Drug Policy Advisory Council Meeting

November 13, 2015 - 10:00-11:00 AM
Florida Department of Health
Teleconference
Health@FLHealth.gov

Meeting Minutes

Welcome, Introductions, Meeting Minutes- Dr. Jennifer Bencie, Manatee DOH, Chair

Meeting called to order at 10 a.m. by Dr. Jennifer Bencie. Ms. Poston called the roll and the following members were in attendance.

Members Present:

1. Dr. Jennifer Bencie (Chair, State Surgeon General Designee)
2. LTC Andy Benard (Attorney General Designee)
3. Jeff Cece (Department of Children and Families Secretary Designee)
4. Maggie Agerton for Patrick Mahoney (Department of Corrections Secretary Designee)
5. Joy Bennick for Dr. Gayla Sumner (Department of Juvenile Justice Secretary Designee)
6. Angelia Rivers (Department of Education Commissioner Designee)
7. Major Gary Howze for Terry Rhodes (Department of Highway Safety and Motor Vehicles Executive Director Designee)
8. Colonel Bill Beiswenger (Adjutant General Designee)
9. Bryan Mielke for Representative Cary Pigman (Member of the House of Representatives)
10. Mark Fontaine (Member of the public with expertise in substance abuse treatment appointed by the Governor)
11. Dotti Groover-Skipper (Member of the public with expertise in faith based substance abuse treatment appointed by the Governor)
12. Doug Leonardo (Member of the public with expertise in substance abuse programs and services appointed by the Governor)
13. Peggy Sapp (Member of the public with expertise in substance abuse prevention appointed by the Governor
14. Senator Sobel (Member of the Florida Senate)

Others Present:

- Mary Thomas, Florida Medical Association

Staff Present:

- Tim Parsons, Department of Children & Families
- Rebecca Poston, Department of Health
- Erika Marshall, Department of Health

Meeting Minutes
The October 30, 2015 meeting minutes were adopted as amended. Staff will include the list of recommendations in the Drug Policy Advisory Council Draft Priorities handout.

Annual Report Discussion
The Council briefly reviewed the draft version of the 2014-2015 DPAC Annual Report document and provided recommendations. Please see the attached marked up version.

Disposition: Dr. Bencie requested the council members submit recommendations to Becki Poston (Rebecca.Poston@flhealth.gov) or Tim Parsons (tim.parsons@myFLfamilies.com) as soon as possible so they can incorporate into the final version of the annual report.

Recommendations

The Council reviewed the following priorities/strategies and provided additional information to each:

1. Research and analysis
    a. Robust toxicological screens
    b. Track increase of heroin use, ED admissions, including demographics of who is being effected.
    c. DOH to collect and publish surveillance data on hepatitis C and injection drug behaviors
    d. Comprehensive report on impact of methamphetamine on Florida, with focus on rural communities.
2. Coordination and outreach
    a. Linking ED and treatment providers (develop strategies to link providers and remove roadblocks, emphasize should be link to medication-assisted treatment)
3. Prevention
    a. Prescription Drugs
    b. Illicit drugs
    c. Strengthen use of PDMP (how -- mandatory use, voluntary use? Build in prompts for co-prescribing of naloxone)
    d. Drug take-back programs (work with coalitions to coordinate efforts)
    e. Screenings
    f. Address demand side -- what is driving people to use?
4. Treatment and management
    a. Medication-assisted treatment
    b. New technologies
    c. Case management component in hospital setting, for overdoses
    d. Targeting people that have 3 or more incidences of detox/treatment in a year (Marchman Baker, coordinated care reports) – high-end utilizers of these services – how can we better serve these users?
5. Harm reduction
    a. Narcan access – improve existing statute by explicitly authorizing standing orders and authorizing a civilian to administer
    b. Health care consequences of intravenous drug use (monitoring needle exchange initiatives?)
    c. Children being removed from homes (DCF workgroup is looking at this- get report from DCF- any recommendations to pick up from the report, report on children who have died as a result of sleeping with intoxicated parent, support continued funding of FIT teams)
6. Supply reduction
    a. Tracking methamphetamine – impact on rural community (FDLE to bring back some information on this?)

In addition, Council members requested more information be incorporated into the Annual Report regarding Neonatal Abstinence Syndrome, Marchman Act, HIV, and modification of class schedules.

Disposition: Mr. Parson and Ms. Poston will continue to incorporate recommendations into the 2014-2015 Annual Report for the Council's review. The statutorily mandated report is due to the Governor, Senate President and Speaker of the House on December 1st. The Council also suggested reports be sent to the Health Committees in both chambers.

Public Comment / Open Discussion

Mary Thomas, Florida Medical Association advised the members if they needed more information on the needle exchange program, please let her know. Also, the Board of Pharmacy is reworking the controlled substance dispensing rules and part of that is encouraging more use of the PDMP, and continuing education training.

Next Steps:

- Provide annual report recommendations as soon as possible to Becki Poston and Tim Parson.
- Next scheduled meeting will be November 20, 2015 at 10AM.

Adopted as amended to include the list of recommendations in the Drug Policy Advisory Council Draft Priorities handout.

Drug Policy Advisory Council
Meeting Minutes

October 30, 2015 - 9:00-11:00 AM
Florida Department of Health
4052 Bald Cypress Way, Room 301
Tallahassee, Florida 32399

Meeting Attendees

Members and Member Designees Present (in-person and WebEx):

1. Dr. Jennifer Bencie (Chair, State Surgeon General Designee)
2. LTC Andy Benard (Attorney General Designee)
3. Jeff Cece (Department of Children and Families Secretary Designee)
4. Patrick Mahoney (Department of Corrections Secretary Designee)
5. Dr. Gayla Sumner (Department of Juvenile Justice Secretary Designee)
6. Angelia Rivers (Department of Education Commissioner Designee)
7. Colonel Gene Spaulding (Department of Highway Safety and Motor Vehicles Executive Director Designee)
8. Colonel Bill Beiswenger (Adjutant General Designee)
9. Representative Cary Pigman (Member of the House of Representatives appointed by the Speaker of the House of Representatives)
10. Judge Melanie May (Member of the judiciary appointed by the Chief Justice of the Supreme Court)
11. Mark Fontaine (Member of the public with expertise in substance abuse treatment appointed by the Governor)
12. Dotti Groover-Skipper (Member of the public with expertise in faith based substance abuse treatment appointed by the Governor)
13. Doug Leonardo (Member of the public with expertise in substance abuse programs and services appointed by the Governor)
14. Peggy Sapp (Member of the public with expertise in substance abuse prevention appointed by the Governor)

Others Present (in-person and WebEx**:**

1. Karen Weaver (Florida Department of Law Enforcement)
2. Gregory Yevtich (Florida Department of Law Enforcement)
3. Aaron Gerson (Florida Supreme Court)
4. Bruce Grant (Leon County Responsible Decision Making Coalition)
5. Alexis Lambert (Florida Department of Health)
6. Brad Dalton (Florida Department of Health)
7. Rebecca Poston (Florida Department of Health)
8. Kelly Corredor (member of the public)

Council Staff and Support Present:

1. Tim Parson (Department of Children and Families)
2. Sara Bourdeau (Department of Health)

Welcome, Introductions, Approval of Meeting Minutes – Dr. Jennifer Bencie

Self-introductions were made by members, designees, and others present. The December 17, 2014 meeting minutes were adopted.

Drug Trends in Florida –Karen Weaver

Karen Weaver, Special Agent Supervisor, Organized Crime and Intelligence Unit, Florida Department of Law Enforcement, delivered a presentation on the current drug trends in Florida.

Flakka (alpha-PVP) is a stimulant cathinone that was scheduled in 2012. There has been a significant increase, particularly in South Florida. The drug causes excited delirium which is a danger to both the user and first responders.

Heroin overdose deaths increased from 199 in 2013 to 477 in 2014 according to the Medical Examiner's Report. Emergency room visits related to heroin have also increased significantly. Other substances are often mixed with heroin (fentanyl, acetyl fentanyl) to create a more intense high. These substances increase the risk of overdose. The increase in heroin use may be related to the pill mill crackdown. Pharmaceutical opioids are now less available. Heroin is stronger, cheaper, and more readily available.

In 2015, the Legislature approved the use of opioid antagonists for care givers of opioid abusers and first responders. Data not yet available regarding how many agencies are carrying these antagonists.

Methamphetamine is still on radar. Meth is coming from Mexico, and is now more pure and cheaper.

Prescription Drug Monitoring Program Update – Rebecca Poston

Rebecca Poston, Prescription Drug Monitoring Program (PDMP) Program Director, Division of Medical Quality Assurance, Florida Department of Health, delivered a presentation on the status of the PDMP.

See attached handout.

2015 Florida Youth Substance Abuse Survey – Jeff Cece

Jeff Cece, Block Grant Coordinator, Florida Department of Children and Families, delivered a presentation on the results of the 2015 Florida Youth Substance Abuse Survey.

See attached PowerPoint presentation handout.

Council Priorities and Action Plan – Dr. Jennifer Bencie

The council discussed their statutory responsibilities and the annual report due to the Governor and the Legislature by December 1, 2015. The council agreed to schedule a full day meeting in January to develop a strategy moving forward. The annual report will outline the current situation and serve as a call to action for priorities related to:

1. Research and analysis
2. Coordination and outreach
3. Prevention
4. Treatment and management
5. Harm reduction

Members provided priority recommendations. Council staff combined these priorities with statutory responsibilities. See attached handout. Members will review and provide feedback during the next meeting on November 13, 2015.

Public Comment – Open Discussion

Bruce Grant - Leon County Responsible Decision Making Coalition shared the following with the council:

1. Concern regarding an alcohol bill going before the legislature to allow stores to sell alcohol in the middle of stores.
2. Concern regarding the legalization of recreational marijuana and medical marijuana beyond Charlotte's Web.
3. Concern regarding vaping, the lack of regulation, and the prevalence of teen use.
4. Leon County now has two schools designated as Red Ribbon Schools.
5. Encouraged the State to get behind prevention efforts and support local collations.

Next Meeting

The council will meet by conference call on November 13, 2015.

Drug Policy Advisory Council
Draft Priorities

Note: Statutory responsibilities displayed in blue text.

Research and Analysis

1. Need comprehensive situational awareness and data analysis – Drug Control Strategy?

2. Conduct a comprehensive analysis of the problem of substance abuse in this state and make recommendations to the Governor and Legislature for developing and implementing a state drug control strategy.
    a. Potential Data Sources
        i. Florida Youth Substance Abuse Survey
        ii. Drugs Identified in Deceased Person by Florida Medical Examiners
        iii. National Survey on Drug Use and Health: Risk and Protective Factors and Initiation of Substance Abuse
        iv. Prescription Drug Monitoring Program Reports
        v. FDLE drug arrest data?
        vi. EMSTARS

3. Review various substance abuse programs and recommend, where needed, measures that are sufficient to determine program outcomes. The council shall review different methodologies for evaluating programs and determine whether programs within different agencies have common outcomes. The methodologies shall be consistent with those established under former s. 216.0166.
    a. Create a catalog of existing substance abuse programs and any related performance metrics

4. Review the drug control strategies and programs of, and efforts by, other states and the Federal Government and compile the relevant research.
    a. Office of National Drug Control Policy may be a resource
    b. DCF has contacts with other states

5. Review and make recommendations to the Governor and Legislature on funding substance abuse programs and services, consistent with the state drug control strategy, as developed. The council may recommend the creation of a separate appropriations category for funding services delivered or procured by state agencies and may recommend the use of performance-based contracting as provided in s. 414.065.
    a. Use GAAs to determine how substance abuse funding is currently allocated and determine how the funds are being spent.

6. Recommend to the Governor and Legislature applied research projects that would use research capabilities within the state, including, but not limited to, the resources of the State University System, for the purpose of achieving improved outcomes and making better-informed strategic budgetary decisions.
    a. University of Florida Drug Policy Institute – potential resource

7. Establish an epidemiological workgroup to compile data and analyze drug trends.

8. DPAC should serve to provide early warnings based on data and situation – provide this information to Legislature.

9. Toxicological screens

Coordination and Outreach

1. How do we coordinate the resources we have?

2. Ensure that there is a coordinated, integrated, and multidisciplinary response to the substance abuse problem in this state, with special attention given to creating partnerships within and between the public and private sectors, and to the coordinated, supported, and integrated delivery of multiple-system services for substance abusers, including a multiagency team approach to service delivery.

3. The advisory council shall determine the most effective means of establishing clear and meaningful lines of communication between the advisory council and the public and private sectors in order to ensure that the process of developing and implementing the state drug control strategy has afforded a broad spectrum of the public and private sectors an opportunity to comment and make recommendations.

4. Assist communities and families in pooling their knowledge and experiences with respect to the problem of substance abuse. Forums for exchanging ideas, experiences, and practical information, as well as instruction, should be considered. For communities, such instruction may involve issues of funding, staffing, training, and neighborhood and parental involvement, and instruction on other issues. For families, such instruction may involve practical strategies for addressing family substance abuse; improving cognitive, communication, and decision making skills; providing parents with techniques for resolving conflicts, communicating, and cultivating meaningful relationships with their children and establishing guidelines for their children; educating families about drug-free programs and activities in which they may serve as participants and planners; and other programs of similar instruction. To maximize the effectiveness of such forums, multiple agencies should participate.
    a. This seems to be a task best handled at the local level. How can the council help facilitate? Providing educational materials? Providing suggestions for local substance abuse councils?

5. Make recommendations to the Governor and the Legislature on the need for public information campaigns to be conducted in the state to limit substance abuse.
    a. Review existing sources of public information
        i. DCF webpage contains resources
        ii. “Born Drug-Free Florida”

6. Recommend to the Governor and Legislature changes in law which would remove barriers to or enhance the implementation of the state drug control strategy.

7. Make recommendation to link emergency rooms and treatment providers.

Prevention

1. Review Prescription Drug Monitoring Program
    a. Registration and use
    b. Integration of data into clinical work flow
    c. Using proactive alerting
    d. Currently funded through FY2018-2019

   e. Ensuring access to legitimate prescriptions
   f. Strengthen the use of the PDMP

2. Early detection
   a. Expansion of the Screening Brief Intervention and Referral to Treatment (SBIRT) model
   b. Require behavioral health screenings in schools

3. Increased surveillance and apprehension of importer and distributors of synthetic drugs.

4. Convene law enforcement prescription drop off events. Increase prescription return/take back and disposal programs.

5. Interdiction?

6. Partner with local organizations working through High Intensity Drug Trafficking Area (HIDTA) funding. This is a great resource. HIDTA involvement is limited in the panhandle.

7. Physician training and residency programs?

8. Educate health care practitioners about opiate prescribing.

9. Evaluate benefits of behavioral health screens in school health examinations.

Treatment and Management

1. Examine the extent to which all state programs that involve substance abuse treatment can include a meaningful work component, and identify any change in the law which would remove barriers to or enhance the work component for a substance abuse treatment program.

2. Review and expand drug courts, which have proven effective in the state's drug control strategy.
   a. Review 2014 OPPAGA Report: "***Expansion Drug Courts Can Produce Positive Outcomes Through Prison Diversion and Reduced Recidivism."***
   b. Review Drug Court Annual Reports

3. Reduction of incidence of overdose-related deaths?

4. Expand targeted treatment capacity. Must have more treatment capacity.

5. Link emergency rooms and treatment providers.

6. Practitioners able to address needs – need enough providers to do the work – telemedicine

7. How to address children displaced from their homes due to parental drug addiction.

8. Expand targeted treatment capacity

9. Expand use of medication assisted treatment.

10. Expand access using telemedicine/telehealth technology

11. Evaluate post-treatment of acute overdoses

Harm Reduction

1. Expand the use of medically assisted treatment in coordination with therapy.
2. Expand access to Naloxone (Narcan).
3. 911 Good Samaritan?
4. Education and Intervention?
5. Clarify the ability to use the Marchman Act (must be in place effectively). There needs to be capacity to use the Marchman Act. Marchman Act training is needed. Examine the fees required to file for Marchman Act.

Statewide Drug Policy Advisory Council

2015 Annual Report

December 1, 2015

Florida Department of Health
4052 Bald Cypress Way A00
Tallahassee, FL 32399

John H. Armstrong, MD, FACS
Surgeon General & Secretary
Florida Department of Health

Rick Scott
Governor

Table of Contents

The Florida Statewide Drug Policy Advisory Council

History of the Council

In 1999, the Legislature created the Office of Drug Control and the Drug Policy Advisory Council (Council) in the Executive Office of the Governor. The primary purposes of the office was to coordinate drug control efforts; provide information to the public about the problem of substance abuse and services available; and develop a strategic program and funding to coordinate state agency activities relating to drug control. In the Office of Drug Control there were three councils and one task force established: Drug Policy Advisory Council, Seaport Standards Advisory Council, the Suicide Prevention Coordinating Council, and the Prescription Drug Monitoring Program Oversight and Implementation Task Force.

Two actions effective on July 1, 2011, changed the Office of Drug Control and Statewide Drug Policy Advisory Council:

1. Section 397.332, Florida Statutes, repealed the Office of Drug Control within the Executive Office of the Governor; and
2. Section 397.333, Florida Statutes, became law, establishing the Statewide Drug Policy Advisory Council (Council) under the Florida Department of Health (DOH). This section provides that: "The Surgeon General or his or her designee shall be a nonvoting, ex officio member of the advisory council and shall act as chairperson. The director of the Office of Planning and Budgeting or his or her designee shall be a nonvoting, ex officio member of the advisory council."

The Council is composed of nine statutorily mandated state officials and seven members of the public appointed by the Governor. The Council has historically been an active advisory group to the Governor.

Statutory Authority of the Council

Section 397.333, Florida Statutes, establishes the Council with the purpose of conducting a comprehensive analysis of the problem that substance abuse poses in Florida and subsequently make recommendations to the Governor and Legislature for developing and implementing a state drug control strategy. It is then the council's responsibility to coordinate with the public and private sectors to ensure that the development and implementation of the state drug control strategy has incorporated recommendations from a broad spectrum of the public and private sectors.

In creating a statewide strategy, the Council should examine existing substance abuse programs throughout the state through sufficient outcome measures to validate their effectiveness. Additionally, the Council should review the strategies of other states and the federal government in order to develop a coordinated, integrated and multidisciplinary response to substance abuse.

The Council should bring communities and families together to pool their knowledge and experiences with respect to the problem of substance abuse. For communities, such instruction may involve issues of funding, staffing, training, and neighborhood and parental involvement, and instruction on other issues. For families, it may involve practical strategies for addressing family substance abuse; improving cognitive, communication, and decision making skills; providing parents with techniques for resolving conflicts, communicating, and cultivating

meaningful relationships with their children and establishing guidelines for their children; educating families about drug-free programs and activities in which they may serve as participants and planners; and other programs of similar instruction.

Lastly, the Council shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1 of each year to provide a summary of the Council's work along with its recommendations.

See Appendix X for the 2015 Statewide Drug Policy Advisory Council Members.

~~**Overview: Top 10 Goals and Objectives**~~

~~The Council continues to study the creation of a compendium on best practices and good governance on drug policy, to evaluate successful programs that can be implemented using fiscally sound principles. This will assist in developing recommendations that may merit consideration for legislative action.~~

~~The Council determined the following would serve as a call to action for 2015-2016 priorities related to:~~

1. ~~Research and Analysis~~
2. ~~Coordination and Outreach~~
3. ~~Prevention~~
4. ~~Treatment and Management~~
5. ~~Harm Reduction~~

Commented [ME1]: Decide where to move later in document. These are priorities, not goals.

The Extent of the Problem

Commented [PR2]: Need citations throughout this section for FYSAS, FYAT, PDMP, MEC, etc.

The Florida Youth Substance Abuse Survey

In 1999, the Florida Legislature recommended the establishment of a multi-agency-directed, county-level, statewide substance abuse survey. The Florida Youth Substance Abuse Survey (FYSAS) is an annual survey designed to assess the current prevalence of problem behaviors such as alcohol, tobacco and other drug (ATOD) use. In 2015, four state agencies—the Departments of Children and Families, Health, Education, and Juvenile Justice—collaborated to administer the Florida Youth Tobacco Survey and the FYSAS. This high level of interagency collaboration is significant, and has become known as the "Florida Model" for other states to follow in planning and implementing their own surveys.

The sixteenth annual administration of the FYSAS was completed in the spring of 2015. The Florida Departments of Children and Families, Health, Education, and Juvenile Justice worked together to ensure the success of this project. The survey can be used to determine the level of risk and protective factors faced by its youth and correlate those levels to ATOD (Alcohol, Tobacco and Other Drug) use.

The FYSAS, the focus of this report, was administered to 11,577 students in grades 6 through 12 in the spring of 2015. Across Florida, 89 middle schools and 78 high schools supported the FYSAS by providing access to their students. The results of this survey effort provides a valuable source of information to help reduce and prevent the use of ATOD by school-aged youth.

Key Survey Results

While the 2015 FYSAS generated a range of valuable prevention planning data, including the "strengths to build on" and "opportunities for improvement" highlighted below, six sets of findings are especially noteworthy:

1. Florida students have reported dramatic reductions in alcohol and cigarette use. Between 2004 and 2015, the prevalence of past-30-day alcohol use declined by over 12 percent, binge drinking declined by over seven percent, and past-30-day cigarette use declined by seven percent.

2. While not as pronounced as for alcohol and cigarettes, Florida students have reported long-term reductions in the use of illicit drugs other than marijuana. Past-30-day use of any illicit drug other than marijuana dropped from 10.6 percent in 2004 to 6.8 percent in 2015.

3. Despite reductions in use for nearly all substance categories, marijuana use among Florida students has remained fairly constant over time. Accompanying this counter trend, nearly one out of four high school students reported riding in a car driven by someone who had been smoking marijuana, and about one in ten reported driving after marijuana use.

4. Past-30-day rates of use for substances other than alcohol, cigarettes, and marijuana are very low, ranging from 1.8 percent for prescription pain reliever use to 0.1 percent for steroid use.

5. Overall alcohol use is down, but high-risk drinking behavior is still common. Nearly one in five high school students reported having blacked out after drinking. Also, about one in five high school students reported riding in a car driven by someone who had been drinking.

6. Florida students have reported long-term reductions in other antisocial behaviors. For example, between 2004 and 2015, past 12-month prevalence rates for attacking someone with intent to harm and getting suspended declined by 6.2 and 5.4 percent, respectively.

An electronic version of this report as well as previous FYSAS reports can be accessed at: www. dcf.state.fl.us/mentalhealth/publications/fysas

The Florida Youth Tobacco Survey

The Department of Health's Florida Youth Tobacco Survey (FYTS) was administered in the spring of 2015. Participants included 5,877 middle school students and 6,443 high school students in 174 public schools throughout the state. The overall survey response rate for middle schools was 81 percent, and the overall survey response rate for high schools was 74 percent. The FYTS has been conducted annually since 1998.

Statistics seem to indicate that Florida is winning the war against teen cigarette smoking. According to the survey, only 8.5 percent of middle-schoolers and 22.9 percent of high-schoolers have ever tried a cigarette. Those are both at all-time lows since the survey began in 1998. That year the rates were an astounding 43.6 percent for middle-schoolers and 68.1 percent for high-schoolers. Just 2 percent of Florida middle-schoolers are "current cigarette smokers," as are 6.9 percent of high-schoolers.

Frequent cigarette smoking youth are now almost extinct in the state. With just 0.6 percent of middle-schoolers and 2.5 percent of high-schoolers having smoked more than 20 cigarettes in

the past 30 days at the time of the survey. That's down from 5.4 percent of middle-schoolers and 13.3 percent of high-schoolers in 1998.

However, in the past couple of years it appears that drops in rates of traditional cigarette smoking have more to do with the emergence of e-cigarette alternatives. 37.6 percent of high schoolers and 14.7 percent of middle schoolers have tried e-cigarettes at least once. That's a large jump even since last year when the rates were 20.5 percent of high-schoolers and 8.5 percent for middle-schoolers. 15.8 percent of high-schoolers are considered current e-smokers and about 2.9 percent are frequent smokers, which means for the first time ever more high schoolers in Florida are regularly smoking e-cigarettes than regular cigarettes.

Prescription Drug Monitoring Program

Evidence continues to accumulate validating Florida's Prescription Drug Monitoring Program (PDMP) as effective in improving clinical decision-making, reducing multiple provider episodes and diversion of controlled substances, and assisting in other efforts to curb the prescription drug abuse epidemic. The effectiveness of Florida's PDMP is reflected in a significant increase of in registration (16.9 percent) and utilization (99.3 percent), resulting in a 65 percent decrease in multiple provider episodes, 34.2 percent decrease in morphine milligram equivalents prescribed, and 12 percent reduction in oxycodone overdose deaths.

There are 7,359,995 unique patients in Florida who have been dispensed one or more controlled substances October 1, 2014 to September 30, 2015, an 11.6 percent increase from the prior year. In the current reporting period, 63,886 in-state prescribers issued 36,491,586 prescriptions to Florida residents or approximately 571.2 prescriptions per prescriber. In this reporting period, approximately 5.0 prescriptions were filled per patient compared to 5.2 in the last reporting period, 4.8 percent reduction.

After ranking prescribing rates per 1,000 population by quartiles, variation by geographic area and drug class is clear. For example, Miami-Dade county is one the highest prescribing areas for benzodiazepines but one of the lowest areas for opioids. Other counties with divergent rates by drug class can be seen on the maps. Clusters of counties with high and low rates can also be observed. For example, Walton, Holmes, Washington, and Bay in the panhandle region are among the highest in prescribing of all the three drug classes analyzed. A cluster of Gulf counties with high rates of opioid prescribing in the north central region is also apparent.

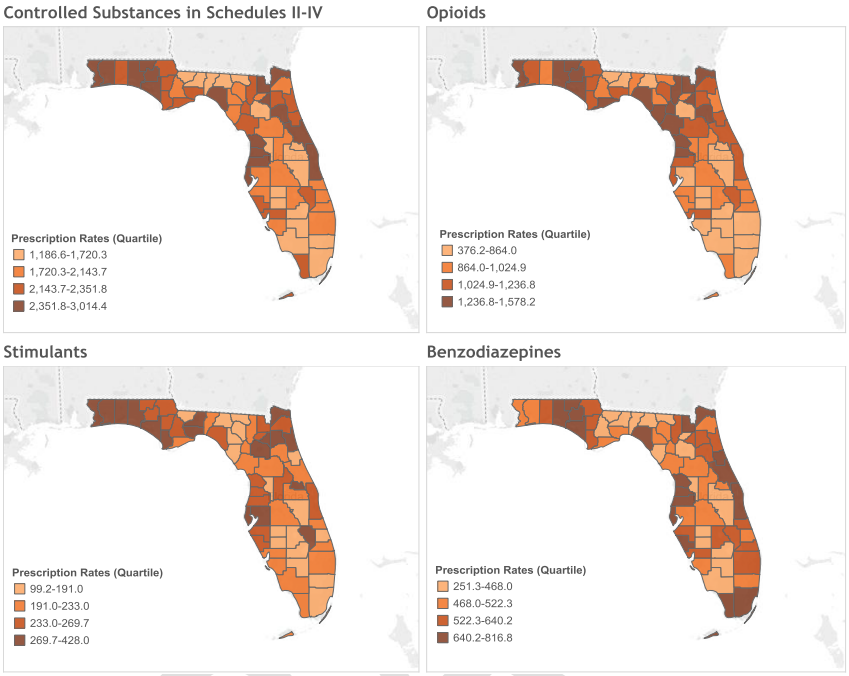

Figure XX. Prescription rate per 1,000 county residents for all controlled substance prescriptions in schedules II through IV, opioids, stimulants, and benzodiazepines, 2014-~~3015~~2015.

Commented [ME3]: Registration/Utilization by profession, as percentage of total licensed.

How many states have interstate datasharing? Does FL? (narrative comment)

Hydrocodone with acetaminophen, alprazolam, and tramadol are ranked the top three most commonly dispensed controlled substances in Florida, representing 34.5 percent of the total controlled substances dispensed. Drugs with the largest year-to-year decreases in dispensing were hydrocodone-acetaminophen (-14.5 percent) and zolpidem (-5.5 percent). Reductions in hydrocodone-acetaminophen dispensing may be a result of the rescheduling of hydrocodone combination products from schedule III to schedule II.

All states, except Missouri, have enacted laws and implemented prescription monitoring programs to serve as an integral part of patient and public safety solutions addressing the national prescription drug epidemic.[1] Looking forward, it is apparent that policy will play an important role in the utilization and sustainability of these programs. States are considering policy changes that address reporting more frequently, authorizing designees for health care professionals, mandating registration and use, sending proactive alerts, integrating data into the clinical work flow, and long-term funding.[2]

An electronic version of the PDMP Annual Report 2014-2015 is available on line at www.e-forcse.com.

FDLE Medical Examiners Commission Drug Report

The Medical Examiners Commission's 2014 Annual Report of Drugs Identified in Deceased Persons provides information on the total number of various drugs detected in 4,774 decedents, mostly for whom an autopsy was performed but not for all of the more than 187,000 deaths that occurred in Florida during 2014. The numbers of drugs detected are referred to as "occurrences" and should not be confused with the actual number of drug-related deaths. Medical examiners (MEs) reported the number of drug-related deaths through toxicology reports submitted to the Medical Examiners Commission. In order for a death to be considered "drug-related," there needs to be at least one drug identified in the decedent, which is a drug occurrence.

The State's local medical examiners were asked to distinguish between the drugs being a "cause" of death or merely "present" in the body at the time of death. A drug is only indicated as the cause of death when, after examining all evidence and the autopsy and toxicology results, the medical examiner determines the drug played a causal role in the death. Therefore, the number of drug occurrences exceeds the number of decedents because of multiple drugs, including alcohol, identified in the same person.

According to the report, cocaine caused the most drug-overdose deaths in Florida in 2014, with 720 deaths. A cocaine-related death is defined as a death in which cocaine is detected in the decedent and may or may not be considered the cause of death. Cocaine deaths statewide have seen a steady decline since 2007 when there were close to 2000 deaths, however, cocaine problems in South Florida continued to be at the highest rates in the Nation.

Alprazolam and methadone-caused mortality rate declined over the same period by 45 percent and 57 percent, respectively. From 2013 to 2014, alprazolam-caused mortality increased slightly from 2.6 per 100,000 to 2.9 per 100,000. Hydrocodone-caused deaths remained stable from 2010 to 2014. Morphine caused mortality rates have increased from 1.4 to 3.5 per 100,000 (+155 percent) and the number of heroin-caused death increased from 48 to 408 (0.25 to 2.05 per 100,000 population**, +705 percent**). Figure XX illustrates from 2010 to 2014, the rate of oxycodone caused mortality declined from 8.0 to 2.4 per 100,000 population (a 70 percent decrease).

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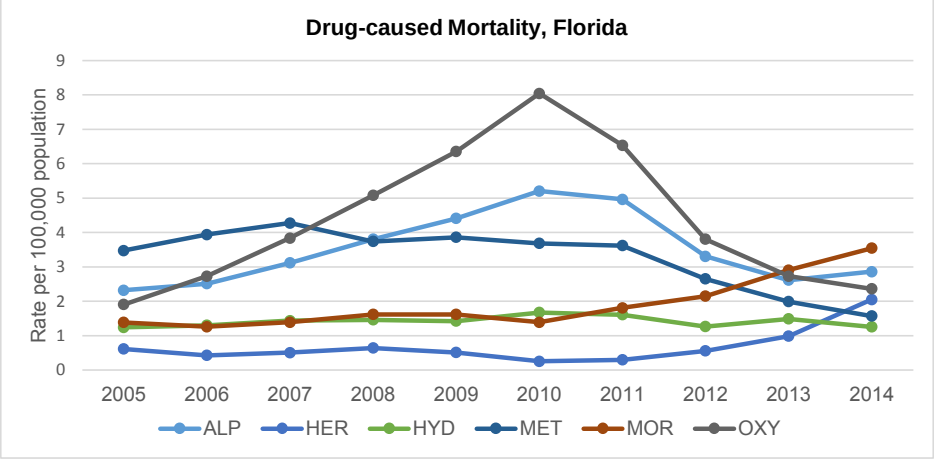

Figure XX. Mortality rate per 100,000 population for licit and illicit drugs from 2005-2014.

However, what was most startling about the report, was the drastic increase in heroin-related deaths statewide. There were about 50 heroin-related deaths in 2010 and 447 in 2014, increasing nearly nine fold.

Commented [ME6]: Add info on ED discharge data

The Rise in Synthetic Drugs

While the state has seen encouraging trends in more traditional substances, there has been a significant increase in the use of synthetic drugs. Also called "new" or "novel psychoactive substances," synthetic drugs are chemical compounds designed to mimic or modify the effects of more established illicit drugs such as heroin, crystal meth and marijuana. Spice, for example, is a synthetic cannabinoid, a synthetic marijuana product designed to mirror the effects of THC. Bath salts are synthetic cathinones, or amphetamines that also may induce delusions. Molly, meanwhile, is sold as a substitute for the synthetic designer club drug MDMA, or ecstasy.

The main challenge for law enforcement is the manner in which these illegal substances are trafficked and distributed. According to the U.S. Drug Enforcement Administration, most wholesale quantities of the drugs are bought online and shipped from distributors in China and Mexico. Unlike the drugs that they mimic, synthetics are made from shifting array of compounds that approximate the highs of more traditional substances but vary in intensity and unpredictability. Drug formulas are constantly tweaked according to ingredient availability and to stay a step ahead of law enforcement.

In 2014, Governor Rick Scott signed House Bill 697, which added six additional substances to Florida's drug crime laws and added three extremely lethal synthetic compounds to the trafficking statute. Since then, most candy-like packages of herbal incense and psychoactive bath salts have disappeared from the shelves of gas stations and convenience stores.

Commented [ME7]: Comment about subsequent changes each year to keep up with re-formulations.

Policing synthetics can be a complicated game to play when one supplier is caught or a particular formula is banned, other suppliers simply change an element or two in the banned substance to create a new "legal" compound with similar effects. Putting a blanket on synthetic

compounds isn't an option, as doing so could prevent the creation of substances that could be beneficial.

Flakka Becomes Popular Drug

Flakka is the latest in a series of synthetic drugs that include Ecstasy and bath salts, with some officials even referring to the drug as a "second-generation bath salt." Flakka's active ingredient is a chemical compound called alpha-PVP, which is on the U.S. Drug Enforcement Administration's list of the controlled substances most likely to be abused, with no medical use. It is usually made overseas in countries such as China and Pakistan. The drug can be injected, snorted, smoked or swallowed; users have been characterized as possessing an "excited delirium." Highly potent and addictive, it can cause heart palpitations, violent behavior, as well as unusual strength that poses a serious problem when attempting to subdue or restrain the user. As a result of these challenges and risks, many treatment experts and clinicians aren't sure exactly how to treat those addicted to the drug.

Commented [ME8]: Add sentence talking about the challenge of the fact that flakka can be ordered online.

Broward County, where county hospitals are reporting 2-3 admissions for flakka each day, has become the epicenter for the drug. According to recent police reports there has been a 45 percent increase of flakka related events since its first appearance in 2013. Since the onset of the flakka epidemic, the Broward Police Department has been presenting through the local community on the adverse effects of flakka, the health risks of using the substance and the dangers revolving around the people who use the substance.

To combat this serious problem, the county established a flakka task force to initiate an integrated collaborative community approach to assess where the community was in addressing the deadly street drug and to unify their outreach efforts to key community stakeholders. The task force developed an action plan through a methodical process of assessment and strategy. They collected information on available resources and planned activities to address the rise of synthetic drug use in Broward County. The results of the assessment were then analyzed to identify gaps in outreach services and to identify the needs in the community, to create one unified plan. Broward Sheriff's Office created a calendar of outreach events to guide and inform of activities in the community aimed to educate and prevent further harm from flakka.

Heroin Makes a Comeback

Commented [ME9]: Take some of the numbers from the other reports and reflect them here. Deaths, treatment, MStars, etc.

The state, along with the nation, has seen a dramatic increase in the number of deaths related to heroin use. As previously mentioned in the Medical Examiner's report, Florida had approximately 447 heroin related deaths in the state last year, which was an all-time high, and more than double the 199 people who had the drug in their bodies when they died the previous year.

The street drug's resurgence can be partly attributed to the state's successful efforts to shut down doctor's offices where pain relievers were heavily prescribed. As individuals have sought out cheaper alternatives, heroin has been in higher demand. Heroin can currently be purchased for around $10 per dose, while prescription pain relievers sell for closer to $20 to $25 per pill. As a result, heroin availability in Florida is particularly high and especially cheap.

An additional problem is that many dealers are mixing heroin with fentanyl, a powerful opioid drug to enhance its effects, as well as increase their profit. This powerful drug not only makes the drug more potent, but also more addictive.

This growing problem is most pronounced in Manatee County where they have seen skyrocketing rate of overdoses related to heroin.

Emergency Treatment and Recovery Act

Deaths from drug overdose have steadily increased over the past few decades and are the leading cause of accidental death in the United States. The vast majority of these deaths involved an overdose related to opioid analgesics, which are narcotic pain relievers derived from the opium poppy, or its synthetic analogues. Opioid antagonists have proven successful in reversing some opioid-related drug overdoses when administered in a timely manner.

In 2015, Governor Rick Scott signed House Bill 751 creating section 381.887, Florida Statutes, establishing the Emergency Treatment and Recovery Act.[3] This legislation authorizes certain health care practitioners to prescribe and dispense an emergency opioid antagonist to a patient or caregiver under certain conditions; authorizes storage, possession, and administration by a patient or caregiver and certain emergency responders; provides immunity from liability; and provides immunity from professional sanction or disciplinary action.

Executive Order

On July 9, 2015, Governor Scott issued Executive Order 15-134,[4] which highlighted mental health reforms needed across Florida. The Executive Order charged the Department of Corrections (DOC), the Department of Children and Families (DCF) and the Department of Juvenile Justice (DJJ) to develop and implement best management practices to positively impact behavioral health services in Florida, including creating a pilot program in Broward County. On September 9, 2015, Governor Scott issued Executive Order 15-175,[5] an addendum to Executive Order 15-134, which updated the scope of agencies including the Department of Health (DOH) and Agency of Health Care Administration (AHCA). The addendum also expands the pilot program to include Alachua and Pinellas counties.

The Executive Order directs the Secretary of DCF to lead a comprehensive review of local, state, and federally funded behavioral health services and conduct an analysis of how those services are delivered and how well they are integrated with other similar and/or independent services within a community. The goal of this review is to develop a statewide model for a coordinated system of behavioral health care services and a streamlined budgeting process that integrates and tracks behavioral health care spending across multiple funding streams. The Secretary is also directed to provide the Governor with recommendations on how best to meet the behavioral health care needs of Florida's citizens through an integrated system of coordinated care.

Commented [ME10]: Work on Marchman and Baker acts Care coordination.

DCF has done a report on each of these topics with goal of trying to increase access to point of care, increase understanding of acts, and align/synchronize the processes so that they can be used together effectively.

Stopping Use Before It Starts

Drug Education Programs

Early prevention efforts through drug education regarding the risks and harms that are posed through drug use have had considerable success.

One such campaign is the Red Ribbon campaign. The Red Ribbon Campaign is the oldest and largest drug prevention program in the nation, reaching millions of young people during Red Ribbon Week, October 23rd- October 31st each year. This annual event has become a major force for raising awareness and mobilizing communities in the fight against drugs.

These schools have gone through the process of becoming certified through Florida State University's Center for Prevention Research. The schools are evaluated for certification in the following four areas: school environment, scientific principles, parent recruitment and involvement and year-around Red Ribbon activities.

Commented [ME11]: Incredibly weak. Counselors, community coalitions, statewide prevention plan, block grant requirements, etc.

Healing and Rehabilitation

Drug Treatment Centers

While the process of recovering from addiction is typically different depending on the user, what is universal is the need for specialized care and support. Additionally, the longer someone can be in a structured treatment program, the better their chances for success. However, the costs associated with this level of care can often times be more than what the individual can afford. Therefore, there is a significant need for detoxification centers that receive additional funds to supplement the costs of treatment.

In order to provide a user the best services, treatment typically includes inpatient detoxification to get the drugs out of their system; an inpatient residential program providing therapy and learning the tools to stay clean; and finally, outpatient treatment where they can start a normal life for themselves while still getting guidance through therapy.

Commented [ME12]: Very weak, needs to be much broader conversation about treatment (treated 180,000 last year), what is the treatment continuum

John Bryant at DCF did a presentation on Chair Harrell's Committee.

AHCA has approved Detox as a Medicaid coverable service. This is a significant change that took place and should be reflected here.

Moving system toward treatment as recovery-oriented system of care.

Supply Reduction and Market Disruption

Online Availability of Synthetic Drugs

Online availability of synthetic drugs is rampant and difficult to interrupt. This type of "point and click" drug trafficking is making it difficult for law enforcement to intercept the flow of these drugs.

Because of Florida's large coastlines and numerous airports, smugglers are able to infiltrate the market. Only a small percentage of drugs are ever being seized at interdiction points.

High Intensity Drug Trafficking Areas

The HIDTA program was created by Congress with the Anti-Drug Abuse Act of 1988, and was designed to provide assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. There are currently 28 HIDTAs that serve designated counties located in 46 states, as well as in

Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The DEA plays a very active role and has 589 authorized special agent positions dedicated to the program. At the local level, the HIDTAs are directed and guided by Executive Boards composed of an equal number of regional Federal and non-Federal (state, local, and tribal) law enforcement leaders.

The purpose of the HIDTA program is to reduce drug trafficking and production in the United States by sharing information and implementing coordinated enforcement activities among Federal, state, local, and tribal law enforcement agencies. By providing reliable intelligence to law enforcement agencies their strategies can make better use of available resources to reduce the supply of illegal drugs in designated areas of the United States and in the Nation as a whole.

Currently in Florida, three HIDTAs serve a total of 22 counties in the state that have been designated as high intensity drug areas. These regional task forces attempt to disrupt and dismantle drug trafficking organizations (DTOs) responsible for the importation, manufacture and distribution of the most prevalent drugs. They target these drug markets by circumventing their smuggling efforts that are achieved through air, land and sea transportation systems.

Recommendations

The Council continues to study the creation of a compendium on best practices and Good Governance on Drug Policy, to determine successful programs that can be implemented using fiscally sound principles. This will assist in developing recommendations that may merit consideration for legislative action.

Call to action for priorities related to:

1. Research and analysis
    a. Toxological screens
    b. Track increase of heroin use, ED admissions, including demographics of who is being effected.
    c. DOH publish surveillance data on hep c and injection drug behaviors
    d. Comprehensive report on impact of meth on Florida, with focus on rural communities.
    ~~1.~~e.
2. Coordination and outreach
    ~~2.~~a. Linking ED and treatment providers (develop strategies to link providers and remove roadblocks, emphasize should be link to medication-assisted treatment)
3. Prevention
    a. Prescription Drugs
    b. Illicit drugs
    c. Strengthen use of PDMP (how -- mandatory use, voluntary use?Build in prompts for co-prescribing of naloxone)
    d. Drug take-back programs (work with coalitions to coordinate efforts)
    e. Screenings
    ~~3.~~f. Address demand side -- what is driving people to use?
4. Treatment and management
    a. Medication-assisted treatment
    b. New technologies
    c. Case management component in hospital setting, for overdoses

Commented [ME13]: What about NAS? The follow-up work was officially transferred after the AG group ended.

Commented [ME14]: Re-write. This is a placeholder from last year's report.

Commented [ME15]: Ask Dr. Pigman to flush out the recommendation, get MEC to weigh in on this as well.

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Commented [ME16]: Prevention should be centerpiece. Quantify "lynch-pin" – what does it really mean to get the word out, to talk about it? Need better definitions.

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Commented [ME17]: Patty will work on with Mark or designee.

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d. Targeting people that have 3 or more incidences of detox/treatment in a year (Marchman Baker, coordinated care reports) – high-end utilizers of these services – how can we better serve these users?

~~4.~~e.

5. Harm reduction
   a. Narcan access – improve existing statute by explicitly authorizing standing orders and authorizing a civilian to administer
   b. Health care consequences of intravenous drug use (monitoring needle exchange initiatives?)
6. Supply reduction
   a. Tracking methamphetamine – impact on rural community (FDLE to bring back some information on this?)
   ~~5.~~ Children being removed from homes (DCF workgroup is looking at this – get report from DCF – any recommendations to pick up from the report, report on children who have died as a result of sleeping with intoxicated parent, support continued funding of FIT teams)

Commented [ME18]: 6. Supply Reduction.

These are the six broad categories, then make the recommendations within each category.

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Commented [ME19]: Mary at FMA can provide additional information on this.

Commented [ME20]: Deal with class, rather than specific formulations

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Conclusion

Drug abuse effects every sector of Florida society, straining the state's economic resources, health care and criminal justice systems and endangering the lives of young people. The Statewide Drug Policy Advisory Council serves as a leader and catalyst for improving the health and safety of all Floridians by promoting strategic approaches and collaboration to reduce drug use and related crime.

Appendix

2015 Statewide Drug Policy Advisory Council Members

Surgeon General John Armstrong, MD, FACS

Patricia Nelson, Office of Planning and Budget

Attorney General Pam Bondi

Commissioner Rick Swearingen, Department of Law Enforcement

Secretary Mike Carroll, Department of Children and Families

Secretary Christy Daly, Department of Juvenile Justice

Secretary Julie Jones, Department of Corrections

Commissioner Pam Stewart, Department of Education

Executive Director Terry Rhodes, Department of Highway Safety and Motor Vehicles

Major General Michael A. Calhoun, Department of Military Affairs

Honorable Melanie May, Chief Judge, Fourth District Court of Appeal, Florida Supreme Court Appointee

Honorable Eleanor Sobel, Senate President Appointee

Honorable Cary Pigman, Speaker of the House Appointee

Governor Appointments:

Mark P. Fontaine, Tallahassee, Executive Director of the Florida Alcohol and Drug Abuse Association, reappointed for a term beginning November 4, 2011 and ending September 6, 2015, expertise in substance abuse treatment.

Kimberly K. Spence, Tallahassee, Chief Executive Officer of Keaton Corrections, Inc., appointed for a term beginning XX and ending XX, expertise in drug enforcement.

Peggy Sapp, [area], President, Chief Executive Officer, Informed Families, appointed for a term beginning xx and ending xx, expertise in substance abuse prevention.

Dr. John VanDelinder, [area], Executive Director, Sunshine State Association of Christian Schools, appointed for a term beginning XX and ending XX, expertise in faith-based substance abuse treatment.

Dotti Groover-Skipper, [area] [title], Salvation Army, appointed for a term beginning xx and ending xx expertise in faith-based substance abuse treatment.

Douglas Leonardo, [area], [title], Baycare Behavioral Health, appointed for a term beginning xx and ending xx, expertise in drug enforcement and substance abuse services.

One Governor Appointment Vacant, expertise in drug enforcement and substance abuse services is unfilled at the time of this report.

References

[1]Status of Prescription Drug Monitoring Programs Map, PDMP TTAC, August 28, 2015. http://www.pdmpassist.org/pdf/PDMPProgramStatus2015_v5.pdf accessed November 3, 2015.

[2] Centers for Disease Control and Prevention. State Laws on Prescription Drug Misuse and Abuse. Retrieved November 3, 2015. http://www.cdc.gov/phlp/publications/topic/prescription.html

[3] [Insert HB 831 citation] Laws of Florida

[4] Exec. Order No. 2015-134. Available at http://www.flgov.com/2015-executive-orders.

[5] Exec. Order No. 2015-175. Available at http://www.flgov.com/2015-executive-orders.