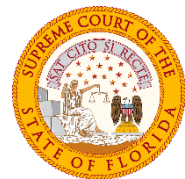


# STATEWIDE DRUG POLICY ADVISORY COUNCIL 2018 ANNUAL REPORT

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TO THE GOVERNOR  
THE PRESIDENT OF THE SENATE  
THE SPEAKER OF THE  
HOUSE OF REPRESENTATIVES

*December 1, 2018*



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## Message from the Surgeon General and Secretary

On behalf of the Statewide Drug Policy Advisory Council (Council) it is my pleasure to present this 2018 Annual Report. The Florida Department of Health is directed by section 397.333, Florida Statutes to serve as the coordinating body for the Council and the content of the report is a compilation of information from the members of the Council.

The opioid epidemic continues to pose a daunting challenge. The Drugs Identified in Deceased Persons by Florida Medical Examiners 2017 Annual Report indicates that there were 6,932 individuals who died in Florida with one or more prescription drugs in their system. This represents a four percent increase from the previous year. In addition, there was an eight percent increase in opioid-related deaths from 2016 to 2017.<sup>1</sup> The National Center for Health Statistics lists overdose as the leading cause of death in the U.S. for those under 50. The epidemic has required the attention of multiple state agencies. The level of collaboration among public, private and non-profit organizations has increased and the health care community has responded to the epidemic through a heightened focus on pain management.

In 2017, Governor Scott signed an Executive Order directing me as the state health officer to declare a Public Health Emergency across the state for the opioid epidemic and to issue a standing order for Naloxone for emergency responders to help save lives. The Department of Children and Families (DCF) is administering two federal grants totaling more than \$150 million over approximately three and a half years for prevention, treatment and recovery support services; this includes funding to provide Naloxone to law enforcement through the Florida Department of Law Enforcement (FDLE). Efforts continue toward ensuring that recently purchased Naloxone is distributed to drug treatment providers, health centers and other community agencies. In addition, the Helping Emergency Responders Obtain Support (HEROS) Grant Program administered by the Department of Health (DOH) will supply emergency responders with Naloxone through the purchase of approximately 80,000 – 100,000 units with the \$5 million authorized in general revenue funding.

During the 2018 legislative session, steps were taken to combat opioid abuse with the passage of House Bill 21. Also known as the Controlled Substances Act, HB 21 went into effect on July 1, 2018 and addresses opioid abuse by requiring continuing education on controlled substance prescribing, establishing prescribing limits for acute pain, increasing the regulation of pain management clinics and expanding the use of the Prescription Drug Monitoring Program. A new website was created, <http://www.flhealthsource.gov/FloridaTakeControl/>, which provides basic information pertaining to the Controlled Substances Act and explains the changes for prescribers and dispensers.

DOH has enhanced reporting through the Emergency Medical Services Tracking and Reporting System (EMSTARS). Through this program, licensed EMS providers submit overdose data, which are then made available within 120 hours to law enforcement, public health officials, EMS and fire rescue. These efforts to enhance surveillance are expanded through Florida's Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program, a Centers for Disease Control and Prevention (CDC)-funded effort to augment the collection, quality and dissemination of comprehensive data.

I also want to highlight the work of the Council of Florida Medical School Deans Pain Management Workgroup. Florida medical schools are on the front line of ensuring that medical students are trained with the most current information and best practices related to pain and addiction. The workgroup drafted "Pain Management and Opioid Stewardship Education for Florida Medical Schools," which was endorsed unanimously by the medical school deans. This framework will ensure that Florida's medical schools have a set of guiding principles regarding pain management and addiction when designing the curriculum to serve their students.

While it is encouraging to see the current, unprecedented level of coordination between these key stakeholders, the problem of the opioid epidemic will not be solved in short order. Our statewide efforts are being captured in our five-year State Health Improvement Plan, and sustained attention across all levels of government, treatment providers, law enforcement, healthcare professionals and community leaders must continue to save lives and reduce the level of opioid use around our state.

## Executive Summary

As required by section 397.333(4)(b), Florida Statutes, Florida's Statewide Drug Policy Advisory Council's 2018 Annual Report analyzes the problem of substance abuse in the state and provides updates on recommendations to the Governor and Legislature for consideration.

The Statewide Drug Policy Advisory Council (Council) held four meetings during 2018 in Tallahassee: January 11, April 19, July 19 and October 23. The Council heard testimony from a broad spectrum of public and private sector experts in the fields of addiction, prevention, treatment, surveillance and law enforcement.

This report provides background regarding the issue of drug abuse in Florida and specifically the current opioid epidemic. The remainder of the report is structured around the four distinct priorities that the Council has established: (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.

During the January 11, 2018 meeting, the Council heard from Michael Kriegel, PhD, a psychologist with Kriegel & Associates who spoke about interdisciplinary pain management. He highlighted the challenge of managing chronic pain with opioids due to adapting tolerance levels. The Council discussed the importance of insurance reimbursements on all forms of pain management, as opposed to just medications. The Council also discussed the need for warning labels on opioid prescription bottles. In addition, the Council heard updates on grant programs that address the opioid epidemic as well as data collection through the Florida Prehospital EMS Tracking and Reporting System (EMSTARS).

The Council met on April 19, 2018 and received updates from the Department of Children and Families, Department of Corrections, Department of Health, Department of Highway Safety and Motor Vehicles, the Agency for Health Care Administration, Office of the Attorney General, Department of Education and others. Key updates included legislative changes, most notably the passage of HB 21, which strengthened prescription limits and continuing education for prescribers. The Council was also updated on the Neonatal Abstinence Syndrome (NAS) workgroup, which focused on bringing public and private entities together when combatting NAS. The Council also discussed utilizing the DPAC Reports as a method of information sharing.

During the July 19, 2018 meeting, the Council heard about the use of technology for field identification of narcotics and other controlled substances. Research was presented that showed association between opioid prescriptions and foster care in communities. The Council also heard about ways to combat subversion, a multibillion dollar market dedicated to cheating drug tests. Key experts discussed updates on surveillance and data sharing systems. Additional information was provided regarding the implementation of HB 21 and its effect on the Prescription Drug Monitoring Program (PDMP), which must be consulted by prescribers to review a patient's controlled substance history before prescribing. The Council received briefings regarding the Drugs Identified in Deceased Persons 2017 Interim Report and the Opioid State Targeted Response (STR) Grant. The Department of Highway Safety and Motor Vehicles updated the Council on the purchase of 444 Narcan kits for strategic distribution throughout the state. The Department of Health shared about efforts to implement the Helping Emergency Responders Obtain Support (HEROS) program which provides Narcan kits to first responders.

The last meeting of the year was held on October 23, 2018. The Council heard updates on the implementation of HB 21 and the HEROS Program. The first HEROS Narcan shipment went out to awardees in October 2018. The Council also heard about Red Ribbon Week, the oldest and largest drug prevention campaign in the nation, held October 23-31 each year. The Council was updated on NAS coding and case definition changes. The Florida Perinatal Quality Collaborative (FPQC) has set a goal by June 2020 to standardize assessment and treatment of NAS, which would reduce hospital stay and cost of care

for infants with NAS. There was also a presentation on pain management and opioid stewardship education for Florida medical schools, which highlighted the importance of pain education in addressing the opioid epidemic. The Council was updated on SB 7026, which addresses mental health funding for school districts. The Council members shared updates from their respective agencies.

## Background

According to provisional data from the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC), more than 72,000 Americans died from drug overdose deaths, making overdose the leading cause of accidental death in 2017.<sup>2</sup> Figure 1 illustrates that, in 2017, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids), with nearly 30,000 overdose deaths, followed by heroin (15,958), natural and semi-synthetic opioids (14,958), cocaine (14,556), methamphetamine (10,721) and methadone (3,295).

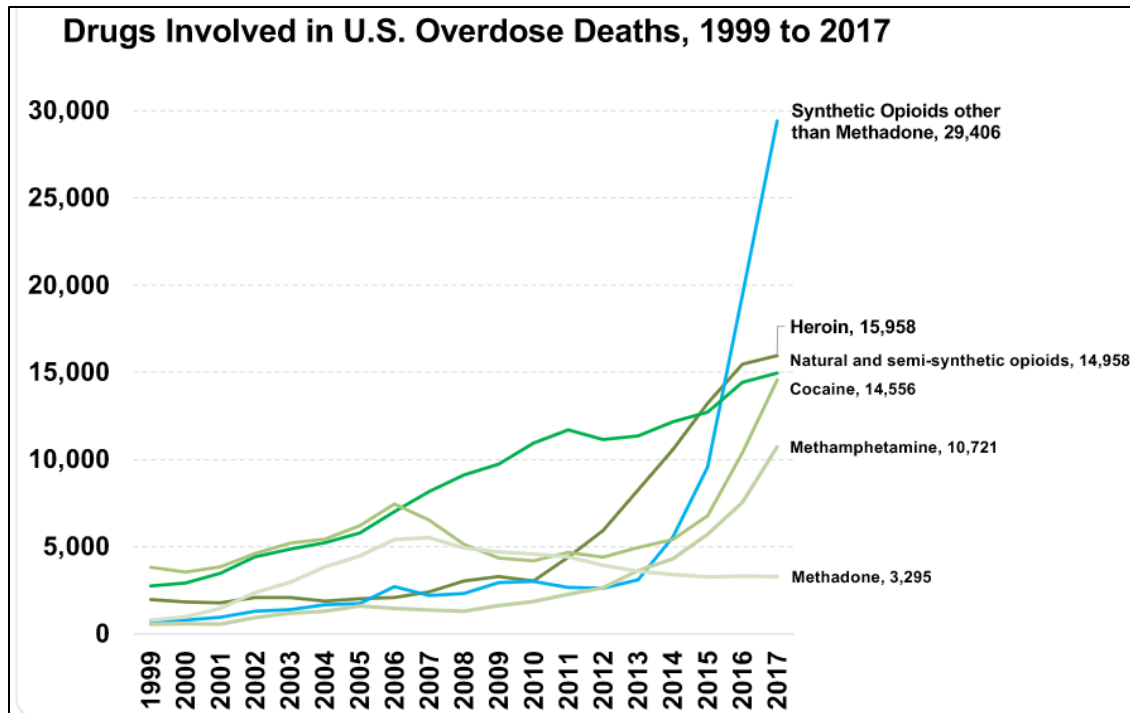
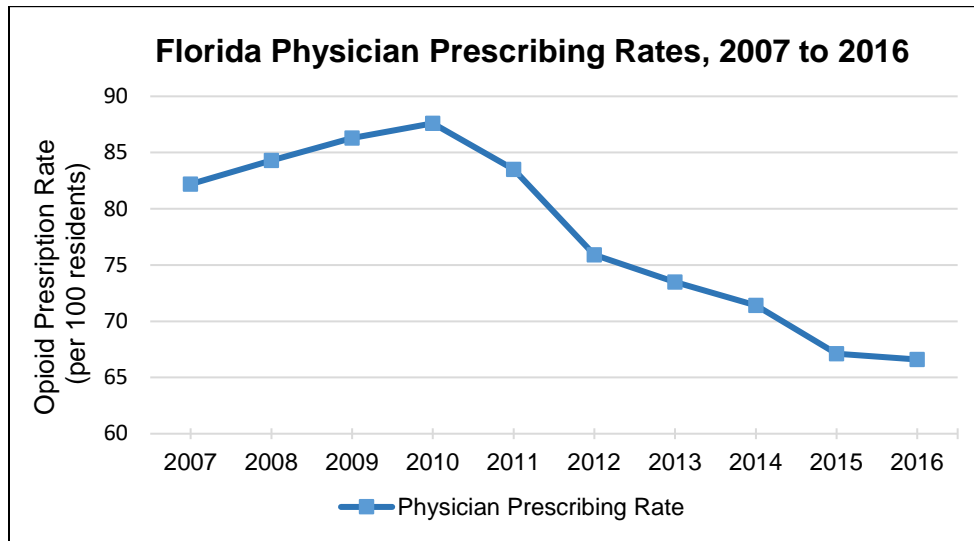


Figure 1. Drugs involved in U.S. overdose deaths, 1999 to 2017 Source: CDC WONDER

Substance abuse and addiction are the sources of significant public health and safety concerns in Florida. While the concern shifts for specific drugs and geographic locations over time, these persistent challenges require a bold and comprehensive response.<sup>3</sup> In 2011, the Florida Legislature enacted a series of laws intended to address the Pill Mill industry.<sup>4</sup> The legislation created harsher penalties for overprescribing and imposed new laws regarding opioid prescription practices. Figure 2 represents the resulting decrease in physician prescribing rates.<sup>5</sup> Overdose death rates in the state initially dropped with the decrease in prescriptions but had a resurgence in 2013. Overdose deaths have continued to increase, pointing to necessary action beyond reducing the supply of drugs in Florida (priority area #1). Prescribing patterns by specialty also show variation and are of interest. Recent analysis of national opioid prescribing rates by specialty, shows the highest numbers of dispensed opioid prescriptions are from family medicine (20.5%) and internal medicine (15.7%).<sup>6</sup>

The Florida Prescription Drug Monitoring Program (PDMP) provides data related to controlled substance prescriptions in the state. From July 1, 2017 to June 30, 2018 there were 33,024,567 controlled substance prescriptions dispensed to Florida patients, a 4.6 percent decline from the previous year. In addition, 6.33 million people in Florida were prescribed one or more controlled substances, a decrease of 3.8 percent. Hydrocodone SA, oxycodone SA and alprazolam were ranked the top three most commonly dispensed controlled substances for the third year in a row, together representing 38.7 percent of the total controlled substances dispensed from July 1, 2017 to June 30, 2018. Amphetamines had the largest year-to-year increase at 9.3 percent. Drugs with the largest year-to-year decreases in dispensing were hydrocodone SA (-8.7 percent) and phentermine (-8.7 percent).<sup>7</sup>





**Figure 2. Florida physician prescribing rate, 2007 to 2016 Source: CDC U.S. Prescribing Rates**

The Drugs Identified in Deceased Persons by Florida Medical Examiners 2017 Annual Report noted that there were 6,178 opioid-related deaths reported. This is 453 more than the previous year, which represents an 8 percent increase. Overall, 6,932 individuals died with one or more prescription drugs in their system, which is a 4 percent increase. The drugs were identified as either the cause of death or merely present in the decedent. These drugs may have also been mixed with illicit drugs and/or alcohol. The drugs that caused the most deaths were cocaine (2,012), fentanyl (1,743), fentanyl analogs (1,588), benzodiazepines (1,374, including 791 alprazolam deaths), morphine (1,285), ethyl alcohol (975) and heroin (944).<sup>8</sup>

The epidemic can also be witnessed through the rise of Neonatal Abstinence Syndrome (NAS) cases. NAS is a condition experienced by neonates exposed to opioid prescription or illicit drugs during the prenatal period. It is estimated that by 2012 one infant was born with NAS about every 25 minutes in the United States. In Florida, there were 1,480 diagnosed cases of NAS in 2016.

According to the Florida Department of Law Enforcement (FDLE), the Florida law enforcement community continues efforts to prevent, investigate and solve drug crimes to protect Florida's citizens and visitors. In the face of reduced access to prescription opioids since 2012, those addicted to opioids have turned to substances such as heroin, fentanyl and other psychoactive narcotics created to mimic the effects of controlled substances. Consequently, occurrences of heroin, fentanyl and other opioid-related substances have increased dramatically in the deceased, even as occurrences of prescription opioids have decreased. The availability and the relative cost of heroin and the use of fentanyl or fentanyl analogs as an adulterant to heroin have exacerbated the opioid problem in Florida from overdose emergency room visits to deaths.

Florida law enforcement continues to conduct criminal investigations into those who would sell, manufacture or traffic in these substances. Many of the most seriously affected jurisdictions collaborate through formal or informal law enforcement task forces. The severity of the opioid problem varies throughout the state due in part to diverse populations (e.g. urban/rural). Statistics reflecting arrest events and arrest charges for possession, sale and trafficking in heroin and prescription opioids have remained relatively stable between 2016 and 2017; though statistics are not complete for 2018, both arrest events and arrest charges are trending down. Arrest events and arrest charges for possession, sale and trafficking in fentanyl, however, are on the rise thus far in 2018. Law enforcement utilizes 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 arrives in the United States via mail or parcel services directly to the purchaser.

During 2018, the emergence of chemical substances derived from fentanyl and other compounds referred to as “research chemicals” in the vernacular of the drug culture was a challenge. Legislation enacted in 2017 provided law enforcement with tools to pursue investigations into the possession, sale and trafficking of several new substances of abuse. The 2018 legislative session resulted in positive steps to ameliorate opioid prescribing practices which are thought to have contributed significantly to the rise in opioid-addicted people in the past decade. The law authorizing the PDMP (FSS 893.055 and 893.0551) was revised to provide wider access to prescribers, dispensers and medical examiners.

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 2018, the presence of multiple drug substances within a single exhibit continues to be a concern. 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.

Law enforcement continues to see increases in the availability of cocaine and methamphetamine. Deaths involving cocaine and methamphetamine also continue to increase. The 2017 Drugs Identified in Deceased Persons by Florida Medical Examiners reflected occurrences of cocaine increased by nine percent and deaths caused by cocaine increased by 14 percent from the previous year. Though deaths involving cocaine remained relatively stable from 2009 through 2013, an analysis of cocaine related deaths statewide over the 5-year period from 2013 – 2017 reflected year-to-year increases culminating in a 134 percent increase between 2013 and 2017. In 2017, as in 2016, cocaine remained the drug that caused the most deaths (2,012).

A similar analysis revealed that deaths involving methamphetamine have increased 408 percent since 2013. Deaths caused by methamphetamine over the 5-year period have increased 487 percent. The most significant single year increases occurred between 2015 and 2016, which reflected a 109 percent increase in deaths caused by methamphetamine.

Though the current emphasis is on the opioid crisis, law enforcement will continue to remain engaged in the issue of illegal drug use and distribution across the spectrum of illicit substances that in so many cases prove to be lethal.

The Department of Juvenile Justice (DJJ) tracks both arrests and the number of youth arrested. During FY 2017-18, there were 3,618 individual youth arrested whose most serious offense was drug-related. The number of youth arrested for felony drug offenses has increased four percent since FY 2013-14, from 1,395 to 1,453. During FY 2017-18, 2,165 youth were arrested whose most serious offense that year was misdemeanor drug-related. This represents a 12 percent decline from FY 2016-17 and a 45 percent decline from FY 2013-14. During FY 2017-18, 333 youth were arrested whose most serious arrest of the year was alcohol-related. This represents a 5 percent decline since FY 2016-17 and a 49 percent decline since FY 2013-14.

According to the DJJ, during Fiscal Year (FY) 2017-2018, there were 5,321 delinquency arrests for drug-related offenses. Misdemeanor drug arrests accounted for 66 percent of all drug arrests (3,502 arrests). Misdemeanor drug arrests declined 42 percent between FY 2013-14 and FY 2017-18. Between FY 2016-17 and FY 2017-18, misdemeanor drug arrests declined 13%. Felony drug offenses accounted for 34

percent of the total number of drug-related arrests in FY 2017-18 (1,819 arrests). Between FY 2016-17 and FY 2017-18, felony drug arrests increased 15%, and between FY 2013-14 and FY 2017-18, felony drug arrests increased 3%. Arrests for possession of alcohol have declined 52 percent since FY 2013-14 (from 794 to 380).

Juvenile arrests overall in Florida are at the lowest rate in more than 40 years and the increase in efforts such as prevention, diversion and use of civil citation for certain misdemeanor offenses coincides with this decrease in arrests. The increase in felony drug arrests is counter to the general trend in delinquency.

## 2018 Updates to Recommendations

The following recommendations are provided by members of the Council for consideration by policy makers. They are organized under the four priority areas established by the Council: (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. The recommendations are not listed in priority order and each recommendation stands alone for consideration.

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

#### Updates and progress on 2017 Recommendations:

**1. Encourage all pharmacies to establish and promote secure and convenient disposal boxes. 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®.**

There are many resources available to help people in Florida understand the proper steps to dispose of unused medication. The Florida Department of Environment Protection (DEP) offers information online regarding pharmaceutical waste management for homeowners. In addition to addressing frequently asked questions, DEP's web page includes information about drug drop off locations and steps to take at home to properly dispose of old unused medication. DEP's web page is located here: <https://floridadep.gov/waste/permitting-compliance-assistance/content/pharmaceutical-waste-management>.

Pharmacies are also taking steps to help the public dispose of excess medication. Both CVS Health and Walgreens now offer secured drop off boxes at many of their store locations in Florida.<sup>9</sup> The CVS Health locations with drop boxes may be found here: <https://www.cvs.com/content/safer-communities-locate>. The Walgreens locations with drop boxes may be found here: <https://www.walgreens.com/topic/pharmacy/safe-medication-disposal.jsp>.

The Drug Enforcement Administration (DEA) Diversion Control Unit hosts National Take Back Days (<https://takebackday.dea.gov/>). DEA reported that there were 30,809 pounds collected in Florida during the April 28, 2018 Take Back Day. Overall, 121 law enforcement agencies participated and there were 152 collection sites across the state. The Florida National Guard also collaborated with partner agencies in North Florida to support Take Back events where more than 3,182 pounds of drugs were collected. Sheriffs and police departments in Florida in partnership with their local community coalitions support Take Back Days. Additionally, through the development of Operation Medicine Cabinet, it is possible to drop off unused prescriptions every day in many counties.

Publix Pharmacy partnered with Informed Families/The Florida Family Partnership to feature the Lock Your Meds campaign during January 2018. In-store signage was distributed to and displayed in 694 Publix stores at the pharmacy counter. Additionally, Publix "Carepoints" documents, featuring the Lock Your Meds message and an appeal to take the pledge to prevent prescription drug abuse, were printed and distributed with all prescription purchases. The month-long campaign reached more than 1 million Floridians, or about 50 customers per store, per day. Those who took the pledge also received a home medicine inventory card download. They also had the opportunity to opt in to receive additional prevention education information throughout the year. Through their partnership with Publix, Informed Families also developed a webpage focusing on safe disposal locations in Florida, which is updated on an ongoing basis: <https://www.informedfamilies.org/lym/safedisposal>.

Florida has a wealth of resources to reduce the supply of drugs and it is the hope and goal of the Council to activate citizens to participate in reducing the demand and supply of drugs in Florida.

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

### Updates and progress on 2017 Recommendations:

#### **2. Require prescribers to complete a continuing education course on prescribing controlled substances, particularly opiates, alternative treatment and risks of opioid addiction following all stages of treatment in management of acute pain.**

The Controlled Substances Bill, or HB 21, was signed into law July 2018. The new law mandates continuing education for controlled substance prescribers. Prescribers must complete a two-hour continuing education course by January 31, 2019 and again at each subsequent licensure renewal. Consistent with the recommendation, the course contains training on prescribing of controlled substances, alternative therapies and information about opioid addiction.<sup>10</sup> The Florida Department of Health (DOH) created a new website as a centralized location for information regarding the new law. The website has information about the new requirements for prescribers ([www.flhealthsource.gov/FloridaTakeControl](http://www.flhealthsource.gov/FloridaTakeControl)).<sup>11</sup>

#### **3. Establish 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.**

Significant progress on this recommendation was made in 2018. HB 21 placed a three-day limit on prescribed opioids for acute pain, unless strict conditions are met for a seven-day supply. The supply limit aligns with the Centers for Disease Control and Prevention's guidelines for the treatment of acute pain. Standards for prescribing of controlled substances were also established through the HB 21 requirement for health care prescribers or dispensers of opioids to consult the Florida PDMP to review a patient's medication history prior to prescribing or dispensing a controlled substance. In addition, the bill established standards regarding prescribing requirements for non-acute pain and created new requirements for pain management clinics, mandating they register with the Florida Department of Health by January 1, 2019.<sup>12</sup>

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

A major provision of HB 21 was a requirement that health care prescribers or dispensers of opioids consult the PDMP. Known as E-FORCSE® (Electronic Florida Online Reporting of Controlled Substances Evaluation), the PDMP 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, to review a patient's medication history prior to prescribing or dispensing a controlled substance. This applies for patients age 16 or older. The increased coordination among partners participating in the PDMP can be measured in terms of the number of authorized users who have requested and received controlled substance dispensing information. Overall, health care practitioner registrations increased 43.1 percent from 43,658 to 62,475 between July 1, 2017 and June 30, 2018. Health care practitioner queries increased 26.6 percent from 35,834,243 to 45,360,286 in the same time frame. Medical doctors have the highest registration (21,154), while pharmacists have the highest utilization (24,136,941). To increase utilization of the PDMP, direct access was expanded with passage of HB 21 authorizing health care practitioners employed by the federal Department of Veteran Affairs, Department of Defense and the Indian Health Service who are not licensed in Florida to request information from the PDMP. Federally-employed practitioners are required to submit proof of licensure in another state and employment verification information to be granted access.<sup>13</sup>

## **5. Fund fellowships or residency programs to incentivize physicians to obtain a specialty in addiction medicine.**

The practice of addiction medicine has recently become a specialty in the medical field. There is an opportunity to expand this specialty to help ensure patients with a substance use disorder are being treated by medical professionals trained in addiction medicine. The Accreditation Council for Graduate Medical Education (ACGME) has accredited two programs in Addiction Psychiatry in Florida. The University of South Florida is approved for two positions. Only one of these positions was filled in 2017, and neither was filled in 2018. The University of Miami Leonard M. Miller School of Medicine's teaching program at Jackson Memorial Hospital is approved for three positions and one is currently filled.<sup>14</sup>

## **6. Develop and implement 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.**

Research indicates an ongoing need to change public opinion regarding those struggling with substance abuse. The concept of substance use disorder as a disease is relatively new and not yet fully understood or accepted. Massachusetts was noted as a state where public opinion has been changing on this issue. In Massachusetts, state government has emphasized treatment, despite strong opposition from those who maintained that abstinence from drugs was the best solution.<sup>15</sup> In addition, recent polling has indicated that "a majority believe that people addicted to painkillers have an illness (53 percent) rather than a personal weakness (36 percent)."<sup>16</sup>

DCF's Overdose Prevention Awareness Campaign launched in October of 2018. The campaign is focused on increasing awareness of naloxone, the medication that reverses opioid overdose, and where individuals can access the medication in Florida. The targeted audience for the campaign includes individuals at risk of opioid overdose and their friends and family members who may witness an opioid overdose. Campaign materials include radio ads, interviews with key stakeholders, printed materials and a website that allows individuals to search for the nearest naloxone distribution site in their area: <https://isavefl.com/>.

The website resulting from HB 21, [www.flhealthsource.gov/FloridaTakeControl](http://www.flhealthsource.gov/FloridaTakeControl), offers information for both health care professionals and the public. This information source will continue to be updated to address any questions the public may have as well as any misinformation that needs to be addressed.

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

### Updates and progress on 2017 Recommendations:

**7. Increase prevention through a partnership with coalitions, schools, faith-based institutions, businesses and non-government organizations to improve the understanding of the disease of addiction, reduce the stigma of addiction and apply common messaging in support of prevention, education and funding for front-end prevention in Florida.**

Florida will benefit from a more coordinated comprehensive statewide network of prevention services and community partners stand ready to support such a network.

**8. Increase access to substance use disorder treatment, at all levels of the continuum of care, and funding for additional treatment capacity.**

In 2018, the Florida Legislature appropriated \$14,626,911 in recurring General Revenue funds to expand treatment capacity, including recovery support services and medication assisted treatment (MAT).

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s State Targeted Response (STR) grant provides Florida with \$27,150,403 per year for up to two years (for a total of \$54.3 million over the two year period). The aim is to reduce opioid-related deaths, prevent prescription opioid misuse among young people, increase access to medication-assisted treatment among individuals with opioid use disorders and to increase the number of individuals who are trained to provide medication-assisted treatment and recovery support services. Most of the funding is used for methadone maintenance and buprenorphine maintenance because controlled trials demonstrate that these services are most effective at retaining individuals in care, reducing illicit opioid use and reducing opioid-related mortality. Since the project started, 52 providers have initiated services to more than 4,000 individuals. DCF has conducted 86 training events (reaching over 2,000 individuals) and 37 new buprenorphine prescribers have been added to provider networks. The rate of nonfatal overdoses among individuals served is decreasing by about 92 percent after 30 days in treatment. Additionally, more than 30,000 Narcan Nasal Spray kits have been distributed to providers and over 1,150 overdose reversals have been reported.

SAMHSA's new State Opioid Response (SOR) grant provides Florida with \$50,056,851 per year for up to two years (for a total of over \$100 million over the two year period). The SOR grant represents a strategic continuation of the work started under the STR grant. Several new priorities will be pursued. DCF aims to ensure that all Emergency Departments (ED) can induct patients on buprenorphine and link them to community-based methadone or buprenorphine maintenance providers. DCF's Managing Entities partners are being directed to identify and engage community-based providers that can use SOR funds to provide assessments and medication maintenance seven days a week for patients inducted in the ED. DCF is working to ensure that provider networks are able to provide buprenorphine maintenance treatment in all counties. It is estimated that at least 5,000 individuals will be served during the first year and at least 10,000 individuals will be served over the two-year project period. Funds will be used to purchase and distribute Narcan Nasal Spray kits. The project director will work with the Managing Entities and provider networks to ensure that individuals reentering communities from prisons or jails are able to initiate MAT services as part of behind-the-bars reentry programming and continue MAT services by linking to community-based MAT providers upon release. Training and technical assistance will be provided to a variety of stakeholders, including



potential prescribers, court staff, recovery community organizations, new Medicaid plans and correctional staff. The American Society of Addiction Medicine's computerized structured interview and clinical decision support tool will also be purchased. New Oxford Houses will be established throughout the state, which are self-supporting, recovery homes that operate based on the experience of individuals recovering from substance use disorders. In addition, recovery community organizations will be developed and certified. The 1-844-MyFLVet Support Line will be expanded so veterans in need of services can speak directly to peer veteran coordinators. The Florida Alliance for Healthy Communities will develop and implement specialty training for medical professionals through Area Health Education Centers located within Florida Medical Schools or Colleges to increase the capacity of the health care workforce to prevent and treat opioid misuse and opioid use disorders.

### **9. Expand syringe services programs to operate in multiple sites throughout Florida to reduce the spread of infectious disease, reduce overdose deaths and link to substance use disorder treatment.**

The Miami Infectious Disease Elimination Act (IDEA) established the state's only syringe service program in December 2016. Since the IDEA program began, 819 participants have enrolled. More than 682 lives have been saved using naloxone kits distributed through this program. More than 12,600 syringes have been taken off the streets and 141 participants have received referrals to addiction treatment.<sup>17</sup>

There were two bills in the 2018 legislative session that aimed to expand the syringe service program – SB 800 and HB 579. Although both bills received some support at the committee level, neither bill passed. SB 800 was sponsored by Senator Oscar Braynon and the bill proposed expanding the existing sterile needle and syringe exchange pilot program to be implemented statewide. HB 579, sponsored by Representative Shevrin Jones, would have expanded the existing Miami-Dade Infectious Disease Elimination pilot program by authorizing the University of Miami to also operate the pilot program in Broward and Palm Beach counties.

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

Council members requested that this recommendation remain in the 2018 Annual Report.

### **11. State agencies and organizations should review the Statewide Task Force on Prescription Drug Abuse and Newborns Final and Progress Report (2014), GAO 18-32 Report to Congress and the U.S. Department of Health and Human Services (HHS) 2017 recommendations to identify progress, current strategies and challenges associated with NAS.**

As opioid misuse has increased in recent years, so has the number of pregnant women who use opioids. The prenatal use of opioids or other illicit drugs by pregnant women can produce a withdrawal condition in newborn infants known as Neonatal Abstinence Syndrome (NAS). The infant may undergo withdrawal from these substances that manifests as excessive high-pitched crying, irritability, sleep-wake disturbances, alterations in tone and movement, feeding difficulties or gastrointestinal disturbances, usually lasting one to three days after delivery. The State Health Improvement Plan includes a goal to decrease the number of newborns experiencing NAS through a strategy of increasing the number of pregnant women in treatment for opioid disorders. In addition, DOH, the Agency for Health Care Administration (AHCA) and the Florida Hospital Association (FHA) launched a learning collaborative in November 2017. Sponsored nationally by the American Hospital Association and the Trust for America's Health, this initiative seeks to reduce the incidence of NAS in the Florida Medicaid population and improve the quality of care for children who are born with the condition. This ongoing



collaboration has helped facilitate a statewide pilot project, in partnership with the Florida Perinatal Quality Collaborative which includes 34 hospitals involved in a quality improvement initiative around NAS.

DOH has also partnered with DCF and multiple local taskforce members in Pensacola and Panama City as a part of an “In Depth Technical Assistance” through the National Center on Substance Abuse and Child Welfare. Both partnership sites developed a work plan to ensure that local services, providers and programs were aligned with the Comprehensive Addiction and Recovery Act—the federal legislation charging states with efforts to provide safe care to pregnant women. At both locations, participating organizations are seeking to implement best practices for the completion of the Plan of Safe Care, create a uniform way for active surveillance of NAS, strengthen the behavioral health providers’ ability to work effectively with pregnant women, and improve the amount and quality of screening for substance use during pregnancy.

During 2017 and 2018, DOH brought together a multi-agency workgroup of key stakeholders including the Florida Perinatal Quality Collaborative (FPQC), the FHA, AHCA, the Office of the Attorney General and DCF to coordinate efforts to address NAS. This multi-agency workgroup established a NAS Data Sub-Committee to support collaborations for an integrated, coordinated approach to reporting NAS data. The committee addressed the identification of specific codes and variables utilized to pull case data, transitions between International Classification of Diseases codes, as well as provided technical expertise to the NAS workgroup for the implementation and agreement on a public health surveillance case definition for NAS. A pilot study was initiated early in the process to establish how accurately the codes reported to AHCA captured NAS cases. This study involved pulling cases from AHCA’s data and performing case reviews to see how well the codes identified those cases. The results suggest that most of the NAS cases are being captured by the codes selected. The committee met for several months in 2018 and arrived at a definition that was used to pull NAS counts from AHCA data that are reported quarterly by county. The reporting mechanism also reduces the time frame for acquiring the data by approximately nine months. This permits organizations and partners throughout the state to get a more current estimate of the burden of NAS cases in their counties and regions. The overall result of these multiple cross-sector collaborations for improving health outcomes in the community is that infants with NAS will be more accurately diagnosed and treated.

### **New 2018 Recommendations:**

**12. Implement a statewide collaborative approach to increase evidence-based and evidence-informed positive youth development programs focused on resilience, responsible decision-making, coping skills, emotions management and healthy relationship development that have shown to significantly reduce youth substance abuse and use. These skills are effectively acquired through education to promote public health and social and emotional learning.**

Social and Emotional Learning (SEL) is not a single program or teaching method but rather a set of key competencies including 17 skills and attitudes organized into four groups: awareness of self and others; positive attitudes and values; responsible decision making; and social interaction skills. SEL contributes to healthy development of children and youth, effectively promotes mental wellness and reduces risk behavior in children and youth. An effective framework involves coordinated strategies across classrooms, schools, homes and communities and districts. In Florida, there are several agencies and organizations invested in positive youth development. Most often, these organizations operate independently because of their specific risk behavior priority area and funding. However, a collaborative statewide

approach would maximize resources, minimize duplication of efforts and produce an increased collective impact.

To fully implement the recommendation to achieve a statewide collaborative approach to increase evidence-based and evidence-informed positive youth development programs, a Florida Statewide Youth Development Collaborative comprising state and local governmental and non-governmental agencies should be developed, funded and supported by leadership to facilitate collaborations and partnerships related to positive youth development and/or substance use prevention efforts. Implemented through programs or teaching methodologies, SEL teaches children how to recognize and understand their emotions, make decisions and build and maintain relationships. A meta-analysis of 82 different interventions involving more than 97,000 youth from kindergarten to high school, showed lasting decreases in negative outcomes such as substance use, conduct problems and emotional distress. Additionally, increases in mental health, social skills and academic achievement were observed.<sup>18</sup>

### **13. Promote and enhance recovery efforts in Florida.**

The Council recommended adopting models such as the Recovery Oriented System of Care (ROSC) and Wellness Recovery Action Plan (WRAP), both of which are supported by DCF. This involves utilizing peer specialists and recognizing the importance of their role in the recovery journey. Research has indicated that recovery from a substance use disorder can be effective when facilitated by the use of social support provided by peers.<sup>19</sup>

## Priority Area #4: Improve Data Collection and Surveillance

### Updates and progress on 2017 Recommendations:

#### **14. The Secretary of AHCA and the Commissioner of the Office of Insurance Regulation (OIR) should be appointed as members of the Statewide Drug Policy Advisory Council, ensuring all state agencies involved in this issue are represented.**

In 2016, the CDC recommended the use of non-opioid treatment as the first option for managing chronic pain.<sup>20</sup> Examples of non-opioid treatments include physical therapy and acupuncture. Despite a public health consensus on the high effectiveness of these treatments, recent research has comprehensively addressed the lack of insurance coverage for non-opioid therapies. The research also found a general and wide-ranging lack of consistency on non-opioid coverage within the insurance industry. This points to the need for evidence-based policymaking in efforts to increase availability of non-opioid chronic pain treatments.<sup>21</sup> The Council recommended that these issues may be more thoroughly addressed if AHCA and OIR have permanent representation on the Council.

AHCA has had regular representation at the DPAC meetings throughout 2018. This recommendation would require a change in statute.

#### **15. Modernize medical examiner data systems to reduce the wait time to obtain and produce invaluable drug-related death information.**

DOH's Bureau of Vital Statistics is seeking to improve the timeliness and quality of drug poisoning information on Florida death records and the transfer of this information between systems. Florida will explore and implement innovative strategies for the collection and transfer of relevant drug information in Medical Examiners Case Management Systems (ME CMS) to state Electronic Death Registration System and on to the CDC's National Center for Health Statistics. The Bureau of Vital Statistics will investigate and analyze current medical examiner district and lab practices to identify opportunities to shorten the turn-around time. The focus will be on shortening the time it takes for toxicology data to be shared and transmitted to the ME CMS and having the data uploaded electronically. This would save considerable time by avoiding the current process which uses paper, fax, or PDF reports that must be re-keyed into the ME CMS.

#### **16. Expand access to PDMP information to Florida medical examiners to facilitate the medico-legal death investigation process and certification of the cause and manner of death.**

As a result of HB 21, Florida's medical examiners have been given access to the PDMP information.<sup>22</sup>

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

DOH is currently working on memorandums of understanding to integrate PDMP information into Electronic Health Records and share the data with other states. Florida began sharing its data with Alabama, Georgia and Mississippi on October 18, 2018.

#### **18. Establish the Office of Drug Control and Policy.**

An Office of Drug Control and Policy would provide full-time staff that would consistently coordinate with state agencies, research promising and best practices, seek federal or grant funding and respond to drug trends prior to them becoming an epidemic. While the state and nation are focusing on the opioid epidemic, there has been a spike in cocaine and methamphetamine use and overdose. An established Office of Drug Control and Policy and use of predictive analytics could identify these trends sooner and develop an action plan.

### **New 2018 Recommendation:**

#### **19. Enhance data collection systems and create a state dashboard of substance abuse data.**

Updating information sharing across agencies using unique identifiers, incorporating predictive analytics and ensuring all emergency responders are using the same mechanisms for reporting (EMSTARS) will allow state regulators and policy-makers to make informed decisions and ensure efficiency. In addition, marijuana-related data should be tracked including youth/adult use rates, marijuana-related driving crashes and fatalities, marijuana substance abuse treatment admissions, ER visits, Baker Acts and poison center calls.

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