Drug Policy Advisory Council Meeting

November 20, 2015 - 10:00-11:00 AM
Florida Department of Health
Teleconference
Health@FLHealth.gov

Meeting Minutes

Welcome, Introductions, - 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. Patrick Mahoney (Department of Corrections Secretary Designee)
5. Colonel Gene Spaulding (DHSMV)
6. Representative Cary Pigman (Member of the House of Representatives)
7. Mark Fontaine (Member of the public with expertise in substance abuse treatment appointed by the Governor)
8. Doug Leonardo (Member of the public with expertise in substance abuse programs and services appointed by the Governor)
9. Peggy Sapp (Member of the public with expertise in substance abuse prevention appointed by the Governor
10. Jeff Scala for Senator Sobel (Member of the Florida Senate)

Others Present:
Pat Barton
Beth Labasky, Informed Families of Florida
Amy Ronshausen, Deputy Director, Drug Free America Foundation

Staff Present:

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

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

Disposition:
The Council was reminded to submit all edits to Becki Poston (Rebecca.Poston@flhealth.gov) or Tim Parson (tim.parson@myFLfamilies.com) as soon as possible, no later than 3:00 p.m., so they can incorporate into the final version of the annual report.

Public Comment / Open Discussion
Ms. Barton encouraged the Council to add the 'Parent Movement' under the prevention topic to emphasize that many coalitions today have evolved from parent organizations.

Next Steps:

- Schedule Council retreat in Tallahassee for January 29, 2016. Mr. Fontaine volunteered to serve as a liaison to help with planning.

Meeting adjourned at 10:47 a.m.

Statewide Drug Policy Advisory Council

2015 Annual Report

Commented [PR1]: NOTE TO READER:
The comment section in this document is being used to summarize the Council's recommendations at the November 20, 2015 conference call and will be attached as part of the discussion under the tab Annual Report Discussion in meeting minutes.

Thank you.

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

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NOTE TO READER:
The entire document will be reformatted, including proper page breaks, prior to release.

History of the Council

In 1999, the Florida Legislature created the Office of Drug Control and the Statewide Drug Policy Advisory Council in the Executive Office of the Governor. The primary purposes of the office were 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: the Statewide Drug Policy Advisory Council, the 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 development and implementation of 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, it 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 I for the 2015 Statewide Drug Policy Advisory Council Members.

The Extent of the Problem

The Florida Youth Substance Abuse 2015 Survey[1]

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 use.

The FYSAS was administered to 11,577 students in grades 6 through 12. 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.[2]

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:

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.

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, a 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 in Figure 4 below. 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.

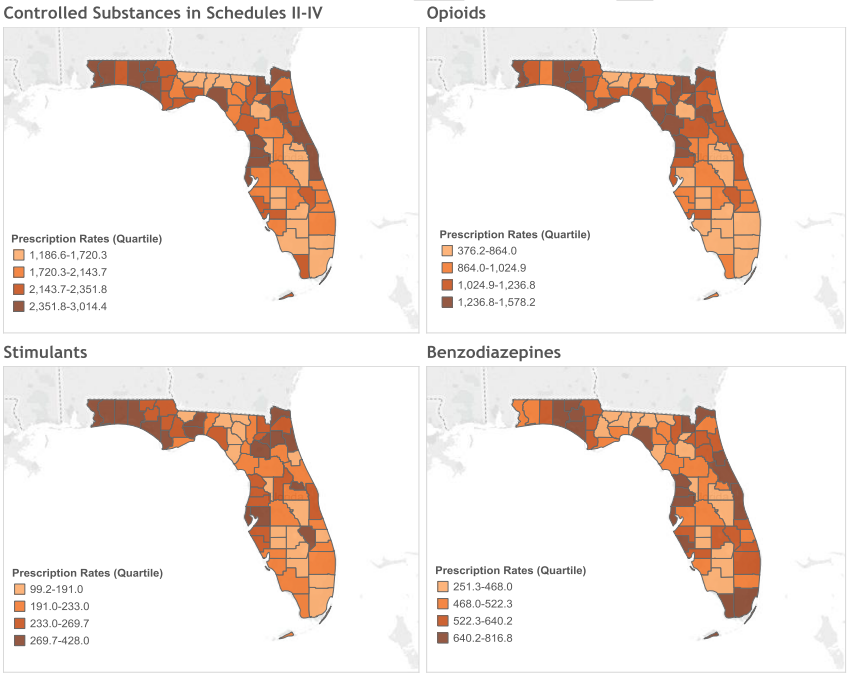

Figure 1. Prescription rate per 1,000 county residents for all controlled substance prescriptions in schedules II through IV, opioids, stimulants, and benzodiazepines, 2014-2015.

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

Commented [ME3]: Added registration/utilization by profession, as percentage of total licensed.
Added how many states have interstate data sharing? Does FL? (Narrative comment)

hydrocodone-acetaminophen dispensing may be a result of the rescheduling of hydrocodone combination products from schedule III to schedule II.

Table 1 shows pharmacists have the highest utilization rate, 89.1 percent, and have queried the prescription drug monitoring system (PDMS) 12,088,454 times. Furthermore, 72.6 percent of all prescribers registered to use the PDMS have queried 9,079,493 times. In particular, 7,348 of the 10,206 medical doctors who have registered to use the PDMS have queried 6,680,746 times. Overall, 25,833 (80.6 percent) of the 32,054 registered users have queried the PDMS 21,167,947 times.

Table 1. Health care registration and utilization by license type.

License Type	Number Registered Users	Total Number Licensed	Percentage Registered	Number Users That Have Queried	Percentage Users that have Queried	Number of Queries
ARNP	1,822	19,608	9.25%	1,354	88.3%	493,235
Dentist	776	12,689	6.12%	455	58.6%	16,680
Medical Doctor	10,206	68,129	14.91%	7,348	72.0%	6,680,746
Optometrist	8	3,189	0.25%	3	25.00%	3
Osteopathic Physician	2,242	7,345	30.39%	1,706	76.1%	1,509,577
Physician Assistant	1,397	6,813	20.37%	1,106	79.2%	376,063
Podiatric Physician	136	1,777	7.65%	78	57.4%	3,189
Pharmacist	15,467	28,526	53.89%	13,784	89.1%	12,088,454
TOTAL	31,886	148,076	21.53%	25,833	81.02%	21,167,947

Prescription Drug Monitoring Program, Registration and Utilization data retrieved on September 30, 2015.[6]

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.[7] According to the National Alliance for Model State Drug Laws (NAMSDL) Florida, Georgia, Nebraska, and Missouri are the only states that do not share their data with other state PDMPs. As of December 2014, eighteen states share data with other PDMPs, eight states share data with authorized users in other states and eighteen states share data with both.[8]

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.[9]

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

FDLE Medical Examiners Commission Drug Report

The Medical Examiners Commission's Drugs Identified in Deceased Persons 2014 Annual Report provides information regarding drug-related deaths in Florida. 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. In 2014, 187,942 deaths were reported by the State of Florida's Bureau of

Vital Statistics, of which 23,228 were investigated by the state's medical examiners. Toxicology results determined that drugs were present at the time of death in 8,587 deaths, 4,774 of which involved prescription drugs.

The 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 multiple drugs, including alcohol, may be 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.

Xanax® (alprazolam) and methadone-caused mortality rates 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 (a 155 percent) and the number of heroin-caused death increased from 48 to 408 (0.25 to 2.05 per 100,000 population**, a 705 percent increase**). Figure 2 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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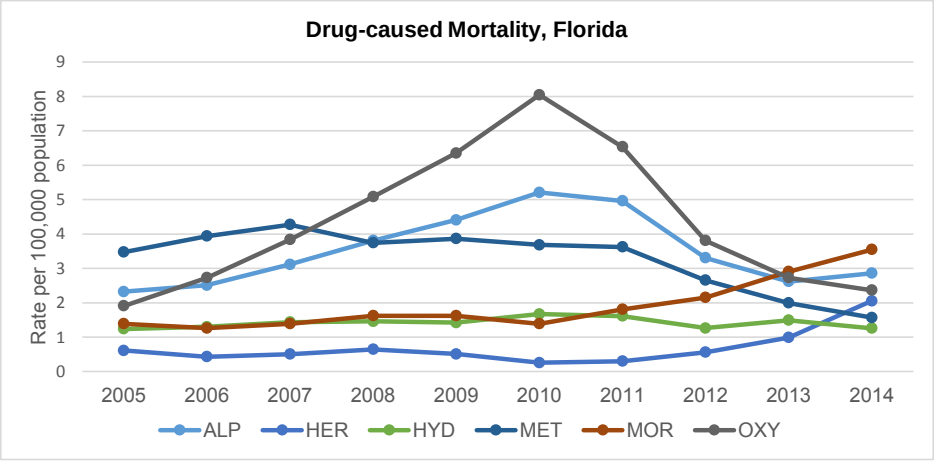

Figure 2. Mortality rate per 100,000 population for licit and illicit drugs from 2005-2014.

However, most startling was the drastic increase in heroin-related deaths statewide. Data in the report reflects a dramatic increase in the number of fatalities attributed to the drug, which has seen a resurgence statewide and nationally following a crackdown on the prescription drug abuse epidemic. There were about 50 heroin-related deaths in 2010 and 447 in 2014,

increasing nearly nine fold. The last time the death rate was this high was in 2003, when there were 230 deaths. That was about the time that the state's prescription drug crisis began to take hold. As state authorities have cracked down on pill mills and doctor shopping, that trend appears to be reversing.

Commented [ME6]: Added info on ED discharge data

According to the Florida Agency for Health Care Administration, the number of discharges from Florida hospitals due to poisoning by pharmaceutical opioids reached their peak in 2011 at 956 discharges (Figure 3). A rise in the number of discharges due to heroin poisoning is apparent in recent years. In 2014, there were 360 discharges for heroin poisoning, which is higher than any other year in the analysis. Discharges as a result of poisoning by benzodiazepine based tranquilizers reached their peak in 2011 at 1105.

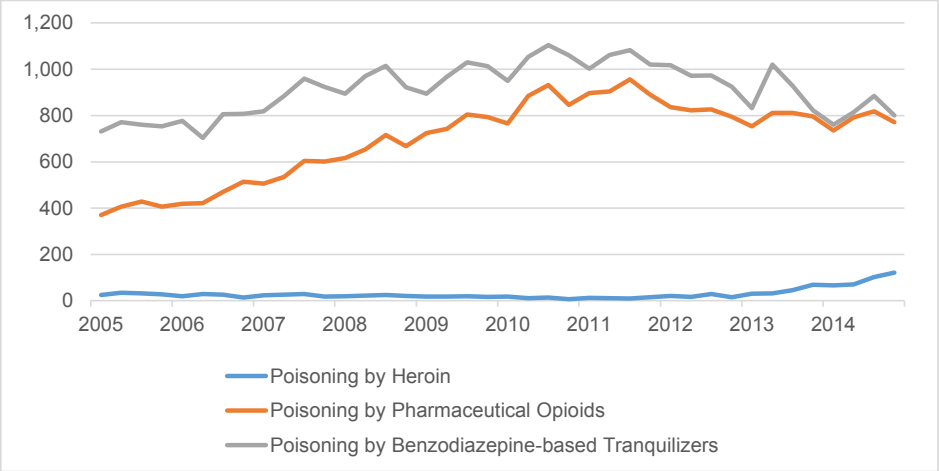

Figure 3. Hospital discharges for overdose in Florida, by substance, Florida Agency for Health Care Administration, 2005-2014.

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.[10] 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 the 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.

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.

In order to keep laws current with this drug trend, Florida state agencies and the legislature have filed legislation the last several years to modify the class schedules. In 2011, 2012 and 2013, numerous synthetic substances were added to Schedule 1 of Florida's controlled substances schedules. 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]: Added a comment about subsequent changes each year to keep up with re-formulations.

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 "cousin" to 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.[11] The drug has predominantly been manufactured in China, Pakistan and India, where it is a legal chemical compound and then made available online for as little as $3-5 for a dose. The drug can cause be injected, snorted, smoked or swallowed; users have been characterized as possessing an "excited delirium."[12] 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]: Added a sentence talking about the challenge of the fact that flakka can be ordered online.

Broward County, where county hospitals are reporting two to three 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 educating 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.[13]

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.[14] 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 inform and educate the community and to prevent further harm from flakka.

Heroin Makes a Comeback

Commented [ME9]: Added additional information regarding deaths, treatment, EMSTARS.

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 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 doctors' offices where pain relievers were heavily prescribed. In June 2011, Governor Rick Scott signed the "anti-pill mill" bill, House Bill 7095, which toughened criminal and administrative penalties for doctors and clinics distributing opioids through a combination of dispensing bans and aggressive regulatory actions to close pill mills. Law enforcement and treatment providers point to the shutdown of the so-called "pill mills" as the impetus to so many addicts turning to heroin. 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 medication often used to treat chronic pain.[15] Heroin dealers are using the drug to enhance its effects, as well as increase their profit. This powerful drug not only makes the combination of heroin and fentanyl more potent, but also more addictive. The powerful opioid is colorless and odorless, making it nearly impossible for the average user to detect. Therefore, many users do not know that the drugs have been combined or "laced," nor the subsequent potency, thus resulting in a considerable increase in overdoses.

This growing problem is most pronounced in Manatee County (10 to 15 deaths per 100,000), followed by Orange County (5 to 10 deaths per 100,000) where they have seen skyrocketing rate of overdoses related to heroin.[16] As these numbers continue to rise, counties are coping with dramatically increased expenses associated with tackling this epidemic. The crisis is predominantly putting a strain on community agencies from law enforcement to treatment centers. Hospitals are seeing an exorbitant increase in patients being admitted for overdose symptoms.

Marchman Act

[Tim to insert information here]

Emergency Treatment and Recovery Act

Deaths from drug overdose have more than doubled from 1999 through 2013 and has now become the leading cause of accidental death in the United States.[17] In 2013, there were 43,982 drug overdose deaths in the United States of which 22,767 (51.8 percent) were related to pharmaceuticals. The majority of the pharmaceutical related deaths, 16,235 (71.3 percent), involved opioid analgesic drugs (opioids), which are narcotic pain relievers derived from the opium poppy, or its synthetic analogues.

Opioid antagonists, such as naloxone, naltrexone and buprenorphine have proven successful in reversing some opioid-related drug overdoses when administered in a timely manner. An opioid antagonist is a drug that blocks the effects of exogenously administered opioids and are used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.[18] This occurs because opioid antagonists create a stronger bond with opioid receptors than opioids. This forces the opioids from the opioid receptors and allows the transmission of signals for respiration to resume.[19]

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.

Commented [PR11]: Tim will be adding an additional paragraph on the Marchman/Baker Act.

Commented [ME12]: Add additional info about other workgroups work.

In 2015, Governor Rick Scott signed House Bill 751 creating section 381.887, Florida Statutes, establishing the Emergency Treatment and Recovery Act.[20] 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.

The Florida Emergency Medical Service Tracking and Reporting System (EMSTARS)[21] contains almost 15 million prehospital incident patient records submitted by EMS agencies. In 2014, 57 percent (157 of 274) of all EMS agencies licensed in Florida submitted 74 percent of the normal EMS records to EMSTARS. Reporting to EMSTARS is voluntary and the number of EMS agencies reporting increases each year, growing the total record volume and more accurately representing; with an increasing number of submitting agencies enrolling each year, the record volume grows in size and in robust representation of EMS practice in Florida. There has been a 128 percent increase in the number of patient records submitted by EMS agencies from 1,120,929 in 2009 to 2,552,250 in 2014.

Figure 4 below analyzes incident patient records from 2009 through 2014 for 9-1-1/scene response incidents where a patient was found on the scene. 94,124 had a primary impression of overdose or drug poisoning. There were 72,407 unique patient incidents that involved administration of naloxone.

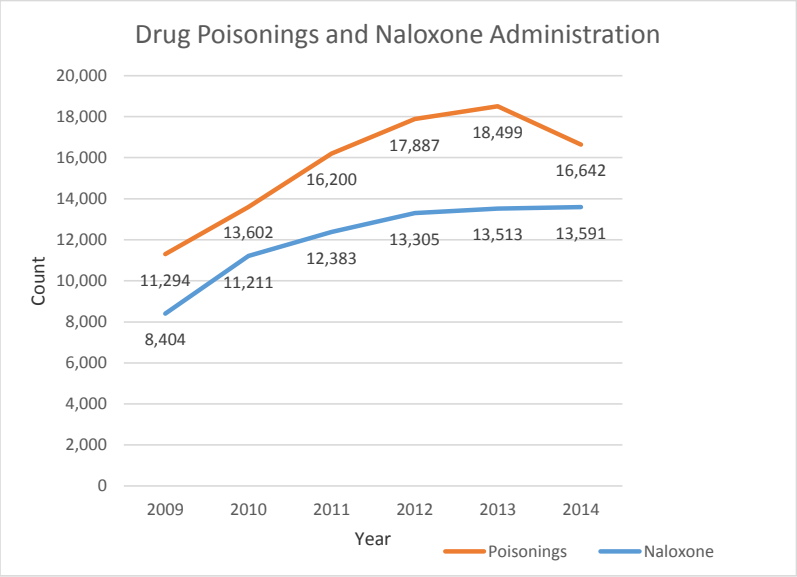

Figure 4. Number of Drug Poisonings and Naloxone Administration, Department of Health, 2009-2014.

Where naloxone was administered, the primary impression was altered level of consciousness (39 percent), poisoning/drug ingestion (17 percent), cardiac arrest (13 percent) and other primary impressions (31 percent). Where the primary impression was poisoning or drug ingestion, administration of naloxone was recorded 17 percent of the time, the medication was "not recorded" 49 percent of the time, and no medication record was entered for 34 percent.

DOH continues to link individual records deterministically with hospital discharge data from AHCA. These efforts provide the department the ability to further analyze patient care outcomes. EMSTARS participation continues to improve as individual agencies transition from aggregate reporting to reporting by the incident. DOH is committed to improving participation and data quality.

Executive Order

On July 9, 2015, Governor Scott issued Executive Order 15-134,[22] which highlighted mental health reforms needed across Florida. The Executive Order charged the Departments of Corrections (DOC), Children and Families (DCF) and 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,[23] 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 citizens through an integrated system of coordinated care.

Stopping Use Before It Starts

Commented [ME13]: Section was reworded. Counselors, community coalitions, statewide prevention plan, block grant requirements, etc.

Drug Prevention Programs

Nancy Regan and the Parent Movement with Florida as a leader brought drug use to the attention of the American Public. Between 1978 and 1991 drug use dropped by 50 percent, the Parent Movement's large scale involvement of the Public was credited by Substance Abuse and Mental Health Services Administration (SAMHSA) with this achievement. In the 1980's Florida's prevention initiatives focused on the Parent Movement, the Red Ribbon drug prevention programs, and school-based education programs. Early prevention efforts through drug education regarding the risks and harms that are posed through drug use have had considerable success. Red Ribbon Certified Schools is designated a practice to science promising program by SAMSHA.

Commented [ME14]: Emphasize that this has evolved to community coalitions.

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 ~~DCF also designed and evaluated the ALPHA and BETA school-based programs for at risk youth.~~

Commented [ME15]: See Ms. Sapp's comments in PDF document.

Mark added info about red ribbon and certification.

As research began to demonstrate the effectiveness of certain prevention programs, DCF began statewide education towards the use of evidence based practices (EBP) and targeted prevention partnership grants towards the implementation of successful programs. DCF received a State Incentive Grant from the Center for Substance Abuse Prevention (CSAP) within SAMHSA. This grant focused on the use of EBPs to reduce underage drinking, created the State Epidemiology Workgroup and a state prevention data system.

Florida applied for a second CSAP grant to implement the Strategic Prevention Framework (SPF), leading to the formation of and state funding for local community coalitions tasked with making their communities safer, healthier and drug-free. Data driven decisions were increasingly emphasized. Florida also began focusing prevention initiatives across the life span to include prevention initiatives targeted at older adults' excessive use of alcohol and prescription drugs.

In the early 2000's DCF shifted the emphasis to building partnerships between coalitions, providers, managing entities, and the agency to address prevention issues in communities across Florida.

Prevention Successes

Commented [ME16]: Add sentence to end role of prevention in community of health and wellness needs to be defined and represented in new health care marketplace. Trying to bridge traditional practices into health.

Prevention is a multi-focused process that involves the entire community. An ounce of prevention is worth a pound of cure and the Council has recognized that prevention is the linchpin of Florida's Drug Policy and Demand Reduction. Yet, how to define and measure prevention has proved to be illusive and difficult.

Recent research from Sanford University on Collective Impact offers us hope for creating a common language and effective results based outcomes. Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

There is evidence that prevention strategies are working. Among youth we have seen reduced alcohol use, reduced binge drinking, and reduced cigarette use; reductions in the use of illicit drugs other than marijuana; and reductions in the illicit use of prescription drugs. Education has been provided to the medical community on safe prescribing through the Safe Rx campaign, and on the prevention of substance exposure in newborns. Focus on this area has resulted in more pregnant women entering treatment and thus a reduction in the number of substance exposed newborns.

The key areas of success in prevention include:

- Continued integration of coalitions ~~and~~ prevention providers and all stakeholders
- Implementation of evidenced based prevention and results based accountability ~~practices~~ throughout the state
- Recognition of prevention as part of the healthcare continuum
- Successful healthcare integration projects throughout the state
- Effective policy changes at the local level that have helped local governing bodies to address underage sale and overselling of alcohol, designer drugs, and prescription drug abuse
- Broadening the scope of focus to be inclusive of child welfare, law enforcement, and healthcare partners
- Through utilization of quality data, better identification of priority populations to help focus statewide interventions and to respond more effectively and rapidly to emerging issues as they present

Healing and Rehabilitation

Treatment for Substance Use Disorders

Research on the brain has revolutionized society's understanding of drug addiction, enabling a more effective response to the problem. As a result of this research we now know that addiction is a chronic, recurring disease that affects both brain and behavior. Research has identified many of the biological and environmental factors that contribute to the disease and is now beginning to search for the genetic variations that contribute to the development and progression of the disease.

Addiction, similar to other chronic health conditions, is an illness requiring a continuum of care. Like these diseases, a single course of treatment is unlikely to result in a complete and permanent cure. Individuals with addiction may require multiple courses of treatment to stabilize their condition. A major review of 600 peer reviewed research articles show conclusively that addiction treatment is very effective and works as well as other medical treatments for chronic diseases.[24]

According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.

Research has also documented evidence-based intervention and treatment strategies that have been found effective when working with individuals who have a substance use disorder. Motivational interviewing, cognitive behavioral therapy, and trauma informed care are the most common evidence-based practices utilized by providers across Florida. Substance use disorder providers who have contracts with Managing Entities to prove substance use disorder treatment services are required by contract to utilize evidence-based practice.

The availability of affordable treatment continues to be a challenge in Florida with many treatment providers maintaining waiting lists for certain levels of care.

Opioid Antagonists

Commented [ME17]: Add Ms. Sapp's input from PDF document.

Commented [PR18R17]: Done

Commented [ME19]: Add three paragraphs from Mark summarizing research on treatment (ref 600 studies that show treatment is effective), evidence based practice is effective and utilized, etc…

Commented [PR20R19]: Mark provided Treatment for Substance Use Disorder section.

Community-based opioid antagonist prevention programs can be successful in increasing the number of opioid overdose reversals. Opioid antagonists were originally prescribed and distributed only to emergency personnel (EMTs, firefighters and law enforcement). In 1996, community-based programs began offering opioid antagonists and other opioid overdose prevention services, in states authorizing such activities, to persons who use drugs, their families and friends and service providers (health care providers, homeless shelters and substance abuse treatment programs).

In October 2010, a national advocacy and capacity-building organization surveyed 50 programs known to distribute opioid antagonists in the United States, to collect data on various issues including overdose reversals.[25] Forty-eight programs responded to the survey and reported training and distributing opioid antagonists to 53,032 persons and receiving reports of 10,171 overdose reversals. Based upon these findings, the report concluded that providing opioid overdose education and opioid antagonists to persons who use drugs and to persons who might be present at an opioid overdose can help reduce opioid overdose mortality.

Recovery Residences

Commented [ME21]: Mark will be providing edits for this section – re-write.

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. Recovery residences, also called sober homes, provide a living environment free from substance abuse to assist in recovery from addiction.

Because of the tremendous need for these treatment services, many communities have been virtually overrun by the number of sober homes that have emerged in the middle of neighborhoods. While some city officials claim that thousands of these homes have opened across the state, the data is unreliable because the state has no means of tracking sober homes. This year, Governor Scott signed House Bill 21 that requires the Department of Children and Families (DCF) to approve at least one credentialing entity by December 1, 2015, for the development and administration of the certification programs.

The new law will allow the state to monitor sober transitional living homes by creating a voluntary certification program for these types of residences. The bill will provide state oversight to ensure that some of the most vulnerable Florida residents are protected and have a safe environment while in recovery. The credentialing entity or entities must establish procedures for the certification of recovery residences and recovery residence administrators. The DCF is required to publish a list of all certified recovery residences and recovery residence administrators on its website.

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a condition experienced by infants exposed to opioid prescription or illicit drugs during the prenatal period.[26] The most common opiate drugs that are associated with NAS are heroin, codeine, oxycodone, and methadone. The child may experience several withdrawal symptoms not limited to high-pitched crying, irritability, seizures and feeding difficulties. As the prescription drug abuse epidemic grew, the rate of infants born with NAS also increased.[27]

~~In 2013, the Florida Legislature convened the Statewide Task Force on Prescription Drug Abuse and Newborns to better understand the magnitude of the NAS epidemic, evaluate strategies, and develop policies to curtail the problem. Some of their recommendations range from increased awareness as a deterrence, medical training for detection, psychotherapeutic care and to add NAS to the list of Reportable Diseases and Events in order to gather more accurate data.~~[28]

From 2011 to 2013, DOH reports[29] there were 636,128 live births in Florida. Of these infants, 4,365 were identified with a diagnosis of NAS and linked to a Florida birth certificate record. Figure 6 reflects overall prevalence for NAS was 68.6 per 10,000 live births. Prevalence rates for NAS slightly increased from 66.7 per 10,000 live births in 2011 to 69.2 per 10,000 live births in 2013.

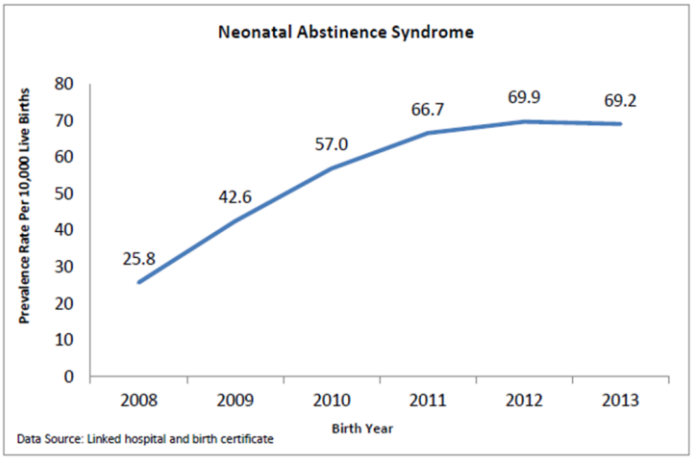

Figure 6. Department of Health, Neonatal Abstinence Syndrome Data Summary 2008-2013.

In 2013, the Florida Legislature convened the Statewide Task Force on Prescription Drug Abuse and Newborns to better understand the magnitude of the NAS epidemic, evaluate strategies, and develop policies to curtail the problem. Two key elements of the Task Force's efforts focused on maintaining and expanding the "Born Drug-Free Florida" prevention campaign, and securing $8.9 million in non-recurring funding in 2013 for treating pregnant women and mothers with children. Starting in 2014, this specialized treatment funding was subsequently boosted to $10 million and made a recurring line item thanks to the leadership of Senator Joe Negron and Attorney General Pam Bondi. Other Task Force recommendations ranged from improving

Commented [PR22]: Added figure 1 in DOH NAS Report in this section

Commented [ME23]: Add $10M recurring line item – biggest takeaway from the task force. Andy to work with Becki to punch this up a bit.

Commented [ME24]: Contact Bureau of Epi to see if they have any more current info.

medical training for detecting NAS, improving psychotherapeutic care and adding NAS to the list of Reportable Diseases and Events in order to gather more accurate data.[30] The Task Force was sunset in 2014.

In addition to the efforts of the NAS task force, DOH contracts with 32 Healthy Start Coalitions (HSCs) across the state to assess prenatal and infant health care needs. The HSCs provide screening, education and care coordination services for substance abusing pregnant women, and substance exposed newborns. The HSCs collaborate with many local agencies and partners in forming interagency agreements to ensure coordinated, multi-agency assessment of and intervention for the health, safety, and service needs of women who abuse alcohol or other drugs during pregnancy, and of substance exposed children up to age three.

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Supply Reduction and Market Disruption

Online Availability of Synthetic Drugs

The ability of law enforcement to interrupt the influx of illegal substances into the state has been greatly impacted by the ability of users to access drugs on the internet. 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. Chinese websites offer a wide selection of illegal narcotics for buyers that provide easy access to these drugs. On the Chinese website, guidechem.com, law enforcement authorities found more than 150 Chinese companies selling the synthetic drug "flakka."

This new synthetic drug trade, has created a globalized marketplace for large volumes of ever-changing substances that are too new to be banned internationally, leaving law enforcement in America and elsewhere struggling to slow the influx of the drugs. Due to lax exportation laws and the constant re-categorization of chemical compounds, authorities must now be more innovative than ever to keep up with the evolving challenges facing their efforts to disrupt the global supply chain for synthetic drugs.

High Intensity Drug Trafficking Areas

The High Intensity Drug Trafficking Areas (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.

Commented [ME25]: FHP: Add that each HIDTA has a training initiative that does extensive training to any law enforcement agency that wishes to participate. Rep will follow-up with Becki/Tim after call to beef up.

Commented [PR26]: Add Col. Spaulding's comments from email.

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.

Additionally, the Florida HIDTAs support training initiatives that offer training to numerous non-HIDTA law enforcement agencies throughout the state to ensure the most current national and state trends are addressed, while presenting strategies to combat these trends.

Review of Fiscal Year 2014-2015

The Council was charged with reviewing the *Good Governance in Drug Policy* draft and creating a compendium on best practices to determine successful programs, create a recurring agenda that provides an overarching, evidenced-based system for state drug control policy with goals that are clearly articulated, realistic but aspirational, and has measureable outcomes that reflect a coordinated, integrated, public-private, community-based response to the substance abuse problem in Florida.

The Council received updates the Florida Department of Law Enforcement, Department of Children and Families, and Prescription Drug Monitoring Program.

The Council continues to attempt to capture the breath of the evidence-basis for effective drug policy, in terms of supply and demand, treatment and prevention. The Council has identified a call to action for strategies related to research and analysis, coordination and outreach, prevention, treatment and management, harm reduction and supply reduction.

Recommendations

Drug abuse effects every sector of Florida society, straining the state's economic resources, health care, reduce effectiveness in the workplace and criminal justice systems and endangering the lives ~~of young people~~all Floridians . 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. The Council recommends the following strategies to reduce the demand for drugs, reduce the supply of drugs, broaden prevention efforts and expand treatment.

To reduce the supply of drugs, the Drug Policy Advisory Council supports:

- New synthetic drug control legislation for 2016.
- Creating a voluntary statewide controlled substance agreement document for use by all prescribing Florida health care practitioners that identifies proper indications, alternatives, risks and benefits of prescribed controlled substances (2013)
- Maintaining or expanding the Florida Highway Patrol Criminal Interdiction Unit staffing levels. (2013, 2014)

Commented [PR27]: NOTE TO READER:
In previous annual reports recommendations were separated into 2 categories, reduce supply and reduce demand.
Two additional categories were added this year to capture recommendations related to prevention and treatment.
2013 and 2014 recommendations were added to determine if still relevant.

Commented [ME28]: Make noted change.

Commented [ME29]: Add language regarding proposed language regarding broadening language in statute so that minor molecular changes don't escape regulation.

- Increased surveillance and apprehension of importers and distributors of synthetic drugs.(2014)
- Adopting statewide methamphetamine cleanup protocols, to include a standard process for assessing responsibility for cleanup costs as well as promulgating environmental remediation standards.(2014)
- Increase in the utilization of Florida's Prescription Drug Monitoring Program by active health care professionals from 81 percent to XX percent. (2014, 2015)

Commented [ME30]: Need to increase registration, rather than utilization, particularly by controlled substance prescribers.

To reduce the demand for drugs, the Drug Policy Advisory Council supports:

- Working to reduce the number of Florida middle and high school students who have tried any illicit drug, from XX% to XX%, as reported in the 2014 Florida Youth Substance Abuse Survey.(2013,2014)
- Full implementation of the sober home certification program and oversight of implementation of the program. ~~The oversight of sober homes in order to provide a safe environment for individuals in treatment transition.(2014)~~
- Working to reduce NAS in Florida by at least 10 percent from the baseline number of 1,630 estimated in CY 2012. (2014)
- Expand ~~P~~programs and initiatives that reduce the incidence of heroin overdose-related fatalities.(2014)

Commented [ME31]: Jeff to work with Becki and Tim to come up with target.

Commented [ME32]: Update to current baseline, if available.

To broaden prevention efforts, the Drug Policy Advisory Council supports:

- The collection and publication of surveillance data on Hepatitis C and injection drug use by DOH. (2015)
- Expand ~~epipdemiological~~epidemiological and report to the public and policy makers, trends in Florida.
- Creating a pilot syringe access program to prevent the spread of infectious disease and link individuals to addiction treatment.(2015)
- Expanding local services through public-private partnerships. (2015)

To expand treatment, the Drug Policy Advisory Council supports:

- Providing residential substance abuse treatment services to offenders on felony supervision who have been court-ordered to residential treatment. (2013)
- Expand access to naloxone - a life-saving opioid overdose antidote - by modifying s. 381.887, F. S., to explicitly authorize standing orders for naloxone distribution and permit laypersons to dispense naloxone pursuant to standing orders. Standing orders, which are common in medical practice, allow physicians or other prescribers to authorize the provision of naloxone to any person who meets criteria specified by the prescriber. Standing orders and layperson distribution will encourage naloxone distribution to law enforcement agents, drug treatment centers, and community-based organizations that are likely to reach out-of-care individuals at high risk of overdose. As of September 2015, 29 states permit standing orders for naloxone. (2015)
- Improve access to medication assisted treatment
- Establishing a coordinated entry process. (2015)
- Develop strategies to ~~by~~ strengthening linkages between emergency departments and treatment providers ~~and emergency departments~~, FQHCs, and primary care providers. (2015)

- Expand treatment availability and capacity. (2015)
- ~~Establishing a coordinated entry process. (2015)~~

The Drug Policy Advisory Council supports:

- Finding innovative options for securing funds to support the Council's mission. (2015)

Appendix I

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 October 30, 2015 and ending September 6, 2019,~~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 October 30, 2015 ~~beginning XX~~ and September 6, 2019~~ending XX~~, expertise in drug enforcement.

Peggy Sapp, [area], President, Chief Executive Officer, Informed Families, appointed for a term September 18, 2015 ~~beginning xx~~ and ending September 6, 2017~~xx,~~ expertise in substance abuse prevention.

Dr. John VanDelinder, [area], Executive Director, Sunshine State Association of Christian Schools, appointed for a term September 18, 2015 and ending September 6, 2017~~beginning XX and ending XX~~, expertise in faith-based substance abuse treatment.

Dotti Groover-Skipper, [area] [title], Salvation Army, appointed for a term September 18, 2015 ~~beginning xx and~~and ending September 6, 2017, ~~ending xx~~ expertise in faith-based substance abuse treatment.

Douglas Leonardo, [area], [title], Baycare Behavioral Health, appointed for a term beginning September 18, 2015~~xx~~ and ending September 6, 2017~~xx~~, expertise in drug enforcement and substance abuse services.

Commented [PR33]: Appointment office will update beginning and ending dates of Council members.

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

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