Statewide Drug Policy Advisory Council

2015 Annual Report

December 1, 2015

Florida Department of Health
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Table of Contents

Introduction

Statutory Authority of the Council

Section 397.333, Florida Statutes, establishes the Council with the purpose of conducting a comprehensive analysis of the problem of substance abuse in Florida and subsequently making recommendations to the Governor and Legislature for development and implementation of a state drug control strategy. It is then the Council's responsibility to coordinate with the public and private sectors to ensure that the development and implementation of the state drug control strategy has incorporated recommendations from a broad spectrum of the public and private sectors.

In creating a statewide strategy, the Council should examine existing substance abuse programs throughout the state through sufficient outcome measures to validate their effectiveness. Additionally, the Council should review the strategies of other states and the federal government to develop a coordinated, integrated and multidisciplinary response to substance abuse.

The Council should bring communities and families together to pool their knowledge and experiences with respect to the problem of substance abuse. For communities, it may involve issues of funding, staffing, training, and neighborhood and parental involvement, and instruction on other issues. For families, it may involve practical strategies for addressing family substance abuse; improving cognitive, communication, and decision making skills; providing parents with techniques for resolving conflicts, communicating, and cultivating meaningful relationships with their children and establishing guidelines for their children; educating families about drug-free programs and activities so they may serve as participants and planners; and other programs of similar instruction. Six of the seven public member positions have been appointed by the Governor. (Appendix I, 2015 Statewide Drug Policy Advisory Council Members).

The Council submits a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1 of each year.

Legal Framework

Marchman and Baker Acts

In 1970, the Florida Legislature enacted Chapter 397, Florida Statutes, governing the Treatment and Rehabilitation of Drug Dependents.[1] The following year, it enacted Chapter 396, Florida Statutes, titled the Myers Act as the state's "Comprehensive Alcoholism Prevention, Control, and Treatment Act," modeled after the federal Hughes Act.[2]

In 1993, Representative Steven Wise introduced legislation to merge Chapters 396 and 397, Florida Statutes, into a single law, Chapter 397, Florida Statutes, that clearly outlined legislative intent, licensure of service providers, client rights, voluntary and involuntary admissions, offender and inmate programs, service coordination, and children's substance abuse services. The chapter was named the "Hal S. Marchman Alcohol and Other Drug Services Act of 1993," and is commonly referred to as the Marchman Act.[3]

During the 2015 legislative session, there was proposed legislation (SB 7070) aimed at making substantive changes that address the Marchman Act and Baker Act, the mental health statute. The proposal addressed the voluntary and involuntary treatment for persons with mental illness and substance use disorders.

In June 2015, the Department of Children and Families (DCF) convened the Baker Act and Marchman Act Project Team (Project Team). The Project Team was charged with developing recommendations and specifications to integrate access to the Baker Act and Marchman Act by defining a community system of behavioral health acute care services that:

1. Provides a single point of access to acute emergency care, intervention, and treatment services;

2. Ensures individuals are determined to meet criteria for voluntary and involuntary examination and treatment for a mental illness or a substance use disorder have access to required services;

3. Ensures each county or circuit has access to a designated receiving facility that, at a minimum, can screen, evaluate, and refer individuals to the appropriate level of care;

4. Ensures individuals, their families, law enforcement agencies, judges and other court professionals, behavioral health professionals, and the public are aware of the locations of designated receiving facilities, access centers, or triage centers;

5. Determines the existing capacity for Addiction Receiving Facilities (ARFs), Crisis Stabilization Units (CSUs), and detoxification facilities;

6. Develops a standard or benchmark for determining the need for additional bed capacity over and above the capacity met through Medicaid, Medicare, and private insurance based on the number of beds per capita; and

7. Estimates the cost of the proposed recommendations based on several different models, or methods of calculation.

The composition of the Project Team included representatives of state agencies, community hospitals, non-profit substance abuse and mental health provider organizations, managing entities, professional trade and provider associations, court professionals and personnel, law enforcement, local government, Medicaid managed care organizations, consumers, and experienced practitioners and administrators from acute care service programs in the substance abuse and mental health system. Stakeholders from these diverse backgrounds participated in meetings conducted over the course of three months and their recommendations will be presented in a final report to be released December 2015.

Emergency Treatment and Recovery Act

In 2015, Governor Rick Scott signed House Bill 751 creating section 381.887, Florida Statutes, establishing the Emergency Treatment and Recovery Act.[4] This legislation authorizes certain health care practitioners to prescribe and dispense an emergency opioid antagonist to a patient or caregiver under certain conditions; authorizes storage, possession, and administration by a patient or caregiver and certain emergency responders; provides immunity from liability; and provides immunity from professional sanctions or disciplinary actions.

Executive Order

On July 9, 2015, Governor Scott issued Executive Order 15-134,[55] highlighting mental health reforms needed across Florida. The Executive Order changed the Departments of Corrections (DOC), Children and Families (DCF) and Juvenile Justice (DJJ) to develop and implement best management practices to positively impact behavioral health services in Florida, including creating a pilot program in Broward County. On September 9, 2015, Governor Scott issued Executive Order 15-175,[6] an addendum to Executive Order 15-134, updating the scope of agencies including Department of Health (DOH) and Agency for Health Care Administration (AHCA). The addendum also expands the pilot program to include Alachua and Pinellas counties.

The Executive Order directs the Secretary of DCF to lead a comprehensive review of local, state, and federally funded behavioral health services and conduct an analysis of how those services are delivered and how well they are integrated with other similar and/or independent services within a community. The goal of this review is to develop a statewide model for a coordinated system of behavioral health care services and a streamlined budgeting process that integrates and tracks behavioral health care spending across multiple funding streams. The Secretary is also directed to provide the Governor with recommendations on how best to meet the behavioral health care needs of Florida citizens through an integrated system of coordinated care.

Summary of 2015 Council Activities

This report was prepared pursuant to section 397.333(4)(b), Florida Statutes, which requires the Council to report a summary of the work performed during the year and recommendations required under subsection (3). The report also includes information from DOH, DCF, AHCA, Florida Department of Law Enforcement (FDLE) Medical Examiners Commission, High Intensity Drug Trafficking Areas (HIDTA) Program and various experts specializing in treatment and prevention. The digital format of the report is available at http://www.floridahealth.gov/provider-and-partner-resources/dpac/reports-and-publications.html.

The Council was charged with reviewing the *Good Governance in Drug Policy* draft[7] and developing a compendium on best practices to determine successful programs; creating a recurring agenda that provides an overarching, evidenced-based system and results based accountability for state drug control policy with goals that are clearly articulated, realistic but aspirational, and has measureable outcomes that reflect a coordinated, integrated, public-private, community-based response to the substance abuse problem in Florida.

Updates were provided to the Council by the FDLE, DCF, and Prescription Drug Monitoring Program (PDMP).

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

The 2015 Annual Report outlines the extent of the substance abuse problem as it exists today and highlights the accomplishments of existing state programs regarding substance abuse, prevention, treatment, supply reduction and market disruption. Further, the report provides

recommendations to reduce the supply of and demand for drugs, to broaden prevention efforts, to expand treatment and identify innovative options to fund Council-supported projects.

The Extent of the Problem

The Florida Youth Substance Abuse 2015 Survey[8]

In 1999, the Florida Legislature recommended the establishment of a multi-agency-directed, county-level, statewide substance abuse survey of Florida middle and high schoolers. The Florida Youth Substance Abuse Survey (FYSAS) is an annual survey designed to assess the current prevalence of problem behaviors such as alcohol, tobacco and other drug (ATOD) use. In 2015, the Departments of Children and Families, Health, Education, and Juvenile Justice collaborated to administer the Florida Youth Tobacco Survey and the FYSAS. This high level of interagency collaboration is significant, and has become known as the "Florida Model" for other states to follow in planning and implementing their own surveys.

The sixteenth annual administration of the FYSAS was completed in the spring of 2015. The Florida Departments of Children and Families, Health, Education, and Juvenile Justice worked together to ensure the success of this project. The survey can be used to determine the level of risk and protective factors faced by Florida's youth and correlate those levels to use.

The FYSAS was administered to 11,577 students in grades six through twelve. Across Florida, 89 middle schools and 78 high schools supported the FYSAS by providing access to their students. The results of this survey effort provides a valuable source of information to help reduce and prevent the use of ATOD by school-aged youth.[9]

Key Survey Results

1. Florida students reported dramatic reductions in alcohol and cigarette use. Between 2004 and 2015, the prevalence of past-30-day alcohol use declined by over 12 percent, binge drinking declined by over 7 percent, and past-30-day cigarette use declined by 7 percent.

2. While not as pronounced as for alcohol and cigarettes, Florida students reported long-term reductions in the use of illicit drugs other than marijuana. Past-30-day use of any illicit drug other than marijuana dropped from 10.6 percent in 2004 to 6.8 percent in 2015.

3. Despite reductions in use for nearly all substance categories, marijuana use among Florida students has remained fairly constant over time. Accompanying this counter trend, nearly one out of four high school students reported riding in a car driven by someone who had been smoking marijuana, and about one in ten reported driving after marijuana use.

4. Past-30-day rates of use for substances other than alcohol, cigarettes, and marijuana are very low, ranging from 1.8 percent for prescription pain reliever use to 0.1 percent for steroid use.

5. Overall alcohol use is down, but high-risk drinking behavior is still common. Nearly one in five high school students reported having blacked out after drinking. Also, about one in five high school students reported riding in a car driven by someone who had been drinking.

6. Florida students reported long-term reductions in other antisocial behaviors. For example, between 2004 and 2015, past 12-month prevalence rates for attacking someone with intent to harm and getting suspended declined by 6.2 and 5.4 percent, respectively.

An electronic version of this report as well as previous FYSAS reports can be accessed at: http://www.myflfamilies.com/service-programs/substance-abuse/fysas.

The Florida Youth Tobacco Survey[10]

DOH's Florida Youth Tobacco Survey (FYTS) was administered in the spring of 2015. Participants included 5,877 middle school students and 6,443 high school students in 174 public schools throughout the state. The overall survey response rate for middle schools was 81 percent, and the overall survey response rate for high schools was 74 percent. The FYTS has been conducted annually since 1998.

Statistics indicate that Florida is winning the war against teen cigarette smoking. According to the survey, only 8.5 percent of middle-schoolers and 22.9 percent of high-schoolers have ever tried a cigarette. Those are both at all-time lows since the survey began in 1998. That year the rates were an astounding 43.6 percent for middle-schoolers and 68.1 percent for high-schoolers. Just two percent of Florida middle-schoolers are "current cigarette smokers," as are 6.9 percent of high-schoolers.

Frequent cigarette smoking youth are now almost extinct in the state, with just 0.6 percent of middle-schoolers and 2.5 percent of high-schoolers having smoked more than 20 cigarettes in the past 30 days at the time of the survey. That is down from 5.4 percent of middle-schoolers and 13.3 percent of high-schoolers in 1998.

However, in the past couple of years it appears that declines in rates of traditional cigarette smoking have more to do with the emergence of e-cigarette alternatives.[11] 37.6 percent of high schoolers and 14.7 percent of middle schoolers have tried e-cigarettes at least once. That is a large jump even since last year when the rates were 20.5 percent of high-schoolers and 8.5 percent of middle-schoolers. 15.8 percent of high-schoolers are considered current e-smokers and about 2.9 percent are frequent smokers, which means for the first time even more high-schoolers in Florida are regularly smoking e-cigarettes than regular cigarettes.

Prescription Drug Monitoring Program[12]

Evidence continues to validate Florida's PDMP as effective in improving clinical decision-making, reducing multiple provider episodes and diversion of controlled substances, and assisting in other efforts to curb the prescription drug abuse epidemic. The effectiveness of Florida's PDMP is reflected in a significant increase in registration (16.9 percent) and utilization (99.3 percent), resulting in a 65 percent decrease in multiple provider episodes, 34.2 percent decrease in morphine milligram equivalents prescribed, and 12 percent reduction in oxycodone overdose deaths.

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

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

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

Prescription Drug Monitoring Program, Registration and Utilization data retrieved on September 30, 2015.[13]

There are 7,359,995 unique patients in Florida who were dispensed one or more controlled substances between October 1, 2014 and September 30, 2015, an 11.6 percent increase from the prior year. In the current reporting period, 63,886 in-state prescribers issued 36,491,586 prescriptions to Florida residents or approximately 571.2 prescriptions per prescriber. In this reporting period, approximately 5.0 prescriptions were filled per patient compared to 5.2 in the last reporting period, a 4.8 percent reduction.

After ranking prescribing rates per 1,000 population by quartiles, variation by geographic area and drug class is clear. For example, Miami-Dade County is one the highest prescribing areas for benzodiazepines but one of the lowest areas for opioids. Other counties with divergent rates by drug class can be seen on the maps in Figure 1 below. Clusters of counties with high and low rates can also be observed. For example, Walton, Holmes, Washington, and Bay in the panhandle region are among the highest in prescribing of all the three drug classes analyzed. A cluster of Gulf counties with high rates of opioid prescribing in the north central region is also apparent.

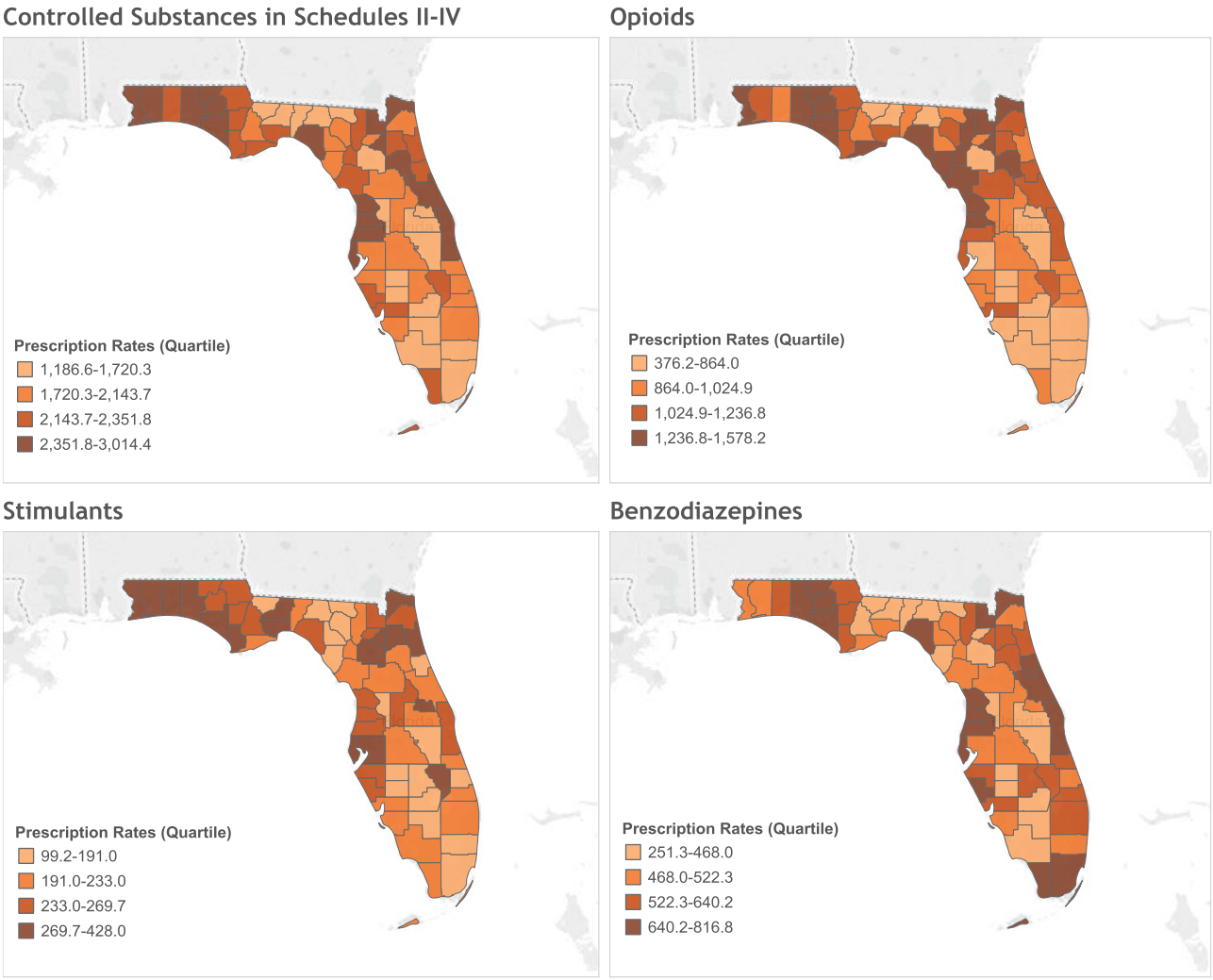

Figure 1. Prescription rate per 1,000 county residents for all controlled substance prescriptions in schedules II through IV, opioids, stimulants, and benzodiazepines, 2014-2015.

Hydrocodone with acetaminophen, alprazolam, and tramadol are ranked the top three most commonly dispensed controlled substances in Florida, representing 34.5 percent of the total controlled substances dispensed. Drugs with the largest year-to-year decreases in dispensing were hydrocodone-acetaminophen (-14.5 percent) and zolpidem (-5.5 percent). Reductions in hydrocodone-acetaminophen dispensing may be a result of the rescheduling of hydrocodone combination products from schedule III to schedule II.

All states, except Missouri, have enacted laws and implemented prescription monitoring programs to serve as an integral part of patient and public safety solutions addressing the national prescription drug epidemic.[14] According to the National Alliance for Model State Drug Laws (NAMSDL) Florida, Georgia, Nebraska, and Missouri are the only states that do not share their data with other state PDMPs. As of December 2014, eighteen states share data with other PDMPs, eight states share data with authorized users in other states and eighteen states share data with both.[15]

Looking forward, it is apparent that policy will play an important role in the utilization and sustainability of these programs. States are considering policy changes that address reporting

more frequently, authorizing designees for health care professionals, mandating registration and use, sending proactive alerts, integrating data into the clinical work flow, and long-term funding.[16]

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

FDLE Medical Examiners Commission Drug Report

The Medical Examiners Commission's 2014 *Report of Drugs Identified in Deceased Persons* provides information regarding drug-related deaths in Florida. For a death to be considered "drug-related," there must be at least one drug identified in the decedent, which is a drug occurrence. In 2014, 187,942 deaths were reported by the state of Florida's Bureau of Vital Statistics, of which 23,228 were investigated by the state's medical examiners. Toxicology results determined that drugs were present at the time of death in 8,587 deaths, 4,774 of which involved prescription drugs.

The medical examiners were asked to distinguish between the drugs being a "cause" of death or merely "present" in the body at the time of death. A drug is only indicated as the cause of death when, after examining all evidence and the autopsy and toxicology results, the medical examiner determines the drug played a causal role in the death. Therefore, the number of drug occurrences exceeds the number of decedents because multiple drugs, including alcohol, may be identified in the same person.

According to the report, cocaine caused the most drug overdose deaths in Florida in 2014, with 720 deaths. A cocaine-related death is defined as a death in which cocaine is detected in the decedent and may or may not be considered the cause of death. Cocaine deaths statewide have seen a steady decline since 2007 when there were close to 2000 deaths, however, cocaine problems in South Florida continued to be at the highest rates in the Nation.

Xanax® (alprazolam) and methadone-caused mortality rates declined over the same period by 45 percent and 57 percent, respectively. From 2013 to 2014, alprazolam-caused mortality increased slightly from 2.6 per 100,000 to 2.9 per 100,000. Hydrocodone-caused deaths remained stable from 2010 to 2014. Morphine-caused mortality rates have increased from 1.4 to 3.5 per 100,000 (a 155 percent increase) and the number of heroin-caused deaths increased from 48 to 408 (0.25 to 2.05 per 100,000 population**, a 705 percent increase**). Figure 2 illustrates from 2010 to 2014, the rate of oxycodone-caused mortality declined from 8.0 to 2.4 per 100,000 population (a 70 percent decrease).

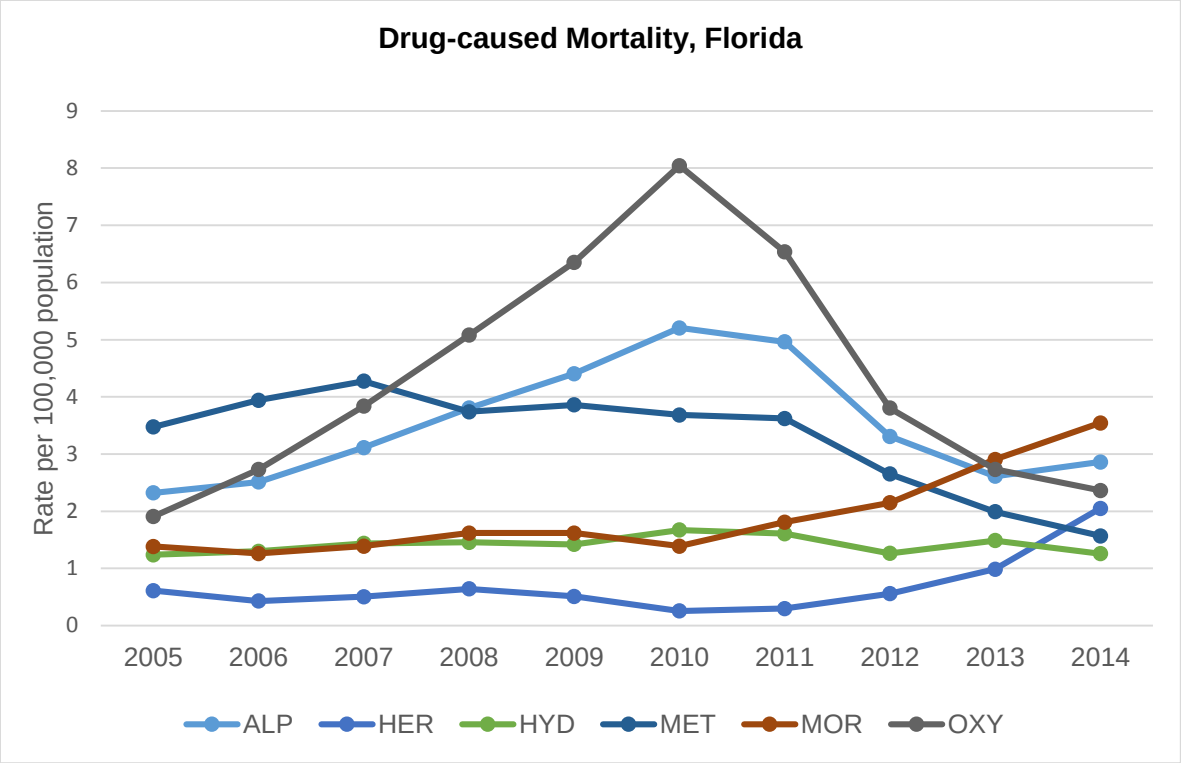

Figure 2. Mortality rate per 100,000 population for licit and illicit drugs from 2005-2014.

However, most startling was the drastic increase in heroin-related deaths statewide. Data in the report reflect a dramatic increase in the number of fatalities attributed to the drug, which has seen a resurgence statewide and nationally following a crackdown on the prescription drug abuse epidemic. There were 50 heroin-related deaths in 2010 and 447 in 2014, a nearly nine fold increase. The last time the death rate due to heroin overdose was this high was in 2003, when there were 230 deaths. That was about the time the state's prescription drug crisis began to take hold. As state authorities have cracked down on pill mills and doctor shopping, that trend appears to be reversing.

According to AHCA, the number of discharges from Florida hospitals due to poisoning by pharmaceutical opioids reached their peak in 2011 at 956 discharges (Figure 3). A rise in the number of discharges due to heroin poisoning is apparent in recent years. In 2014, there were 360 discharges for heroin poisoning, that is higher than any other year in the analysis. Discharges as a result of poisoning by benzodiazepine based tranquilizers reached their peak in 2001 at 1105.

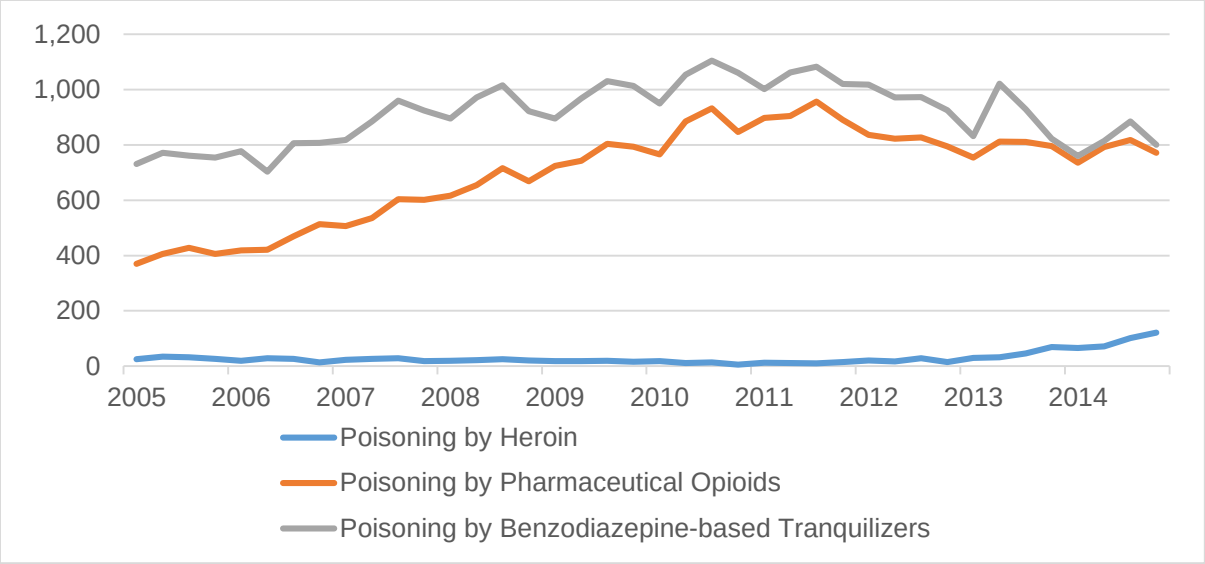

Figure 3. Hospital discharges for overdose in Florida, by substance, Florida Agency for Health Care Administration, 2005-2014.

Heroin Is Making a Comeback

The state, along with the nation, has seen a dramatic increase in the number of deaths related to heroin use. As previously mentioned in the Medical Examiners report, Florida had approximately 447 heroin related deaths last year, which was an all-time high, and more than double the previous year. (199 deaths)

The street drug's resurgence can be partly attributed to the state's successful efforts to shut down doctors' offices where pain relievers were heavily prescribed. In June 2011, Governor Rick Scott signed the "anti-pill mill" bill, House Bill 7095,that toughened criminal and administrative penalties for doctors and clinics distributing opioids through a combination of dispensing bans and aggressive regulatory actions to close pill mills .[17] Law enforcement and treatment providers point to the shutdown of the so-called "pill mills" as the impetus to so many addicts turning to heroin. As individuals sought out cheaper alternatives, heroin has been in higher demand. Heroin can currently be purchased for around $10 per dose, while prescription pain relievers sell for closer to $20 to $25 per pill. As a result, heroin availability in Florida is particularly high and especially cheap.

An additional problem is that many dealers are mixing heroin with fentanyl, a powerful opioid medication often used to treat chronic pain.[18] Heroin dealers are using the drug to enhance its effects, as well as increase their profit. This powerful drug not only makes the combination of heroin and fentanyl more potent, but also more addictive. The powerful opioid is colorless and odorless, making it nearly impossible for the average user to detect. Therefore, many users do not know that the drugs have been combined or "laced," nor the subsequent potency, thus resulting in a considerable increase in overdoses.

This growing problem is most pronounced in Manatee County (10 to 15 deaths per 100,000), followed by Orange County (5 to 10 deaths per 100,000) where they have seen a skyrocketing rate of overdoses related to heroin.[19] As these numbers continue to rise, counties are coping with dramatically increased expenses associated with tackling this epidemic. The crisis is

predominantly putting a strain on community agencies from law enforcement to treatment centers. Hospitals are seeing a marked increase in patients being admitted for overdose symptoms.

The Rise in Synthetic Drugs

While the state has seen encouraging trends in more traditional substances, there has been a significant increase in the use of synthetic drugs. Also called "new" or "novel psychoactive substances," synthetic drugs are chemical compounds designed to mimic or modify the effects of more established illicit drugs such as heroin, crystal meth and marijuana. Spice, for example, is a synthetic cannabinoid, a synthetic marijuana product designed to mirror the effects of THC.[20] Bath salts are synthetic cathinones, or amphetamines that also may induce delusions. Molly, meanwhile, is sold as a substitute for the synthetic designer club drug MDMA, or Ecstasy.

The main challenge for law enforcement is the manner in which these illegal substances are trafficked and distributed. According to the U.S. Drug Enforcement Administration, most wholesale quantities of the drugs are bought online and shipped from distributors in China and Mexico. Unlike the drugs that they mimic, synthetics are made from shifting the array of compounds that approximate the highs of more traditional substances but vary in intensity and unpredictability. Drug formulas are constantly tweaked according to ingredient availability and to stay a step ahead of law enforcement.

Policing synthetics can be complicated when one supplier is caught or a particular formula is banned, other suppliers simply change an element or two in the banned substance to create a new "legal" compound with similar effects. Putting a moratorium on synthetic compounds is not an option, as doing so could prevent the creation of substances that could be beneficial.

To keep laws current with this drug trend, Florida state agencies and the Legislature filed legislation in the last several years to modify the class schedules. In 2011, 2012 and 2013, numerous synthetic substances were added to Schedule I of Florida's controlled substances schedules. In 2014, Governor Rick Scott signed House Bill 697 that added six additional substances to Florida's drug crime laws and added three extremely lethal synthetic compounds to the trafficking statute. [21] Since then, most candy-like packages of herbal incense and psychoactive bath salts have disappeared from the shelves of gas stations and convenience stores.

Flakka Becomes Popular Drug

Flakka is the latest in a series of synthetic drugs that include Ecstasy and bath salts, with some officials even referring to the drug as a "cousin" to bath salt. Flakka's active ingredient is a chemical compound called alpha-PVP, which is on the U.S. Drug Enforcement Administration's list of the controlled substances most likely to be abused, with no medical use.[22] The drug has predominantly been manufactured in China, Pakistan and India, where it is a legal chemical compound and then made available online for as little as $3-5 for a dose. The drug can be injected, snorted, smoked or swallowed; users have been characterized as possessing an "excited delirium."[23] Highly potent and addictive, it can cause heart palpitations, violent behavior, as well as unusual strength that poses a serious problem when attempting to subdue or restrain the user. As a result of these challenges and risks, many treatment experts and clinicians are not sure exactly how to treat those addicted to the drug.

Broward County, where hospitals are reporting two to three admissions for Flakka each day, has become the epicenter for the drug. According to recent police reports there has been a 45 percent increase of Flakka-related events since its first appearance in 2013. Since the onset of the Flakka epidemic, the Broward Police Department has been educating the local community on the adverse effects of Flakka, the health risks of using the substance and the dangers revolving around the people who use the substance.[24]

To combat this serious problem, the county established a Flakka task force to initiate an integrated collaborative community approach to assess where the community was in addressing the deadly street drug and to unify their outreach efforts to key community stakeholders. The task force developed an action plan through a methodical process of assessment and strategy. They collected information on available resources and planned activities to address the rise of synthetic drug use in Broward County.[25] The results of the assessment were then analyzed to identify gaps in outreach services and to identify the needs in the community in a unified plan. Broward County Sheriff's Office created a calendar of outreach events to inform and educate the community and to prevent further harm from Flakka.

Stopping Use Before It Starts

Drug Prevention Programs

Nancy Reagan and the Parent Movement, with Florida at the forefront; brought drug use to the attention of the American public. Between 1978 and 1991 drug use dropped by 50 percent: the Substance Abuse and Mental Health Services Administration (SAMHSA) recognized the parent movement as a significant force contributing to this achievement. In the 1980s Florida's prevention initiatives focused on the Parent Movement, the Red Ribbon drug prevention programs, and school-based education programs. Early prevention efforts through drug education regarding the risks and harms that are posed through drug use have had considerable success. Red Ribbon Certified Schools is designated a practice to science promising program by SAMSHA. Schools applying for certification are evaluated in four areas: school environment, scientific principles, parent recruitment, and operation of a year-round Red Ribbon initiative.

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

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

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

Prevention Successes

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

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

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

The key areas of success in prevention include:

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

Healing and Rehabilitation

Treatment/Management of Substance Use Disorders

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

Addiction, similar to other chronic health conditions, is an illness requiring a continuum of care. Like these diseases, a single course of treatment is unlikely to result in a complete and permanent cure. Individuals with addiction may require multiple courses of treatment to stabilize their condition. A major review of 600 peer reviewed research articles show conclusively that addiction treatment is very effective and works as well as other medical treatments for chronic diseases.[26]

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

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

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

Recovery Residences

Recovery residences, also called sober homes, provide a living environment free from alcohol and drug use to assist an individual's recovery from alcohol and drug addiction. Recovery residences are utilized by individuals who are seeking a substance-free living environment to support their own recovery path. These facilities may also provide supportive housing for individuals in Intensive Outpatient Programs.

Because of the tremendous demand for this housing service, many communities have been overwhelmed by the number of sober homes that have emerged within their neighborhoods. While some city officials claim that thousands of these homes have opened across the state, the data is unreliable because the state has no means of tracking sober homes.

This year, Governor Rick Scott signed House Bill 21 that requires the DCF to approve at least one credentialing entity by December 1, 2015, for the development and administration of a voluntary certification program for recovery residences and a certification program for recovery resident administrators.[27] The goal is to promote recovery residence accountability while staying within the parameters of the Fair Housing Act and discrimination laws.

The new law ensures recovery residences that choose to pursue certification will meet national standards that define best practice for recovery residences. Certification also will ensure that procedures for consumer protection are in place. The bill provides state oversight to ensure that some of the most vulnerable Florida residents are protected and have a safe environment while in recovery. The credentialing entity or entities must establish procedures for the certification of recovery residences and recovery residence administrators. DCF is required to publish a list of all certified recovery residences and recovery residence administrators on its website. Additionally the legislation states that after July 1, 2016, licensed substance abuse treatment providers under Chapter 397, Florida Statutes, can only refer patients to a certified recovery residence.

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a condition experienced by infants exposed to opioid prescription or illicit drugs during the prenatal period.[28] The most common opiate drugs associated with NAS are heroin, codeine, oxycodone, and methadone. The infant may experience several withdrawal symptoms not limited to high-pitched crying, irritability, seizures and feeding difficulties. As the prescription drug abuse epidemic grew, the rate of infants born with NAS also increased.[29]

From 2011 to 2013, DOH reports there were 636,128 live births in Florida. [30] Of these infants, 4,365 were identified with a diagnosis of NAS and linked to a Florida birth certificate record. Figure 5 reflects overall prevalence for NAS was 68.6 per 10,000 live births. Prevalence rates for NAS slightly increased from 66.7 per 10,000 live births in 2011 to 69.2 per 10,000 live births in 2013.

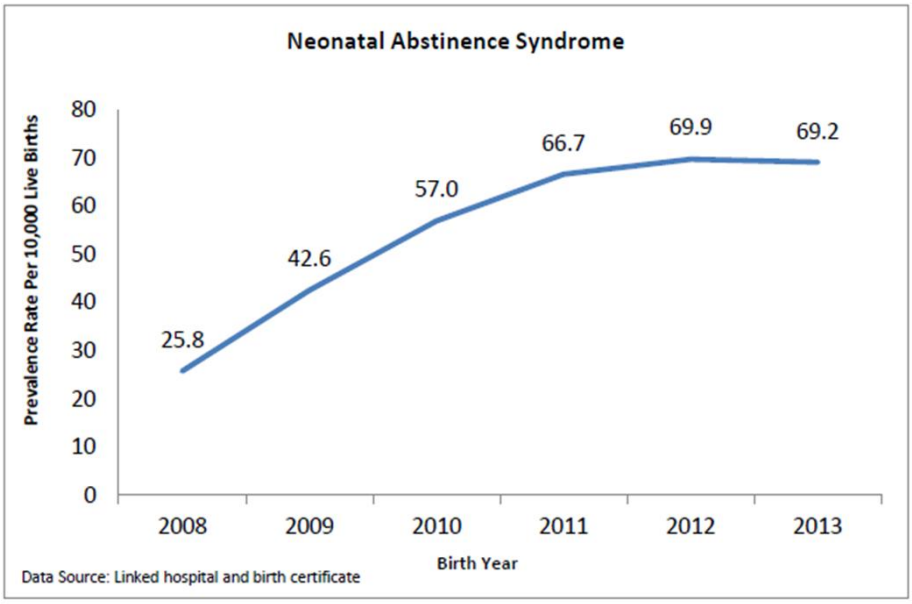

Figure 5. Department of Health, Neonatal Abstinence Syndrome Data Summary 2008-2013.

In 2013, the Florida Legislature convened the Statewide Task Force on Prescription Drug Abuse and Newborns to better understand the magnitude of the NAS epidemic, evaluate strategies, and develop policies to curtail the problem. Two key elements of the Task Force's efforts focused on maintaining and expanding the "Born Drug-Free Florida" prevention campaign, and securing $8.9 million in non-recurring funding in 2013 for treating pregnant women and mothers with children. Starting in 2014, this specialized treatment funding was subsequently boosted to $10 million and made a recurring line item thanks to the leadership of Senator Joe Negron and Attorney General Pam Bondi. Other Task Force recommendations ranged from improving medical training for detecting NAS, improving psychotherapeutic care and adding NAS to the list of Reportable Diseases and Events to gather more accurate data.[31] In 2014, the Task Force was sunset.

In addition to the efforts of the NAS Task Force, DOH contracts with 32 Healthy Start Coalitions (HSCs) across the state to assess prenatal and infant health care needs. The HSCs provide screening, education and care coordination services for substance abusing pregnant women,

and substance exposed newborns. The HSCs collaborate with many local agencies and partners in forming interagency agreements to ensure coordinated, multi-agency assessment of and intervention for the health, safety, and service needs of women who abuse alcohol or other drugs during pregnancy, and of substance exposed children up to age three.

Florida Drug Courts

Florida started the national drug court movement in 1989 by creating the first drug court in the United States in Miami-Dade County. The drug court concept was developed in Dade County (Miami, Florida) stemming from a federal mandate to reduce the inmate population or suffer the loss of federal funding. The Supreme Court of Florida determined that a large majority of criminal inmates had been incarcerated because of drug charges and were revolving back through the criminal justice system because of underlying problems of drug addiction. It was decided that the delivery of treatment services needed to be coupled with the criminal justice system and the need for strong judicial leadership and partnerships to bring treatment services and the criminal justice system together. Ultimately, the model for treatment-based drug courts was born.

In the years since Florida pioneered the drug court concept, numerous studies have confirmed that drug courts significantly reduce crime, provide better treatment outcomes, and produce better cost benefits than other criminal justice strategies. Last year, the Office of Program Policy Analysis and Government Accountability (OPPAGA) released an outcome and cost study of the program entitled*: Expansion Drug Courts Can Produce Positive Outcomes Through Prison Diversion and Reduced Recidivism.* The full report is available at http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1402rpt.pdf

Among the key findings from the OPPAGA Report are:

- The estimated cost savings through diversion if 100 percent of offenders were prison-bound is $7.6 million;
- Diverting prison-bound offenders to drug courts may also produce cost savings through reduced recidivism;
- The estimated annual savings through reduced recidivism is about $500,000;
- The average completion rate statewide is 53 percent. Drug court completion rates varied, affected by the availability and use of residential treatment and judicial interaction;
- When compared to similar offenders, successful drug court completers had fewer felony convictions (9 percent drug court completers vs. 19 percent comparison group);
- When compared to similar offenders, successful drug court completers had fewer prison sentences (2 percent drug court completers vs. 9 percent comparison group).

According to Florida Drug Courts' Quick Facts,[32] as of March 2015, Florida has 95 drug courts in operation, including 45 adult felony, 6 adult misdemeanor, 24 juvenile, 16 family dependency, and 4 DUI courts. There were almost 7,800 admissions into Florida's drug courts in 2014. In 2014, there were more than 221 children reunited with their parents in Florida due to dependency drug courts. In 2014, there were more than 114 drug-free babies born to female participants while in drug court.

Harm Reduction: Use of Opioid Antagonists in Opioid Drug Overdose Treatment

Deaths from drug overdose have more than doubled from 1999 through 2013 and have now become the leading cause of accidental death in the United States.[33] In October 2010, a national advocacy and capacity-building organization surveyed 50 programs known to distribute opioid antagonists in the United States to collect data on various issues including overdose reversals.[34] Forty-eight programs responded to the survey and reported distributing opioid antagonists to 53,032 persons and receiving reports of 10,171 overdose reversals. Based upon these findings, the report concluded that providing opioid overdose education and opioid antagonists to persons who use drugs and to persons who might be present at an opioid overdose can help reduce opioid overdose mortality. In 2013, there were 43,982 drug overdose deaths in the United States of which 22,767 (51.8 percent) were related to pharmaceuticals. The majority of the pharmaceutical related deaths, 16,235 (71.3 percent), involved opioid analgesic drugs (opioids), which are narcotic pain relievers derived from the opium poppy, or its synthetic analogues.

Opioid antagonists, such as naloxone, naltrexone and buprenorphine have proven successful in reversing some opioid-related drug overdoses when administered in a timely manner. An opioid antagonist is a drug that blocks the effects of exogenously administered opioids and are used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.[35] This occurs because opioid antagonists create a stronger bond with opioid receptors than opioids. This forces the opioids from the opioid receptors and allows the transmission of signals for respiration to resume.[36]

Standing orders, which are common in medical practice, allow physicians or other prescribers to authorize the provision of naloxone to any person who meets criteria specified by the prescriber. Standing orders and layperson distribution will encourage naloxone distribution to law enforcement agents, drug treatment centers, and community-based organizations that are likely to reach out-of-care individuals at high risk of overdose. As of September 2015, 29 states permit standing orders for naloxone.[37]

The Florida Emergency Medical Service Tracking and Reporting System (EMSTARS)[38] contains almost 15 million prehospital incident patient records submitted by EMS agencies. In 2014, 57 percent (157 of 274) of all EMS agencies licensed in Florida submitted 74 percent of the normal EMS records to EMSTARS. Reporting to EMSTARS is voluntary and the number of EMS agencies reporting increases each year, growing the total record volume and more accurately representing; with an increasing number of submitting agencies enrolling each year, the record volume grows in size and in robust representation of EMS practice in Florida. There has been a 128 percent increase in the number of patient records submitted by EMS agencies from 1,120,929 in 2009 to 2,552,250 in 2014.

Figure 4 below analyzes incident patient records from 2009 through 2014 for 9-1-1/scene response incidents where a patient was found on the scene. 94,124 had a primary impression of overdose or drug poisoning. There were 72,407 unique patient incidents that involved administration of naloxone. Where naloxone was administered, the primary impression was altered level of consciousness (39 percent), poisoning/drug ingestion (17 percent), cardiac arrest (13 percent) and other primary impressions (31 percent). Where the primary impression was poisoning or drug ingestion, administration of naloxone was recorded 17 percent of the

time, the medication was “not recorded” 49 percent of the time, and no medication record was entered for 34 percent.

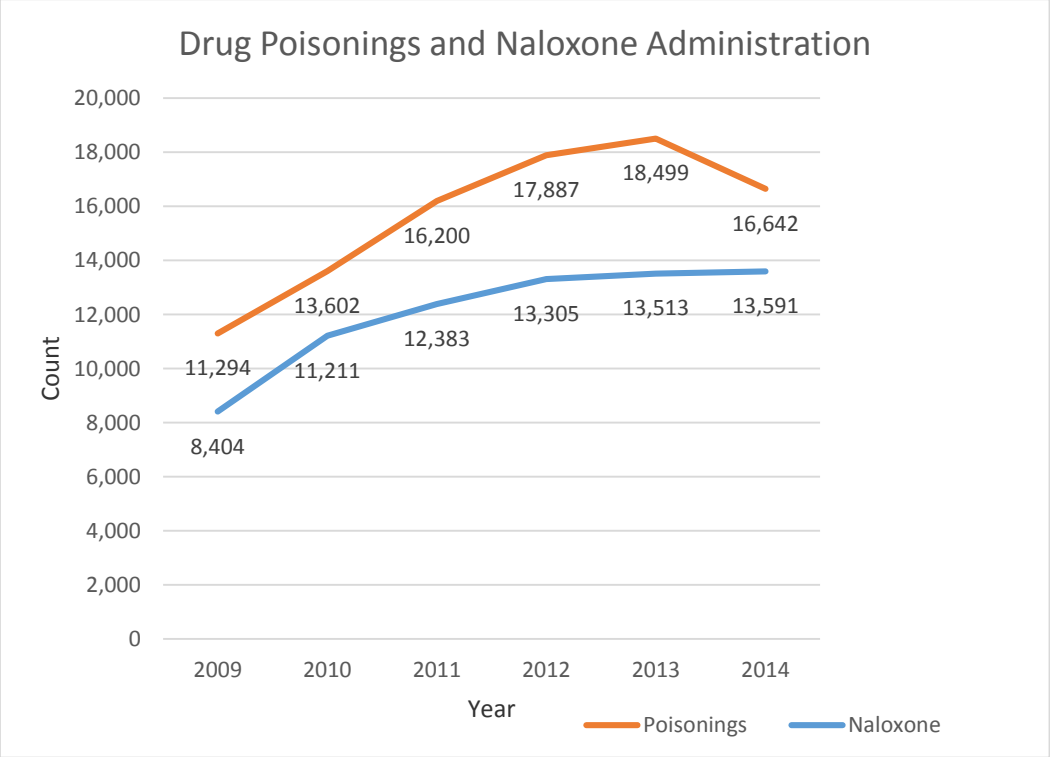

Figure 4. Number of Drug Poisonings and Naloxone Administration, Department of Health, 2009-2014.

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

Supply Reduction and Market Disruption

Online Availability of Synthetic Drugs

The ability of law enforcement to interrupt the influx of illegal substances into the state has been greatly impacted by the ability of users to access drugs on the Internet. Online availability of synthetic drugs is rampant and difficult to interrupt. This type of “point and click” drug trafficking is making it difficult for law enforcement to intercept the flow of these drugs. Websites offer a wide selection of illegal narcotics for buyers that provide easy access to these drugs. For example, on the Chinese website, www.guidechem.com, law enforcement authorities found more than 150 Chinese companies selling the synthetic drug “Flakka.”

This new synthetic drug trade, has created a globalized marketplace for large volumes of ever-changing substances that are too new to be banned internationally, leaving law enforcement in America and elsewhere struggling to slow the influx of the drugs. Due to lax exportation laws

and the constant re-categorization of chemical compounds, authorities must now be more innovative than ever to keep up with the evolving challenges facing their efforts to disrupt the global supply chain for synthetic drugs.

High Intensity Drug Trafficking Areas[39]

The HIDTA program was created by Congress with the Anti-Drug Abuse Act of 1988, and was designed to provide assistance to federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. There are currently 28 HIDTAs that serve designated counties located in 46 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The DEA plays a very active role and has 589 authorized special agent positions dedicated to the program. At the local level, the HIDTAs are directed and guided by Executive Boards composed of an equal number of regional federal and non-federal (state, local, and tribal) law enforcement leaders.

The purpose of the HIDTA program is to reduce drug trafficking and production in the United States by sharing information and implementing coordinated enforcement activities among federal, state, local, and tribal law enforcement agencies. By providing reliable intelligence to law enforcement agencies their strategies can make better use of available resources to reduce the supply of illegal drugs in designated areas of the United States and in the Nation as a whole.

Currently in Florida, three HIDTAs serve a total of 22 counties designated as high intensity drug areas. These regional task forces attempt to disrupt and dismantle drug trafficking organizations (DTOs) responsible for the importation, manufacture and distribution of the most prevalent drugs. They target these drug markets by circumventing their smuggling efforts that are achieved through air, land and sea transportation systems.

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

Recommendations

Drug abuse affects every sector of Florida society. Drug abuse drains the state's economic resources, impacts health care, reduces productivity in the workplace and strains the criminal justice system and endangers the lives all Floridians. The Council serves as a leader and catalyst for improving the health and safety of all Floridians by promoting strategic approaches and collaboration to reduce drug use and related crime. The Council recommends the following strategies to reduce the demand for drugs, reduce the supply of drugs, broaden prevention efforts and expand treatment options.

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

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

- Adopting statewide methamphetamine cleanup protocols, to include a standard process for assessing responsibility for cleanup costs as well as promulgating environmental remediation standards.(2014)
- Increasing utilization and registration of Florida's Prescription Drug Monitoring Program by active health care professionals by 50 percent. (2014, 2015)

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

- Working to reduce the number of Florida middle and high school students who have tried any illicit drug by 3 percent. (2013, 2014)
- Implementing the sober home certification program. (2014)
- Working to reduce NAS in Florida by at least 10 percent from the baseline number of 1,630 estimated in CY 2012. (2014)
- Expanding programs and initiatives that reduce the incidence of heroin overdose-related fatalities.(2014)

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

- Expanding public health surveillance and reporting specific trends such as hepatitis C and injection drug use to the public and policy makers. (2015)
- Creating a pilot syringe access program to prevent the spread of infectious disease and link individuals to addiction treatment. (2015)
- Expanding local services through public-private partnerships. (2015)

To expand treatment, the Drug Policy Advisory Council supports:

- Providing residential substance abuse treatment services to offenders on felony supervision who have been court-ordered to residential treatment. (2013)
- Expanding access to naloxone by modifying section 381.887, Florida Statutes, to explicitly authorize standing orders for naloxone distribution and permit laypersons to distribute naloxone pursuant to standing orders. (2015)
- Improving access to medication assisted treatment (2015)
- Establishing a coordinated access process for acute care services. (2015)
- Developing strategies to strengthen linkages between emergency departments and treatment providers, federally qualified health centers, and primary care providers. (2015)
- Expanding treatment availability and capacity. (2015)

Appendix I

2015 Statewide Drug Policy Advisory Council Members

Surgeon General John Armstrong, MD, FACS (Designee: Dr. Jennifer Bencie)

Attorney General Pam Bondi (Designee: LTC Andy Benard)

Commissioner Rick Swearingen, Department of Law Enforcement (Designee: Mark Baker)

Secretary Mike Carroll, Department of Children and Families (Designee: Jeff Cece)

Secretary Christy Daly, Department of Juvenile Justice (Designee: Dr. Gayle Sumner)

Secretary Julie Jones, Department of Corrections (Designee: Patrick Mahoney)

Commissioner Pam Stewart, Department of Education (Designee: Angela Rivers)

Executive Director Terry Rhodes, Department of Highway Safety and Motor Vehicles (Designee: Colonel Gene Spaulding)

Major General Michael A. Calhoun, Department of Military Affairs (Designee: Colonel William Beiswenger)

Cynthia Kelly, Office of Planning and Budgeting (Designee: Patricia Nelson)

Honorable Melanie May, Chief Judge, Fourth District Court of Appeal, Florida Supreme Court Appointee

Honorable Eleanor Sobel, Senate President Appointee

Honorable Cary Pigman, Speaker of the House Appointee

Governor Appointments:

Mark P. Fontaine, Tallahassee, Executive Director of the Florida Alcohol and Drug Abuse Association, reappointed for a term beginning October 30, 2015 and ending September 6, 2019, expertise in substance abuse treatment.

Kimberly K. Spence, Panama City, Chief Executive Officer of Keaton Corrections, Inc., appointed for a term October 30, 2015 and September 6, 2019, expertise in drug enforcement.

Peggy Sapp, President, Miami, Chief Executive Officer, Informed Families, appointed for a term September 18, 2015 and ending September 6, 2017 expertise in substance abuse prevention.

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

Dotti Groover-Skipper, Salvation Army, Tampa, appointed for a term September 18, 2015 and ending September 6, 2017, expertise in faith-based substance abuse treatment.

Douglas Leonardo, Baycare Behavioral Health, New Port Richey, appointed for a term beginning September 18, 2015 and ending September 6, 2017, expertise in drug enforcement and substance abuse services.

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

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