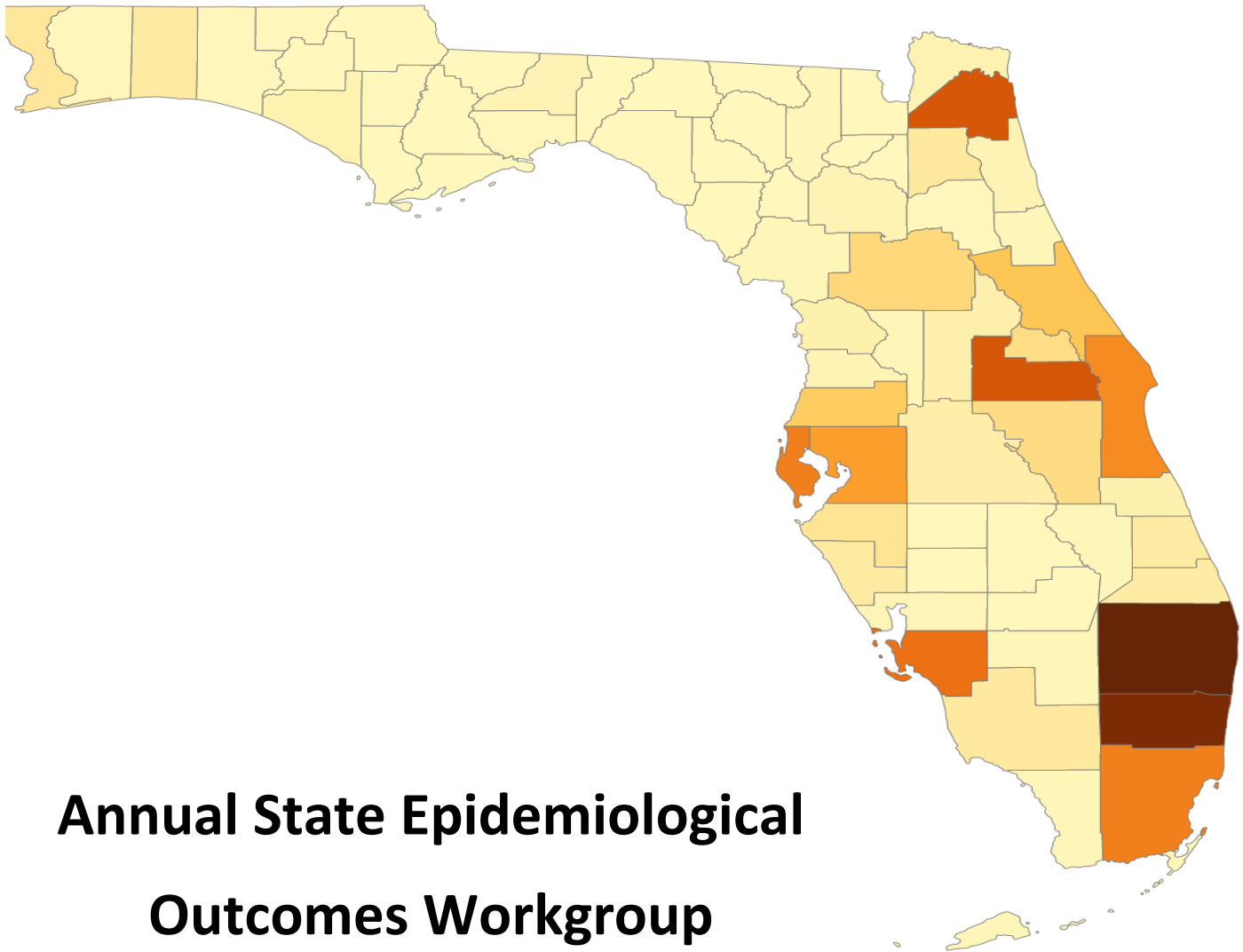




Annual State Epidemiological Outcomes Workgroup (SEOW) Report

**Patterns and Trends of the Opioid Epidemic in Florida,
2018-2019**

Published December 2020



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Data Source Acknowledgements

This report was prepared with assistance from the following agencies, partners, and organizations that provided the necessary data:

- Florida Department of Law Enforcement, Florida Medical Examiners Commission
 - Florida Department of Health, E-FORCSE®, Florida Prescription Drug Monitoring Program
 - Florida Department of Health, Enhanced State Opioid Overdose Surveillance Program
 - Florida Department of Health Outcomes and Policy at the University of Florida College of Medicine
 - Florida Agency for Health Care Administration
 - Local County Drug Epidemiology Networks (DENs)
-

Introduction

For the past several years, federal agencies have supported state and local initiatives to address the opioid epidemic. These initiatives have common goals to increase access to evidence-based prevention, treatment, and recovery support services to people with opioid use disorder (OUD) in order to reduce opioid-related overdose deaths. Some strategies have focused on additional regulations to reduce the prescribing and dispensing of controlled substances, increasing access to opioid agonist medications such as methadone and buprenorphine to treat OUD, and increasing access to naloxone to reverse opioid overdoses. According to preliminary data from the Centers for Disease Control and Prevention (CDC), there were 67,367 drug overdose deaths nationwide in 2018 – a 4.1 % decrease from 2017. Approximately 69.5% (46,802) of the drug overdoses deaths involved opioids. Of the opioid-involved overdose deaths, two out of three involved synthetic opioids. Deaths involving synthetic opioids increased by 10% and were likely driven by illicitly manufactured fentanyl (IMF), including fentanyl analogs.¹

The overdose epidemic has grown increasingly complex. Co-involvement of prescription and illicit drugs are on the rise. Synthetic opioids, primarily IMF, were involved in 23.7% of U.S. deaths involving prescription opioids, 37.4% of deaths involving heroin, and 40.3% of deaths involving cocaine. Opioid-involved overdose often occurs in combination with exposure to other opioids and/or other non-opioid substances.² Some examples of polysubstance exposures found in combination in overdose deaths include IMF and heroin; IMF and cocaine; heroin and methamphetamine; and prescription or illicit opioids and benzodiazepines.

Driven in recent years by illicit fentanyl and fentanyl analogues, the opioid epidemic has continued to impact Florida as it has the rest of the country. The impacts associated with the opioid epidemic are

^{1,2} Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a4>

expected to continue shifting due to increases in the number of deaths involving synthetic opioids and polysubstance use.

The Office of Substance Abuse and Mental Health within the Florida Department of Children and Families (Department) continues to maximize efforts to address the epidemic through statewide grant programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Department is the single state agency responsible for a statewide system of prevention, treatment, and recovery support services for individuals with or at risk of developing substance use disorders. In 2016, the Department was awarded the Strategic Prevention Framework - Partnerships for Success (PFS) Grant from SAMHSA, funded at \$1.2 million per year for up to 5 years. The PFS grant is designed to reduce prescription drug misuse among Floridians ages 12-25, strengthen prevention capacity and infrastructure at the state and community levels, and increase awareness of opioid overdose prevention.

In 2017, the Department was subsequently awarded the State Opioid Targeted Response (STR) grant. The STR grant, funded at \$27 million per year for up to 2 years, was designed to address the opioid crisis by increasing access to evidence-based prevention, medication-based treatment, and recovery support services to individuals with OUDs who are uninsured, underinsured, or indigent. Additionally, the Department was awarded the State Opioid Response (SOR) grant in 2018, funded initially at \$50 million per year for up to 2 years, with a \$26 million supplement awarded in 2019. The SOR grant is designed to continue services funded through the STR grant to address the opioid crisis by further expanding access to evidence-based prevention, medication-based treatment, and recovery support services. These three federal grants fund a wide array of services and initiatives to reduce the impact of the opioid epidemic, including the implementation of overdose prevention training; naloxone distribution; school-based prevention programs; hospital bridge programs; an opioid overdose prevention awareness campaign; local Drug Epidemiology Networks (DENs); increasing access to medication-based treatment; recovery support services; and enhanced training and education on best practices for treating OUDs.

This report provides a statewide overview of opioid-related morbidity and mortality as well as other consequences of opioid misuse across the state. The report also summarizes initiatives from the federal grants and other non-state funded community projects.

Florida Data Highlights 2018

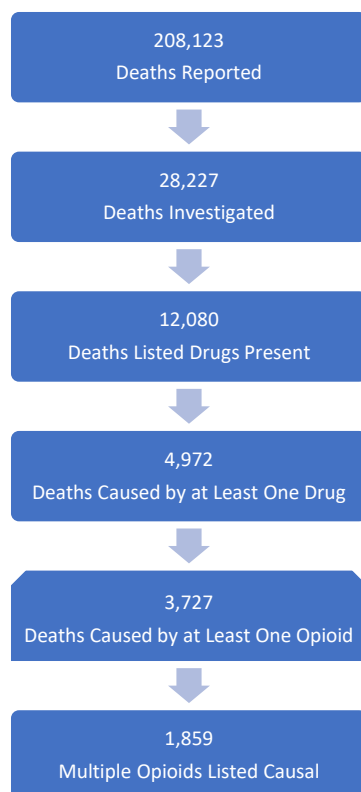
- There was a 13% decrease in opioid-caused deaths in 2018 compared to 2017.
- 7 of the 14 opioids tracked by the Florida Medical Examiners Commission decreased in causal occurrences.
- Heroin and morphine causal occurrences decreased for the second consecutive year.
- Oxycodone causal occurrences decreased for the second consecutive year.
- Fentanyl-caused deaths increased from 1,390 in 2016 to 2,348 in 2018.
- White and male decedents continue to make up the majority of opioid-caused deaths.
- The 25-34-year-old age group has the
 - Highest total number of opioid-caused deaths.
 - Highest number of opioid-related emergency department and in-patient hospital visits.
- Non-fatal opioid-involved overdoses accounted for 14,226 of the 44,507 suspected overdose EMS responses.
- Between 2017 and 2018, Florida emergency departments saw a 22% decrease in overall opioid-related ED visits and 12% decrease in inpatient visits.
- In 2018, 54% of all opioid-related ED visits involved patients without insurance (self-pay).

Patterns and Trends

Drug Consumption Consequences

Florida Opioid-Associated Deaths

The State of Florida's Bureau of Vital Statistics reported 208,123 deaths in Florida during 2018. Of the 28,227 (14%) deaths investigated by Florida's Medical Examiners Commission (MEC), toxicology results determined that at least one drug was present at the time of death in 12,080 (6%) decedents.



The total number of drug-related deaths decreased by 3% and opioid-caused deaths decreased by 13%, when compared to 2017.³ There were 5,436 deaths identified with at least one opioid as either the cause of death (3,726) or merely present (1,709) in the decedent. Of the opioid-caused deaths, 1,859 (49%) listed multiple opioids as a cause of death, a 1% decrease from 2017.

This data was provided by the Florida Medical Examiners Commission (FL MEC). FL MEC data distinguishes between the drugs determined to be the cause of death and those drugs that were present (non-causal) in the body at the time of death. In the following analysis of the FL MEC data, only drugs that played causal roles will be examined. Drugs that were merely present at the time of death are not included in this analysis (unless otherwise stated). It should be noted that deaths caused by drugs/opioids are not exclusively overdoses in this analysis. These figures also include deaths by other

³ Florida Medical Examiners Commission (2019). Drugs Identified in Deceased Persons by Florida Medical Examiners. <http://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2018-Annual-Drug-Report.aspx>

means, such as motor vehicle crashes and drownings, in which the Medical Examiner determined that a drug/opioid played a causal role after considering the totality of the circumstances. Many decedents are found to have multiple drugs listed as causal or present. Therefore, drug occurrences are not equal to the number of deaths. All homicide deaths were removed from this analysis (causal death, n=1).

The FL MEC collected data on 14 opioids and opioid categories in 2018 (previous years have varied):

- Buprenorphine
- Codeine
- Fentanyl
- Fentanyl Analogs
- Heroin
- Hydrocodone
- Hydromorphone
- Meperidine
- Methadone
- Morphine
- Oxycodone
- Oxymorphone
- Tramadol
- U-47700

Opioid Death Trends, 2005-2018

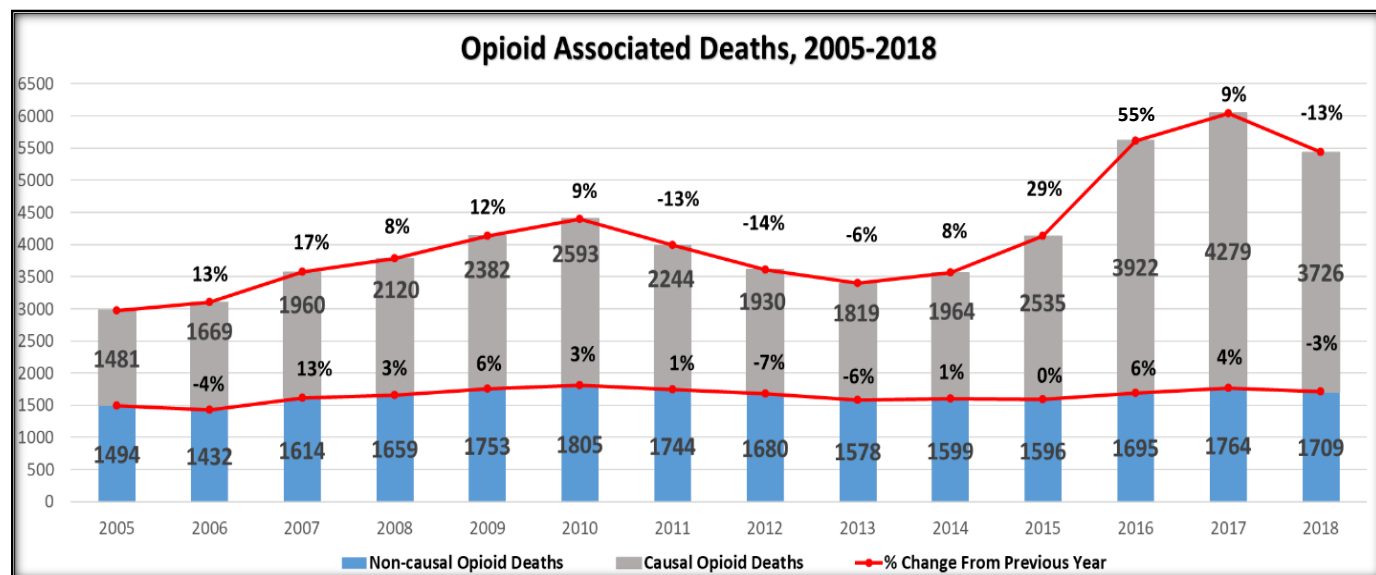


Figure 1: Note- All homicide deaths (n=849) were removed from this analysis (causal-opioid deaths, n=1).

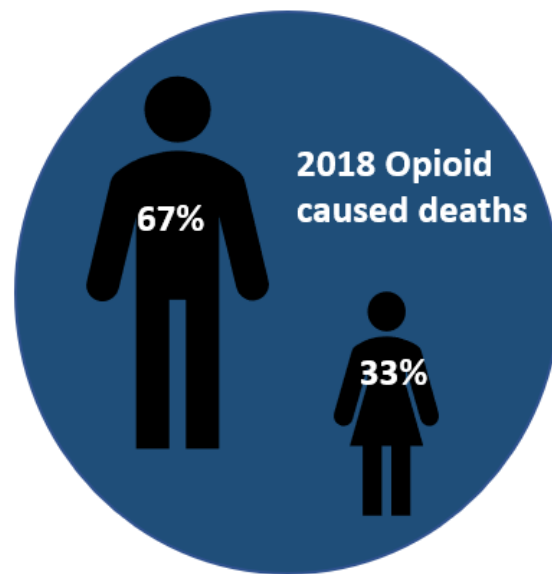
Source: Medical Examiners Commission, 2019

Comparing 2017 to 2018:

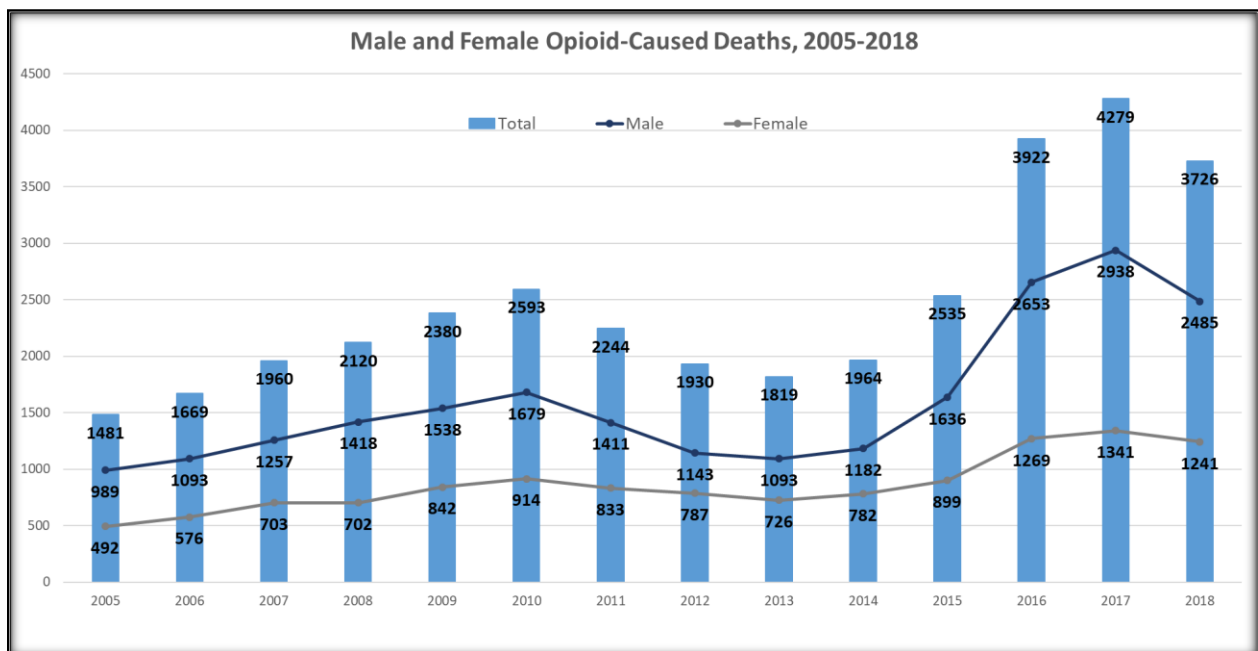
- 3,726 opioid-caused deaths in 2018; a 13% decrease from 4,279 in 2017
- 1,859 deaths caused by multiple opioids in 2018; a 1% decrease from 1,878 in 2017
- Deaths caused by fentanyl or fentanyl analogs decreased by 9.6% in 2018 (2,551) compared to 2017 (2,821)
- Deaths caused by fentanyl increased by 35% (1,742 to 2,348), and fentanyl analogs decreased by 45% (1,588 to 874)
- Of the 2,551 deaths caused by fentanyl or fentanyl analogs, 671 (26%) listed both fentanyl and fentanyl analogs as a cause of death.

Demographics

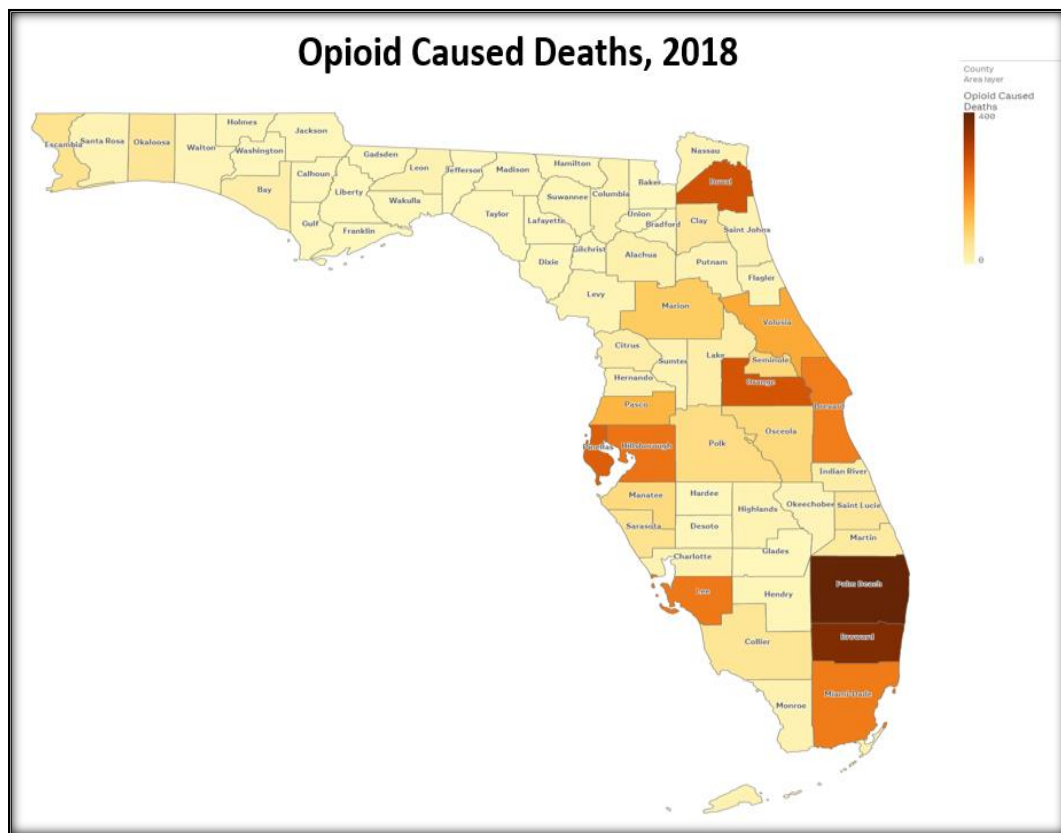
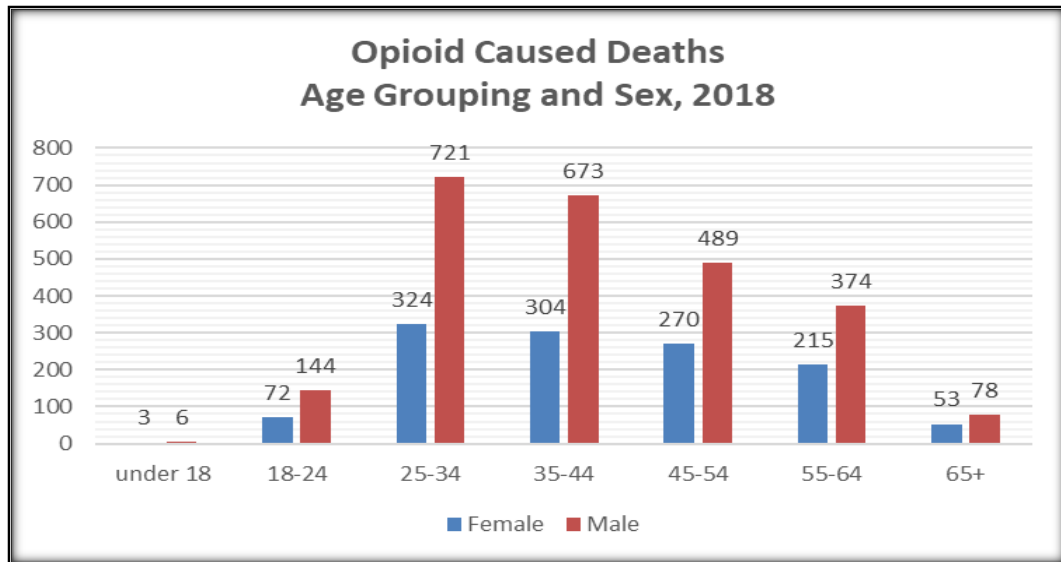
In 2018, Whites constituted 92% (3,410) of the opioid-caused deaths, and males accounted for 67% (2,485) of the opioid-caused deaths. Compared to 2017, 2018 represented a decrease in opioid-caused deaths for Whites (↓12%), Blacks (↓24%), and Native Americans (↓25%).



Compared to 2017, a slight decrease in opioid-caused deaths among both males (↓15%) and females (↓7%) occurred in 2018.

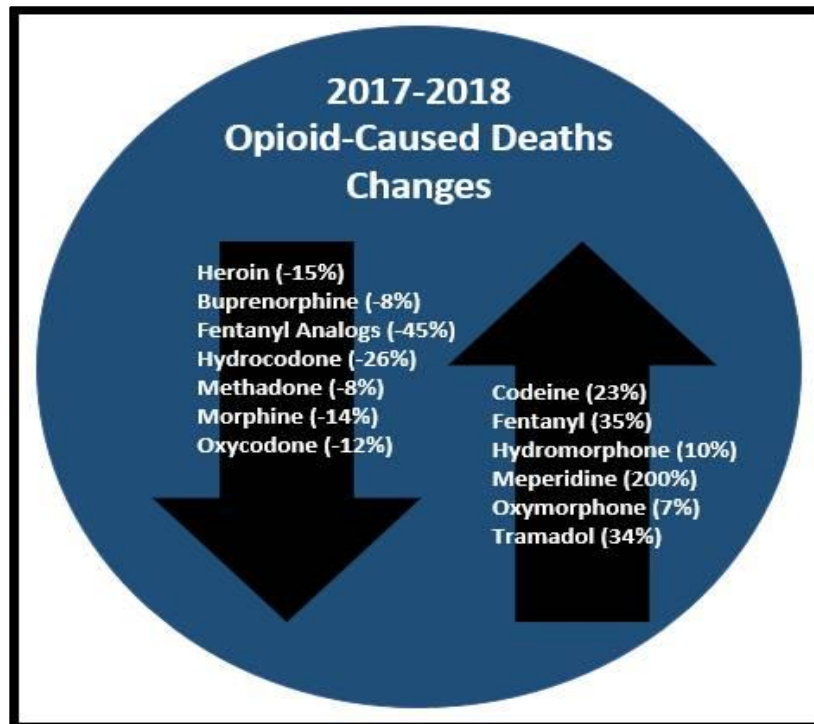


When observing opioid-caused deaths by age group, the 25-34-year-old age group has the highest total number of deaths, representing over one-fourth (29%) of the total deaths. This slowly tapers off in the subsequent age groups. In 2018, males between the ages of 25-44 accounted for 37% (1,394) of opioid-caused deaths.



Summary of Drug Occurrences

Opioids, as a category of drugs, were the largest contributor to causal drug deaths in 2018. When examining all 46 drugs individually, 4 of the 7 drugs with the highest causal occurrences were opioids: fentanyl (2,348), cocaine (1,644), benzodiazepines (1,136, including 664 alprazolam deaths), morphine (1,102), fentanyl analogs (874), ethyl alcohol (866), and heroin (806). The following drugs were listed as causing more than 50% of the deaths in which these drugs were found: fentanyl (87%), heroin (86%), fentanyl analogs (83%), morphine (59%), methamphetamine (59%), cocaine (58%), and methadone (57%).



While opioids account for half of the drugs with the highest causal occurrences, 7 of the 14 opioids decreased in causal occurrences. For the second time since 2009-2010, there was a decrease in heroin and morphine causal occurrences. Oxycodone also decreased for the second time since 2013-2014. Of the 12,080 deaths in this analysis, 3,284 (27%) died from causal poly-drug combinations.

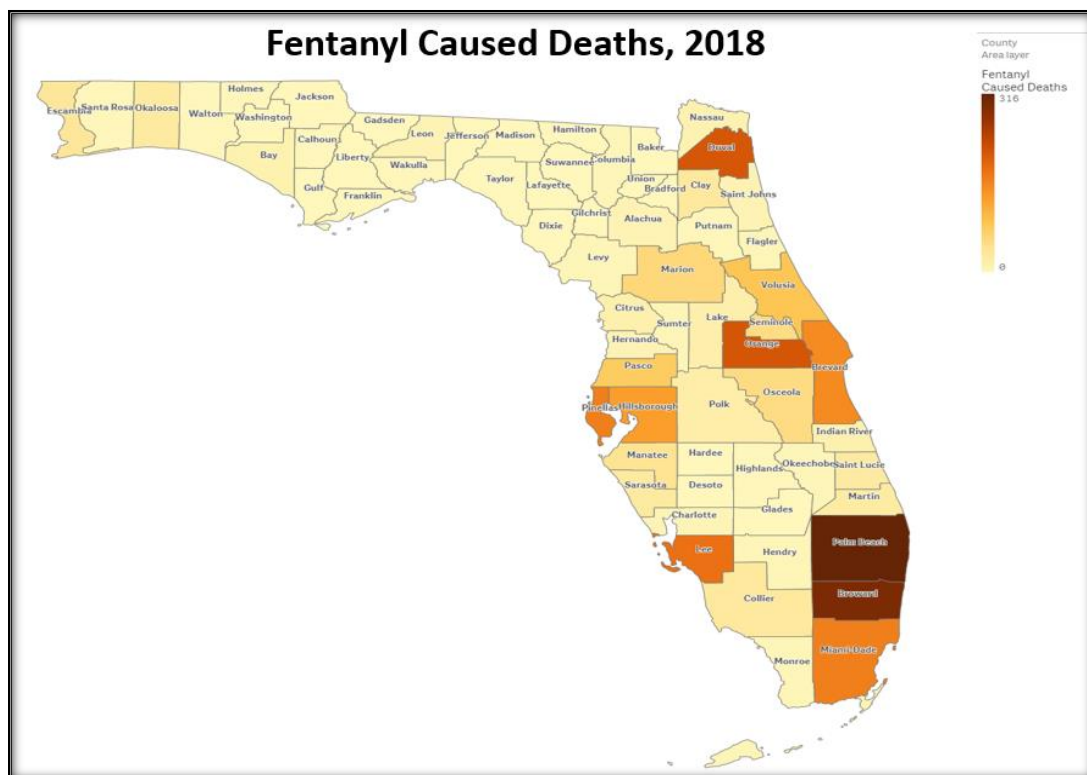
Fentanyl and Fentanyl Analogs

Fentanyl is a Schedule II synthetic opioid approved for treating severe chronic pain, such as advanced cancer pain, and is 50 to 100 times more potent than morphine⁴. From 2016-2018, however, illicitly manufactured fentanyl and fentanyl analogs were the primary drivers of the increase in opioid deaths in Florida (it should be noted that IMF, not pharmaceutical fentanyl, has contributed to this increase). Prior to 2016, fentanyl analogs were not officially tracked by the FL MEC. The FL MEC now tracks over 1,000 fentanyl analogs. Many of the fentanyl and fentanyl analog deaths reported represent some overlap.

In 2018, the high number of fatalities attributed to fentanyl and fentanyl analogs continues to be the main driver for the increase in opioid-caused deaths in Florida. There were 2,348 fentanyl-caused deaths and 807 fentanyl analog-caused deaths reported. In 2018, 2,551 of the opioid-caused deaths listed fentanyl or fentanyl analogs as a cause of death, representing 68% of all opioid-caused deaths.

In some cases, fentanyl and fentanyl analogs have been found sold as counterfeit pills that resemble oxycodone, hydrocodone, and alprazolam.⁵

In 2018, the top 5 counties with the highest number of fentanyl-caused deaths included Palm Beach, Broward, Orange, Duval, and Lee, respectively.

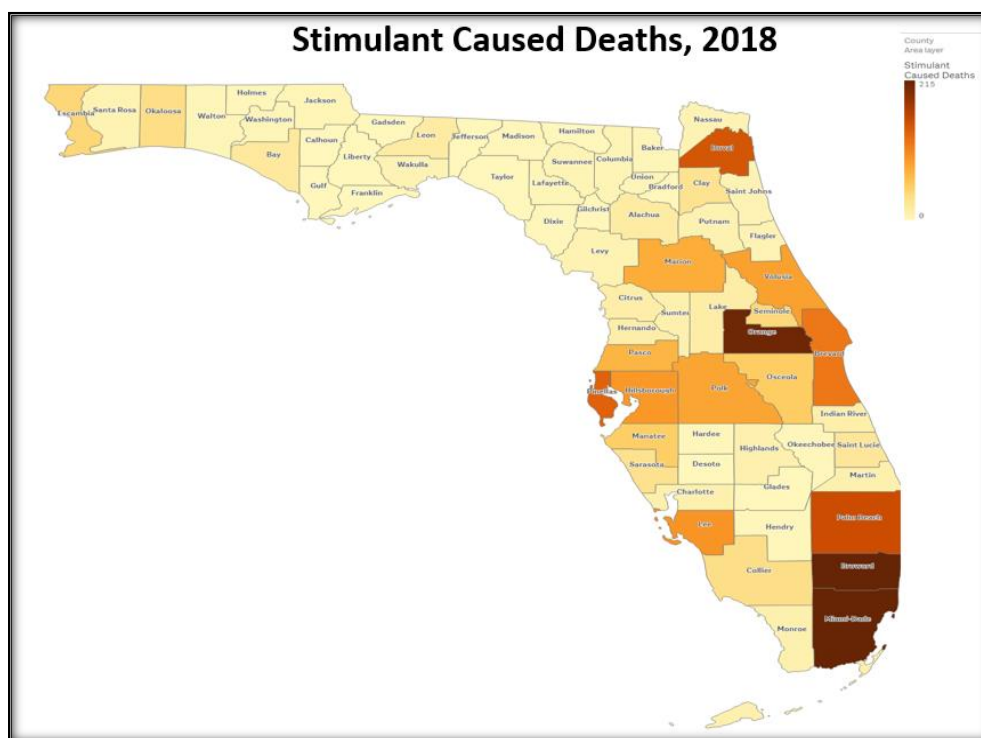


⁴ CDC. <https://www.cdc.gov/drugoverdose/opioids/fentanyl.html>

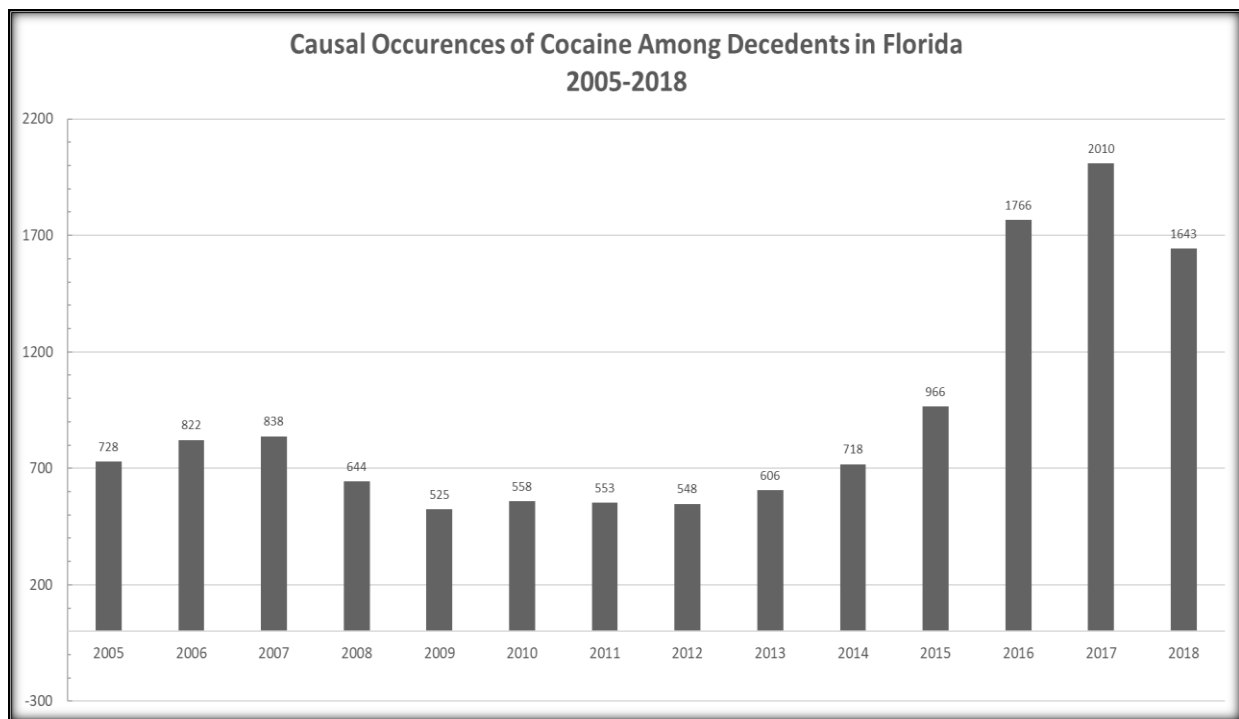
⁵ 2019 Drug Enforcement Administration National Drug Threat Assessment (Washington: U.S. Drug Enforcement Administration, January 30, 2020) <https://www.dea.gov/sites/default/files/2020-01/2019-NDTA-final-01-14-2020_Low_Web-DIR-007-20_2019.pdf>.

Cocaine and Heroin Caused Deaths

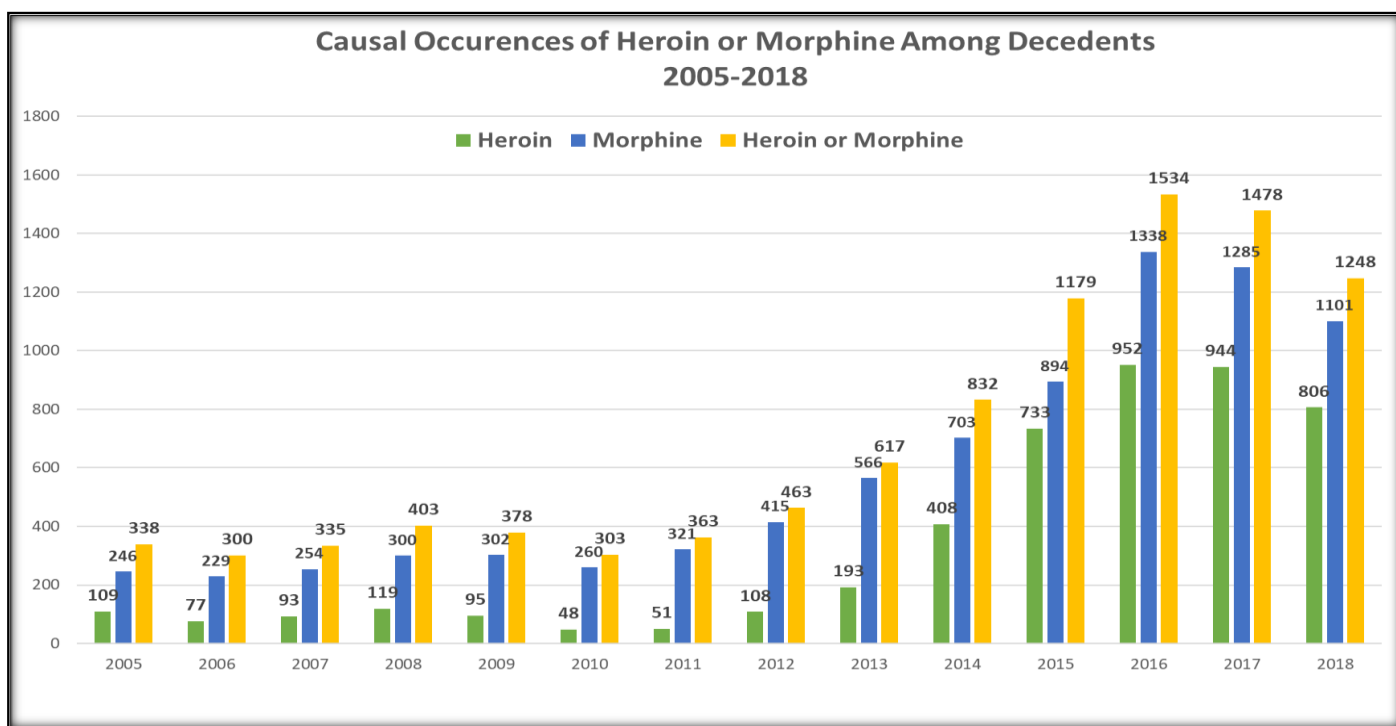
From 2010 to 2018, there has been an increase in the number of deaths involving multiple drugs as the cause including prescription and synthetic opioids, heroin, cocaine, and other illicit or prescription drugs. Of the 3,726 opioid-caused deaths, 79% (2,944) died from causal poly-drug combinations, and of those deaths, 50% (1,859) listed multiple opioids as the cause. Recent data indicate that the involvement of opioids in stimulant-involved deaths is increasing. In 2018, 2,252 deaths were reported in Florida where at least one stimulant was identified as a cause of death. The stimulants included in this analysis were cocaine, amphetamine, methamphetamine, cathinone, and sympathomimetic amines. The southern half of the state has the highest burden of stimulant-caused deaths except for Duval County. Of the 3,726 opioid-caused deaths, 1,479 (40%) were caused by a combination of both an opioid and a stimulant, and a total of 4,500 deaths were reported in Florida where at least one opioid or stimulant was identified as a cause of death.



Cocaine, while not an opioid, saw a resurgence and a dramatic increase in causal deaths after a decline from 2007-2009 and stabilization through 2013. In 2018, 1,643 cocaine-caused deaths occurred, an 18% decrease from 2017. Of those deaths, 68% (1,126) were poly-drug involving at least one opioid as a causal occurrence, a 17% decrease since 2017. In recent years (2016-2018), approximately 67% of deaths caused by cocaine were also caused by at least one opioid. Approximately 55 - 60% of deaths caused by methamphetamine/amphetamine were also caused by at least one opioid. Fentanyl and fentanyl analogs were listed as causal in 65% (728) of cocaine-caused deaths during this time.



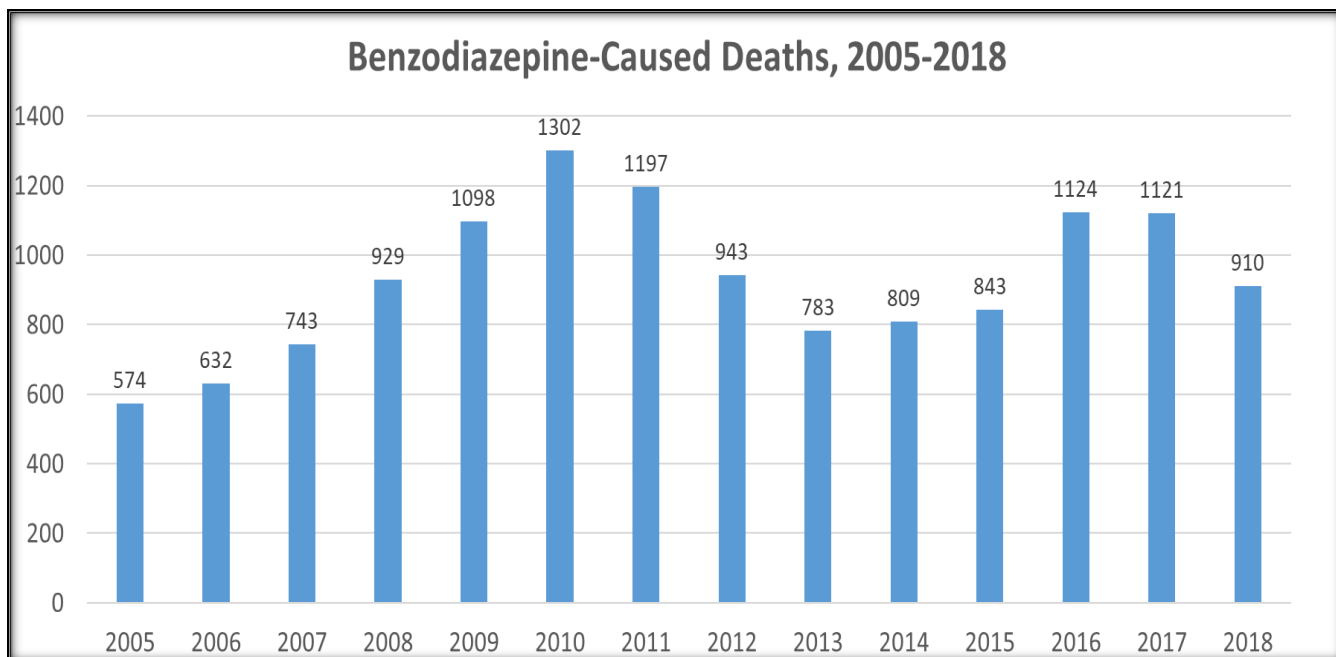
Since heroin is rapidly metabolized to morphine in the body, there is an unknown over-reporting of morphine-related deaths and under-reporting of heroin-related deaths. By examining the data together as heroin or morphine, a more complete picture is created. Between 2005 and 2010, deaths caused by morphine or heroin were relatively steady, but Florida began to see an increase in 2011 that continued through 2016. In 2017, heroin and morphine-caused deaths began to decrease, and 2018 represents the second year a decrease occurred in both heroin and morphine-caused deaths since 2010.



In 2018, 1,248 decedents had either heroin or morphine listed as a cause of death by the medical examiner, representing 33% of all opioid-caused deaths. This is a 15% decrease from 2017. Fentanyl and fentanyl analogs contributed to 59% (747) of deaths caused by heroin or morphine, a 5% increase from 2017. While the overall number of heroin or morphine deaths decreased from 2017 to 2018, the number and percentage of those deaths that were also caused by fentanyl or fentanyl analogs increased.

Benzodiazepines and Opioids

In 2018, 910 deaths were reported in Florida where at least one benzodiazepine was identified as a cause of death – a 19% decrease from 2017. Benzodiazepines peaked in causal deaths in 2010 and then declined, like opioids, as the state made efforts to reduce diversion of prescription medications. After several years of decline, deaths caused by benzodiazepines began to see a rise once again in 2014. However, 2017 indicated the beginning of another decrease trend which continues through 2018.



In 2018, 85% (774) of benzodiazepine deaths were caused by poly-drug combinations of benzodiazepines and opioids. Of those deaths where benzodiazepine and opioids both played a causal role, 51% (395) also listed fentanyl or fentanyl analog as a cause. Alprazolam (Brand name: Xanax®) continues to be the main contributor of 72% of benzodiazepine-caused deaths.

Opioid-Associated Emergency Medical Services Response

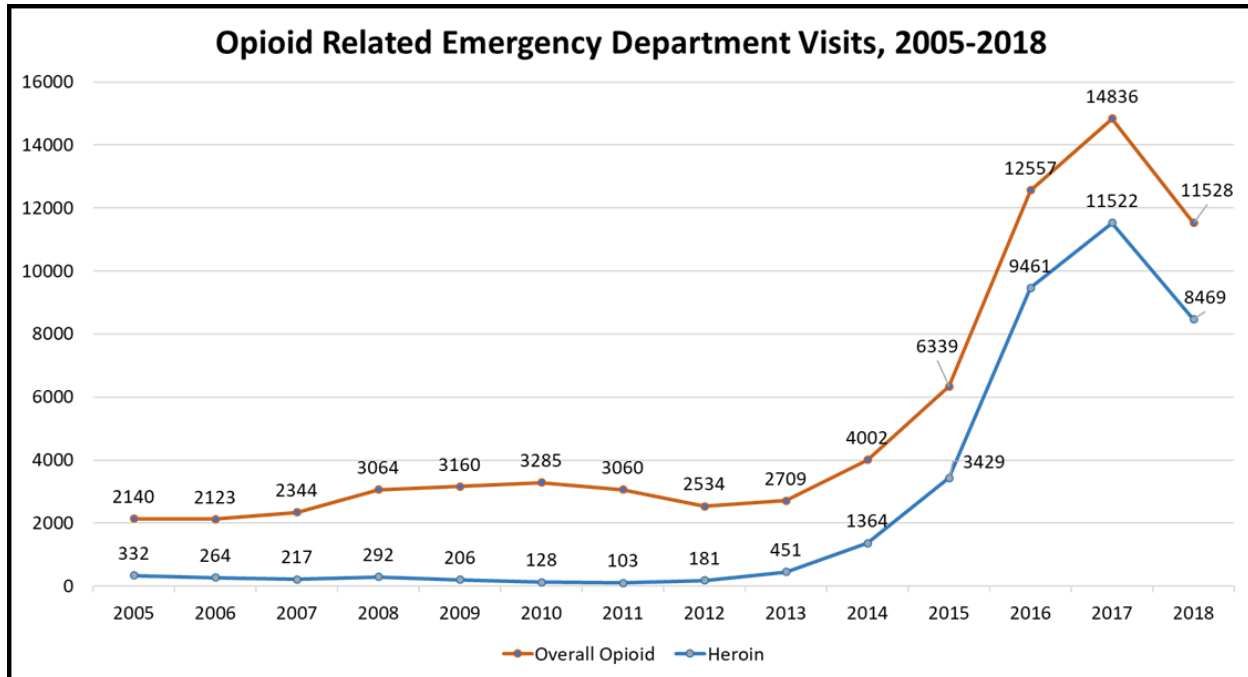
Emergency medical services (EMS) pre-hospital interactions with individuals experiencing a suspected drug overdose resulted in 44,507 responses, and 14,226 EMS responses for a suspected non-fatal opioid overdose in Florida in 2018. Administration of an opioid antagonist by EMS occurred in 27,302 responses. The case definition for an opioid-involved overdose includes the following: the medication administered is Naloxone and patient exhibits positive response, no matter the primary or secondary impression listed or the primary or secondary impression of any of the following ICD-10 CM “T40.1 - T40.4, T40.60, T40.69, F11” codes. This data was provided by the Florida Department of Health’s Bureau of Emergency Medical Oversight. This bureau includes the EMS section and the Emergency Medical Services Tracking and Reporting System (EMSTARS), the database where incident-level, pre-hospital EMS data is reported. Florida’s EMSTARS database receives information from EMS agencies that represent roughly 90% of the total number of prehospital EMS runs in Florida. Utilizing data from EMSTARS, non-fatal overdose data were analyzed by the Florida Department of Health’s Enhanced State Opioid Overdose Surveillance Program (ESOOS) summarized in surveillance reports and online dashboards and presented in this report.

Opioid-Associated Emergency Department Visits

Emergency departments (EDs) play an important role in the treatment of drug poisoning events. In 2018, Florida saw 17,741 opioid-related hospital visits, nearly 65% (11,528) were ED visits (22% ↓ from

2017) and 35% (6,213) were inpatient visits (12% ↓ from 2017). Of the 11,528 opioid-related ED visits, 73% involved a heroin ICD-10 Code. Of 6,213 inpatient visits, 30% involved a heroin ICD-10 code.

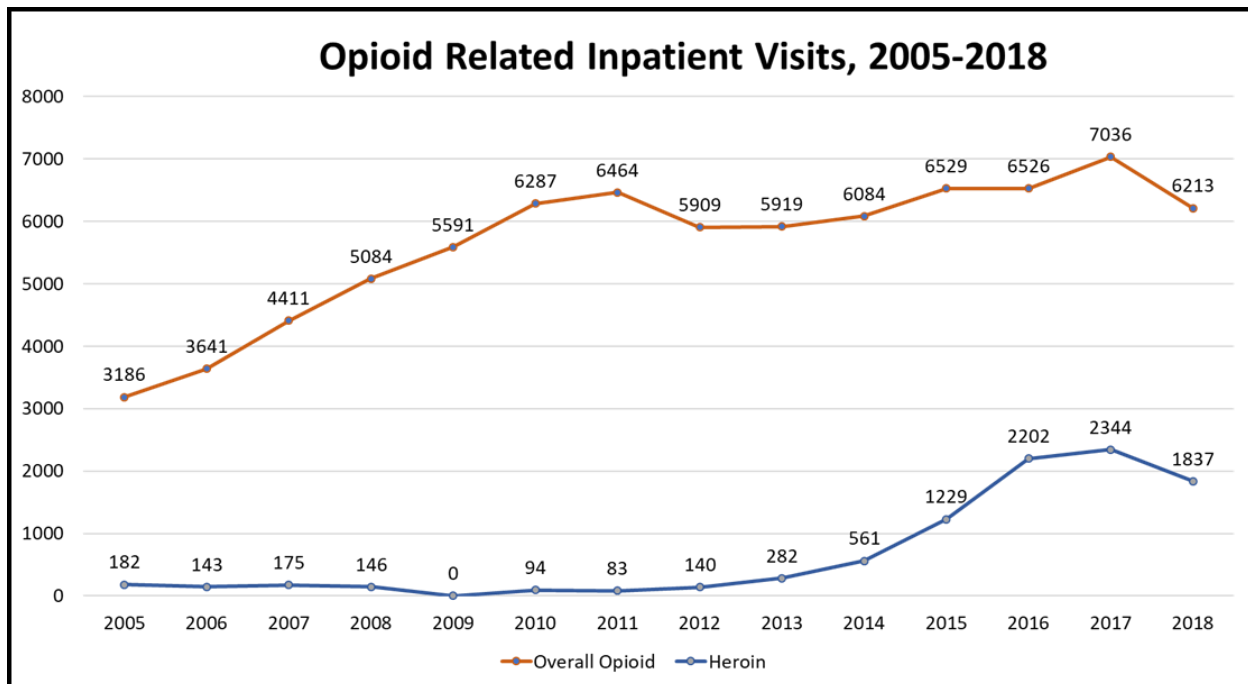
Inpatient visits include visits where a patient is first seen in an ED and is then admitted to the hospital. In that scenario, the visit is only reported as an inpatient, the ED visit is not reported.



This data was provided by the Florida Agency for Health Care Administration (AHCA). Data on outpatient emergency department visits represent only those who were admitted to the ED, and not subsequently admitted as an inpatient stay. Principal ICD-CM Diagnosis Code or Other ICD-CM Diagnosis Code (tenth revisions of Classification of Diseases Clinical Modification and Related Health Problems (ICD-10-CM)) for opioid drug poisoning were included in this analysis.

POISONING DIAGNOSIS	ICD-9 CM CODE	ICD-10 CM CODE
OPIUM	965.00	T40.0X
HEROIN	965.01	T40.1X
OTHER OPIOIDS		T40.2X
METHADONE	965.02	T40.3X
SYNTHETIC NARCOTICS		T40.4X
UNSPECIFIED NARCOTICS		T40.60X
OTHER NARCOTICS		T40.69X
OTHER OPIATES AND RELATED NARCOTICS	965.09	
BENZODIAZEPINES	969.4	T42.4X1A

AHCA data is collected from healthcare facilities that are responsible for coding patients with appropriate ICD codes. Some limitations to this data exist. For instance, ICD-9-CM and ICD-10-CM codes for drug use are subject to coding errors and misclassification (e.g., historical use versus current use). ICD codes also changed from ICD-9 to ICD-10 in the 4th Quarter of 2015. These changes may attribute to an unknown difference in data coding and reporting before and after that time. This data does not solely reflect overdoses and does not represent individual patients but individual ED visits.



Opioid-Related Emergency Department Visitations, 2005-2018

In 2018, there were 11,528 overall opioid-related ED visits (including at least one opioid-related ICD code as a principal or other diagnosis). From 2005 to 2012, overall opioid-related ED visits peaked during the “pill mill” crisis in 2010 and were subsequently followed by a decrease. This mirrors the trends of opioid-associated deaths in the state but with a less dramatic rise and decline. An increase in overall opioid-related visits started again in 2013. In 2017, opioid-related ED visits grew to almost 6 times that of 2012 (2,534 to 14,836). This increase can almost solely be attributed to the increase in ED visits coded as heroin. While there was a decrease in heroin-related ED visits during the peak of the “pill mills” in 2010, Florida not only experienced a dramatic increase in heroin-related ED visits from 2013-2017, but heroin also comprised a larger percentage of overall opioid-related visits – 4% in 2010 to 78% in 2017.

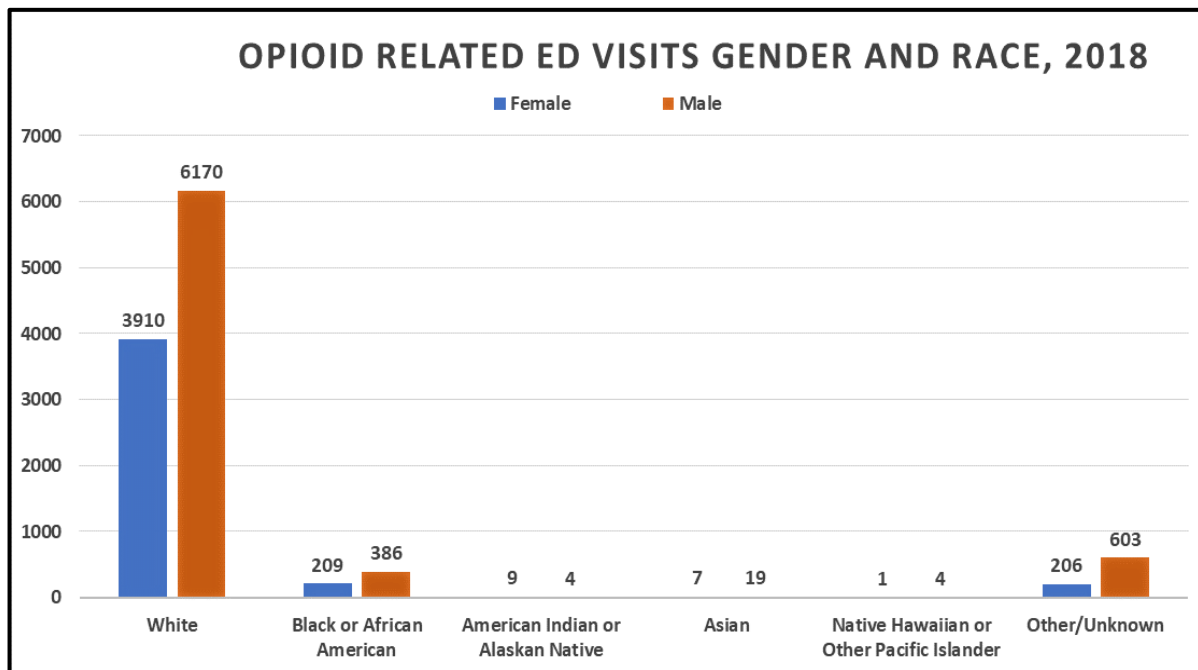
The most dramatic increase in ED visits was seen between 2015 and 2016, with a doubling of overall opioid visits and a near tripling of heroin visits. While there is an upward trend of an increase in opioid and heroin-related ED visits between 2016 and 2018, the increase is not nearly to the scale seen between 2015 and 2016. In 2018, there was an 18% increase in overall opioid-related ED visits and a 22% increase in ED visits involving heroin from 2016.

Amid the opioid epidemic in Florida, the change from ICD-9 to ICD-10 in the 4th Quarter of 2015 may have had an unknown impact on reporting and accounted for some of the increase. This may have

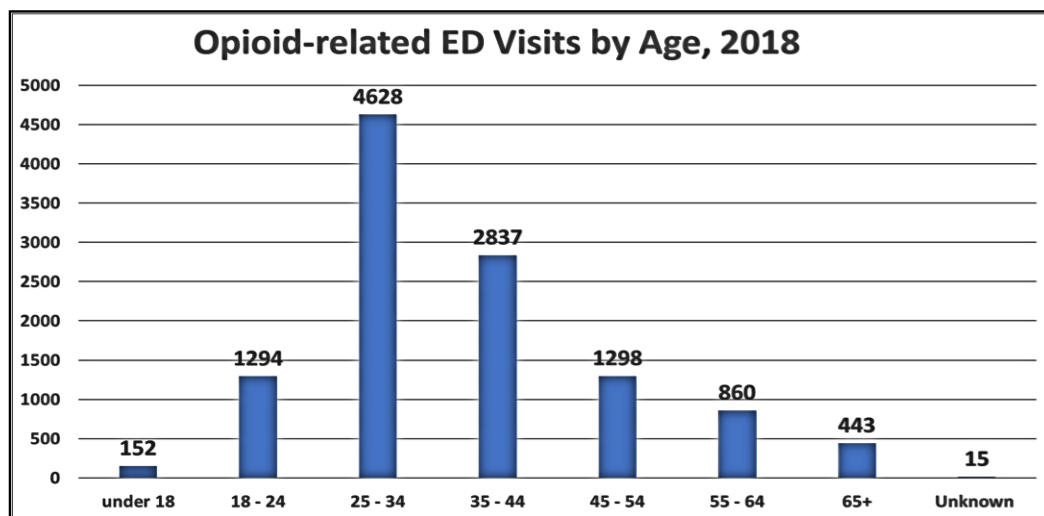
included possible misclassification or coding error for fentanyl and fentanyl analogs, or heroin intentionally or unintentionally cut with fentanyl and fentanyl analogs.

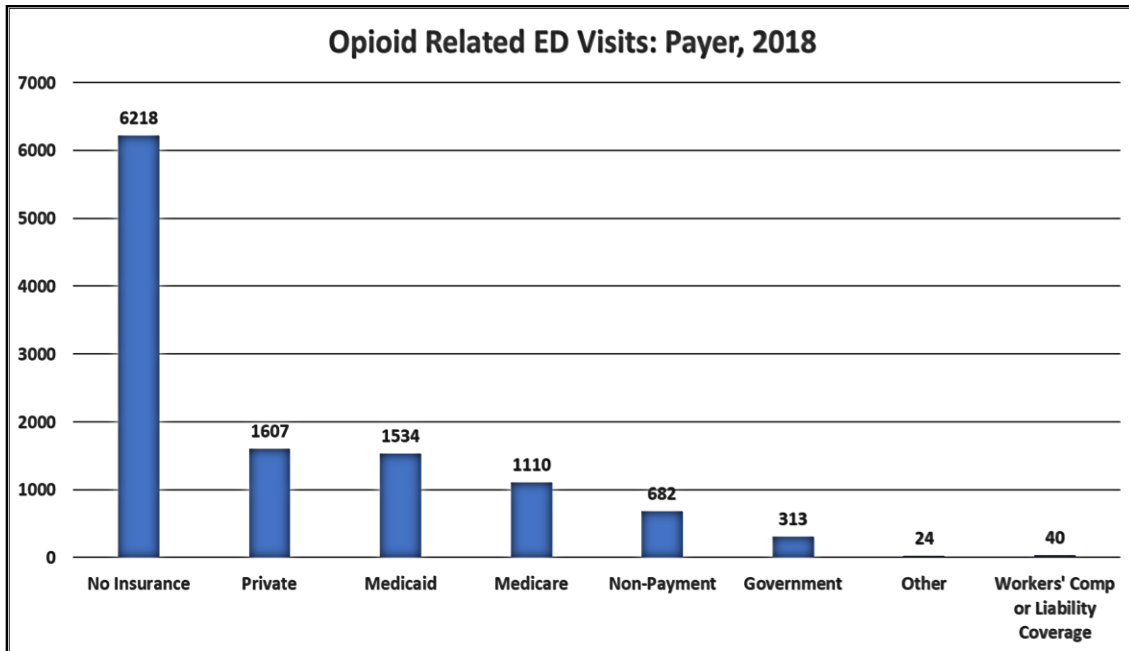
Demographics

In 2018, 54% (6,170) of the opioid-related ED visits were white, male patients.



When analyzing opioid-related ED visits by age group, the 25-34-year-old age group has continued to have the highest total number of opioid-related ED visits, representing 40% (4,628) of ED visits. The distribution of ED visits for opioids represented the same pattern as 2016-2017.

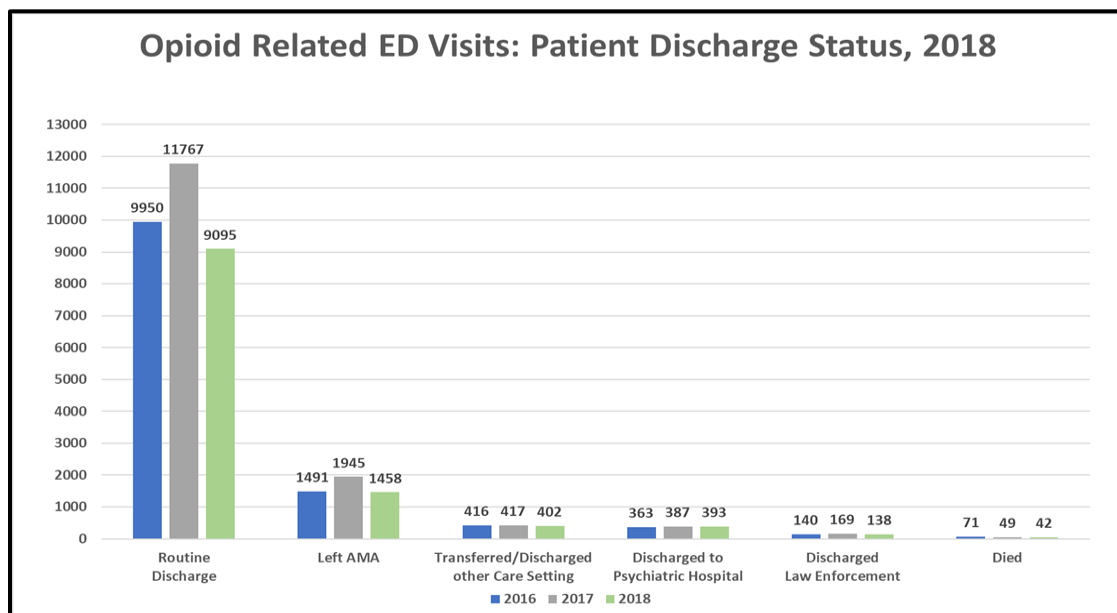




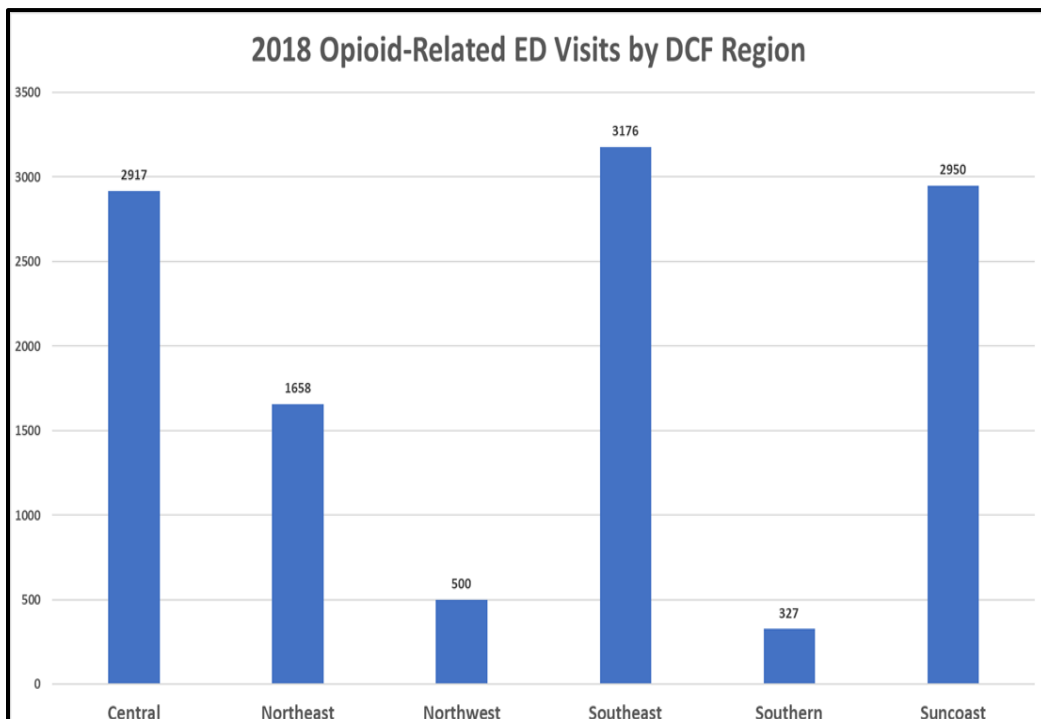
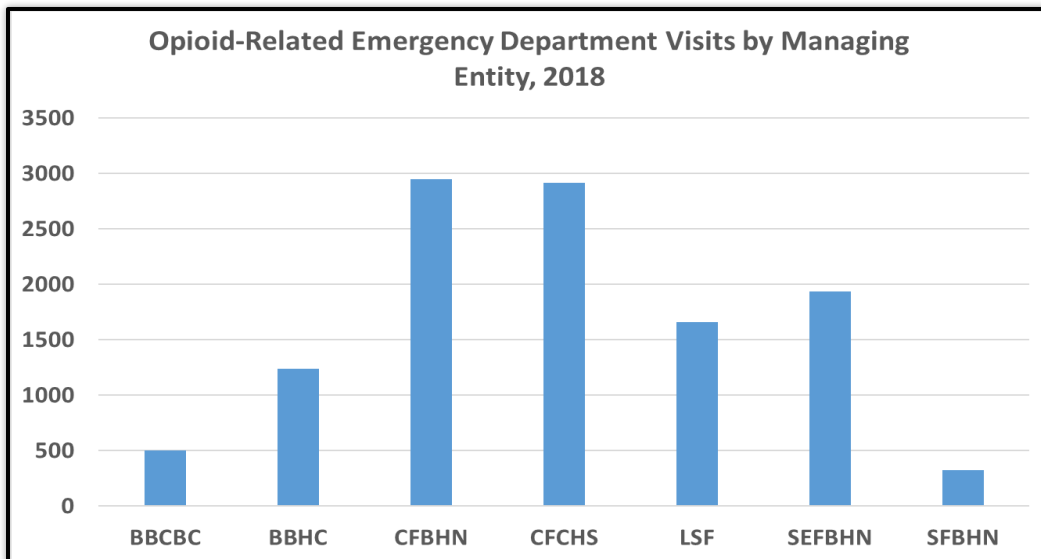
A disparity exists in the cost associated with opioid-related ED visits. A large portion of ED visits are either being paid out-of-pocket by patients or absorbed by hospital safety nets. In 2018, 54% (6,218) of all opioid-related ED visits involved patients without insurance (self-pay), a 1% increase from 2017.

Discharge and Hospital-Bridge Programs

From 2016 to 2018, Florida experienced a continued trend of 79% (9,095) of all opioid-related ED visits released under routine discharge (self-care), 13% (1,458) left against medical advice (AMA), and 3.5% (402) transferred to other care settings. While the ED is a vital location to reach out to those with substance use disorders, of those nearly 17,000 ED and inpatient visits, it is unknown how many included naloxone in a discharge package, linkage to treatment, a coordinated care program, or other services.



The Department partners and contracts with community-based agencies for behavioral health services through regional systems of care called Managing Entities. Florida has seven Managing Entities, and six regions throughout the state. These entities do not provide direct services; rather, they administer funding from the Department through subcontracts with community-based care providers, allowing funds to be tailored to the specific behavioral health needs in the various regions of the state. Of the seven Managing Entities, the majority of the opioid-related ED visits occurred within the Central Florida Behavioral Health Network (CFBHN) (26%) and Central Florida Cares Health System (CFCHS) (25%). Of the six regions, 28% of the opioid-related ED visits occur in the Southeastern region of the state.



Source: Agency for Healthcare Administration, 2019

Drug Consumption and Distribution

Florida E-FORCSE

In the early 2000s, pain clinics in Florida were prescribing large quantities of prescription medications with little medical justification, some of which included: opioid analgesics, benzodiazepines, and muscle relaxants.



Prescription Drug Monitoring Program

According to the CDC, prescription drug monitoring programs (PDMPs) are among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. The Florida Prescription Drug Monitoring Program (PDMP), known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), was created in 2009 by the Florida Legislature through an initiative to encourage safer prescribing of controlled substances and to reduce drug misuse and diversion within the state of Florida⁶. The PDMP provides information to health care practitioners to assist in guiding their decisions to prescribe and dispense certain scheduled prescription drugs, collecting prescribing and dispensing data for controlled substances in Schedules II, III, and IV.⁷ E-FORCSE was implemented in 2011, and the regulations around use of the PDMP have changed in recent years. In 2017, prescription drug dispenser reporting to E-FORCSE was mandated no later than the close of the next business day by House Bill 557. In 2018, House Bill 21 was passed by the Florida Legislature expanding required use of the PDMP, requiring each prescriber or dispenser to query the PDMP prior to prescribing or dispensing a controlled substance to a patient. In addition, PDMP access has been expanded to Medical Examiners and employees of the United States Department of Defense and Indian Health Service who provide health care services. Under the new law, prescriptions for an opioid listed as a Schedule II controlled substance to treat acute pain, are limited to a 3-day supply, and under certain circumstances up to a 7-day supply.

The following data was provided by the Florida Department of Health, E-FORCSE®, and the Department of Health Outcomes and Policy at the University of Florida, College of Medicine. This database does not contain numbers on the broader opioid epidemic, such as heroin and fentanyl-analogues. Below are highlights on the accomplishments of the Florida PDMP from the 2018-2019 Annual Report⁸:

- Since House Bill 21 took effect in July 2018, which requires prescribers and dispensers to consult the Prescription Drug Monitoring System (PDMS) before prescribing or dispensing a controlled substance and authorizes health care practitioners employed by the U.S. Department of Veterans Affairs, Department of Defense and Indian Health Service who are not licensed in Florida to request information from the PDMS, there has been a 43.3% and 100.1% increase in dispenser and prescriber registrations, respectively.

^{6, 8} Florida Department of Health E-FORCSE (2019). 2018-2019 Prescription Drug Monitoring Program Annual Report. <http://www.floridahealth.gov/statistics-and-data/e-forcse/laws-rules/2019-pdmp-annual-report.pdf>

⁷ E-FORCSE®, the Florida Prescription Drug Monitoring Program. <http://www.floridahealth.gov/statistics-and-data/e-forcse/index.html>

- There has been a 13.6% decrease in the number of Schedule II through IV opioid prescriptions dispensed to patients and a 53.3% decrease in the average daily morphine milligram equivalents (MME) per prescription when compared to report year 2018.
- Florida has seen an 80.7% reduction in the number of individuals having Multiple Provider Episodes (MPEs).
- The PDMP has integrated into 455 entities' electronic health recordkeeping (EHR) systems across the state, allowing prescribers and dispensers to access PDMP information within their existing clinical workflow.

Prevention and Interventions

Naloxone Distribution

The Department of Children and Families' Office of Substance Abuse and Mental Health's Overdose Prevention Program (OPP) provides training and technical assistance to community-based organizations to distribute naloxone directly to people at risk of experiencing an overdose, including people who use drugs, and to their peers and family that may witness an overdose. The training provided covers recognition and response to an opioid overdose, naloxone administration, best practices for naloxone distribution, and information on Florida's 911 Good Samaritan law. Since the program was initiated in 2016 through August 2020, the OPP has 149 participating providers across Florida with over 103,000 kits dispensed to individuals at risk of experiencing or witnessing an overdose. Over 5,000 overdose reversals have also been reported since 2016. In addition, 175 trainings have been conducted educating over 4,460 individuals on overdose prevention and naloxone.

Florida Department of Children and Families' Opioid Overdose Prevention Awareness Campaign

Florida's Partnership for Success grant consists of several activities including an Opioid Overdose Prevention Awareness Campaign that aims to increase awareness and access to naloxone across the state of Florida. The ISAVEFL Campaign educates Floridians on the risks of misusing opioids while also providing information on treatment options for opioid use disorder as well as recovery resources. The Campaign's website www.isavefl.com has a naloxone locator to search for the closest provider that distributes naloxone for free to those at risk of an opioid overdose or witnessing an opioid overdose including loved ones, peers, and family members.

The Campaign site has resources and links to SAMHSA's treatment locator in addition to deliverables and materials on signs of opioid overdose and steps on how to respond to an overdose. Other brochures, posters, palm cards, and social media ads are available in the online toolkit.

The Campaign recently expanded its scope and targeted audience to include young adults 12-20 who may be at risk of opioid misuse as well as their parents or caregivers. The Department's Campaign will be relaunched in the fall of 2020 covering topics related to opioid use prevention, treatment, and recovery. Resources may also cover important topics including safe disposal, medication takeback days, and medication-assisted treatment.

Florida's State Epidemiological Outcomes Workgroup (SEOW)

Florida's State Epidemiological Outcomes Workgroup (SEOW) is a key component of the PFS grant. Florida's SEOW plays several roles in state, regional, and community opioid morbidity and mortality surveillance. Membership consists of epidemiologists and individuals from a variety of key sectors, including substance use prevention, intervention, and treatment. Representation of state agencies includes the Department of Children and Families (DCF), the Florida Department of Law Enforcement (FDLE) – Medical Examiners Commission, the Florida Department of Health (DOH), the Florida Agency for Health Care Administration (AHCA), and the Florida Department of Education (DOE). In addition, the SEOW's membership includes a representative from each of the eight Drug Epidemiology Networks (DENs) that operate in the selected PFS counties, including Broward, Duval, Hillsborough, Manatee, Palm Beach, Taylor, Walton, and Washington.

The following are highlights of each DEN's opioid surveillance annual report submitted to the Department in July 2019.

Broward

- During the first half of 2018, there were 295 opioid-related deaths reported in Broward County including oxycodone (31), hydrocodone (6), methadone (5), morphine (63), and fentanyl including non-pharmaceutical fentanyl analogues (190). Opioids were listed as the cause of death in 81% (241) of those decedents.
- Heroin was ruled “a cause of death” for 84.7% of the Broward cases in 2018 and was found in combination with at least one other drug in 98% of the deaths.
- Substance abuse providers in Broward County reported 334 treatment admissions for opioids and 670 treatment admissions for heroin during 2018.

Duval

- Duval continues to see a high number of opioid-related arrests, specifically heroin (41.5%) and prescription drugs (42.1%).
- There were 247 opioid-caused deaths during the first half of 2018 in Duval.
- The Florida Youth Substance Abuse Survey data reports the first decrease since 2010 in prescription pain reliever misuse for Duval County high school youth.

Hillsborough

- There was a total of 267 overdose deaths, of which 210 were opioid deaths. Of the 267 overdose deaths, 238 deaths were determined accidental.
- In 2018, EMS and Fire Rescue responded to 4115 overdose calls and of those, 1,194 were opioid overdose calls treated with Narcan.

Manatee

- There have been significant reductions from 2017 to 2018 in total number of opioid overdoses, opioid-caused deaths (115 to 71), naloxone administrations (1,624 to 871) and babies born diagnosed as NAS or substance exposed.

Palm Beach

- There were 647 opioid caused deaths and 3,880 non-fatal overdose visits in the hospital emergency and inpatient department.
- There are 411 officers trained in naloxone administration and 345 of them carry naloxone.

Washington

- Methamphetamine and cocaine are the highest drugs seized in the county.
- The top opioids used are hydrocodone and oxycodone.
- Washington County's substance use treatment provider CARE served 148 individuals from multiple counties for opioid use disorder.

Walton

- In the 2018 County Health Rankings for overall health outcomes, Walton County ranked 29th out of 67 counties. For the 42 indicators of access to health, Walton County ranked in the bottom 50th percentile.
- Walton County has two (2) law enforcement agencies that serve the community, the City of DeFuniak Springs Police Department and the Walton County Sheriff's Department. They both have been approved to provide Narcan to the public.
- 966 of 1,506 arrests from fiscal year 2018-19 were directly or indirectly attributed to drug charges.
- Chautauqua Healthcare Services had 17 vials of naloxone available for use, and 31 were distributed in the fiscal year 2018-19. There were 144 Narcan Nasal Kits distributed to the public and internally to staff.

This report was produced in collaboration with the Drug Epidemiology Networks and the staff of the Florida Partnerships for Success Grant.

Amanda Muller, Project Director

Shelby Meaders, Grant Coordinator

Paula Williams, Lead Epidemiologist