



**ATTORNEY GENERAL'S
OPIOID WORKING GROUP**

**FLORIDA'S OPIOID EPIDEMIC:
RECOMMENDATIONS & BEST PRACTICES**

MARCH 1, 2019

Table of Contents

Chairman’s letter.....	4
March 1, 2019.....	4
Executive Summary.....	5
Historical Overview of the Opioid Crisis.....	7
Federal Funding and Programs.....	8
PREVENTION & EDUCATION.....	9
Public Education.....	10
Medical Education.....	11
Emergency Responder Education.....	12
State Attorneys & Public Defenders Offices.....	12
Recommended Legislative Action.....	13
ENFORCEMENT.....	14
Law Enforcement.....	14
Judiciary.....	14
Probation and Parole.....	15
TREATMENT.....	15
9-1-1/ Emergency response to overdoses.....	15
Screening Tools.....	15
Emergency Department (ED) Treatment.....	16
Inmate/Incarceration Treatment.....	17
Outpatient Treatment.....	18
Using Telemedicine to Combat the Opioid Epidemic.....	20
CONCLUSION.....	20
REFERENCES.....	21

Opioid Working Group Members

Dennis M. Lemma, Sheriff (Chairman)
Michael Adkinson, Sheriff
Dave Aronberg, State Attorney
Lisa Carlton, Senator
Steve Collins, Director
Darryl Daniels, Sheriff
James Dicks, CEO
Rachel Pappert Docekal, MBA, ED.D
Tommy Ford, Sheriff
Andy Gardiner, Senior Vice President & Senator (Ret.)
Greg Graham, Chief
Stacy Gromatski, President / CEO
William Gulliford, Councilman
Brian Haas, State Attorney
Allison Hill, President & CEO,
Julie Chaikin Hogan, Attorney
James Hurley, Chief
Tom Knight, Sheriff
Samantha Kolb, Director
Al Lamberti, Sheriff (Ret.)
Shannon MacGillis, Attorney
Mary Olsen, Interim Chief
Dionne Polite, Manager
Dr. Teresa Rawe, DO
Orlando Rolón, Chief
Dr. Mark Rubenstein, M.D., P.A.
Laurie Serra, President
Dr. Josef G. Thundiyil, MD

Chairman's letter

March 1, 2019

Attorney General Ashley Moody
Florida Attorney General
400 South Monroe Street
Tallahassee, FL 32399

Dear Attorney General Ashley Moody,

Our country has been plagued by tragedy stemming from opioid addiction and abuse, and people from all walks of life have fallen victim to this disease. Jurisdictions across our state have seen record-setting increases in their opioid-related deaths as well as overdoses. Regardless of geographic area, all counties throughout the State of Florida have experienced unprecedented increases in the number of reported overdose incidents and deaths, and tragically, people are dying at record numbers.

Under your leadership, the Opioid Working Group was formed this year, and the members of this group have been working tirelessly to present a series of recommendations, best practices, and ideas that should be explicated by the Attorney General, key stakeholders, and the members of the anticipated Opioid Task Force. It is an honor to lead this effort and submit this document that outlines viable programs, services, and recommendations to eliminate the opioid problem in our communities. There is so much more research to conduct and work ahead, but you will find that the wide range of topics provides a foundation from which to move forward.

On behalf of the members of the Opioid Working Group, we collectively appreciate your trust in each of us to provide input and suggestions throughout this process. While we are all grateful for the opportunity to serve, we are humbled to make a difference in our great state. Thank you.

Sincerely,



Dennis M. Lemma
Sheriff of Seminole County

Executive Summary

The primary goal of the Opioid Working Group (OWG) was to develop an overview of current programs and provide a practical set of recommendations for the Attorney General to combat the opioid crisis and drug addiction to opioids throughout the State of Florida. For context, each of the members submitted a series of recommendations and best practices in the form of articles, publications, program descriptions, specific services, and personal or organizational experiences. Some of the programs are data-driven and evidence-based while others are not but have shown success indicators. Many of the recommendations that follow will require appropriations from State legislation, or county and city officials, as well as members within each community coming together to work in a holistic approach. It was not the OWG's focus to quantify the cost of these resources. Rather, the intent of this document is to suggest programs and best practices that lead to a viable outcome to end the opioid epidemic.

The following report highlights the working group's submissions in three primary categories, and they are: 1) prevention & education, 2) enforcement, and 3) treatment & recovery. Many of the submissions had re-occurring themes, primarily focused on information sharing to the public and complete wrap around services.

The OWG recommends the following for the prevention and education component:

- Create a real-time dashboard system, similar to the European Monitoring Centre for Drugs and Drug Addiction, or similar programs located in New Jersey or Pennsylvania. These dashboards allow for a collection point of data including medical examiners reports, overdose death rates, overdose locations, ESSENCE-FL data, Neonatal Abstinence Syndrome statistics, ARCOS data, and DEA seizure data. Real-time surveillance and analytics are necessary to monitor trends and metrics.
- Each county should utilize the statutorily mandated Public Safety Coordinating Council and/or implement a task force to combat the opioid epidemic at the local level to facilitate a collaborative and holistic approach that harnesses local stakeholders.
- The availability of resources for our citizens should be centrally located but accessible at the local level. Websites such as *Dose of Reality* provide all of the necessary resources that victims, family, and friends need the ability to access throughout the state.
- Educational programs for school-aged children should be implemented.
- *Drug Take Back* days and prescription drop boxes should be made available year-round and readily accessible in each community.
- Physician implemented education about the dangers of opioid use, prior to prescribing.
- Universal screening for pregnant women for substance use disorder.
- Substance use disorder added to the curriculum for law enforcement, fire and corrections academies, including continuing education for active first responders.
- Training about the resources available for law enforcement agencies seeking to expand services for substance use disorder in their community.
- Recommend that all law enforcement or related service providers carry Narcan to protect citizens, as well as first responders who may come in contact with the deadly substances, Carfentanil and Fentanyl.
- State Attorney and Public Defender education on Substance Use Disorder and prosecuting

dealers in overdose death cases.

- Legislative expansion for a statewide opioid task force, which is already underway.
- Mandate electronic prescriptions.
- Increase penalties against dealers who sell, manufacture, or deliver controlled substances within 1000 feet of a substance abuse facility.
- Provide law enforcement exemption for criminal cases in the Florida Constitution for the Right of Privacy.

The working group's recommendations for enforcement include:

- Mandatory participation of Overdose Detection Mapping Application (ODMAP) for law enforcement, emergency medical services, and emergency rooms.
- Target drug trafficking organizations.
- Utilize drug detection canines with the state and local agencies to intercept fentanyl in packages at the mail processing distribution centers.
- Law enforcement should partner with clinicians, social workers, and peer counselors to provide immediate wrap-around services for those suffering from addiction.
- Implement and/or support current drug court models, and expand pre-arrest diversion programs for misdemeanants.
- Develop specialized caseloads and training for probation staff to focus on supervising those addicted to controlled substances.

The working group's recommendations for treatment & recovery include:

- First responders should ensure their observations of the victim and scene are adequately conveyed to emergency department personnel, which will improve the efficiency of services.
- Utilize screening tools in primary care centers, hospitals, and school settings to provide early intervention.
- Emergency rooms are encouraged to employ professionals that specialize in substance abuse disorders.
- Expand treatment within correctional facilities with behavioral and counseling services, job training and social services, and medication-assisted treatment (MAT).
- It is recommended that correctional facility administrators evaluate the Mission Based Resilience program to reduce recidivism and rehabilitate offenders with a history of opioid or drug abuse.
- Expansion of successful short and long-term residential treatment programs.
- Communities need to incorporate a continuum of care model that provides the necessary wrap around and navigation services.
- Recommend that communities partner with faith-based organizations to provide support services and ministry programs.
- Recommend the expansion of medication-assisted treatment programs throughout the state.
- Explore the use of telemedicine as a method of treatment for substance abuse disorders.

Historical Overview of the Opioid Crisis

To fully understand how the current opioid epidemic occurred, it is vital to address the influences that negatively impacted the State of Florida. The epidemic finds its roots in the misinformation of the addictive qualities of opioid substances by pharmaceutical companies. Individuals who were prescribed opioids and became addicted soon transitioned to heroin when prescriptions were no longer available to the user. In addition, fentanyl, a synthetic opioid, was mixed with illicit substances like heroin and ultimately manifested into a deadly recipe. This epidemic has led to thousands of people fighting an illness, and sadly, many have succumbed to the deadly nature of this disease. In 2016, the state of Florida had the highest number of deaths in the country (CDC), much of it driven by opioids, and this trend continues to rise.

From 2003 to 2011, pain clinics in Florida were prescribing large quantities of prescription medications with little medical justification or oversight, including opioid analgesics, benzodiazepines, and muscle relaxants. The Department of Children and Families stated in 2010, 98 out of the 100 U.S. physicians that dispensed the highest quantities of Oxycodone were in Florida. The Prescription Drug Monitoring Program (PDMP), known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program) was implemented in 2011 with the goal of encouraging safer prescribing of controlled substances and reducing prescription drug abuse within Florida.

In 2016, the opioid prescription rate was 75 per 100 persons in Florida. This rate was down from a high of 83 per 100. Drug overdose is now the leading cause of non-injury related death in the United States. Since 2000, drug overdose death rates increased by 137%, including a 200% increase in the rate of overdose deaths involving opioids. In 2015, over 52,000 deaths in the U.S. were attributed to drug poisoning, and over 33,000 (63%) involved an opioid. In 2015, 3,535 deaths occurred in Florida where at least one drug was identified as the cause of death. More specifically, 2,535 deaths were caused by at least one opioid in 2015. Stated differently, seven lives per day were lost to opioids in Florida in 2015. Overall the state had a rate of opioid-caused deaths of 13 per 100,000. The three counties with the highest opioid death rate were Manatee County (37 per 100,000), Dixie County (30 per 100,000), and Palm Beach County (22 per 100,000).

In 2016, the Florida Medical Examiners Commission reported drug-related deaths increased by 22 percent from the previous year (2,126 more), with 5,725 opioid-related deaths, an increase of 35 percent. The opioids were identified as either the cause of death or present in the decedent. Overdose deaths were attributed to primarily heroin, fentanyl, and morphine. U-47700 is an opioid analgesic that is seven times more potent than morphine. A notable increase in deaths attributed to U-47700 has been noted. A total of 97 occurrences of U-47700 were reported for 2016, and reporting of U-47700 by all districts will begin with commission's 2018 report.

The 2017, the Florida Medical Examiners Commission noted an 8 percent increase in opioid-related deaths from the previous year, which is the equivalent of nearly 17 people dying each day in the State of Florida. The opioids were identified as either the cause of death or present in the decedent. Deaths by heroin increased 1%, fentanyl increased 25%, and fentanyl analogs increased 65% (morphine not reported).

A recent report from the Journal of the American Medical Association (JAMA) predicts the epidemic will continue to grow through 2025, and the United States could see a record number of deaths, up to 200,000 individuals in one year. It is imperative for leaders to immediately unify and develop evidence-based strategies to mitigate harm, save lives, and preserve the high quality of life for our citizens and visitors.

Combating the Opioid epidemic occurs through a collaborative initiative comprised of three main categories: prevention & education, enforcement, and treatment & recovery.

- **Prevention** will include a multitude of elements that address information sharing and education.
- **Enforcement** will address a variety of techniques, education, and expansion of legislation.
- **Treatment and recovery** will consist of a comprehensive approach to direct those at any stage of their addiction through a system of detoxification, stabilization and treatment/rehabilitation.

Federal Funding and Programs

State funding shows that in 2018, the Florida Legislature appropriated \$14 million 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 million annually for two years. Also, SAMHSA's new State Opioid Response (SOR) grant provides Florida with \$50 million per year for up to two years. The SOR grant represents a strategic continuation of the work started under the STR grant.

In 2019, Florida may receive \$49.3 million from the federal government to combat the opioid epidemic. The administration must establish a coordinated system for tracking all federally funded initiatives, through an Opioid Task Force. To combat this epidemic, we must invest in only those programs that achieve quantifiable goals and metrics. To achieve overall success, a variety of disciplines need to continue to work in conjunction with the other entities in their community. While evaluating current practices, we have found that many experts were pushing for change and many organizations are leading the path with new innovative ideas, but most are working in their area of expertise and not incorporating the complete services needed for persons addicted to opioids. A collaborative approach is the only path forward to reduce addiction, overdoses, and deaths.

The 2018 Statewide Drug Policy Advisory Council recommended to re-establish the Office of Drug Control and Policy, stating "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, or a Statewide Opioid Task Force, under the Office of the Attorney General, is recommended for the citizens of our state.

PREVENTION & EDUCATION

The most significant thing that we can do to address a problem is to prevent it from occurring in the first place. The following recommendations are based on submissions from OWG members. Several prevention methods were recommended from the OWG members, to include programs focused on public awareness, first responder training, and medical education.

It is recommended that Florida adopt a real-time dashboard for emerging drugs and public health/safety monitoring information that is derived from laboratory results, toxicology and medical examiner reports, and other crucial sources of information. For example, the Medical Examiners Commission annual report is delayed in publication, and drug trends are not identified in a timely manner. There has been progress on the national level to create a drug trend monitoring system modeled after the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The New Jersey Drug Monitoring Initiative integrates law enforcement intelligence (drug distribution arrests, drug homicides), forensic data (labs and ME), first responders, recovery, and prevention, in near-real time, in a geographic mapping format. In addition to real-time data, historical data needs to be organized so statistical analysis can occur, similar to [Pennsylvania's Opioid Data Dashboard](#). This dashboard would collect and organize data concerning the nature and extent of opioid drug abuse in Florida, including, but not limited to, the overdose death rate, overdose locations, demographics, the neonatal abstinence syndrome statistics, Florida Youth Substance Abuse Survey, ESSENCE-FL data, ARCOS data, and DEA seizure data for opioids (including Fentanyl and Synthetic Fentanyl). A similar program, [RxSTAT](#), has much of the same data noted above but includes data contributed by community stakeholders. Those stakeholders are part of the strategic planning after review and evaluation.

The Public Safety Coordinating Council (PSCC), required in all counties pursuant to [Florida Statute 951.26](#), is designed to address issues like the opioid epidemic, and it provides the basic organizational structure with county and local leaders. Throughout Florida, many communities have established local task forces. These include members of local law enforcement, EMS, fire department(s), treatment providers, hospitals, community and state universities, state agencies, faith-based organizations, and members of the public. These task force groups were able to raise public awareness, improve local strategies to combat the epidemic and implement positive change. The OWG recommends that counties utilize the existing framework of the PSCC and/or form a local opioid task force or council, which should be comprised of all core stakeholders to support the prevention, enforcement, and treatment components of an effective strategy. Counties may opt to create the local opioid task force as a subcommittee of the PSCC.

Research shows limited information sharing about the dangers of opioids within our public school system. Warning signs for teachers, coaches, and staff should be part of educational training. Online refresher training for educators should be created for staff throughout the year. An example of this was observed on a website called [Dose of Reality](#). This website provides resources for the aforementioned, as well as students, the elderly, veterans and parents. Many people report that they knew something was “not right” with their loved one but did not recognize the signs and symptoms of opioid abuse or what steps they should take to address it. A statewide website, with links to county or city resources, can fulfill this purpose, centralize navigation for citizens, and provide online resources. It is recommended that a statewide website have the ability for users to

click on a map or enter their zip code for local resources that may exist at the county or city level.

The Department of Health (DOH) has the Emergency Medical Services Tracking and Reporting System (EMSTARS) program. 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. This system is currently voluntary, and only about 30 percent of all emergency responding units utilize it. The efforts to enhance surveillance are expanded through Florida's Enhanced State Opioid Overdose Surveillance (FL-ESOOS) system, a program funded by the Center for Disease Control and Prevention (CDC), to augment the collection, quality, and dissemination of comprehensive data. It is recommended that state and local organizations explore this program's potential for data sharing and analytics.

Public Education

Educational programs such as the [Narcotics Overdose Prevention and Education](#) (NOPE) program is currently utilized in Pinellas, Sarasota, and Seminole Counties. The NOPE program provides real-world examples of drug overdose incidents and the ramifications of drug abuse through a series of presentations, including parents who have lost their child(ren). The [Botvin Life Skills](#) program is largely utilized in Palm Beach County and is a dynamic skills-based prevention program that promotes health and personal development within youth and has been shown to reduce prescription drug and opiate misuse. The program can be utilized for K through 12 grades, and the National Institute on Drug Abuse (NIDA) identified Botvin LifeSkills Training to be effective in combatting the opioid epidemic.

Community education on the danger of opioids should be expanded to include available advertising platforms such as billboards, public transportation, digital ad technology on social media, and websites to create awareness. In addition, local government and supporting organizations should host and deliver presentations to business partners, homeowners associations, civic organizations, and faith-based groups. The presentations would include information about the opioid issues impacting their community, the addiction process, as well as resource guides for the state and local area collaborative initiatives. Attendees should be educated to identify employees, co-workers, neighbors, friends, and family members who may be in need of services and provide them with the necessary resources to receive assistance.

General awareness and advertising the Good Samaritan law should also occur. Citizens should be encouraged to save lives and report overdoses to the proper authority, without the fear of criminal charges. Florida's 911 Good Samaritan Act, section 893.21, Florida Statutes, is intended to encourage people to call 911 during suspected overdoses by offering overdose victims and those in need of assistance complete immunity from being charged for possession of a controlled substance. Many citizens are unaware of this clause, and we must make a concerted effort to educate the community.

The OWG recommends the utilization of *Drug Take Back Day's* to collect unwanted medications and inform the public about drug screening and treatment services. Recently, the DEA reported that there were 30,809 pounds of unused prescription drugs collected in Florida during the April 28, 2018, Take Back Day. The Working Group found some of the CVS and Walgreens pharmacies currently have drop boxes available year-round which allows for disposal of dangerous

medications, and at locations citizens already visit on a frequent basis. An additional alternative for the destruction of prescription medications is drug deactivation bags, which can be purchased or provided at the time of receiving a prescription or obtained from a participating organization. These bags are filled with the unwanted medicine which is neutralized, making it safe to discard so the medication can be safely discarded. Currently, some pharmacies include *DisposeRX* free with each opioid prescription. *DisposeRX* is a non-toxic drug disposal solution that is poured into the pill bottle with leftover medications and water.

Faith-based organizations offer individual and group programs for those suffering from substance abuse. Likewise, some offer programs like Celebrate Recovery or other forms of faith-based support. More importantly, faith-based organizations generally have an army of volunteers who are passionate to serve and mentor persons in need of emotional support, facilitating basic life necessities, and related ministries.

Medical Education

The Working Group recommends developing model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. Patients should understand the risks, benefits, and alternatives to taking opioids. At Manatee Memorial Hospital there is a focus to discuss pain management with patients. Medical professionals explain to patients that avoiding minimizing pain is the primary clinical objective. They also inform patients of the available alternatives to prescription medication such as ice, heat, rest, elevations, physical therapy and massage. They also discuss non-opioid medications (acetaminophen, NSAID's, topical analgesics and Gabapentin) with patients. Patient education must focus on the risk factors involved in utilizing addictive prescription medication. If opioids are prescribed, the patient should be fully informed of the signs of dependency, addiction statistics, and that Naloxone is available for purchase with the opioid prescription.

The CDC recommends that opioids are not first-line or routine therapy for chronic pain, and the guidelines for prescribing opioids are underutilized. Manatee County was able to decrease their opioid use in the hospital by 35-40% and decrease the subsequent prescription rate by 60% by educating their staff and looking for alternatives to opioid treatment for pain. Education must also be conducted through continuing education units (CEU's) as well as clinical guidelines about unsafe combinations of prescription medications that are closely linked to addiction and numerous overdoses (opioids and benzodiazepine). Orlando Health has taken the initiative to provide continuing education to their providers, which focuses on the utilization of opioids. Medical professionals should support the national effort on calling for the FDA to require "black box" labels on opioids and benzodiazepines warning that concurrent use of these medications increases the risk of fatal overdose.

Universal screening for pregnant women with diagnosed substance abuse disorders should be evaluated. Providers need to increase access for pregnant women who need MAT and detoxification, with treatment support, to help reduce the frequency of babies born with neonatal abstinence syndrome.

The Working Group recommends that data is collected on prescription patterns and compared with

the continuing education data to determine effectiveness, and help identify irresponsible prescribing practices. It is recommended that models focused on Morphine Milligram Equivalent (MME) should be evaluated.

Emergency Responder Education

Mandatory substance abuse and addiction training should be added to the curriculum for law enforcement, fire departments, EMS, Department of Children and Families, county and state Probation training programs or academies.

Many have suggested that we cannot arrest our way out of this epidemic. It is clear that the first responder community must adopt a mindset that we are not trying to make bad people good, but rather, we are all focused on trying to make sick people well. Sites such as [The Police Assisted Addiction Recovery Initiative](#) (PAARI) is a great example of information sharing. PAARI provides technical assistance, coaching, program templates and tools, seed grants, connections to treatment providers, and capacity building and recovery coaches through AmeriCorps. PAARI's membership includes nearly 400 law enforcement organizations in 32 states. PAARI primarily supports early diversion program models that reach people before they enter the criminal justice system.

Additionally, the [Police, Treatment, and Community Collaborative](#) (PTACC) is an alliance of practitioners in law enforcement, behavioral health, community, advocacy, research, and public policy, whose mission is to strategically expand community behavioral health and social service options available through diversion programs.

We strongly recommend that law enforcement officers throughout the state should be equipped with Narcan. While the preservation of life is the top priority of first responders, it is morally the right thing to save lives when possible. Equally, first responders can be exposed to the dangers of fentanyl, or other substances, and Narcan may save the life of those on the front line in our communities.

State Attorney & Public Defender Offices

Additional training should be provided to prosecutors and public defenders with respect to addiction, treatment, and recovery so that they can tailor dispositions to address the root problem of addiction for defendants. With a better understanding of addiction, treatment, and recovery, government lawyers will be better equipped to negotiate proper sentences that benefit rehabilitation and reducing recidivism. The training requirement by the Florida Bar is minimal at present.

It is recommended that stakeholders in the judicial system improve information sharing and awareness as it relates to the prosecution of cases involving overdose deaths. Throughout the state, some jurisdictions have successfully charged drug dealers for selling illegal drugs to overdose victims that result in death and prosecutors pursue murder charges on the seller. It is recommended that prosecutors aggressively pursue charges against drug dealers that foster the distribution of drugs that result in the death of another.

Recommended Legislative Action

Exploring and introducing new legislation is an integral part of prevention, enforcement, and treatment. As such, the OWG recommends the following for consideration:

- Amending FS 381.887 to allow non-sworn civilian personnel employed by a law enforcement agency to carry and administer an emergency opioid antagonist (Naloxone or Narcan) as well as to provide immunity to these employees for the use of Narcan. Currently, only emergency responders (i.e. LEO, paramedics and EMT's) or crime laboratory personnel as described in FS 943.32 are allowed to carry Narcan. This is despite the fact that the other staff are exposed to possible dangers or may be present when an overdose occurs, and be able to provide immediate assistance.
- Amending FS 397.333 which would recommend changes to the Statewide Drug Policy Advisory Council to a council with more authority and under the direction of the Attorney General. Currently, this advisory Council falls under the Department of Health and serves in more of an advisory capacity. HB875 was filed to create Statewide Opioid Drug Task Force.
- Amending FS 456.42 & 456.43 to require all prescriptions be electronically prescribed. The statute currently allows paper prescriptions. Several states have moved towards E-Script in order to prevent illegal duplication of paper prescriptions and trackable electronic prescriptions.
- Amending FS 893.13 to add to current law that if a person sells, manufacture or delivers a controlled substance within 1000 feet of a substance abuse facility penalties will be enhanced. Currently, the statute has enhanced penalties if a person sells, manufactures or delivers a controlled substance within 1000 feet of a child care facility, school or state, county or municipal park or community center or publicly owned recreational facility.
- Currently the Federal HIPAA law provides a law enforcement exemption to obtain and access files involved in criminal investigations, but at present, there is no exemption in the Florida Constitution or privacy laws regarding a law enforcement investigation. The courts have indicated there is no absolute right to privacy, and the courts must look to "compelling government interests" in conducting criminal investigations. Currently, if the State is involved in a prescription or "pill" related investigation and files are seized, the State is required to notify each patient that their file has been taken into custody. Patients have a designated time to object before files can be assessed, sent to experts, or identify potential witnesses. Not only do the individuals have time to object, but if the original notification of custody is sent back to the State, they must continue to locate the subjects. This right is even more stringent when it comes to treatment facilities and its residents. It is recommended that there should be an exception, due to "compelling government interests," that would allow the State greater ability to conduct criminal investigations at a quicker pace to shutdown illegal facilities.

ENFORCEMENT

Law Enforcement

Law Enforcement has demonstrated their ability to work collaboratively in an effort to reduce crime and enhance the quality of life for our citizens, especially in its drug enforcement efforts. This is in part due to multi-agency task forces, intelligence sharing, and programs such as the High-Intensity Drug Trafficking Area (HIDTA) initiative. We need to continue and build on our current enforcement successes to include the points noted below.

Participation across the state for emergency medical services, law enforcement, and emergency rooms in the Overdose Detection Mapping Application (ODMAP), an application established by the High-Intensity Drug Trafficking Area (HIDTA), should be mandatory for first responders. This program will allow for real-time data to be assessed and analyzed so that drug trends and geographic hotspots can be shared within the jurisdiction, and a targeted approach can occur.

The OWG recommends agencies expressly target drug trafficking organizations and individuals who produce and sell counterfeit pills, heroin, fentanyl, fentanyl analogs, or any additional opioid derivatives identified, including internet transactions.

The OWG recommends the utilization of drug detection canines within state and local agencies to expand interdiction efforts for fentanyl (and other synthetic opioids) at parcel or mail processing distribution centers. The majority of the Carfentanil and Fentanyl is being ordered from China and shipped in the mail through our carriers as per the U.S.-China Economic and Security Review Commission's findings in November of 2018.

Law enforcement organizations must challenge the basic assumptions of service that they provide. More specifically, law enforcement organizations must identify and participate in non-traditional approaches to resolve problems. The Ocala Police Department has an amnesty with treatment program. Individuals can walk into the department and ask for help, turn in their paraphernalia and drugs, and no criminal charges are sought against the individual. The Delray Beach Police Department has a clinician on staff to reach out to overdose victims, and many cities and agencies have partnered with peer counselors or opioid navigators to provide the needed guidance. Law enforcement agencies across the state have begun working closely with treatment entities.

Judiciary

The judiciary should work collaboratively with all facets of the criminal justice system in identifying those individuals facing criminal charges who may qualify for a drug diversion/drug court program in lieu of criminal prosecution, as well as court-mandated treatment. Currently, successful drug court programs can be found throughout the state, but are only available to those charged with felonies, thereby missing a large population committing minor offenses.

Probation and Parole

Given the prevalence of opioid addiction in the U.S., all probation and parole officers should receive on-going training on supervising people who have opioid addictions so they can effectively connect people to treatment. Some jurisdictions have developed specialized caseloads with specific protocols for persons involved in MAT programs. Many people who have opioid addictions may also have co-occurring mental illnesses. When possible, probation and parole agencies should implement specialized caseloads for people with co-occurring disorders so that supervision and programming can adequately address their unique needs.

TREATMENT

It is the goal of the OWG to identify the various types of treatments needed to those seeking help with their addiction. This section will focus on the immediate treatment required for emergency overdose responses and the long-term treatment needed for opioid addiction. The various types of treatments should include 9-1-1 on-scene overdoses, emergency room patient treatment, in-patient treatment program, outpatient treatment program, and inmate treatment programs within correctional facilities.

9-1-1/ Emergency response to overdoses

One of the primary factors to the decrease overdose deaths across the state is attributed to the use of Narcan by first responders. Across the state, first responders that are utilizing Narcan have had hundreds of deployments each year, preventing these deaths within their community. The opioid crisis not only affects the mortality rate of our citizens but has a significant financial impact on our community as well. The economic impact taxes the resources of law enforcement, fire departments, EMS, the criminal justice system, hospitals, treatment centers, healthcare providers, mental health providers, but to help negate this expense there are many grants available, including through the state and the HEROS grant (which mandates ODMAP participation). Research indicates that naloxone distribution can reduce community-level overdose mortality by as much as 37 to 90 percent.

Narcan deployment tracking, including locations, demographic information of subjects and number of doses should be entered into the Overdose Detection Mapping Application (ODMAP), which was referenced previously.

First responders should ensure their observations of the victim and scene are properly conveyed to emergency department personnel, which will improve the efficiency of services. First responders must make sure all of the relevant information obtained at the scene is properly conveyed to physicians, nurses and medical staff to assess and treat the patient appropriately. The overall scene information will allow emergency departments to have a more thorough assessment of the individual and improve the timeliness of the information.

Screening Tools

It is recommended primary care centers, hospital emergency rooms, trauma centers, and other

community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Two nationally recognized tools are the National Institute of Drug Abuse screening (NIDA) tool and Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders, and it is also being used in high school settings here in Florida. The screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. NIDA provides multiple screening tools that are similar in nature and purpose to SBIRT but are broken down into tools used separately for adults and adolescents.

Emergency Department (ED) Treatment

Patients entering the emergency department should be treated for the overdose as well as the underlying clinical causes of the substances use disorder, such as mental health or trauma. Emergency department physicians are encouraged to consider MAT for patients with opioid use disorder. Sarasota County is utilizing the Marchman Act for individuals transported to the emergency department after overdosing in order to provide them immediate treatment and expanding wrap-around services for the individuals with the Substance Overdose Services (SOS) Team. The SOS team is comprised of a project director, two care coordinators, and two peer counselors.

The OWG recommends 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.

Establish a protocol for notifying the "response team" consisting of "peer" counselors and mental health counselors. Project Save Lives from Jacksonville has been in place for just over one year and has empirical data that shows the significant success of individuals participating in the program. Peer counselors serve as a "coach" and mentor throughout the entire process. Even if individuals do not want to enter the formal program, they are able to remain in contact with the counselor, who can provide direction and act as a sounding board.

The American Society of Health Systems Pharmacists has defined roles for emergency medicine pharmacists. Emergency departments should evaluate the need for these positions as these pharmacists are essential for advancing best practices in pain management and can be involved in the collection of accurate pain management histories, allergy histories, providing patient-specific pain management recommendations, avoiding medication interactions, identifying patients at high risk for OUD or OD, and patient education. These pharmacists can assist in the creation of protocols, implementation, and monitoring of protocol compliance, and staff and provider education.

Inmate/Incarceration Treatment

The establishment of treatment programs and protocol for inmates who are incarcerated is vital to fighting the opioid epidemic. There are many ways the facility can provide assistance to help them overcome their addiction. Treatment programs should encompass medication-assisted treatment, cognitive behavioral therapy, and counseling and life skills training. The treatment program should work in conjunction with community treatment personnel for consistent treatment and post-incarceration follow up.

Only one in 10 addicts get the treatment they need, according to a 2016 [surgeon general's report](#). New centers are costly to build, cause controversy when identifying a location, and are generally beyond the means of most uninsured persons. With these difficulties in mind, county jails have started full-time "therapeutic communities" aimed at rehabilitation. Services range from G.E.D. classes, instruction on criminal-addictive thinking, 12-step meetings, overdose-resuscitation training, physical exercise, prayer and meditation, and counseling. Where financial and personnel resources exist, programs may be established with current personnel. When individuals are incarcerated for longer periods and complete the program, persons can be utilized as peer mentors helping others get through the process. Continued success is provided for those leaving jail by offering help in re-entering society: opioid antagonist, treatment program placement, employment opportunities, sober-living houses, recovering-addict mentors, and other wrap-around services.

Currently, the state is contracted with Florida Alcohol and Drug Abuse Association (FADAA) to provide injectable Naltrexone, Vivitrol brand, for the non-insured population, and some correctional facilities are utilizing this medication to assist addicts, due to its non-opioid composition. This medication is an antagonist and blocks the craving for the drug. However, it is costly, ranging in price from \$1000-\$1500 per injection (which is provided once a month). A transition to the daily oral pill is a 10th of the price each month, approximately \$30-\$60 for a month's supply. This form of the medication would have greater success in the correctional facilities, because of the stringent oversight by correctional and medical staff. Likewise, the environmental and social factors that once surrounded the person in society are not present in a controlled environment like a correctional facility.

According to the Florida Alcohol and Drug Abuse Association (FADAA), from February 1, 2015, through the end of January 2018, a total of 4,664 individuals have been screened for services, 3,110 individuals have received medical assessments/lab work, and 2,250 patients have received 7,958 Vivitrol injections through the Office of State Courts Administration. The Department of Children and Families Vivitrol program manages reimbursement of Vivitrol services to substance abuse treatment providers, and from November 1, 2015, through the end of January 2018, a total of 2,053 individuals have been screened for services, 1,269 individuals have received medical assessments/lab work, and 1,056 patients have received 2,930 Vivitrol injections.

In Bay County, the Mission Based Resilience program has been implemented in the Bay County Sheriff's Office correctional facility. Drawing from intense training and a myriad of operational experiences as a U.S. Navy SEAL officer and concentrated doctoral research in stress-related resilience, Dr. Edoardo R. Naggiar has linked criminal recidivism to opioid abuse and has found that both conditions are rooted in deficiencies in an individual's levels of physical, mental

emotional and spiritual resilience. Mission-Based Resilience educates and trains individuals in the art of becoming resilient. Mission-Based Resilience does this by helping individuals develop missions across the four-dimensional areas of physical, mental, emotional and spiritual. Since June 2017, Dr. Naggiar has administered the Mission Based Resilience program to more than 70, at-risk (i.e., recidivism, opioid relapse, death, etc.) Bay County jail inmates. Data indicates a 50% reduction in recidivism rates among program graduates, compared to the average recidivism rate for Bay County drug offenders. The current Mission Based Resilience Training program has reduced opiate recidivism rates in Bay County, Florida Jail from 80% to 40% over a one-year running average. It is recommended that correctional facility administrators evaluate the Mission Based Resilience program.

Outpatient Treatment

Of great concern was the lack of bed space for short or long-term residential treatment programs throughout the state, as well as shortages in central receiving facilities and transitional housing. With the lack of standard bed space, exploration of other options needs to occur, including MAT facilities providing counseling, intensive outpatient, mental health, and social services.

It is recommended that the state evaluate regulatory measures and professional licensing of treatment facilities to prevent fraudulent practices by treatment and sober living providers. It is widely known that most treatment organizations provide professional services that make a difference in the lives of many, but some are known to prey on addicted persons through fraud, deceptive practices, or overpriced services. Addicted persons become re-victimized and sustain financial losses that make the situation even worse. Therefore, it is imperative to maintain a level of accountability and standard with providers. Palm Beach County established a Sober Homes Task Force (SHTF) that investigates and prosecutes both criminal and regulatory violations that occur within the drug rehabilitation centers and sober homes. Recommendations from the SHTF have recently been enacted into federal law, HR6, which creates a federal anti-patient brokering act and a directive to the U.S. Department of Health and Human Services (HHS) to develop national standards in recovery housing. In addition, the SHTF is developing recommendations to bring the treatment industry, physicians, government agencies, private organizations, and insurance companies together to develop initiatives that reward positive outcomes, reduce over-utilization of healthcare, and ultimately reduce costs and save lives.

In adequate doses, methadone prevents or reverses withdrawal symptoms and blocks the euphoric effects of heroin. A meta-analysis of 11 randomized clinical trials involving 1,969 heroin dependent participants found that methadone is the most effective way to retain patients in treatment and reduce heroin use (Coffin, 2013). An analysis of 25 studies found that methadone or buprenorphine treatment for opioid-dependent injecting drug users reduces illicit opioid use, injection use, and the sharing of injection equipment. It is also associated with reductions in the proportion of injection drug users reporting exchanges of sex for drugs or money. The reductions in these risk behaviors translate into reductions in cases of HIV and Hepatitis C infections, which needs to be evaluated as there is a significant increase in Hepatitis A in some counties across the state. All OWG treatment providers recommended the use of MAT in treatment as research has shown twice the likelihood of success with it compared to total abstinence.

The [Wellness Recovery Action Plan](#)[®] or WRAP[®] is a "self-designed prevention and wellness

process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their mental health issues and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances, and by healthcare and mental health systems all over the world to address all kinds of physical, mental health and life issues."

Physicians are allowed to prescribe or dispense Buprenorphine after applying for a physician waiver to the DEA and completing an eight-hour required training. Likewise, physicians must meet the following qualifications: (1) must be licensed under state law, (2) must be registered with the Drug Enforcement Administration to dispense controlled substances, (3) Required to treat no more than 30 patients at a time within the first year, and (4) and qualified by training and/or certification. Also, to maintain a waiver, a physician must be capable of referring patients to counseling and other services. There needs to be a focused effort for emergency room physicians, psychiatrists, pain specialists as well as physician assistants and Advance Practice Nurse Practitioners to obtain their waiver and expand access to MAT.

Based on DCF's website there are 52 methadone Opioid Treatment Programs (OTP) in Florida with a varying degree of services. Some clinics provide access to buprenorphine and/or naltrexone while others provide only methadone, some accept Medicaid while others do not, and some offer a comprehensive array of recovery supports while others only provide the mandated counseling. The 52 OTPs are unevenly spread amongst Florida's 67 counties with only 26 (39%) counties having at least one full-service clinic (two additional counties have a satellite clinic). Only one OTP is located in a rural county. In the ten counties with the highest opioid-caused death rates in 2015, there are 11 OTPs, but three counties without an OTP. In the ten counties with the highest opioid prescription rates in 2016, only 2 OTPs exist. OTPs in Florida are primarily concentrated in the southern part of the state and along the coastal regions leaving a large portion of the state without access to an OTP and methadone (Figure 1). There is limited data on connecting prescribers, treatment providers, and recovery supports. This gap makes it challenging to determine how services like medication therapy, treatment, and recovery supports are being integrated to provide a holistic recovery approach. For individuals in rural areas services and providers may not be available. An effort to increase services in these areas should be made. If there is a local treatment provider, having a connection with a distant prescriber could reduce transportation issues while providing additional treatment oversight for those considering engaging MAT.

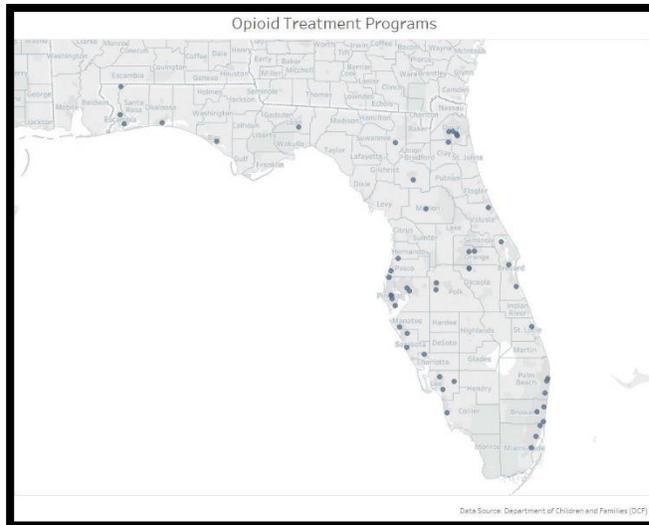


Figure 1.

Using Telemedicine to Combat the Opioid Epidemic

The National Survey on Drug Use and Health data from 2017 showed a significant increase in people receiving treatment compared to 2016. While this is promising, many of the affected rural areas have limited access to Medication Assisted Treatment and limited medical providers with the licensing as shown above. Working with the Drug Enforcement Administration (DEA), Health and Human Services developed materials to help clarify how clinicians can use telemedicine as a tool to expand buprenorphine-based MAT for opioid use disorder treatment under current DEA regulations.

According to the DEA’s *Use of Telemedicine While Providing Medication Assisted Treatment (MAT)* statement, pursuant to the provisions of the Ryan Haight Act of 2008, DEA-registered practitioners acting within the United States, which include DATA 2000-waivered practitioners, are exempt from the in-person medical evaluation requirement as a prerequisite to prescribing or otherwise dispensing controlled substances via the Internet if the practitioner is engaged in the “practice of telemedicine” as defined under 21 U.S.C. § 802(54). The “practice of telemedicine” entails, among other things, “the practice of medicine in accordance with applicable Federal and State laws by a practitioner (other than a pharmacist) who is at a location remote from the patient and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1395m(m) of Title 42,” and in practices with certain features identified in 21 U.S.C. § 802(54). Practitioners should familiarize themselves with all aspects of the “practice of telemedicine” definition provided in 21 U.S.C. § 802(54). Exploring the use of telemedicine can assist in medication accessibility but is also needed for behavioral counseling, social services, and mental health connections and assistance and should be incorporated into this method of treatment.

CONCLUSION

The opioid epidemic has touched many individuals and families throughout the state of Florida.

Our mission must be to prevent addiction, preserve life, and aid those who struggle with this disease. It is imperative that we combat this epidemic with a three-pronged approach to include prevention, enforcement, and treatment. Education must be a crucial element of each prong, and we must start with children to prevent future generations from experiencing the wrath of this epidemic. There needs to be a continued effort to identify the best practices and focus our resources in a strategic manner. To that end, we must remain steadfast in our resolve and vigilant for the long-term.

Perhaps the most profound realization that all of us must embrace is the fact that the greatest predictor of whether you will overdose and die, is whether you have overdosed and lived. – Sheriff Dennis M. Lemma

REFERENCES

Coffin, P. O. & Sullivan, S. D. (2013). Cost-effectiveness of Distributing Naloxone to Heroin Users for Lay Overdose Reversal. *Annals of Internal Medicine*, 158, 1-9.

21 U.S.C. § 802(54) retrieved on February 22, 2019, from <https://www.deadiversion.usdoj.gov/21cfr/21usc/802.htm>