Statewide Drug Policy Advisory Council
2017 Annual Report

December 1, 2017

Rick Scott

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

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Message from the Surgeon General and Secretary

As the State Surgeon General and Secretary for the Florida Department of Health (DOH), I am pleased to present Florida's Statewide Drug Policy Advisory Council's 2017 Annual Report. Health care professionals have a crucial role in ensuring the best care for their patients and communities, including optimal and safe pain management. In 2016, there were 6,658 individuals who died in Florida with one or more prescription drugs in their system, a 24 percent increase from the previous year. I would like to share the measures DOH is taking to combat and prevent opioid addiction and overdoses.

In May, I participated in a series of opioid workshops in communities around the state along with the Department of Children and Families, the Florida Department of Law Enforcement and the Attorney General's Office. We heard valuable feedback from local leaders and community members in Duval, Manatee, Orange, and Palm Beach Counties and are developing a compendium of best practices.

Following the workshops, Governor Scott signed an Executive Order directing me to declare a Public Health Emergency across the state for the opioid epidemic. The Executive Order directed me to issue a standing order for naloxone for emergency responders and the Department of Children and Families to immediately draw down $27 million in federal funds to provide prevention, treatment and recovery support services. Florida Department of Law Enforcement's focus remains stopping the introduction, sale and use of illegal opioids. DOH is committed to supporting the efforts of our partner agencies.

Physicians have been trained to assess pain as the fifth vital sign. The Centers for Disease Control and Prevention released opioid prescription guidelines in March 2016 providing recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. DOH also developed a patient-centered brochure per legislative directive highlighting the risks associated with opioid use.

DOH's Division of Medical Quality Assurance is tasked with administering the Prescription Drug Monitoring Program, which supports sound clinical prescribing, dispensing and use of controlled substances. The Prescription Drug Monitoring Program is an important resource for clinicians to view patients' controlled substance dispensing history, leading to more responsible prescribing practices. Access is now authorized for employees of the Department of Veterans Affairs who prescribe controlled substances to review their patient's dispensing history. Also, effective January 1, 2018, dispensers are required to upload dispensing information by the close of business the following day.

Recently, I met jointly with members from the Boards of Chiropractic Medicine, Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, Dentistry, Massage Therapy, Medicine, Nursing, Occupational Therapy, Osteopathic Medicine, Pharmacy, Physical Therapy, Podiatric Medicine and Psychology, to discuss other proactive steps clinicians can take to protect their patients. I have also had productive conversations with our professional associations.

As DOH continues to work with other state agencies and partners statewide to combat opioid addiction and overdoses, I look forward to sharing additional actions and ways we can collaborate in the coming months. As a state, we must be leaders in addressing the opioid epidemic, and I thank you in advance for being a part of the solution.

Executive Summary

As required by section 397.333(4)(b), Florida Statutes, Florida's Statewide Drug Policy Advisory Council's 2017 Annual Report comprehensively analyzes the problem of substance abuse in the state and provides recommendations to the Governor and Legislature for consideration.

The Statewide Drug Policy Advisory Council (Council) held three meetings in Tallahassee on January 12, May 11, July 20 and conference calls on October 20, November 17, and December 1 to review the Annual Report recommendations. The Council heard testimony from a broad spectrum of public and private sector experts in the fields of addiction, prevention, treatment, and law enforcement. Also, several Council members attended workshops throughout the state to identify additional strategies to fight the rising opioid problem in Florida.

During this past year, the Council identified several best practices to develop into action plans in 2018. Emphasis was placed on clarifying goals and expected outcomes using data and evidence-based practices to guide the action plan and recommendations. The report outlines four distinct priorities: (1) reduce the supply of drugs, (2) reduce the demand for drugs, (3) reduce the harmful consequences through prevention, treatment and awareness, and (4) improve data collection and surveillance.

2017 Recommendations

Florida reiterates its commitment to a comprehensive approach to drug control that balances and integrates efforts in prevention, treatment, and law enforcement. Because addiction tears at the fiber of communities across the state, various levels of government – federal, state, county, and local – must work with non-governmental entities and stakeholders to solve the pervasive problems of drug abuse. The Council strongly recommends a multidisciplinary approach to address these priorities and preserve a necessary balance between awareness, prevention, treatment, law enforcement, legislative needs, and policy changes.[1] This may be accomplished by establishing a high-level Commission to address substance use disorders, treatment, and prevention in Florida. Furthermore, there was consensus by the Council to reinstate the Office of Drug Control or similar office to oversee statewide efforts to effectively and comprehensively coordinate prevention, treatment, law enforcement, policy efforts and to collect and analyze statewide data related to drug use. These recommendations are the first step in reducing misuse and abuse from each of these critical perspectives.

Specifically, the misuse and abuse of opioids and their subsequent toll on individuals, families and communities have reached epidemic proportions across the state as evidenced in the four statewide workshops held in Duval, Manatee, Orange and Palm Beach Counties earlier this year. Following the workshops, Governor Scott signed an Executive Order directing the State Surgeon General to declare a Public Health Emergency across the state for the opioid epidemic. The Executive Order directed the State Surgeon General to issue a standing order for naloxone for emergency responders and the Department of Children and Families (DCF) to immediately draw down $27 million in federal funds to provide prevention, treatment and recovery support services.[2] Likewise, on October 26, 2017, the Trump Administration declared the opioid crisis a national public health emergency.[3] Florida Department of Law Enforcement's (FDLEs) focus remains stopping the introduction, sale and use of illegal opioids. The Department of Health (DOH) is committed to supporting the efforts of our partner agencies.

The Council proposes the following recommendations for improving the health and safety of all Floridians by promoting strategic approaches and collaboration to reduce the demand for drugs,

reduce the supply of drugs, broaden prevention efforts, expand treatment options, and improve data collection and surveillance. Although this is a compendium of information from partner agencies, it is not necessarily a reflection of individual partner agencies or associations.

To reduce the supply of drugs, the Council supports:

1. Encouraging all pharmacies to establish and promote secure and convenient disposal boxes and educate consumers on keeping medication secure. In addition, the Council supports expanding universal prevention campaigns such as Lock Your Meds®.

To reduce the demand for drugs, the Council supports:

2. Prescribers completing a continuing education course on prescribing controlled substances, particularly opiates, alternative treatments, and risks of opioid addiction following all stages of treatment in the management of acute pain.

3. Establishing standards of practice for prescribing controlled substances for the treatment of acute pain.

4. Reviewing a patient's controlled substance dispensing history in the Prescription Drug Monitoring Program (PDMP) prior to prescribing or dispensing a controlled substance.

5. Funding fellowships or residency programs to incentivize physicians to obtain a specialty in addiction medicine.

6. Developing and implementing a multi-faceted public awareness campaign incorporating the use of social media platforms, text messaging, public service announcements, print media, and other communication strategies targeted to youth, their parents, and the community that educates on the dangers of opioid and heroin use and strategies to prevent overdoses and stigma associated with the disease.

7. Prevention coalitions' partnering with stakeholders to improve the understanding of the disease of addiction and to apply common messaging in support of prevention and education efforts.

To reduce the harmful consequences of substance use through prevention, awareness and treatment, the Council supports:

8. Increasing access to substance use disorder treatment capacity at all levels of the continuum of care, including recovery support services and medication assisted treatment.

9. Expanding syringe services programs to operate in multiple sites throughout Florida to reduce the spread of infectious diseases, reduce overdose deaths, and link to substance use disorder treatment.[4]

10. Enforcing the federal Mental Health Parity and Addiction Equity Act by requiring health plans cover substance use disorder treatment and medications without artificial barriers that limit access to appropriate care.

11. All state agencies and organizations reviewing the Statewide Task Force on Prescription Drug Abuse and Newborns Final and Progress Report (2014), GAO 18-32 Report to

Congress and HHS 2017 recommendations to identify progress, current strategies, and challenges associated with NAS.

To improve data collection and surveillance, the Council supports:

12. The Secretary of the Agency for Health Care Administration and the Commissioner of the Office of Insurance Regulation serving as members of the Statewide Drug Policy Advisory Council, ensuring all state agencies involved in this issue are represented.

13. Modernizing medical examiner data systems to reduce the wait time to obtain and produce invaluable drug-related death information.

14. Expanding access to PDMP information to Florida medical examiners to facilitate the medicolegal death investigation process and certification of the cause and manner of death.

15. Integration and interoperability of PDMP data to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within Florida.

Background

According to the National Center for Health Statistics at the Centers for Disease Control and Prevention, (CDC) more than 64,000 Americans died from drug overdose deaths, making overdose the leading cause of accidental death in 2016.[5] Figure 1 illustrates the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with more than 20,000 overdose deaths, followed by heroin (15,446), natural and semi-synthetic opioids (14,427), cocaine (10,619), methamphetamine (7,663), and methadone (3,314) in 2016.

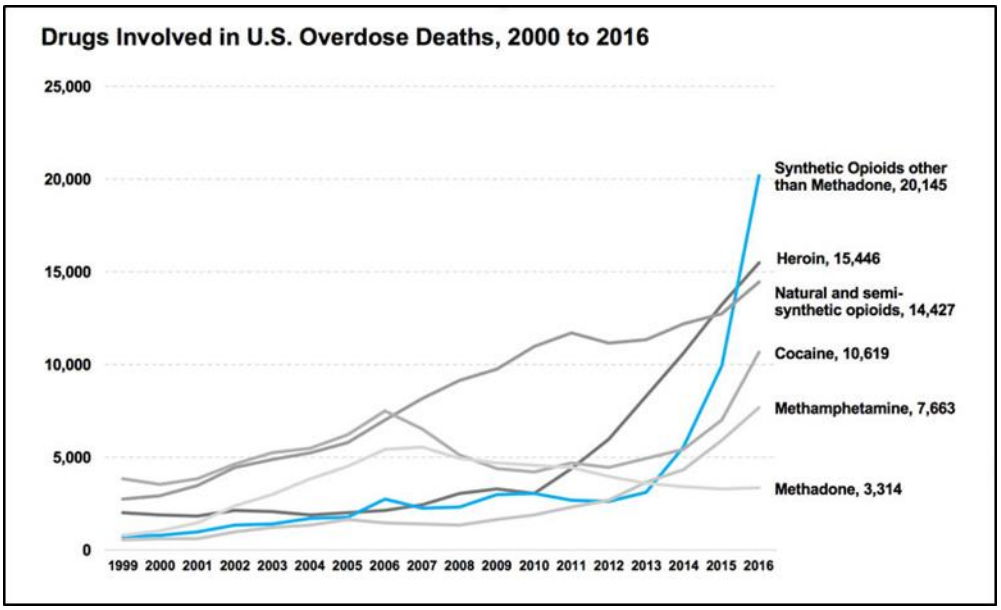

Figure 1. Drugs involved in U.S. overdose deaths, 2000 to 2016 Source: CDC WONDER

Substance abuse and addiction are the cause of significant public health and safety concerns in Florida. These persistent challenges require a bold and comprehensive response. Addiction overdoses and deaths involving prescription drug use, especially narcotic pain relievers, have reached epidemic proportions in Florida over the last decade. As heroin and fentanyl have had a resurgence in our nation, Florida is no exception with 952 heroin-related deaths, 1,390 fentanyl-related deaths and 965 fentanyl analog-related deaths in 2016.[6] Especially hard hit counties with the highest number of deaths associated with heroin have been Palm Beach (205), Broward (180), Miami-Dade (139), and Duval (81).[7] The counties with the highest number of deaths due to fentanyl includes Palm Beach (313), Duval (239), Miami-Dade (164) and Broward (146).[8] Deaths caused by heroin and fentanyl increased 30 percent and 97 percent respectively in 2016. Opioid overdoses attributed to 723 deaths in Florida in 2016.[9]

The *Drugs Identified in Deceased Persons by Florida Medical Examiners 2016 Report* illustrates that prescription drugs including benzodiazepines, carisoprodol, zolpidem, and all opioids excluding heroin and fentanyl analogs, continued to be found more often than illicit drugs, both as the cause of death and present at death.[10]

Of the 27,383 deaths investigated by Florida's medical examiners, toxicology results determined that drugs such as amphetamines, benzodiazepines, ethanol, hallucinogenics, inhalants, opioids and others were present in 11,910 deaths.[11] Total drug-related deaths increased by 22 percent, (2,126 more) when compared to 2015.[12] There were 5,725 opioid-related deaths reported in 2016, which is a 35 percent increase (1,483 more) when compared to 2015.[13] Also,

6,658 individuals died with one or more prescription drugs in their system, a 24 percent increase when compared to 2015.[14]

The *Drugs Identified in Deceased Persons by Florida Medical Examiners 2016 Report*[15] (the most recent data available) illustrates that the mortality rate of several commonly tracked substances has increased compared to 2015 including oxycodone, alprazolam, and fentanyl. Figure 2 illustrates the mortality rate (deaths per 100,000 population) for selected drugs by year.

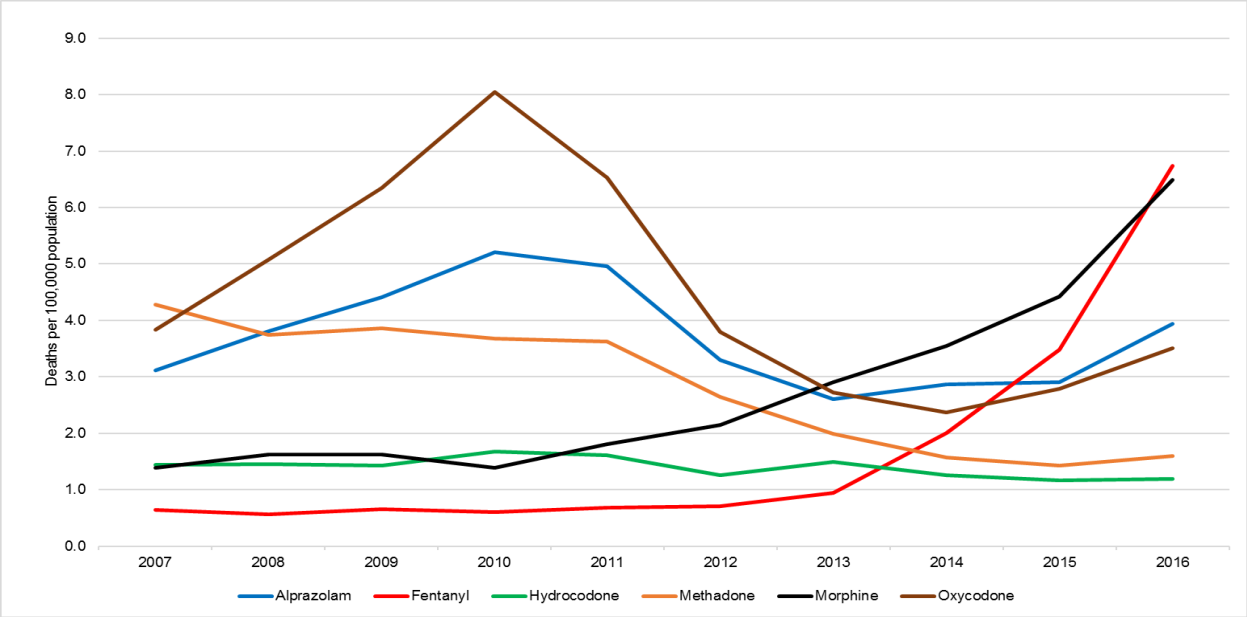

Figure 2. Mortality rate for select drugs from 2007 to 2016.

Addiction is far more than a craving and can be characterized as a disease.[16] Despite the harmful consequences, addiction affects the lives of friends and family regardless of age, sex, race, and socioeconomic factors.[17]

Priority Area #1: Reduce the Supply of Drugs in Florida

The Florida law enforcement community will continue efforts to prevent, investigate, and solve drug crimes to protect Florida's citizens and visitors.

The prescription opioid drug abuse problem as manifested in the increasing occurrence in deaths between 2006 and 2010 was stanched because of the Pill Mill Initiative which in part, targeted unscrupulous prescribers, and resulted in decreasing occurrences of prescription opioids in the deceased between 2011 and 2014. However, for those not obtaining addiction treatment in the face of reduced access to prescription opioids, the opioid addicted turned to other substances such as heroin, illicit fentanyl, and other psychoactive substances created to mimic the effects of controlled substances. Consequently, occurrences of heroin, fentanyl and other opioid-related substances in the deceased have increased dramatically, even as occurrences of prescription opioids were decreasing. The availability and the relative cost of heroin, and the use of illicit fentanyl or fentanyl analogs as an adulterant to heroin have exacerbated the opioid problem in Florida, from overdose emergency room visits to deaths.

Law enforcement at the local, state, and federal levels continue to conduct criminal investigations into those who sell, manufacture or traffic in these substances. Many of the most seriously affected jurisdictions collaborate through formal or informal law enforcement task forces. As one might expect, the severity of the opioid problem is variable throughout the state due in some respects to diverse populations (e.g. urban/rural). Arrest statistics for sale and trafficking in heroin have remained stable when comparing arrests for Fiscal Year (FY) 15/16 to FY16/17; however, arrests for heroin possession increased 18 percent in FY16/17 over FY15/16. Law enforcement employs many of the same tactics as with any drug investigation including interdiction. However, with respect to new opioid substances, the availability on the Internet through the anonymous "Dark Web," provides fewer opportunities for law enforcement interdiction. Buyer and seller complete a transaction through the Internet and payment is often in virtual currency or other alternative payment. The illicit substance is shipped directly to the purchaser by mail or parcel service.

During 2017, some of the most challenging issues for law enforcement have been the emergence of chemical substances derived from fentanyl, and other substances referred to as "research chemicals" in the vernacular of the drug culture. Until recently, these substances have been tacitly legal because as they emerged on the scene, they were not already described in Florida drug control law [s. 893.03 Florida Statutes (Drug Abuse Prevention & Control)]. During 2017, legislation addressing new substances of concern was proposed, with input from the law enforcement community, to rectify the need. The new law, enacted on October 1, 2017 has provided law enforcement the tools to pursue investigations into the possession, sale and trafficking of several new substances of abuse.

Forensic laboratory services provided to law enforcement are key in the identification of drug substances, especially emerging substances seized during criminal investigations. The statewide criminal analysis laboratory system in Florida consists of six FDLE laboratories and seven laboratories funded by local jurisdictions. In monitoring the results of forensic chemistry analysis statewide during 2017, of concern is the presence of multiple drug substances within a single exhibit. This is an indication that drug users are frequently combining substances to enhance the drug effect. This practice may explain, in part, the occurrence of multiple drugs identified in the deceased. Additionally, analysis of counterfeit pharmaceutical drugs has resulted in pills that appear to be one drug but are adulterated with another, more lethal drug.

Also in 2017, in response to the concerns about the health and safety risks to law enforcement personnel during fentanyl drug investigations, FDLE developed and launched Fentanyl Safety for Law Enforcement, an elective online law enforcement training available to all of Florida's law enforcement personnel.

In addition to law enforcement's efforts to prevent, investigate, and solve drug crimes to protect Florida's citizens and visitors, consumers must take personal responsibility to safely secure unused prescription drugs in the household. Most non-medical prescription drug users obtain their drugs from friends or relatives, therefore substance abuse prevention efforts have increasingly targeted the family medicine cabinet attempting to cut off supply by offering a safe and secure method of drug disposal. Medications should be stored safely away from people and pets. Storage areas such as the bathroom medicine chests, kitchen cabinets or bedroom night stands should be avoided.

Universal prevention campaigns such as Lock Your Meds® (LYM) have proven to be useful in preventing prescription drug abuse by encouraging family and friends to safely secure prescription medications in their home. Publix, a Florida Corporation, includes LYM in all 1,155 pharmacies in the Southeast. The state of Idaho has launched *Lock Your Meds*[18] *Idaho*, a statewide public health campaign targeting adults to reduce access to youth and other individuals seeking to abuse medications.[19] Prior to the campaign's launch, 400 Idahoans' 35 years or older were surveyed and results indicated a 59 percent increase in concern that a teenager may be able to access medications in their home, 17.3 percent prior to the campaign and 27.5 percent after the campaign. In addition, 16.2 percent of those surveyed said that what they saw, read and heard caused them to change their prescription medication storage habits. Prior to the campaign, no respondents tried to secure their medication and after the campaign, 8.8 percent of respondents reported storing prescription medications on a high shelf (4.5 percent) or in a lockbox/safe (4.3 percent) and 12.8 percent of respondents reported storing over-the-counter medications on a high shelf (6.0 percent) or in a lockbox/safe (6.8 percent). There was also a 5.0 percent increase in respondents who felt that their medication was stored in a secure location and a 13 percent decrease in those who reported that their medication was stored in an unsecure location.

The Council recommends all pharmacies be encouraged to establish and promote secure and convenient disposal boxes and pharmacists should educate consumers on keeping medications secure in the household. In addition, the Council supports expanding universal prevention campaigns such as Lock Your Meds®.

Priority Area #2: Reduce the Demand for Drugs in Florida

The most common initial source of prescription drugs that are later associated with misuse and overdose deaths, is a legitimate prescription written by a dentist, a physician, or other health care provider.[20,21] Most physicians will treat a significant number of patients with pain problems or substance abuse issues throughout their careers.[22] However, these issues are only a small part of most physicians' medical training and continuing education requirements. Currently, Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) are required to complete at least three hours of continuing education biennially on the safe and effective prescribing of controlled substances. Pharmacists are required to complete a two hour board approved continuing education course on the "Validation of Prescriptions for Controlled Substances" each biennium. Finally, certified optometrists are required to complete a 20-hour course and pass a subsequent examination on general and ocular pharmaceutical agents and their side effects. As of January 2016, 23 states and the District of Columbia have requirements, in statute, regulation, or board guidelines, for practitioners to obtain a certain number of continuing education hours in one or more of the following: prescribing controlled substances, pain management, and identifying substance use disorders, among others. Some states leave discretion to the state board whether to make such continuing education mandatory, while other states mandate the training by statute.[23]

The Council supports mandatory continuing education for prescribers, focusing particularly on opiates, alternative treatment, and risks of opioid addiction following all stages of treatment in management of acute pain.

Acute pain can often be managed without opioids. It is important to evaluate the patient for reversible causes of pain, for underlying etiologies with potentially serious sequelae, and to determine appropriate treatment. In 2016, CDC released guidelines for prescribing opioids for chronic pain.[24] CDC made clear within its guidelines that there are better, safer ways to treat chronic pain than the use of opioids, specifically stating that many nonpharmacological therapies, including physical therapy, can ameliorate chronic pain. Per CDC guidelines when diagnosis and severity of non-traumatic, nonsurgical acute pain are assumed to warrant the use of opioids, clinicians should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids, often three days or less, unless circumstances warrant additional opioid therapy. More than seven days will rarely be needed. As of October 2017, 18 states have enacted prescribing limits on opioids for treatment of acute pain.[25] Thirteen states have implemented a seven day supply limit (AK, CT, DE, IN, LA, ME, MA, NH, NY, PA-minors, OH, VT, VA), two states have enacted five day limits (NJ, NC), Minnesota has enacted a four day limit (for dentists and ophthalmologists), and Kentucky has enacted a three day limit. Eleven of the states provide exceptions that allow for additional days' supply when determined medically necessary by the prescribing practitioner.[26]

Therefore, the Council supports establishing standards of practice for prescribing of controlled substances for the treatment of acute pain, as well as limiting the days' supply of an opioid prescription to reduce the probability of dependence or addiction.

Opioid analgesics are associated with mortality from accidental or intentional overdose at an increasing rate in Florida. However, these medications are also tremendously beneficial for patients when prescribed appropriately and when used as prescribed. Prescribers have access to prescription dispensing information in E-FORCSE®, Florida's Prescription Drug Monitoring Program (PDMP) to supplement a patient evaluation, confirm a patient's prescription history, document compliance with a therapeutic regimen, and identify potentially hazardous or fatal interactions with other medications, however its use is not mandatory. The controlled substance

dispensing information collected includes information on patients, prescribers, dispensers, name and strength of drug, size of prescription, days' supply, date dispensed and payment.

There are currently 235 million prescription records maintained in the Florida PDMP and the dispensing pharmacy or dispensing practitioner must report certain information by the close of business the day after the drug is dispensed (effective January 1, 2018). Certain acts of prescribing and dispensing are exempt from reporting. Currently there are 43,658 registered users, 59 percent of dispensers (17,852 pharmacists) are registered to view records in the system, 91 percent of which have consulted the system. Nineteen percent of prescribers (15,034 allopathic physicians, 3,185 osteopathic physicians, 1,064 dentists, 15 optometrists, 226 podiatrists, 3,314 ARNPs and 2,108 PAs) are registered and 72 percent have consulted the system.[27]

Studies have found that having access to PDMP data made it easier for prescribers to determine objectively and conclusively whether patients who showed signs of misuse or abuse during in-person examinations were at risk.

The Council recommends prescribers and dispensers review a patient's controlled substance dispensing history prior to prescribing or dispensing a controlled substance.[28]

Effective medical treatment of substance use disorders requires an understanding of the disease of addiction and the impact on the brain, medical complications of substance use and substance use health concerns that manifest in many patients. In addition, as medications to treat and manage addiction come on the market it is critical medical professionals working in this industry understand the science of addiction and the proper way to medically treat these patients. In recent years, the practice of addiction medicine has become a specialty in the medical field. At present, there are 227 specialists in addiction medicine in Florida. There is a need to grow this specialty to help ensure patients with a substance use disorder are being treated by medical professionals trained in addiction medicine.

The Council recommends creating incentives for physicians to obtain a specialty in addiction medicine funded through fellowships or residency programs.

There is a stigma attached to substance abuse and misuse that often hinders treatment. A national survey revealed that 18 percent of the public would think less of a friend or relative if they discovered that person is in recovery from addiction to drugs or alcohol. Slightly less than half (44 percent) believe that people who are addicted to alcohol could stop using if they had enough willpower. Fewer (38 percent) believe that people who are addicted to drugs such as marijuana, heroin, or prescription drugs could stop using them if they had enough willpower. Forty percent believe that people addicted to drugs or alcohol have only themselves to blame.[29] These beliefs may prevent individuals with substance use disorders from seeking treatment.

Two of the most commonly reported reasons for not receiving treatment were that it might cause neighbors or the community to have a negative opinion and that it might have a negative effect on employment.[30]

To help educate society about the nature of addiction as a disease that people can successfully recover from, reduce the stigma and discrimination associated with addiction, and promote public support for treatment, the Council recommends implementing a multimedia awareness campaign.

Florida has embraced the Strategic Prevention Framework model developed by Substance Abuse and Mental Health Services Administration (SAMHSA) that utilizes a strong, community coalition model. Strong communities involve the identified 12 sectors, one of which is the

business community and effective coalition plans include targeted activities within the business community. One of the strongest, longest lived and effective community coalitions in Florida is the Broward Commission on Substance Abuse. This coalition is located within the Broward United Way and has many business and corporate representatives and every action plan developed has a role for the business community. There are multiple examples throughout the country of effective business collaborations which demonstrate their impact.

The Council recommends prevention coalitions partner with stakeholders to improve the understanding of the disease of addiction and to apply common messaging in support of prevention, education, and funding for these initiatives.

Priority Area #3: Reduce the Harmful Consequences through Prevention, Awareness and Treatment

A common theme mentioned at the opioid community workshops leading up to the public health emergency declaration was the need for adequate treatment capacity to offer the appropriate level of care. Several parents spoke about how their son or daughter died while waiting for access to care. It became clear in the workshops that many communities lacked access to the full spectrum of treatment options. Recognizing this, DCF developed a legislative budget request for FY17/18 that seeks to expand treatment capacity, including residential beds. This was reinforced by Governor Scott's recommended budget, released November 14, 2017, which invests $53 million to fund additional treatment capacity and continue Florida's fight against the opioid epidemic.

The health and safety of individuals and communities are at risk as the consequences of this problem go far beyond the individual who is misusing or addicted to these drugs. Some of the repercussions include job loss, loss of custody of children, physical and mental health problems, homelessness, and incarceration. This results in instability in communities often already in economic crisis and contributes to increased demand on many community services such as hospitals, medical professionals, courts, children's services, treatment centers and law enforcement. Local task forces have convened throughout the state to address opioid and heroin use with goals and solutions specific to their communities (i.e., primary prevention programs, increased access to treatment, naloxone distribution, etc.).

Medication Assisted Treatment (MAT) has proven to be the most effective treatment for individuals with opioid use disorder and efforts are being made to explore all treatment options available to individuals seeking services in local communities, however resources and services are limited. MAT has repeatedly demonstrated success in several research studies over the past several decades with patients having increased treatment retention and completion, reduced substance use and cravings, and lower rates of reincarceration or criminal justice involvement following treatment.[31,32,33] The Food and Drug Administration has approved three medications as safe and effective for opioid use disorders: methadone, buprenorphine, and extended-release naltrexone. Each of these medications has unique chemistry, brain effects, side effects, and impacts on behavior. While methadone has been the most extensively researched opioid addiction medication, there are several prominent studies on buprenorphine's effectiveness and several more recent studies demonstrating the effectiveness of extended-release naltrexone. To generate optimal outcomes, clinical practice should involve the consideration of which of the three MAT options, in conjunction with psychosocial treatment, is best suited for the presenting needs, circumstances, and functionality of everyone with opioid abuse or dependence.

Newer MAT approaches to opioid dependence have shown promise. Extended-release naltrexone (XR-NTX), marketed in the United States as Vivitrol®, was created to improve compliance and achieve a long-term bioavailability of medication for a wider variety of patients and treatment settings.[34,35] Several research studies have shown Vivitrol to be highly effective in improving patients' retention in treatment, reduction in cravings, and attainment of abstinence; despite higher initial costs for the medication, many of these studies found significantly higher post-treatment cost savings (primarily crime reduction and lower health care utilization) for XR-NTX over methadone and buprenorphine.[36,37,38,39,40,41,42,43]

Research also indicates that naloxone distribution can reduce community-level overdose mortality by as much as 37 percent to 90 percent.[44] DCF has provided overdose recognition and

response training to organizations statewide. To date, more than 2,300 individuals have been trained. Narcan® nasal spray is provided by DCF at no cost to not-for-profits for distribution to individuals at risk of experiencing an opioid overdose and to their friends and family who may witness an opioid overdose. There are 48 not-for-profits currently enrolled in DCF's Narcan Program (including harm reduction groups, community-based organizations, treatment providers, prevention providers, anti-drug coalitions, and Federal Qualified Health Centers). More than 80 law enforcement agencies have been equipped with Narcan to use when responding to overdoses. According to self-reported overdose reversal data, at least 250 lives have been saved since August 2016 using DCF Narcan kits.

DCF has received two grants specific to targeting the opioid crisis. Both grants focus on increasing access to evidence-based prevention, intervention, treatment, and recovery support services for people with opioid use disorder. Primary activities of both grants include: life skills training programs in schools throughout Florida to prevent/reduce prescription drug and opioid misuse among youth; a targeted awareness campaign; partnership with DOH to increase utilization of the PDMP; enhanced local epidemiology networks focused on analyzing drug trends; overdose prevention trainings; naloxone distribution to people at risk of overdose and their friends/family; MAT for individuals with opioid use disorder; seven hospital pilot programs to link individuals with opioid use disorder to effective treatment services using peer specialists; 12 positions across six regional offices to train and assist child protective investigators and peer organizations; and training and technical assistance, including a peer mentoring program of MAT providers and prescribers to increase the number of prescribers engaging in MAT.

The Council recommends increasing access to substance use disorder treatment at all levels of the continuum of care, and funding additional treatment capacity.

During the community workshops held in the spring, at the request of the Governor, members of the public expressed a need for syringe services programs (also called needle or syringe exchange programs) in their communities. Syringe services programs serve as bridges that link hard to reach individuals with comprehensive health care services, providing testing and counseling for multiple infectious diseases, sterile injection equipment, condom distribution, overdose prevention training and naloxone kits, vaccinations, and a variety of educational materials. With the sole exception of the Miami Infectious Disease Elimination Act (IDEA) exchange, syringe services programs cannot legally operate in Florida because it is a third-degree felony (punishable by up to five years in prison) to deliver, or possess with intent to deliver, drug paraphernalia.[45]

Research shows syringe services programs effectively reduce the spread of HIV and hepatitis C by reducing the sharing, reuse, and circulation of syringes and injecting equipment.[46] Research confirms that every dollar spent on syringe services programs saves at least three dollars in treatment costs averted.[47] Syringe services programs also decrease improper syringe disposal.[48] Finally, syringe services programs can facilitate recovery from addiction by linking users to treatment services.[49] Syringe exchange programs are critical for reducing the risk of infection among users who want treatment and are actively trying to gain access to a program.

Since the IDEA program opened in Miami in December 2016, 430 participants have enrolled. More than 116 lives have been saved using naloxone kits distributed through this program. More than 7,000 syringes have been taken off the streets and more than 50 participants have received referrals to addiction treatment.[50]

The Council recommends expanding syringe services programs to operate in multiple sites throughout Florida.

In 2008, Congress unanimously approved the Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act. The purpose of this legislation was to affirm that diseases of the brain - mental health and substance use disorders - should be treated in parity with diseases of the body. The Commission on Combating Drug Addiction and the Opioid Crisis, appointed by President Trump, released an interim report on July 31, 2017 and final report on November 1, 2017.[51] One of the recommendations is to enforce the Mental Health Parity and Addiction Equity Act with a standardized parity compliance tool to ensure health plans cannot impose less favorable benefits for mental health and substance use diagnoses versus physical health diagnoses. Benefit limitations can be quantitative, such as visit limits, or non-quantitative, such as pre-authorization requirements.

To effectively address the opioid crisis within our state the Council recommends parity be applied across all health plans in Florida and that health plans cover substance use disorder treatment and medications without artificial barriers that limit access to appropriate care.

This epidemic also impacts pregnant women and newborn infants. As opioid misuse has increased in recent years, so has the number of pregnant women who use opioids. The prenatal use of opioids by pregnant women—including opioid misuse, use of opioids prescribed for pain management, and use of certain medications given to treat opioid addiction—can produce a withdrawal condition in newborn infants known as neonatal abstinence syndrome (NAS).[52] NAS symptoms range from excessive crying and irritability to difficulties with breathing and feeding. NAS is a rapidly increasing public health problem, with the incidence of NAS in the United States growing five-fold between 2000 and 2012.[53] Specifically, cases of NAS increased from a rate of 1.2 per 1,000 hospital births per year in 2000 to 5.8 per 1,000 hospital births per year in 2012, reaching a total of 21,732 infants diagnosed with NAS.[54] A 2015 study noted that by 2012 one infant was born with NAS about every 25 minutes.[55]

In 2012, the legislature created the Statewide Task Force on Prescription Drug Abuse and Newborns (Task Force) to begin addressing the growing problem of NAS in Florida. Attorney General Pam Bondi chaired the 15-member Task Force to examine the scope of NAS in Florida. The Task Force fulfilled its mission by publishing its final report in February 2013 with assignments given to various stakeholders in the areas of prevention, intervention, and treatment. Prior to the Task Force's sunset in 2014, it met an additional time and prepared a progress report on the 15 policy recommendations and suggested the Council should sustain these efforts.

In May 2017, the Government Accountability Office released report GAO18-32 to Congress identifying recommended practices, and the Department of Health and Human Services (HHS) published 39 recommendations related to addressing NAS.[56] Strategies include: promoting non-pharmacologic treatment; providing continuing medical education to health care providers for managing and treating infants with NAS; conducting research on long-term effects of prenatal drug exposure so that appropriate services can be developed for infants with NAS; and standardizing the use of diagnosis codes to collect more meaningful and actionable data.

The Council recommends all state agencies and organizations review the Statewide Task Force on Prescription Drug Abuse and Newborns 2013 Final Report and 2014 Progress Report, GAO 18-32 Report to Congress and HHS 2017 recommendations to identify progress, current strategies, and challenges associated with NAS.

Priority Area #4: Improve Data Collection and Surveillance

This report recognizes the need to establish systems that will enable Florida to effectively gauge the scope and breadth of the substance abuse problem and the prescription drug epidemic as well as to provide further research around data collection and surveillance. Agencies such as DOH, DCF, the Agency for Health Care Administration (AHCA) and the FDLE Florida Fusion Center (FFC) have invaluable information as it relates to public health and safety.

To ensure all state agencies that have a role in abating the substance abuse problem are represented, the Council supports the appointment of Secretary of the AHCA and the Commissioner of the Office of Insurance Regulation to serve on the Council.

The public health community should address the prescription drug epidemic more systematically. Epidemiologists should develop more accurate and complete baseline statistics regarding what is prescribed, in what amounts, how much is diverted for non-medical use, the subpopulations at increased risk for addiction or drug misuse, and the incidence and prevalence of drug-seeking behaviors. In addition, knowing the number of deaths where prescription drugs of various types are the direct, indirect or contributory cause of death in a timely manner would be more beneficial.

Accurate and timely information on mortality trends is necessary to develop effective prevention, treatment, and policy change. To have accurate, actionable data, there must be consistent terminology in the completion of death certificates, the actions and data entry of medical examiners, and the vital statistics, including mortality statistics, tabulated by state government. More consistency is also required in the areas of clinical pathology and forensic pathology, so that tests accurately identify prescription drugs, individually and by drug class. Deaths attributed to opioid analgesics, sedative-hypnotics, and combined exposures to these potentially addictive and potentially lethal compounds, must be better understood, so that policy decisions are developed in a proactive, guided manner.

The Council recommends modernizing medical examiner data systems to reduce the wait time to obtain and produce invaluable drug-related death information.

State agencies have varied roles in generating trend data and addressing the illegal use of substances and responding to citizens with substance use disorders. The Council heard presentations from AHCA, DOH, Florida Department of Corrections (FDC), and Florida Department of Juvenile Justice (DJJ) addressing substance abuse within the state. Specifically, each agency summarized its programmatic activity and relevant data, as outlined below.

Agency for Health Care Administration Florida Center for Health Information and Transparency

The Florida Center for Health Information and Transparency (Florida Center)[57] at AHCA is responsible for collecting, compiling, analyzing and disseminating health-related data for developing public policy and promoting the transparency of consumer health care information through www.FloridaHealthFinder.gov. The Florida Center administers the Medicaid Electronic Health Record (EHR) Incentive Program, provides governance of the Florida Health Information Exchange (Florida HIE) as well as research and analytic support to AHCA. The Florida Center is also responsible for collecting adverse incident reports from hospitals, ambulatory surgery centers, health maintenance organizations, nursing homes and assisted living facilities.

The Florida Center works closely with facilities and regulatory agencies to ensure that corrective actions have been implemented. There are more than 300 hospitals that report hospital

inpatient data (2.8 million discharges per year) on a quarterly basis, along with 679 ambulatory surgical centers (3 million visits per year), and 214 emergency departments (8.5 million visits per year). The Florida Center collects patient demographics, admission information, medical information discharge information and charge data.

The Florida HIE enables the secure exchange of health information between health care providers. The Patient Look-Up (PLU) service enables patient-authorized exchange of clinical data between participants through the PLU network of networks. Health care organizations with an operational HIE of clinical data are encouraged to join directly. Other entities may join directly or through participating organizations. The Florida HIE is a participant in the eHealth Exchange for interstate exchange.

The Florida HIE direct messaging service provides health care organizations and providers with a way to securely send health information over the Internet. This service allows for simple, HIPAA-compliant, encrypted transmission of Protected Health Information. Orders, records, results, and any other documents can be easily and securely transmitted.

The Event Notification Service (ENS) provides health plans with timely notifications about their members' hospital encounters. Information about a member's visit (including demographic information, information on the source facility, and primary complaint) are securely sent via the plan's preferred method and schedule. This service offers the opportunity for health plans to better engage in care coordination and ensure proper follow-up care is received.

Emergency Medical Services Tracking and Reporting System

DOH continues its commitment to ensuring quality emergency medical services. To make this commitment a reality, the Florida Prehospital Emergency Medical Services Tracking and Reporting System (EMSTARS) was created to collect incident level records of emergency calls from EMS agencies, resulting in subsequent analysis for benchmarking and identifying quality improvement initiatives. EMSTARS collects a subset of nationally recognized EMS data from the National EMS Information System (NEMSIS). Florida remains committed to collecting a minimum set of data elements that can provide specific, useful, actionable health information to facilitate DOH's mission.

House Bill 249 created s. 401.253, Florida Statutes which was signed into law by Governor Rick Scott on June 6, 2017. Effective October 1, 2017, EMTs and paramedics who provide basic and advanced life support services are required to report controlled substances overdoses to DOH.[58] Within 120 hours of receiving the report, DOH must make the information available to law enforcement, public health, fire rescue, and EMS agencies in each county. Quarterly reports must also be submitted to the Council. The statute also requires a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services.

Additional information about EMSTARS is available at www.FloridaEMSTARS.com.

Florida Department of Corrections

There are various substance use disorder programs available to inmates in the custody of the FDC including residential and community-based therapeutic communities; substance abuse transitional re-entry centers; intensive outpatient programs; outpatient and aftercare programs; prevention programs and intervention.

The current population as of June 30, 2017, is 97,794 inmates, 60,357 (62 percent) need substance use treatment, 53,666 (55 percent) are within three years of release and 37,024 (69 percent) have been identified with a substance use problem. There are only 5,299 seats for inmate substance use treatment, to include behind the fence treatment and treatment in community release center programs. There were 12,247 inmates who participated in substance use treatment services in FY16/17.

At 36 months out of prison, those who completed substance use treatment are recommitted to prison at a rate of five percent less than inmates having substance abuse problems who did not receive treatment, proving the effectiveness of prison based treatment.

FDC offers residential and outpatient substance use treatment services as well as, outpatient mental health and sex offender programming and prison diversion programs to offenders on community supervision. The total active offenders on community supervision/probation as of June 30, 2017 was 136,095. More than 62,570 (59 percent) of the offenders currently on active supervision have been identified by the FDC as having a substance use history. This is a six percent increase from 2013. The total number of offenders on supervision participating in community-based substance use programs in FY16/17 was 36,095 or 26.5 percent of the total supervised population. In FY16/17 there were 30,150 offenders that participated in outpatient substance use treatment and 5,954 in residential substance use treatment.

FDC has launched a new web-based tool called Glacier, available at http://www.dc.state.fl.us/pub/needs/countyneeds.html. Glacier collects data on 10 major areas of need and the rate of return for inmates released from FDC. This information embedded in an interactive map of Florida by county and judicial circuit is then measured and compared by county to show the highest area of need for that specific region. The goal is to show state, county, municipal and legislative stakeholders where each county should prioritize resources. Data is available for FY14/15. FDC is working toward launching a similar interactive map projecting forecast release numbers and inmate needs.

Florida Department of Juvenile Justice

DJJ is charged with overseeing the entire continuum of juvenile justice in the state of Florida, including civil citation, prevention, probation, detention, commitment and aftercare. The mission of DJJ is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

During FY15/16, there were more than 1.86 million youth at risk for delinquency in Florida. Youth between the ages of 10 and 17 are considered the population most at risk of becoming delinquent. During FY15/16, there were 69,749 arrests for delinquent offenses in Florida. This represents a rate of 37 arrests for every 1,000 youth among the at-risk population.

During FY15/16, there were 6,529 delinquency arrests for illegal substance-related offenses, a 41 percent decline since FY11/12. Felony drug offenses accounted for 23 percent of the total number of illegal substance-related arrests. Misdemeanor drug arrests accounted for 4,432 (68 percent) of all illegal substance-related arrests. This number was down 1,114 cases from the previous year and 3,082 cases since FY11/12. Arrests for possession of alcohol have declined 56 percent since FY11/12 (from 1,291 to 567). The decline in delinquency arrests for substance-related offenses and possession of alcohol is in line with the general trend in decreased juvenile arrests in Florida. Juvenile arrests in Florida are at the lowest rate in more than forty years and

is attributable to efforts such as prevention, diversion and use of civil citation for certain misdemeanor offenses.

During FY15/16, there were 4,358 individual youth arrested whose most serious offense was illegal substance-related. The number of youth arrested for felony drug offenses has declined 32 percent since FY11/12, from 1,692 to 1,159. Misdemeanor drug offenses accounted for 2,719 or 62 percent of all youth arrested for illegal substance-related offenses during FY15/16. The number of youth arrested whose most serious offense in the year was a misdemeanor drug offense has dropped 47 percent since FY11/12, when it accounted for 65 percent of the total number of youth arrested. The number of youth whose most serious arrest was for an alcohol offense declined 55 percent over the last five years (from 1,067 to 480).

DJJ's continuum of services also includes probation and community intervention through diversion, redirection and day treatment programs. Currently DJJ operates 21 detention centers with 1,302 detention beds available; 56 residential commitment programs, and offers substance abuse treatment programs specifically designed for youths diagnosed with serious substance abuse.

Prescription Drug Monitoring System (PDMS)

Florida's Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic Florida Online Reporting of Controlled Substances Evaluation) is a web-based program that facilitates the collection, storage, maintenance, and analysis of controlled substance dispensing data reported by pharmacies and dispensing health care practitioners.

Currently, there are 43,658 authorized users of the PDMS.[59] Medical examiners authorized to investigate causes of death do not have access to the information stored in the system. Expanding access to include medical examiners will facilitate the medicolegal death investigation process and certification of the cause and manner of death. Medical examiner access has been identified as a best practice by the National Association of Medical Examiners and the PDMP Training and Technical Assistance Center, Brandeis University. There are 42 states and the District of Columbia that currently provide medical examiner access.[60] The Florida Medical Examiner Commission has expressed the need to access controlled substance dispensing information to quickly identify if their investigations of deaths are related to a prescribed opioid. Access to the PDMP data will identify treating physicians near the time of death, identify history of misuse/abuse of controlled substances, help determine the number of drugs unaccounted for at the scene of death, determine opioid tolerance in an individual and tailor toxicology testing.

The Council recommends expanding access to PDMP information to Florida medical examiners to facilitate the medicolegal death investigation process and certification of the cause and manner of death.

Florida PDMP data in table 1 illustrates there were 36,196,500 schedule II-IV controlled substances dispensed to Florida patients in report year (RY) 2017, of which 4.2 percent were prescribed by an out-of-state prescriber. The number of prescriptions from out-of-state prescribers continued to increase from RY14 to RY17, and there was a 13.8 percent increase from RY16 to RY17 from 1,327,362 to 1,510,913. Florida prescribers contributed to 55.7 percent of prescriptions dispensed to out-of-state patients. The number of unique Florida patients decreased by 7.0 percent and there was a 3.3 percent decline in the number of unique out-of-state patients. On average, each Florida patient received 5.3 controlled substance prescriptions in the current report period, a 5.1 percent increase from FY16. The number of prescriptions per Florida prescriber decreased by 8.3 percent from 556.2 to 519.4 between RY16 and RY17.

Table 1. The number of prescriptions, unique patients and prescribers by report year and percentage of change.[61]

Data Characteristics	RY2014	% Change (14-15)	RY2015	% Change (15-16)	RY2016	% Change (16-17)	RY2017
Number of prescriptions to in-state patients	**33,489,309**	**7.3**	**35,929,723**	**3.1**	**37,048,030**	**-2.3**	**36,196,500**
Prescriptions from in-state prescriber (%)	97.9%	6.5	97.3%	2.2	96.4%	-2.9	95.8%
Prescriptions from out-of-state prescriber (%)	2.1%	42.6	2.7%	35.0	3.6%	13.8	4.2%
Number of prescriptions to out-of-state patients	**896,380**	**4.9**	**939,884**	**6.9**	**1,004,617**	**-2.4**	**980,714**
Prescriptions from in-state prescriber (%)	50.2%	14.0	54.5%	8.1	55.2%	-1.5	55.7%
Prescriptions from out-of-state prescriber (%)	49.8%	-4.3	45.5%	5.4	44.8%	-3.4	44.3%
Number of unique patients	**6,664,181**	**15.0**	**7,226,783**	**2.4**	**7,847,122**	**-6.8**	**7,313,582**
Unique in-state patients	6,258,961	15.5	7,226,613	2.2	7,387,884	-7.0	6,869,616
Unique out-of-state patients	405,220	8.6	440,170	4.3	459,238	-3.3	443,966
Number of unique prescribers	**214,710**	**-0.9**	**212,869**	**-2.2**	**208,238**	**-0.3**	**207,712**
Prescribers in-state prescribers	61,156	3.2	63,095	1.5	64,069	5.9	67,835
Prescribers out-of-state prescribers	153,554	-2.5	149,774	-3.7	144,169	-3.0	139,877
Number of prescriptions per patient	**5.2**	**-6.8**	**4.8**	**0.8**	**4.8**	**4.8**	**5.1**
Prescriptions per in-state patients	5.4	-7.1	5.0	0.9	5.0	5.1	5.3
Prescriptions per out-of-state patients	2.2	-3.5	2.1	2.4	2.2	1.0	2.2
Number of prescriptions per prescriber	**160.1**	**8.2**	**173.2**	**5.5**	**182.7**	**-2.1**	**179.0**
Prescriptions per in-state prescriber	543.7	3.4	562.0	0.7	566.2	-8.3	519.4
Prescriptions per out-of-state prescriber	7.4	27.3	9.4	30.9	12.3	12.8	13.9
Number of prescriptions per capita	**1.7**	**5.6**	**1.8**	**1.3**	**1.8**	**-4.0**	**1.8**

Forty-three states and the District of Columbia have implemented some form of interstate collaboration to address tourism, and patient traveling scenarios.[62] Florida currently does not share information with other states, however has reached agreements with Alabama and Kentucky to allow Florida prescribers and dispensers access to their patients' controlled substance dispensing history in those states.

Additionally, to increase utilization and have positive patient care outcomes, PDMP information should be integrated into Health Information Exchanges (HIE), Electronic Health Records (EHR), and Pharmacy Dispensing Systems (PDS) and be readily available to the prescriber. Florida is one of 25 states that does not authorize the integration of PDMP information into any electronic record keeping system.[63]

To encourage safer prescribing of controlled substances, improve patient care outcomes, and reduce drug abuse and diversion within Florida, the Council recommends the PDMP collaborate with other states to share its data and integrate into electronic record systems.

Turning the tide on the opioid epidemic will require a coordinated and aggressive response across all levels of government and private sector partners. Incorporating data and evaluation into policy and program development, design and implementation improves patient care and outcomes.

Results of 2016 Recommendations

The Council's purpose, as defined in section 397.333, Florida Statutes, is to conduct a comprehensive analysis of the substance abuse problem in Florida; seek input from a broad spectrum of public and private sector partners; examine outcome measures from existing programs to establish effectiveness; research other state and federal strategies; develop a compendium of best practices in drug abuse strategies and programs; provide a statewide drug control strategy that provides a coordinated, integrated, multidisciplinary response to address substance abuse; and prepare a report with recommendations to the Governor, President of the Senate, and Speaker of the House of Representatives annually.

In a coordinated effort, six recommendations from the Council's 2016 Annual Report were adopted and include the following:

1. The legislature revised the Florida Comprehensive Drug Abuse Prevention and Control Act to address the scheduling of new chemical compounds classified under schedule I, and update criminal penalties that apply to violations.

2. The legislature created section 401.253, Florida Statutes, allowing EMTs and paramedics who provide basic and advanced life support services to report controlled substances overdoses to DOH within 120 hours. DOH must make the information available to law enforcement, public health, fire rescue, and EMS agencies in each county. Quarterly reports must also be submitted to the Council. The statute also requires a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services.

3. On May 3, 2017, Governor Scott issued Executive Order (EO) 17-146 declaring the national opioid epidemic poses a severe threat to the State of Florida and requires that measures are taken to protect the communities and general welfare of this State.[64] The EO directed the Surgeon General to declare a statewide public health emergency to take any actions necessary to protect the public health and issue a standing order for approved opioid antagonists to ensure emergency responders have access to this lifesaving medication. The EO also authorizes the immediate release of federal grant funds to cope with the severe circumstance. EO 17-146 was extended by the Governor on June 29 (17-177) and August 28 (17-230).[65,66]

4. The DCF, utilizing the STR funds, is working on ensuring providers in the publicly-funded system of behavioral health care present medication assisted treatment as an option to all individuals with opioid use disorders and alcohol use disorders and link these individuals to these services upon request.

5. DCF increased funding for extended-release injectable naltrexone to treat alcohol and opioid addicted individuals in community drug treatment programs. DCF allocated $3.8 million in Opioid STR grant funding for naltrexone, and by the legislature, which allocated $2.5 million in General Revenue for naltrexone.

6. DCF plans to use SAMHSA's Opioid STR grant funds to implement six projects that will use certified peer recovery specialists to link individuals hospitalized for opioid use to community-based treatment providers. Hospitals will be required to have the capacity to

administer buprenorphine to willing and eligible participants. These programs are expected to start in October 2017.

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