

Statewide Drug Policy Advisory Council



Public Meeting Book

**April 18, 2023
8:30AM-12:00PM**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Statewide Drug Policy Advisory Council (DPAC) Meeting

April 18, 2023

8:30 a.m. to 12:00 p.m.

Meeting Location: 4052 Bald Cypress Way, Conference Room 301, Tallahassee, FL 32399

AGENDA

Time	Item	Topic	Topic Facilitator/Presenter
8:30 a.m. – 8:40 a.m.	1	Welcome/Opening Remarks	Joseph A. Ladapo, MD, PhD State Surgeon General Florida Department of Health
8:40 a.m. – 8:45 a.m.	2	Approval of February 2, 2023 Meeting Minutes	DPAC Members
8:45 a.m. – 9:00 a.m.	3	Legislative and Policy Update	Doug Simon, Director Office of Drug Control Executive Office of the Governor
9:00 a.m. – 9:45 a.m.	4	Florida's 988 Suicide and Crisis Hotline	Nikki Wotherspoon Special Projects & Research Supervisor Florida Department of Children and Families Gayle Giese, President Florida Mental Health Advocacy Coalition
9:45 a.m. – 10:30 a.m.	5	Addiction Treatment Locator, Assessment, and Standards (ATLAS) Platform in Florida	Michelle Mangum, MPS Director of State Engagement Shatterproof ATLAS Kevin Roy Chief Public Policy Officer Shatterproof
10:30 a.m. – 10:35 a.m.		Break	
10:35 a.m. – 11:00 a.m.	6	Review and Updates of Recommendations 1 - 8	DPAC Members
11:00 a.m. – 11:30 a.m.	7	Agency and Member Updates	DPAC Members
11:30 a.m. – 11:45 a.m.	8	Public Comment	
11:45 a.m. – 12:00 p.m.	9	Next Steps/Future Meeting Date/ Motion to Adjourn	Joseph A. Ladapo, MD, PhD State Surgeon General Florida Department of Health

Florida Department of Health

Office of the State Surgeon General

4052 Bald Cypress Way, Bin A-00 • Tallahassee, FL 32399-1701
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FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

Statewide Drug Policy Advisory Council Meeting Minutes

February 2, 2023

8:30 am – 10:30 am

Virtual Meeting via Microsoft Teams:

<http://floridahealth.gov/DPACMeeting>

Or call in (audio only): (850) 792-1375

Phone Conference ID: 201 614 413#

Welcome/Introductions

Joseph A. Ladapo, MD, PhD, State Surgeon General, opened the Statewide Drug Policy Advisory Council (DPAC) meeting. Dr. Ladapo thanked all members of DPAC, designated appointees, and other participants for their continued partnership in this critical work. Dr. Ladapo asked that Shay Chapman, BSN, MBA, Staff Liaison Designee, proceed with roll call.

The following members or designees were in attendance:

Joseph A. Ladapo, MD, PhD, State Surgeon General

Melanie Brown-Woofter for Mark P. Fontaine (Governor Appointee: Substance Abuse Treatment, Florida Behavioral Health Association)

Jeffrey Cece, MS, CPM for Shevaun Harris (Department of Children and Families)

Dorothy Groover-Skipper (Governor Appointee, Faith-Based Substance Abuse Treatment, HeartDance Foundation, Inc.)

Gary Howze for Ashley Moody (Office of the Attorney General)

Julie Jean for Ricky Dixon (Department of Corrections)

Captain Jordan Jerris for Major General James Eifert (Department of Military Affairs)

John McClellan for Mark Glass (Department of Law Enforcement)

Captain Derrick Rahming for Terry Rhodes (Department of Highway Safety and Motor Vehicles)

Peggy Sapp (Governor Appointee: Substance Abuse Prevention, Informed Families)

Tracy Shelby for Eric Hall, Ed.D. (Department of Juvenile Justice)

Doug Simon for Chris Spencer (Governor's Office of Policy and Budget)

Andrew Weatherill for Manny Diaz, Jr. (Department of Education)

Guests and Staff:

Kerri Bryan (Department of Health)

Shay Chapman, BSN, MBA, Staff Liaison (Department of Health)

Jesseka Forbes, PharmD (Agency for Health Care Administration)

Oliver Grundmann, PhD (University of Florida)

Beth Labasky, Member of the Public

Ramon Maury (Informed Families)

Christopher McCurdy, PhD, FAAPS (University of Florida)

Jay McLaughlin, PhD (University of Florida)

Ashley Peterson (Agency for Health Care Administration)

Keshia Reid, PhD (Department of Health)

Daniel Rocha, MPH (Department of Health)

Abhisheak Sharma, M. Pharm., PhD (University of Florida)

Anna Simmons (Department of Health)

Rita Smith (Department of Juvenile Justice)

Lori Stalker (Indivior)

Jennifer Williams (Department of Children and Families)

Opening Remarks

Dr. Ladapo provided an overview of the meeting agenda and the presentation to follow.

Dr. Ladapo reflected on the efforts within the Florida Department of Health (FDOH) related to DPAC's work to address substance use in the state of Florida. Increased partner collaboration is resulting in innovative programs across the state to address overdose from both a prevention and treatment perspective. One of these programs is the Coordinated Opioid Recovery (CORE) network. FDOH and the Florida Department of Children and Families (DCF) concluded the series of announcements on the implementation of this innovative, first-of-its-kind program into 12 Florida counties. Fostering innovative and collaborative initiatives, such as the CORE network, as well as increasing our understanding through research, is critical to helping end this deadly epidemic in our state.

Business

1. Review and Approval of Meeting Minutes from October 27, 2022:

A motion was entered to approve the meeting minutes. Motion carried, all in favor. Minutes were approved with no opposition.

2. Presentation:

Kratom Science, University of Florida Study Results – Christopher McCurdy, PhD, FAAPS, Professor of Medicinal Chemistry, College of Pharmacy, University of Florida; Abhishek Sharma, M. Pharm., PhD, Assistant Director of Translational Drug Development Core, Assistant Professor of Pharmaceutics, College of Pharmacy, University of Florida; Jay McLaughlin, PhD, Professor of Pharmacodynamics, College of Pharmacy, University of Florida; Oliver Grundmann, PhD, Clinical Professor of Medicinal Chemistry, College of Pharmacy, University of Florida

Dr. McCurdy and colleagues presented on studying the science of kratom (*Mitragyna speciosa*), including the study of the plant and its chemistry. Kratom has been used to increase mood, stamina, energy, and decrease anxiety and pain. The historical use of kratom to prevent withdrawal and wean users from opioids is of great relevance to the current global opioid crisis. As kratom use has steadily increased in the United States, reports of adverse events have risen. Dr. McCurdy and colleagues conducted studies, supported by two grants from the National Institute on Drug Abuse, and concluded that kratom has a low abuse liability when it is utilized in its pure leaf/plant material form. Dr. McCurdy believes issues arise from concentrated extracts and other formulations that utilize dried or cured leaf materials and the abuse liability in these products is most likely due to the varying concentrations of one alkaloid, 7-hydroxymitragynine (7OHMG).

Dr. McCurdy and colleagues believe that more studies on kratom are warranted before any decision is made to ban this substance.

3. Agency and Member Updates:

Gary Howze, Office of the Attorney General

The Office of the Attorney General had no additional updates for DPAC.

John McClellan, Florida Department of Law Enforcement

The Florida Department of Law Enforcement (FDLE) updated that the 2021 Drugs Identified in Deceased Persons by Florida Medical Examiners Annual Report is finalized and available for review on the FDLE website.

Jeffrey Cece, Department of Children and Families

DCF updated on the Governor's Framework for Freedom Budget recommendations and that \$258 million has been suggested for prevention and recovery resources. DCF has also been reviewing primary prevention services across revenue streams and has found that there are over 100 prevention programs and strategies currently active across the state.

Julie Jean, Department of Corrections

The Department of Corrections had no additional updates for DPAC.

Rita Smith, Department of Juvenile Justice

The Department of Juvenile Justice had no additional updates for DPAC.

Andrew Weatherill, Department of Education

The Department of Education had no additional updates for DPAC.

Captain Derrick Rahming, Department of Highway Safety and Motor Vehicles

The Department of Highway Safety and Motor Vehicles is currently working with the Office of Drug Control and DCF to secure grant funding for the drug recognition program which provides training for officers to recognize impaired driving beyond solely alcohol.

Captain Jordan Jerris, Department of Military Affairs

The National Guard had no additional updates for DPAC.

Doug Simon, Governor's Office of Policy and Budget

The Governor's Office of Policy and Budget updated on the Governor's crime bill and the increases in penalties for trafficking of any kind of fentanyl to children or minors, and also increases funding for local law enforcement for more interdiction efforts.

Peggy Sapp, Informed Families

Informed Families advised that the new Red Ribbon Week theme was announced on January 30, 2023.

Melanie Brown-Woofter, Florida Behavioral Health Association

The Florida Behavioral Health Association will be participating at Behavioral Health Week at the Florida Capitol next Wednesday and Thursday.

Dorothy Groover-Skipper, HeartDance Foundation, Inc.

HeartDance Foundation, Inc. will also be participating at Behavioral Health Week at the Florida Capitol next Wednesday and Thursday.

Jesseka Forbes, Agency for Health Care Administration

The Agency for Health Care Administration updated that they will be facilitating a no cost continuing education opportunity for providers on screening, brief intervention, and referral to training.

4. Public Comments/Open Discussion:

No public comments received.

5. Adjournment:

For closing items, Dr. Ladapo reminding DPAC members that the council operates in the Sunshine Law and members should not discuss DPAC business with other members outside of meetings.

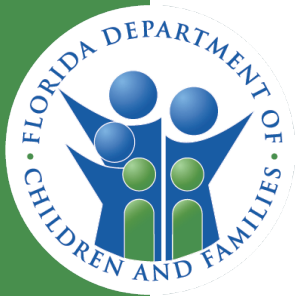
The date for the next DPAC meeting is April 18, 2023.

A motion was entered to adjourn. Motion carried with no opposition. Meeting was adjourned at 10:13 am.



THE 988 SUICIDE AND CRISIS LIFELINE IN FLORIDA

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
April 18, 2023



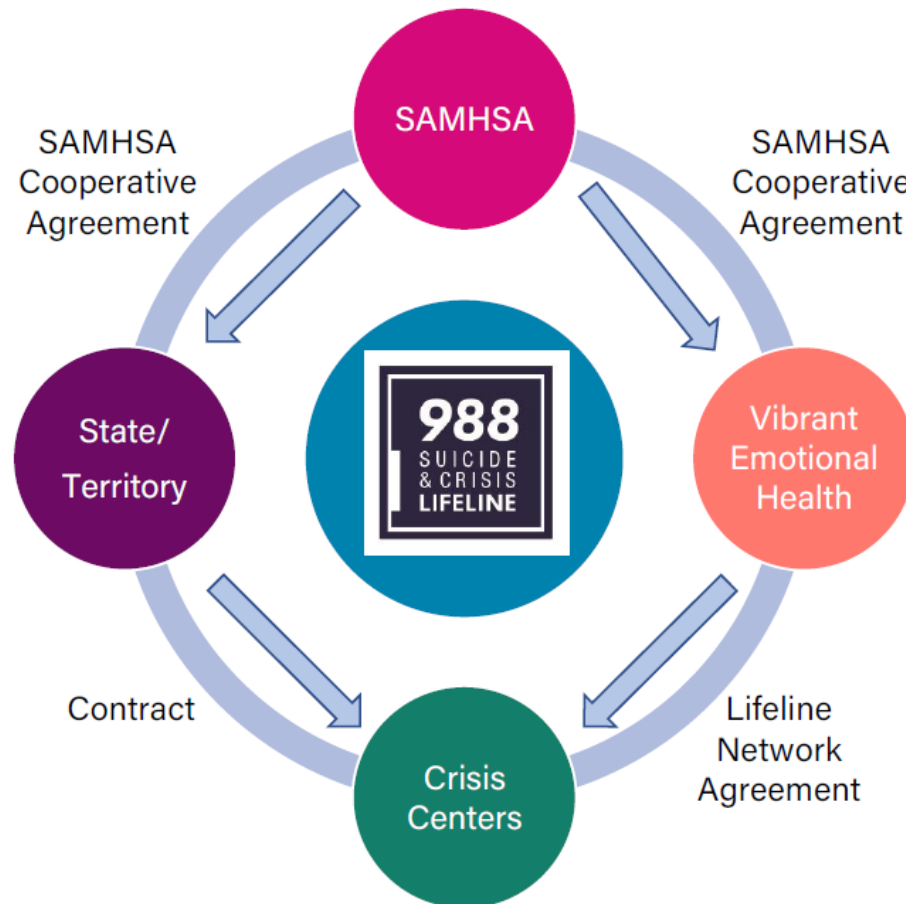
What is the 988 suicide and crisis lifeline?

- The 988 Suicide & Crisis Lifeline is an easy-to-remember, three-digit number that offers 24/7 access to trained crisis counselors to assist individuals experiencing emotional distress, suicidal thoughts and feelings, or substance use crises.
- Created by the Federal Communications Commission (FCC) in July 2020 and formally passed by Congress in October 2020.





988 Partnership and Collaboration



The Substance Abuse and Mental Health Services Administration within the US Department of Health and Human Services is the federal agency charged with national implementation of 988.

Vibrant Emotional Health is the Lifeline Administrator.

The Department of Children and Families is the statutory single state authority on substance abuse and mental health in Florida.



Roles and Responsibilities

SAMHSA	DCF	Vibrant
Fund states, territories, and tribal nations for 988 via cooperative agreements.	Fund 988 Centers via contracts.	Fund and oversee the national phone, text, and chat backup network, Spanish Language and LGBTQ+ subnetworks.
Fund Vibrant as the Lifeline Administrator via cooperative agreements.	Collaborate and build partnerships with key stakeholders to coordinate a robust crisis continuum of care.	Provide technological infrastructure, standards, training, and quality improvement of the network as the Lifeline Administrator.
Work with Vibrant, states, territories, and tribal nations to carry out the requirements of cooperative agreements.	Oversee the state's 988 Suicide and Crisis Lifeline, including developing policies and protocols.	Work with 988 Crisis Centers through Center Engagement Managers.

988 SUICIDE & CRISIS
LIFELINE



988 YEAR ONE GOALS (SFY 2022-23)

- **Goal 1:** Recruit and retain qualified behavioral health staff to handle high acuity calls, support increases in call volume, improve in-state answer rates, and statewide coverage without compromising quality of service to constituents.
- **Goal 2:** Closely monitor each of Florida's 13 988 Suicide and Crisis Lifeline centers to improve statewide implementation range and depth.
- **Goal 3:** Identify quality assurance strategies to assure training on intervening with high-risk populations continues at routine intervals throughout center staff employment.
- **Goal 4:** Propose a glide path for callers into 988 to dispatch the Mobile Response Team for assessment to determine if CSU level of care is needed or care coordination for individuals who need assistance accessing routine behavioral health services.

988 SUICIDE & CRISIS
LIFELINE



What are the differences between 211, 911, and 988?

211

Provides information and referrals on local social services resources.



911

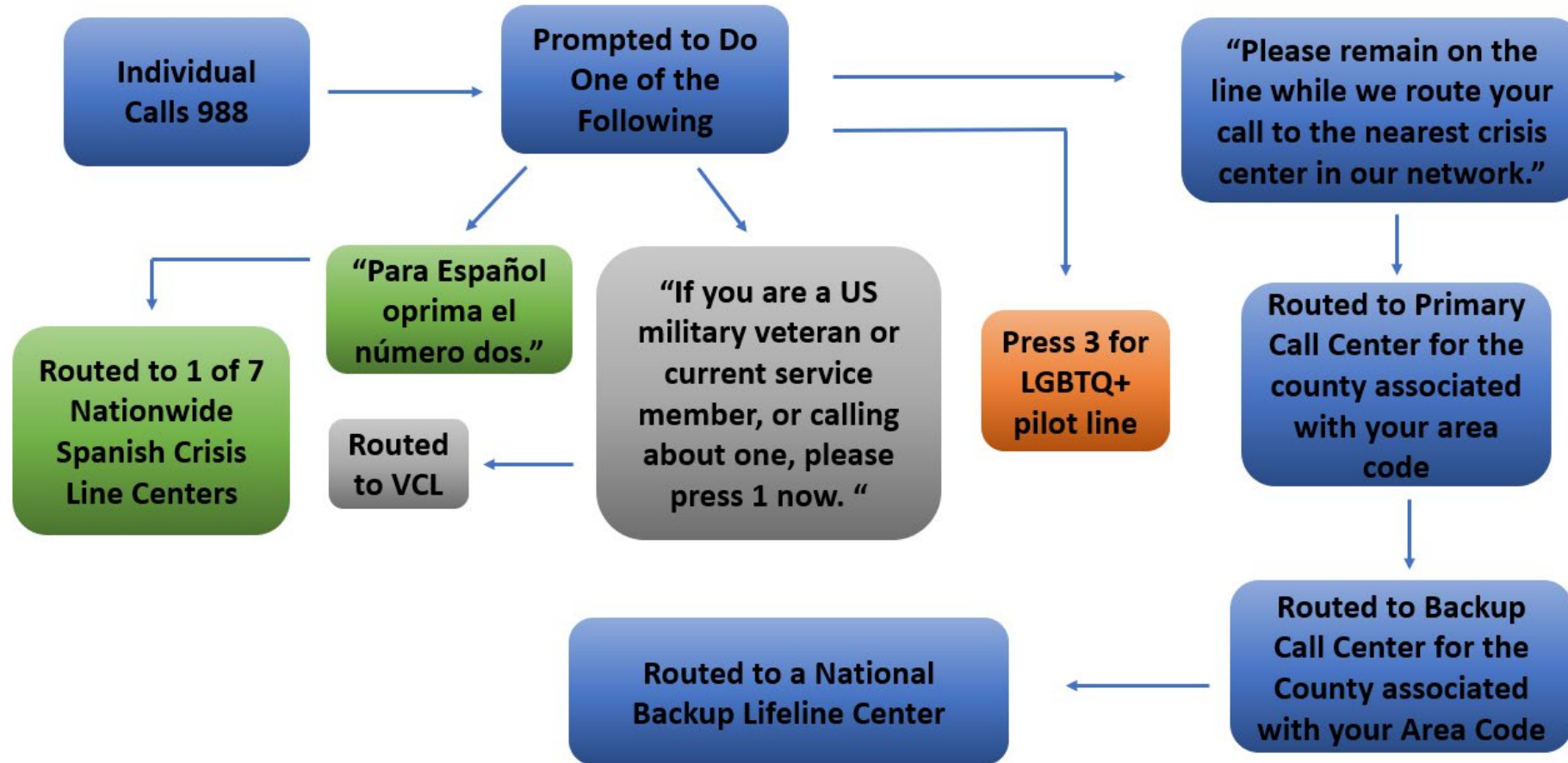
Dispatches Emergency Medical Services, Fire, and Police

988

Provides crisis counseling for suicide prevention, and mental health or substance use crisis.



Call Routing Process



988 Initiates the Crisis Continuum of Care

**988 Suicide and
Crisis Lifeline**

"Someone to Talk
To"

**Mobile
Response
Teams**

"Someone to
Respond"

**Crisis
Stabilization
Programs**

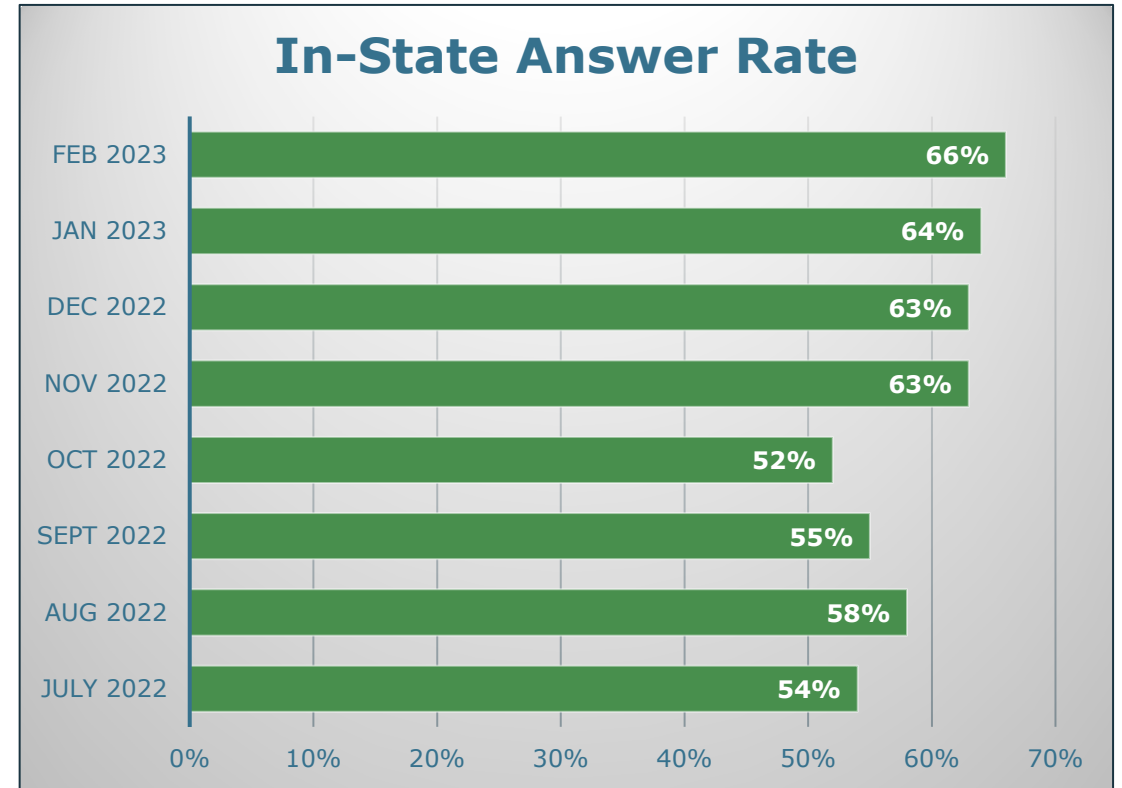
"Somewhere to
Go"

988 SUICIDE & CRISIS
LIFELINE



Monthly Call Metrics

Metrics	Pre-Rollout (Jan 2022 - June 2022)	Post-Rollout (July 2022 - Dec 2022)
Calls Routed	52,444	65,666
Chat	17,778	20,081
Text	2,032	13,635
Flowout to Backup	10,166	15,192
Flowout Rate	19.4%	23.1%
Abandoned Calls	9,581	11,758
Abandonment Rate	18.3%	17.9%



September and October were affected by both a change in Vibrant's routing provider and Hurricane Ian.



Quarterly Data for October – December 2022

204

of contacts that included
a suicide attempt in
progress

131

Resulted in Voluntary
Emergency Rescue

119

Resulted in Involuntary
Emergency Rescue

3,984

of individuals referred to
Mental Health or Related
Services

500

of contacts referred to a
Mobile Response Team

60

of formal MOUs executed
with crisis services partners

98

of call center staff hired

154

of call center staff trained



Funding

988 Allocations FY 22-23 and 23-24

State Fiscal Year	988 Implementation Grant	988 Supplemental Block Grant	Total 988 Funding
FY 22-23	\$ 3,605,776	\$ 8,461,833	\$ 12,067,609
FY 23-24	\$ 3,678,612	\$ 8,461,833	\$ 12,140,445
Total	\$ 7,284,388	\$ 16,923,666	\$ 24,208,054

988 SUICIDE & CRISIS
LIFELINE

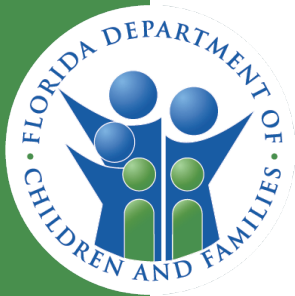




Florida's 988 Suicide and Crisis Lifelines:

- 211 Northwest Florida United Way
- 211 Big Bend
- 211 Northeast Florida
- Alachua County Crisis Center
- 211 Brevard
- 211 Heart of Florida United Way
- Personal Enrichment for Mental Health Services
- 211 Tampa Bay Cares
- Crisis Center of Tampa Bay/211
- David Lawrence Center
- 211 Palm Beach/Treasure Coast
- 211 Broward United Way
- Jewish Community Services of South Florida





Questions about 988?

Nikki Wotherspoon

Supervisor of Special Projects & Research
Office of Substance Abuse & Mental Health

Nikki.Wotherspoon@MyFLFamilies.com

Jorge "Javy" Passalacqua

988 Evaluator
Office of Substance Abuse & Mental Health

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988 SUICIDE & CRISIS
LIFELINE



Addiction Crisis in United States: Policy Solutions Collaborative Care Model

Kevin Roy

Chief Public Policy Officer

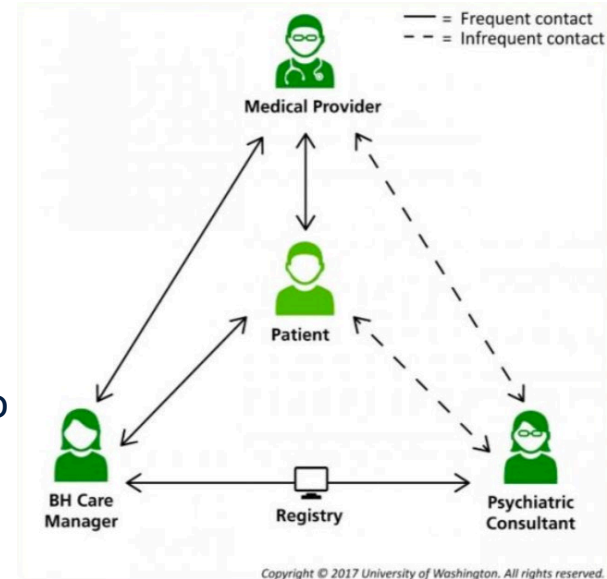
Collaborative Care Model (CoCM)

Collaborative care is an integrative treatment approach to improve outcomes for behavioral health disorders in the primary care setting.

CoCM involves:

- Primary care provider: Usually a family physician, internist, nurse practitioner, or physician's assistant.
- Care management staff: A member of the clinical team (e.g., nurse, clinical social worker) trained to provide evidence-based care coordination.
- Psychiatric consultant or specialty addiction provider: Usually a psychiatrist who advises the primary care treatment team.

Collaborative care relies on **measurement-based care** to track patient progress through validated clinical rating scales.



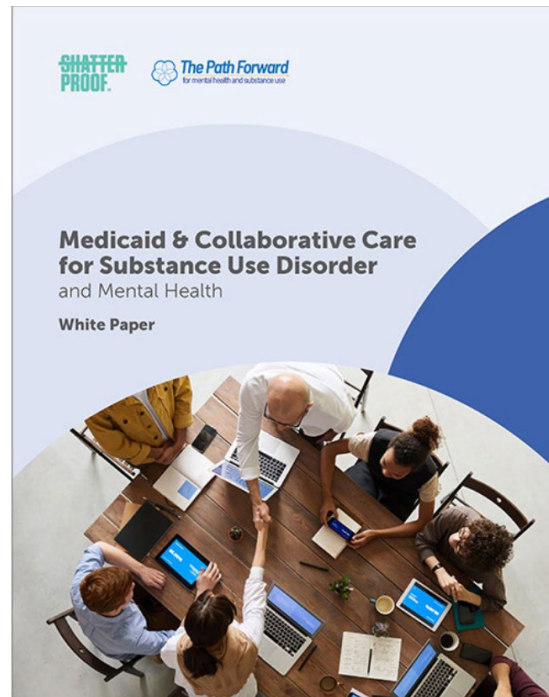
Integration in Behavioral Healthcare

- The Collaborative Care Model (CoCM) has shown in more than 80 randomized controlled trials to improve health outcomes.
- Why CoCM?
 - 50% of individuals with a mental health disorder have a comorbid SUD
 - Only 20% of patients in need of behavioral healthcare receive it in specialty setting
 - Primary care can connect patients with specialty care when needed
 - Health equity: one of very few interventions in healthcare shown to reduce disparities by race/ethnicity and/or socioeconomic status in patients' access to care, quality of care, and outcomes.
 - Cost savings shown with implementation of CoCM through overall reduced healthcare costs of Medicaid patients



Improved Health Outcomes

- Compared to patients receiving care without integration, patients enrolled in the IMPACT program experienced improvement in their depression over 12 months, had less physical pain, better social and physical functioning, and improved overall quality of life.
- Collaborative care used in the treatment of opioid and alcohol use disorder, compared to usual care, has been shown to **increase both the proportion of patients receiving evidence-based treatment** and the number achieving abstinence at 6 months. **Abstinence improved 47% over the control.**



Cost Savings

Medicaid enrollees with behavioral health conditions, including SUD, account for 20 percent of enrollees, but over half of Medicaid spending.

- Integration results in lower healthcare spending overall, particularly among patients with comorbid conditions.
- It is projected that between 9% and 17% could be saved by effectively integrating medical and behavioral care – representing potential savings of between \$38 and \$68 billion (Milliman 2017)
- Many commercial insurers, Medicare and 20+ state Medicaid programs reimburse CoCM.

Return on investment within years 1-4 of CoCM implementation:

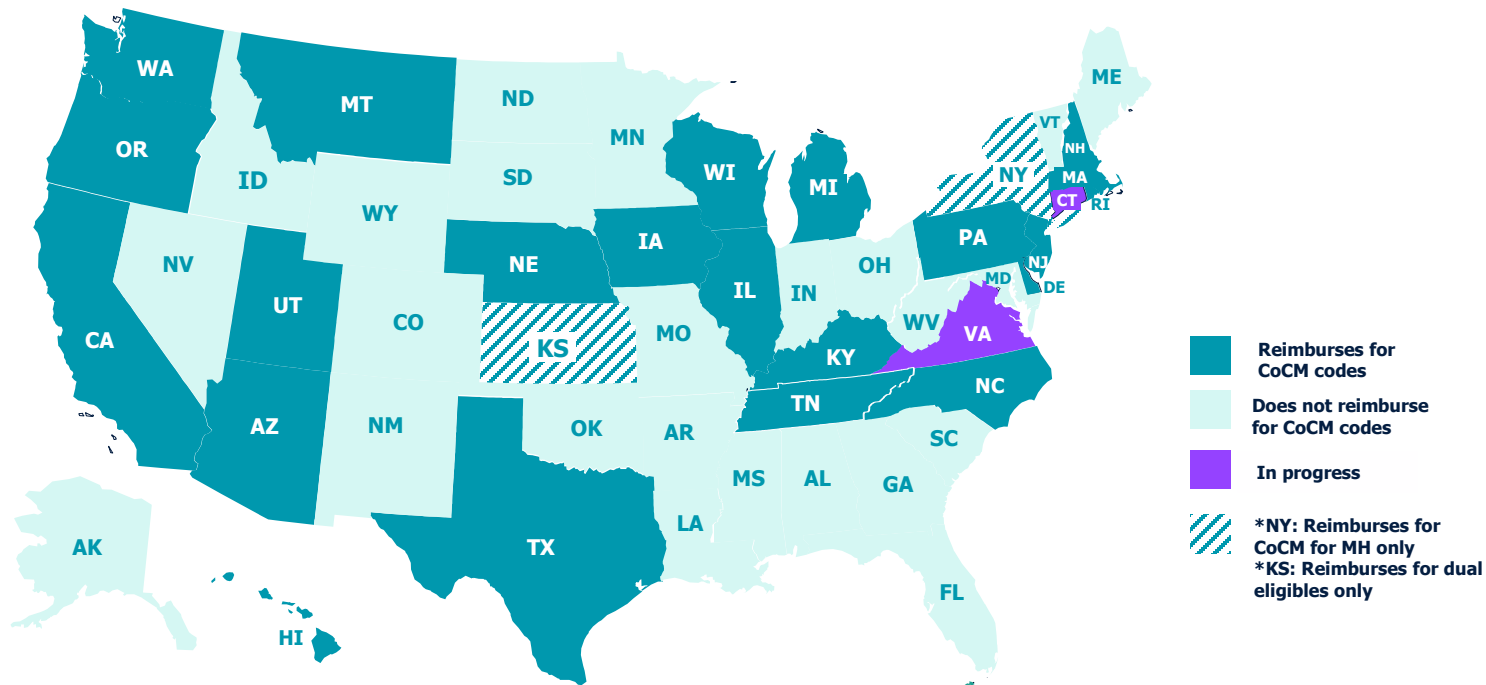
\$6.50 per every \$1 spent



State Medicaid Coverage - Collaborative Care Model Codes

Medicaid-covered lives expanded from approx. 23% to 65% from January 2020 through December 2022

Legislation pending in Louisiana, Maryland, Minnesota, Nevada, and Oklahoma.



State Examples

Arizona

- Arizona provides integrated care to Medicaid enrollees through carved-in benefit design with their MCO partners. They began covering the collaborative care codes starting in 2018.
- Arizona reimburses for the Medicaid G-0512 code, additionally allowing their Federally Qualified Health Centers (FQHCs) to bill for collaborative care.

North Carolina

- 3 million Medicaid Beneficiaries in the state
- CoCM implementation began in October 2018, with coverage of codes(99492, 99493, 99494). Widespread promotion of the model began in 2021, upon which provider adoption began to increase.
- North Carolina Medicaid determined paying for one year of claims in 2019 would be recouped in savings for the cost of one avoidable inpatient psychiatric hospitalization (potentially prevented by CoCM) per North Carolina CMO Dr. Shannon Dowler.
- In response to COVID/mental health spike, a multi-disciplinary, multi-payer team across North Carolina launched the Collaborative Care Consortium to drive implementation of the Collaborative Care Model
- In December 2022, North Carolina Medicaid increased the CoCM rates to 120% of Medicare rates to encourage further provider adoption and have had an influx of inquiries from primary care clinicians looking to be trained on the model.



Recommendations for State Medicaid Agencies

- 1) Turn on the existing CPT codes to cover the Collaborative Care Model.
 - 2) Help support state implementation and system transformation to improve overall health outcomes, resolve health inequities and save costs.
- “Half of behavioral patients had very little to no spending on behavioral treatment—less than \$68 per year—and another 25% had very limited spending on behavioral treatment—between \$68 and \$502 per year. This is despite having been diagnosed or treated by a healthcare professional for a behavioral illness. This is a tragedy. And now we know this population accounts for more than half of our total healthcare spending. **Tremendous savings and improved outcomes are achievable if these individuals who deserve care are identified early and provided with prompt evidence-based behavioral treatment.**” - Henry Harbin, MD, adviser to The Path Forward and former CEO of Magellan Health.



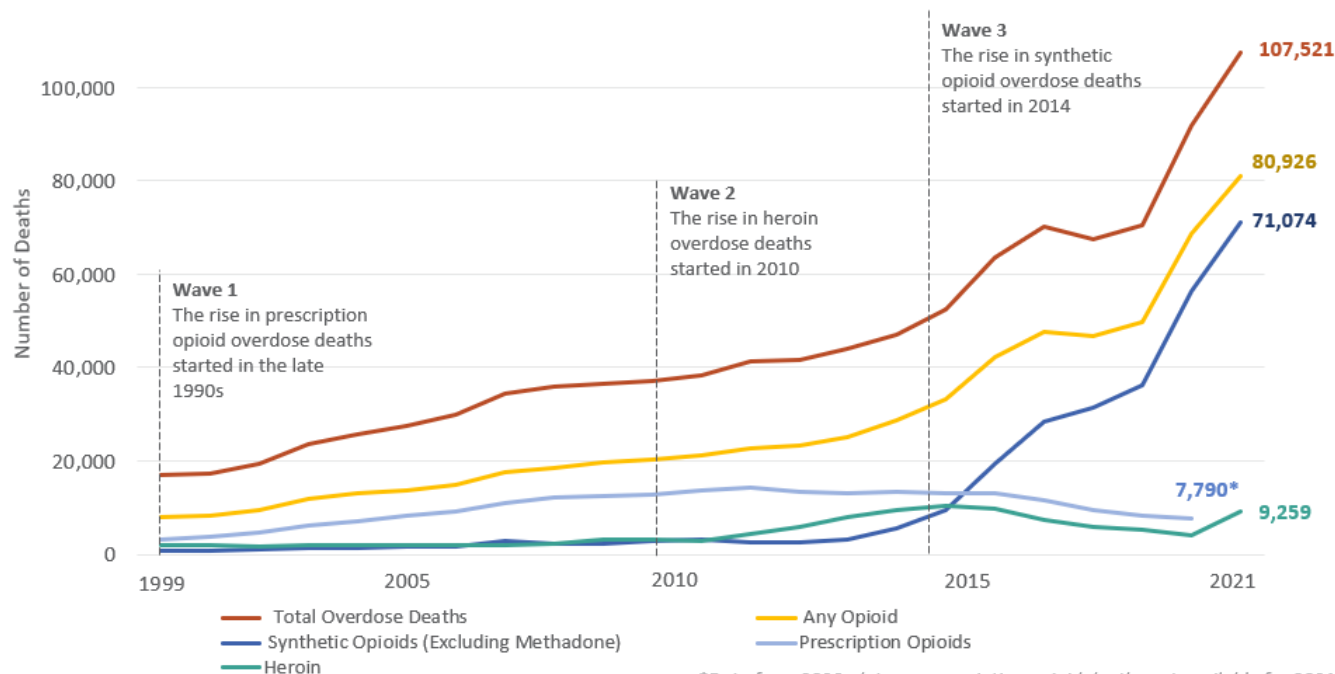
Thank you.



Appendix

Current Addiction Crisis / Wave 3 - Fentanyl

Source of fatal overdoses	1999	2005	2010	2015	2021	2015-2021
...from any drug	16,489	29,813	38,329	52,404	107,521	↑ 105%
...from synthetic opioids (mainly fentanyl)	730	1,742	3,007	9,580	71,074	↑ 642%
...EXCLUDING synthetic opioids	16,119	28,071	35,322	42,824	36,447	↓ 15%



Shatterproof Treatment Atlas: A Tool for Finding Addiction Treatment

April 2023

Our Vision: Our end destination

Our vision is for no one to suffer or die from substance use disorder, a disease that is both preventable and treatable

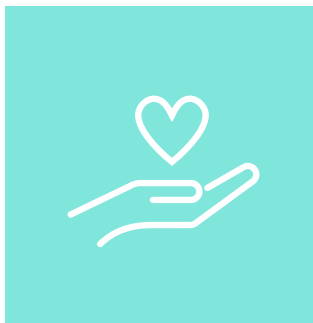
Our Mission: How we will get there

Our mission is to provide trusted guidance through the complexities of substance use disorder and to remove the systemic, healthcare, and social barriers to a strong recovery.

Shatterproof's Impact: 3 Pillars



**Revolutionizing
the Treatment
System**



**Breaking Gown
Addiction-
related
Stigmas**



**Supporting and
Empowering Our
Communities**



Standardize Quality Expectations – Shatterproof National Principles of Care[©]



#1. Routine screenings in every medical setting



#5. Coordinated care for every illness



#2. A personal plan for every patient



#6. Behavioral health care from legitimate providers



#3. Fast access to treatment



#7. Medication for addiction treatment



#4. Long-term disease management



#8. Recovery support services beyond medical care



Finding Addiction Treatment

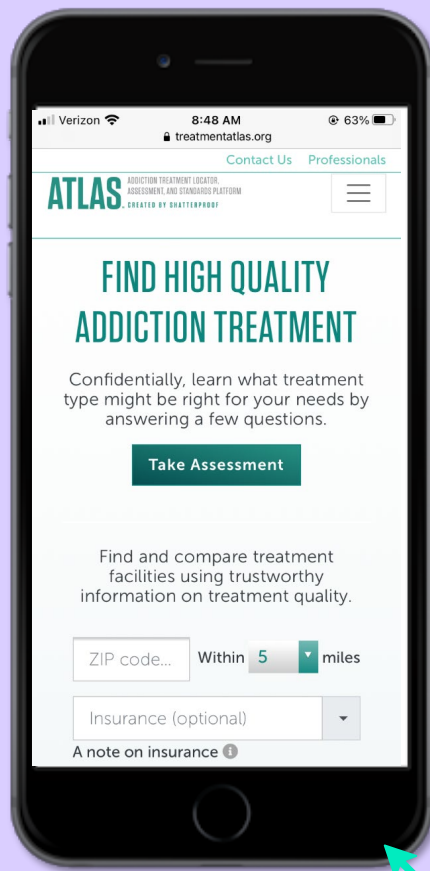
1. Misinformation
2. Limited objective or unbiased information
3. Unclear what to look for
4. Predatory marketing practices
5. Hijacking ad words
6. Patient Brokering



Shatterproof Treatment Atlas

A One-of-a-Kind Resource

- Consumer-friendly needs assessment
- Transparent indicators of treatment quality
- Not funded by providers or “pay to play”
- Comprehensive list of facilities
- Educational content
- Professional Portal
- Free and nonprofit



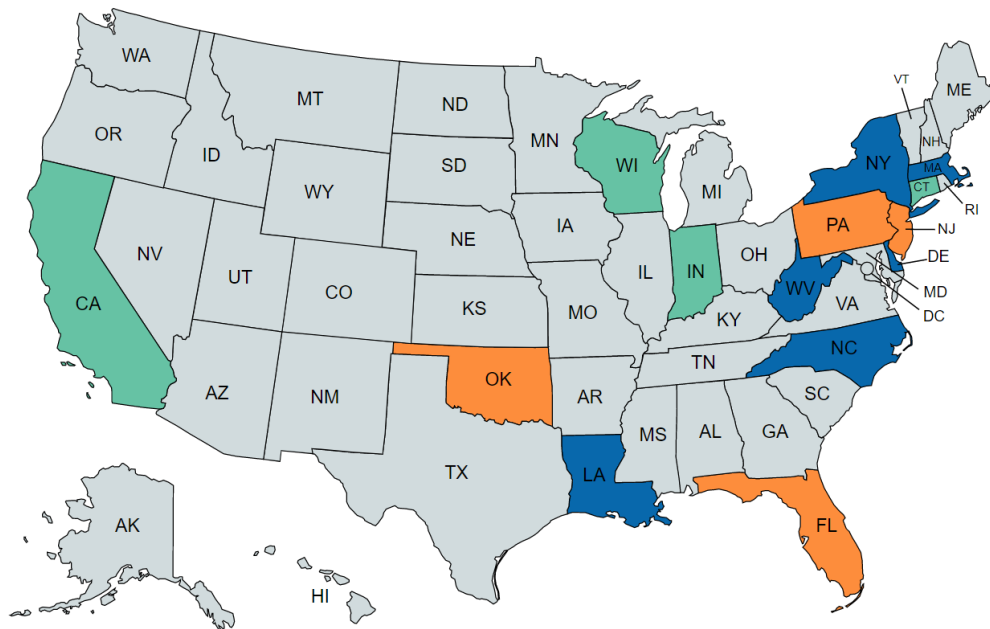
www.TreatmentAtlas.org

National Expansion

6 States (2020) = 13% of US Population

10 states (2022) = 28% of US Population

14 States (2023) = 45% of US Population



With conversations underway in several additional state.



Shatterproof Treatment Atlas Demo

Questions

- Check out TreatmentAtlas.org to learn more about Atlas and explore the platform.
- For any further questions, don't hesitate to reach out to us directly!

Michelle Mangum
Director of State
Engagement, Atlas

mmangum@shatterproof.org

Thank you.

Florida Department of Health

Statewide Drug Policy Advisory Council Meeting

April 18, 2023

Review and Updates on
Recommendations 1 - 8



Recommendation #1

- State agencies and commercial health plans provided service delivery flexibilities to respond to challenges related to the delivery of mental health and SUD care during the COVID-19 pandemic. It is recommended that the state agencies, commercial health plans, and other private payors permanently adopt these flexibilities, specifically:
 - Waiving prior authorization requirements and services limits (frequency, duration and scope) for all behavioral health services (including targeted case management).
 - Maintaining payment parity for telehealth services by reimbursing services provided via telemedicine at the same rate as face-to-face encounters.
 - Expanding coverage of telehealth services to include telephone communications, but only when rendered by licensed psychiatrists and other physicians, physician extenders and licensed behavioral health practitioners.
 - Requiring managed care plans to waive limits on medically necessary services when additional services will maintain the health and safety of enrollees, including when it is necessary to maintain enrollees safely in their home.
 - Using audio-only services when video capability is not available, and services can only be provided telephonically, which should be thoroughly documented.

Recommendation #2

- To effectively address the opioid crisis and the anticipated growth in mental health and SUD service need, it is critical that a vibrant, stable, and well- trained workforce be available to provide prevention, treatment, and recovery services. To address the workforce crisis, DPAC recommends adopting changes in payment methods, background screening, exemptions for peer specialist applications, and greater flexibility with telehealth, reimbursing providers the same amount for telehealth and in-person visits.

Recommendation #3

- Develop and implement a substance use prevention strategy designed to reduce drug use among youth 12–17 years of age. The strategy should focus on; (1) deployment of a unified anti-drug messaging campaign developed around evidence-based practices to ensure good outcomes, (2) increasing/maintaining substance use prevention efforts by securing/sustaining front-end prevention funding that increases screenings and addresses trauma-related issues among youth, and (3) expanding state partnerships with anti-drug coalitions, educational institutions, law enforcement, and other members of the 12 Community Sectors.

Recommendation #4

- Engage in an evidence-based substance use prevention program designed to reduce drug use among youth 12–17 years of age. The curriculum should focus on evidence-based and/or evidence-informed prevention strategies proven to reduce substance use, while also increasing youth resiliency, coping strategies, positive mental health, and responsible decision-making. The end goal is to better link existing prevention education programs with Florida's educators and to reduce substance use and abuse among Florida's youth.

Recommendation #5

- Develop and implement a stigma reduction campaign designed to reduce the negative feelings associated with a SUD and other mental illness/injuries. Messaging should increase the awareness of medically assisted treatment options, reduce the stigma associated with addiction, and inform the public of the many benefits that come with obtaining psychiatric, psychological and/or therapeutic services from a licensed professional.

Recommendation #6

- Encourage pharmacies to educate consumers on safe medication storage and disposal procedures when filling prescriptions for controlled substances. Establish a media campaign that incorporates appropriate technology to educate consumers on reasons for safe use, safe storage, and safe disposal as well as the location of safe disposal boxes in each community.

Recommendation #7

- Establish medical marijuana advertisement standards that restrict the advertising methods of medical marijuana/cannabis evaluation clinics, conveyance shops, and other services or businesses not currently governed by Amendment 2 (section 381.986, Florida Statutes.)

Recommendation #8

- Establish legislation to regulate (1) preparation, distribution, and sale of kratom-based products (*Mytragyna Speciosa*) that contain the alkaloids mytragynine and/or 7-hydroxymitragynine; (2) prohibit the preparation, distribution and sale of adulterated or contaminated kratom products; (3) assign authorities and responsibilities to ensure compliance standards are met and/or maintained; 4) incorporate strategies to prohibit market and sale of kratom to minors, and (5) establish corrective actions/penalties for actors/agencies that would violate such legislation.