaths also increased (methamphetamine metabolizes to amphetamine in the body, so some of this increase may actually be attributable to methamphetamine ingestion.) Occurrences of synthetic cathinone increased 88 percent and deaths caused by synthetic cathinone increased by 135.5 percent. The majority of synthetic cathinone reported was N-Ethylpentylone. Occurrences of synthetic cannabinoids increase by 100 percent (31 more) and deaths caused by synthetic cannabinoids increased by 119 percent (31 more). The majority of synthetic cannabinoids reported were 5F-ADB (37 occurrences), a 95 percent increase. **The analysis of synthetic cannabinoids is performed on a case-by-case basis when use is suspected. Increases of identified drug occurrence may represent increased surveillance testing; increased prevalence of the drug in the community or causing death; or both.

Possible reasons for increases:

- Pharmaceutical grade fentanyl may be perceived as less risky than fentanyl analogs since the well-publicized deaths from fentanyl analogs
- No explanation for synthetic cathinone increases
- Synthetic cannabinoids are thought on the street to be fake cannabis...but are much more powerful than cannabis in many cases. Also, many inmate deaths are attributable to synthetic cannabinoids but are apparently ingested in much higher concentrations.

In summary, the drugs that caused the most deaths in order of significance were:

Fentanyl [1101]

Cocaine (844)

Benzodiazepines [559, including 332 alprazolam (Xanax)]

Laboratory Data

We continue to see evidence of multiple drugs including fentanyl and fentanyl analogs within the submissions of other drugs including heroin, methamphetamine, and increasingly cocaine. Notably, we have also seen fentanyl analogs mixed with synthetic cannabinoids.

January – June 2019 Submissions to FDLE Labs

Methamphetamine	5385
Cocaine	4007 (plus in combination)
Heroin	1010 (plus in combination)
Synthetic Cathinone Class	976
Synthetic Cannabinoid Class	889
Prescription Opioids:	841
o Oxycodone	443
o Hydrocodone	234
o Hydromorphone	164
Alprazolam (Xanax)	644
Fentanyl	425 (plus Heroin/Fentanyl 105)
Buprenorphine	206

Bureau of Justice Assistance Grant Application

Seminole County Sheriff's Office (Lead); State of Florida DOH (EMSTARS), Florida Department of LE and others are collaborating on a BJA Grant of \$700,000 over 2 years regarding OD Map.

Statewide Opioid Working Group for Florida's Epidemic – Recommendations Best Practices Report: making mandatory use of ODMAP a state-wide recommendation for law enforcement, emergency medical services, and emergency rooms. I hope to report at our next meeting that the BJA Grant was awarded.

Brandon Miller, Florida House

No report.

Beth Labasky, Substance Abuse Prevention

We are preparing for Red Ribbon Week on October 23-31.

Mark Fontaine, Florida Alcohol and Drug Abuse Association

We have recently met with DCF and we are involved in a workgroup to create a space for those with "lived experience."

Nathan Dunn, Department of Health

The Departments' Helping Emergency Responders Obtain Support (HEROS) Program provided 154,905 doses of naloxone to approximately 217 agencies that employ licensed emergency responders.

10. Public Comment –

No public comment was received.

11. Next Steps and Future Meeting Date -

The next meeting will be held October 22, 2019.

The meeting adjourned.