

**Mission:**

Eliminate substance abuse in Florida by coordinating statewide efforts to protect individuals, families, and communities from substance abuse and to treat those with addiction.

**Vision:** A future without substance abuse in Florida



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

## Statewide Drug Policy Advisory Council

Betty Easley Conference Center

4075 Esplanade Way

Room 182

Tallahassee, FL 32399

July 20, 2017

9:00AM to 4:00PM

Meeting Minutes

Welcome, Introductions and Roll Call- Dr. Jennifer Bencie, Manatee DOH, Chair

Meeting called to order at 9:00 AM by Dr. Jennifer Bencie. The following Members attended:

1. Dr. Jennifer Bencie (Chair, State Surgeon General Designee)
2. Walter Liebrich for Mary Beth Vickers (Office of Planning and Budget Designee)
3. Andy Benard (Attorney General Bondi Designee)
4. Karen Weaver (FDLE Designee)
5. Jeff Cece (Department of Children and Families Secretary Designee)
6. Patrick Mahoney (Department of Corrections Secretary Designee)
7. Dr. Gayla Sumner (Department of Juvenile Justice Secretary Designee)
8. Angela Rivers (Commissioner of Education Designee)- Absent
9. Lt. Joseph Harrison for Colonel Gene Spaulding (Department of Highway Safety and Motor Vehicles Executive Director Designee)
10. Colonel John Pelleriti (Adjutant General Designee)
11. Honorable Representative Cary Pigman- Absent
12. Senator Darryl Rouson
13. Judge Melanie May and Aaron Gerson (Judiciary Member Representative)
14. Mark Fontaine (Governor Appointee with expertise in substance abuse treatment)
15. Vence Monlya for Kimberly Spence (Governor Appointee with expertise in law enforcement)
16. Dr. John VanDelinder (Governor Appointee with expertise in faith based services)
17. Beth Labasky for Peggy Sapp (Governor Appointee with expertise in substance abuse prevention)
18. Doug Leonardo (Governor Appointee with expertise in drug enforcement and substance abuse) Absent
19. Dottie Groover-Skipper (Governor Appointee with expertise in faith-based substance abuse treatment. (Excused)
20. Roaya Tyson (Governor Appointee with expertise in substance abuse services) (Excused)

**Staff:**

Rebecca Poston

Lynne Drawdy

**Guests:**

Brad Dalton, Deputy Press Secretary, Department of Health, Office of Communication

Tad Fisher, CEO Florida Physical Therapy Association and Kathy Swanick, PT, DPT, President of Florida Physical Therapy Association and Mark Bishop

Patricia Greene

Steve McCoy, Department of Health

Mike Ladd, Florida National Guard  
Gregory Yevtich, Florida National Guard  
Nita Harrelle, Department of Health  
Tom Bendle, Department of Health

## **Business**

**1. Review and Approve May 11, 2017 Meeting Minutes** - Motion by Judge May second by Andy Benard to approve the May 11, 2017 meeting minutes. Motion carried.

**2. Review Action Plan - Lynne Drawdy** - The Council reviewed the action plan and discussed specific strategies for each recommendation. Please see attached action plan.

**3. Presentation #1: Non-Opioid Alternatives to Pain Management – Tad Fisher, CEO Florida Physical Therapy Association, Mark Bishop, and Kathy Swanick, PT, DPT, President of Florida Physical Therapy Association** provided an update on nonpharmacologic therapy alternatives for the treatment of chronic pain. Opioids should not be considered first-line or routine therapy for chronic pain. Goals and function should be established with the patient. Risk and benefits should be discussed as well as benefits of nonopioid therapies with the patient.

### **Recommendations:**

Florida Physical Therapy Association provided the following recommendations for the Council's consideration:

Enhance public access directly to a physical therapist as a healthy alternative to opioids through:

- Continued healthcare benefit plan coverage for physical therapy
- Primary care classification of the physical therapist to reduce patient co-pays
- Public education on the benefit and legal ability to access a physical therapist directly without referral
- Treatment initiated by a physical therapist in the first two weeks after injury or pain onset reduces medication use, imaging and surgery while maximizing patient outcomes
- Healthcare provider education on the efficacy of physical therapy for musculoskeletal pain
- Inclusion of the physical therapist to the interdisciplinary team in the opioid addiction recovery setting

**4. Presentation #2: Problem-solving Courts: “Collaborative Judicial Processing to Achieve Better Outcomes” – Judge Melanie G. May** provided an update on the impact of the in the drug court system. Judge May reported 70 percent of persons arrested have a substance abuse problem; 40 percent of all the people with mental illness will come into contact with the criminal justice system; and over 70 percent of children arrested have at least one mental health disorder with girls experiencing higher rates (81 percent) than boys (67 percent). Drug courts are six times more likely to keep offenders in treatment long enough for them to get better. Court dockets combine mandatory drug treatment and case management services with intensive judicial supervision, regularly scheduled court status hearings, random urine drug testing, and a tailored sanctions and rewards system. Florida averages over 5,000 participants in adult felony drug courts and over 7,500 in all problem-solving courts.

In Florida, there are over 95 problem-solving courts, 23 mental health courts, 30 veteran courts, 18 early childhood courts and two permanency courts. Ten counties (Broward, Escambia, Hillsborough, Marion, Orange, Pinellas, Polk, Volusia, Okaloosa and Seminole Counties) have had 4,052 admissions with 1,547 successful completions. The average length of time for successful drug court completion is 492 days or 16 months. The average age of participants is 34 years old of which 32 percent are female and 68 percent male. The expansion drug court's average cost is currently \$21.59 per person per day as compared to prison in FY15-16 was \$51.65 per person per day. There are 77 problem-solving courts currently utilizing the Florida Drug Court Case Management System (FDCCMS)

There are new challenges facing the court system such as opioid epidemic, Medical Assisted Treatment needs and mainstreaming principles.

**5. Presentation #3: Department of Corrections Substance Use Disorder Programs – Patrick Mahoney, Bureau Chief, Transition and Substance Abuse Treatment Services** provided an update on substance abuse treatment in prison, probation and parole offices. 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. 30,150 offenders 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.

**6. Presentation #4: Bio-surveillance Overdoses Technology- Steve McCoy, Administrator, Bureau of Emergency Medical Oversight, Division of Emergency Preparedness and Joshua Sturms, Section Administrator, Bureau of Emergency Medical Oversight, Division of Emergency Preparedness.** Department of Health (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.<sup>i</sup> 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

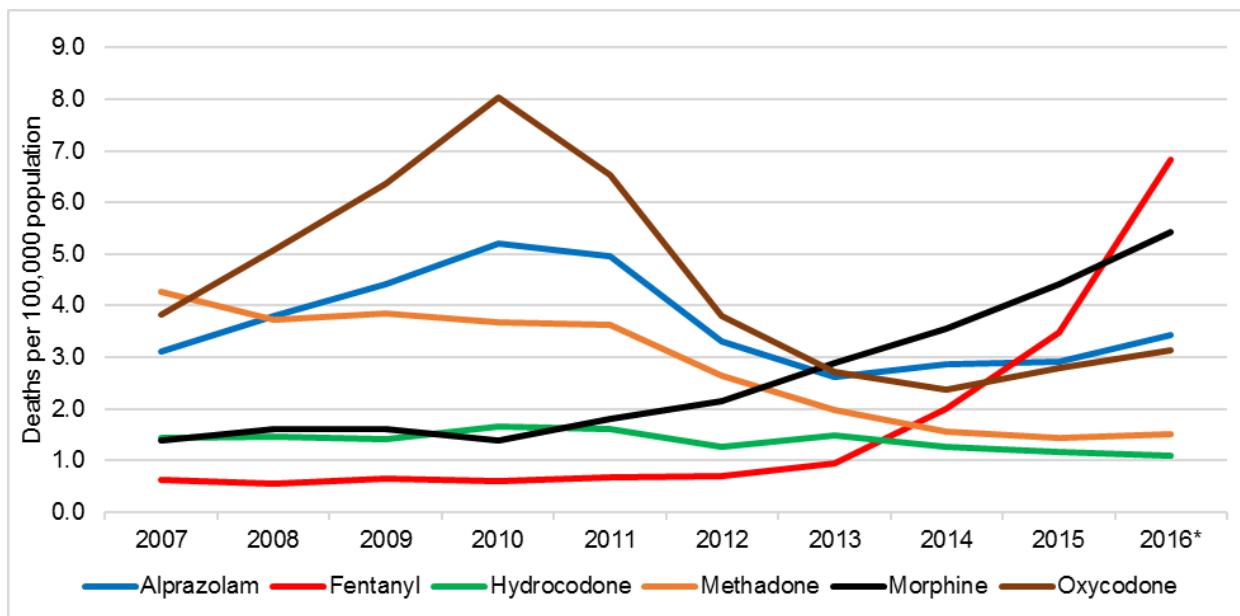
promote the prevention of unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services. Additional information about EMSTARS is available at [www.FloridaEMSTARS.com](http://www.FloridaEMSTARS.com).

**7. Partnership for Success Update - Amanda Muller, Overdose Prevention Coordinator, Department of Children & Families.** Jeff Cece provided an update for Amanda Muller on the Partnerships for Success grant.

**8. Heroin and Fentanyl Update - Opioid Community Workshop Update-** Andy Benard, Assistant Deputy Attorney General and Special Council and Karen Weaver, Special Agent Supervisor, Florida Department of Law Enforcement, Office of Statewide Intelligence, FIC provided an update on heroin and fentanyl. As heroin and fentanyl have had a resurgence in our nation, Florida is no exception with 434 heroin-related and 805 fentanyl-related deaths, as of June 2016. Four in five new heroin users began misusing prescription pain medications. Especially hard hit counties have been Palm Beach (97), Broward (72), Miami-Dade (54), Orange (36), and Duval (27). The counties with the highest number of deaths with fentanyl includes Palm Beach (163), Duval (118), Broward (92), Miami-Dade (83), and Orange (57). Deaths caused by heroin and fentanyl increased 25.3 percent and 139.5 percent respectively in the first half of 2016, compared with the first half of 2015.

The *Drugs Identified in Deceased Persons by Florida Medical Examiners 2016 Interim Report*<sup>ii</sup> (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 1 illustrates the mortality rate (deaths per 100,000 population) for selected drugs by year. The annual rate for 2016 is estimated based on data from January – June 2016 and will be added to the Florida drug-Related Outcomes Surveillance and Tracking System (FROST) when available.



**Figure 1. Mortality rate for select drugs from 2007 to 2016\*.**

\*The semi-annual rates for 2016 were annualized to present deaths per year per 100,000 population that would be expected if the rates prevailed for 12 months.

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, to be 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.

**9. Continuation of the Review of Action Plan- Lynne Drawdy-** please see attached.

**10. Public Comment / Open Discussion**

Lucy Gee, Director, Medical Quality Assurance provided an update on the Multidisciplinary Work Group which consists of 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. The objectives of the work group are to increase awareness about the current status of the opioid crisis, increase knowledge about alternative therapies, increase knowledge about data and information resources, identify strategies, and act as a springboard for further discussion.

**Recommendation:** The Council strongly recommends a multidisciplinary approach to address priorities and preserve a necessary balance between awareness, prevention, treatment, law enforcement, legislative needs, and policy changes. This may be accomplished by establishing a high-level Commission to address substance use disorders, treatment, and prevention in Florida. Furthermore, there was a motion by Senator Rouson and second by Judge Melanie May 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. Motion passed.

**11. Travel Authorization / Reimbursement Procedures – Rebecca Poston, Staff Director** reviewed the procedures for reimbursement through the GoTravel system.

**12. Next Steps**

The next meeting is scheduled October 20, 2017 via conference call to review and approve the annual report.

**13. Meeting Adjourned at 3:30PM.**

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