REPORT OVERVIEW

The drug-by-drug review of trends, progress, and challenges addresses: underage drinking; nicotine and E-cigarettes; vaping; marijuana; novel psychoactive substances such as synthetic cannabinoids, synthetic cathinones, tryptamines, and piperazines; cocaine; methamphetamine; heroin; non-medical misuse and abuse of medications such as prescription opioids, benzodiazepines, stimulants, and over the counter (OTC) medications; and kratom. The report describes the changing patterns of synthetic cathinones and 3-4 MDMA ("ecstasy") across the state of Florida from 2010 to 2016. The report also explains how the increasing availability of poisonous opiate analogues and their distribution affect the opiate epidemic. The report also describes how heroin deaths increased seventy-four (74) percent in 2015 compared with such deaths in 2014, and there was a one-thousand, two hundred and sixty-seven (1,267) percent increase over the fifty-seven (57) heroin deaths statewide in 2011. Additionally, the report describes how an escalation of importation and distribution of kratom products in the United States over the past three years has raised numerous public health and safety concerns about this drug that is legal in the United States including Florida.

Introduction

Key Highlights

Patterns and Trends

Appendices and Tables

PATTERNS AND TRENDS OF SUBSTANCE ABUSE

WITHIN AND ACROSS THE REGIONS OF FLORIDA

DECEMBER 2016

This product was supported by *the Department of Children and Families Office of Substance Abuse and Mental Health*

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Patterns and Trends of Substance Abuse within and Across the Managing Entity Regions of Florida

December 2016

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Introduction

The national opiate epidemic has escalated in Florida and across the nation during 2016. The driving force for growing numbers of overdoses and deaths has been the rapid spread of illicitly manufactured non-pharmaceutical poisonous opiates mostly from foreign clandestine labs. Such poisonous opiates include carfentanil and up to ten (10) other fentanyl analogues. These drugs are used as adulterants in street heroin or sold as heroin or counterfeit pills. Dramatic increases in cocaine production in South America are already resulting in rising indicators of its abuse in Florida.

Consequences of novel psychoactive substances such as synthetic cathinones (e.g., “flakka” and “mollies”) and fake marijuana synthetic cannabinoids have significantly declined as compared to 2015. Historic declines in alcohol use, binge drinking, and smoking cigarettes among Florida middle and high school students continued in 2016 with the greatest progress observed since 2010.

This report provides a statewide and regional overview of substance abuse issues and trends in Florida. More than twenty million, two hundred and seventy-one thousand (20,271,000 residents) or six and four-tenths (6.4) percent of the United States population live in Florida. Almost one (1) in five (5) Floridians was born in another country, and even more were born in another United States’ State. Thus, Florida’s population is a cultural sample of the Americas and serves as an indicator of emerging issues and changing patterns of substance abuse. This report combines information from existing data sources that have been calculated to provide an overview of recent patterns and trends of drug use in various regions of the State and across all of Florida. The information provided is from multiple sources available as of December 2016. The Florida Department of Children and Families provides behavioral health services to Florida’s diverse population through its seven (7) Managing Entity Regions. Thus, when possible, data have been broken down into these same seven (7) geographical regions.

Section IA. Highlights

- Continuing declines in **underage alcohol** use are confirmed by multiple surveys across all regions of Florida over the past decade.

- Forty (40) percent of students who used alcohol in the past month report **binge drinking** during the past two (2) weeks.

- More than twice as many Florida students report current use of **e-cigarettes** rather than smoking tobacco **cigarettes** whose use has reached historic low levels.

- **Alcohol** was found to be present in forty-nine (49) percent of all drug-related deaths in Florida in 2015 and was determined to be a cause of death for seventeen (17) percent of the decedents in which it was detected.

- Seventy (70) percent of all primary **alcohol** treatment clients Statewide were over the age of thirty-five (35).

- Seventy-five (75) percent of all juvenile (below age eighteen (18)) addiction treatment primary admissions were for **marijuana.**

- **Vaporizing devices** such as e-cigarettes are increasingly reported for use of marijuana, methamphetamine, and novel psychoactive substances.

- The epidemic of **alpha-PVP ("flakka")** use in Broward and Palm Beach Counties during 2015 diminished following the ban by China of that drug and one hundred and fifteen (115) other substances in October 2015.

- There was a sixty-nine (69) percent increase in the number of **fentanyl**-related deaths between 2014 (n=538) and 2015 (n=911) mostly involving illicitly manufactured analogues from clandestine labs. Fentanyl analogues are fueling the dramatic escalation of deaths related to Florida's Opiate Epidemic in 2016.

- **Injecting drug use** was reported by seventy-three (73) percent of heroin treatment clients, forty-four (44) percent of those for prescription opioids, and twenty-nine (29) percent of methamphetamine clients in Fiscal Year 2015-2016.

- **Heroin** deaths escalated across Florida totaling seven hundred seventy-nine (779) during 2015, a seventy-four (74) percent increase over the four hundred forty-seven (447) heroin deaths in 2014 and almost fourteen (14) times as many as in 2011 (n=57).

- Half of Florida's **heroin** decedents in 2015 were below the age of thirty-five (35) as were sixty-nine (69) percent of heroin addiction treatment clients.

- **Cocaine** deaths are increasing as is its production in Colombia and trafficking to Florida.

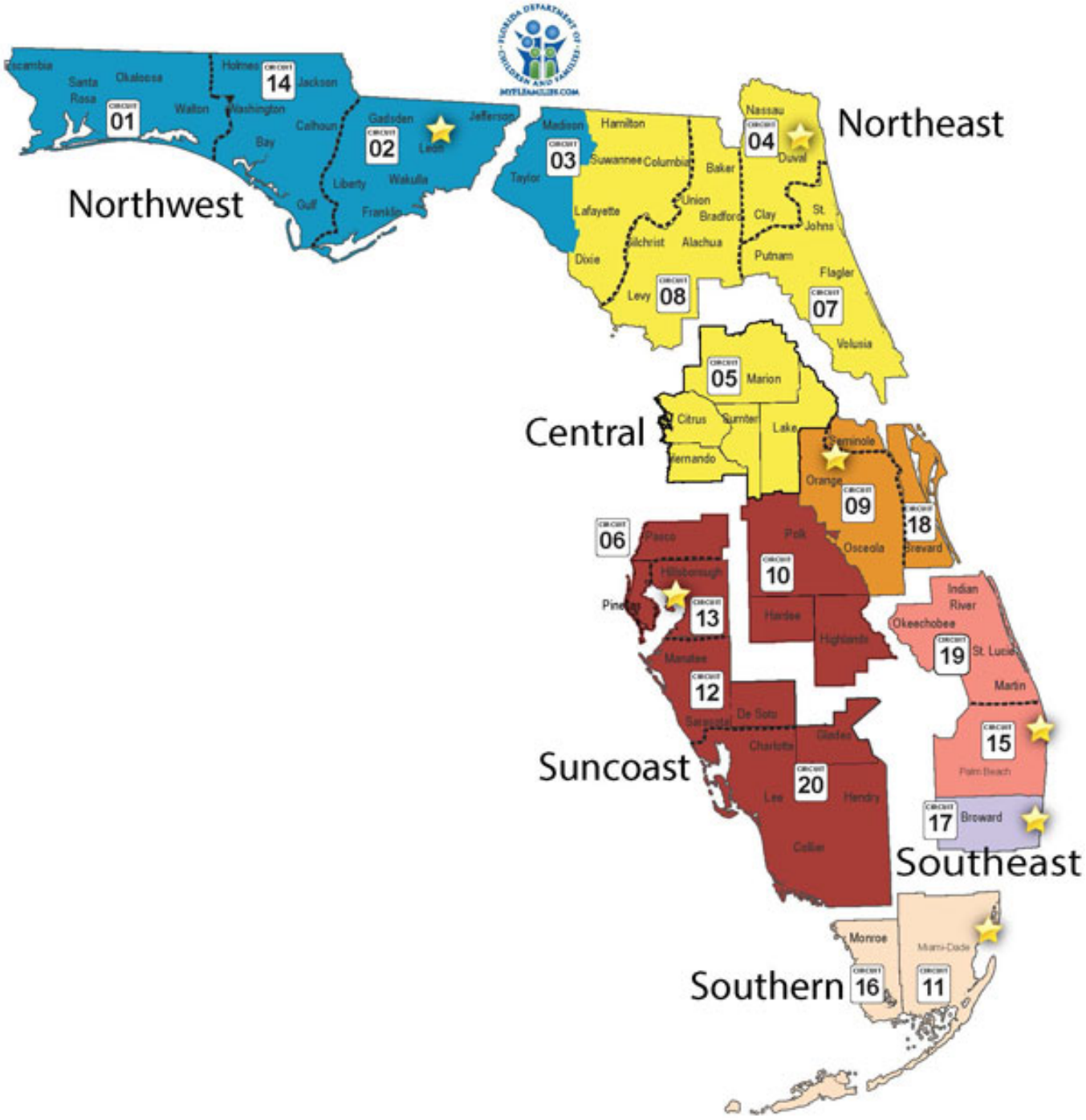
- **Methamphetamine** deaths increased in Florida by one hundred sixty-five (165) percent between 2011 and 2015.

- There are some variations, but most patterns and trends of substance abuse are similar within and across the seven (7) Managing Entity Regions of Florida.

Section IB. Florida's Managing Entity Regions

The total population of Florida as of July 1, 2016 was twenty million, six hundred twelve thousand, four hundred thirty-nine (20,612,439) (United States Census Bureau). Population estimates in this report are based on the National Survey on Drug Use and Health's substate total of sixteen million, six hundred and thirty-two thousand, eight hundred and twenty (16,632,820) residents aged twelve (12) and above in 2014. The Department of Children and Families provides behavioral health services to Florida's diverse population through its seven (7) managing entity regions as shown on the following map. Consequently, when possible, data in this report have been broken down into these same seven (7) geographical regions.

DCF Managing Entity Regions



Counties within Florida's Managing Entity Regions

Northwest Region: Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington Counties

Northeast Region: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia Counties

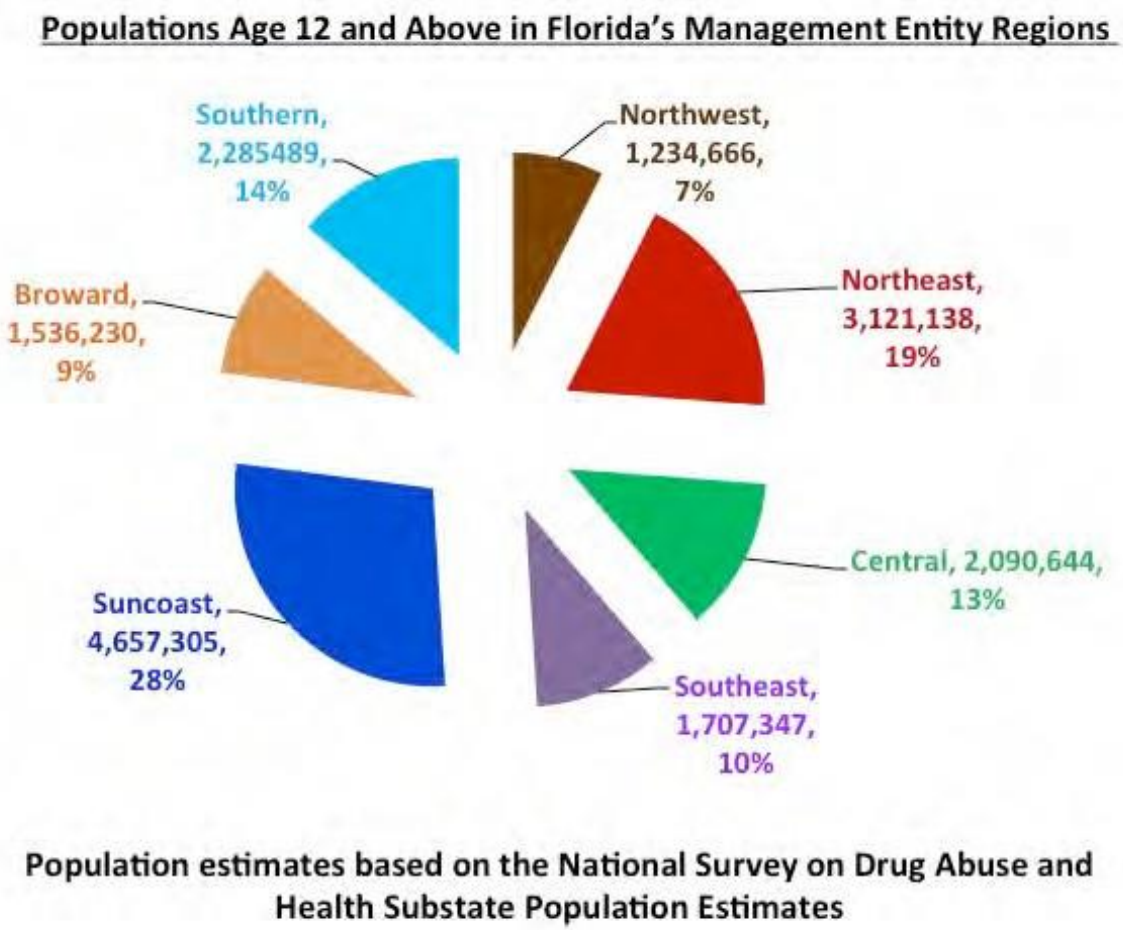
Central Region: Brevard, Orange, Osceola, and Seminole Counties

Suncoast Region: Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota Counties

Southeast Region: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties

Broward Region: Broward County

Southern Region: Miami-Dade and Monroe Counties



Section IC. Data Sources

Center for Disease Control and Prevention: 2003 to 2015 Youth Risk Behavior Surveillance System (YRBSS) bi-annual Surveys

Florida Agency for Health Care Administration: Opioid Poisoning Hospitalization Cases 2007-2014

Florida Department of Children and Families: Primary Drug Treatment Admissions in Florida for Fiscal Year 2015-2016 by Managing Entity Regions

Florida Department of Children and Families: Florida Youth Substance Abuse Surveys 2000 – 2016 and Florida Youth Tobacco Surveys 2006 – 2016

Florida Department of Law Enforcement: Arrests Reports by Florida Judicial Circuits 2014-2015

Florida Medical Examiners Commission Annual Report on Drugs Detected in Deceased Persons in Florida 2011

Florida Medical Examiners Commission Annual Report on Drugs Detected in Deceased Persons in Florida 2012

Florida Medical Examiners Commission Annual Report on Drugs Detected in Deceased Persons in Florida 2013

Florida Medical Examiners Commission Annual Report on Drugs Detected in Deceased Persons in Florida 2014

Florida Medical Examiners Commission Annual Report on Drugs Detected in Deceased Persons in Florida 2015

Florida Youth Survey

US Drug Enforcement Administration: National Forensic Laboratory Information System (NFLIS): Florida crime lab cases January to June 2016 data (Queried: July 25, 2016)

US Substance Abuse and Mental Health Administration: Substate Estimates from the 2012-2014 National Survey on Drug Use and Health (NSDUH)

SECTION II. PATTERNS AND TRENDS of DRUG USE

Alcohol

Underage Drinking

The National Survey on Drug Use and Health (NSDUH) reports there are an estimated four hundred seventy-five thousand, seventy-three (475,073) young persons in Florida ages twelve to twenty (12-20) years (or twenty-two point seven (22.7) percent) who are current users of alcohol having had at least one (1) drink in the thirty (30) days prior to their taking the Survey. Among those underage drinkers are an estimated two hundred sixty-one thousand, eight hundred thirteen (261,813) or twelve point five one (12.51) percent of twelve to twenty (12-20) year olds in Florida who report having had at least five (5) or more drinks in a row on at least one (1) occasion in the last thirty (30) days (i.e., "binge drinking"). The same Survey reveals reductions in any current alcohol use and in binge drinking since 2002 among national and Florida youth. The declining trend lines of underage drinking rates for both the State and nation parallel one another with the Florida rates consistently slightly below those of the nation (Exhibits 1 and 2).

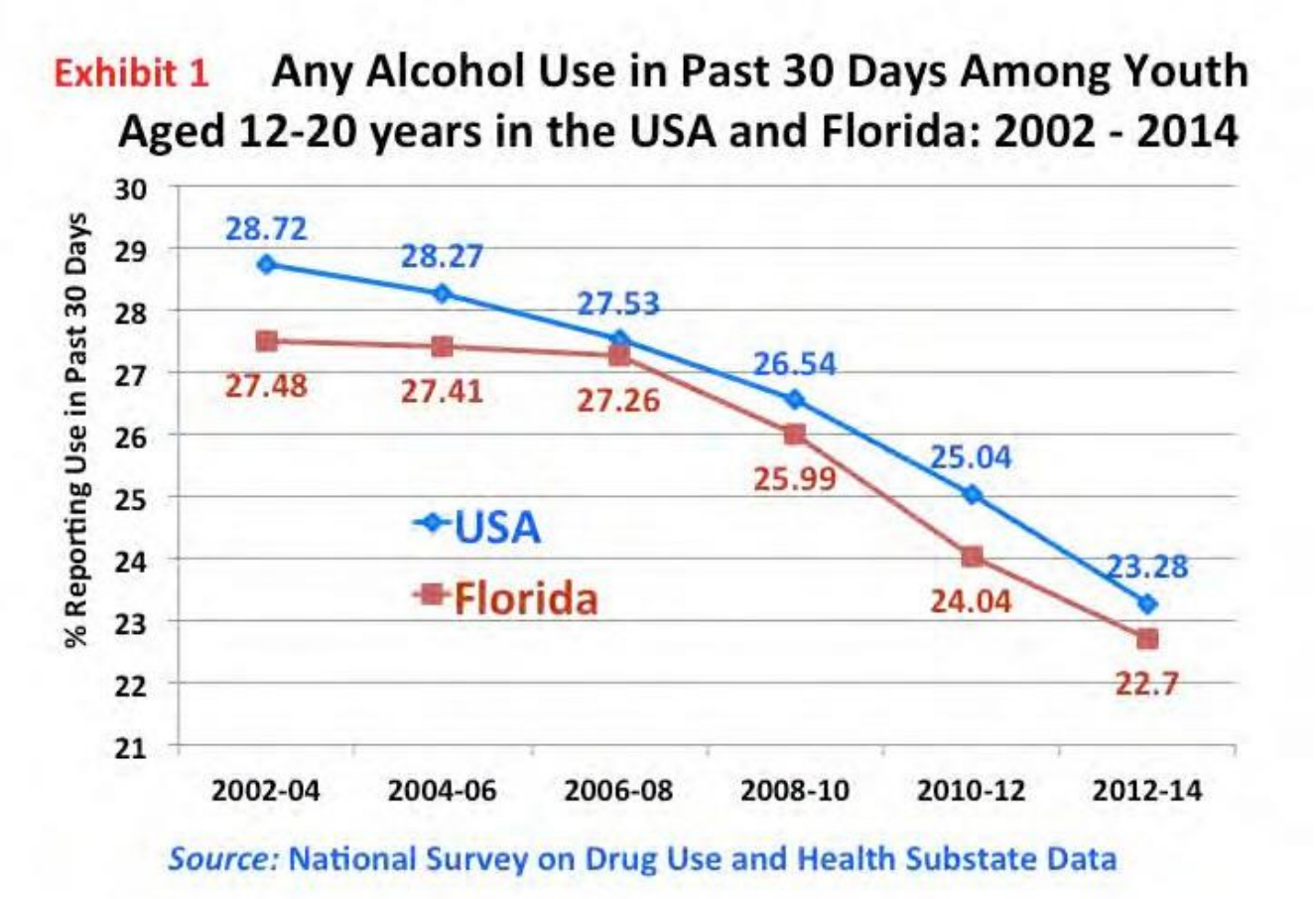
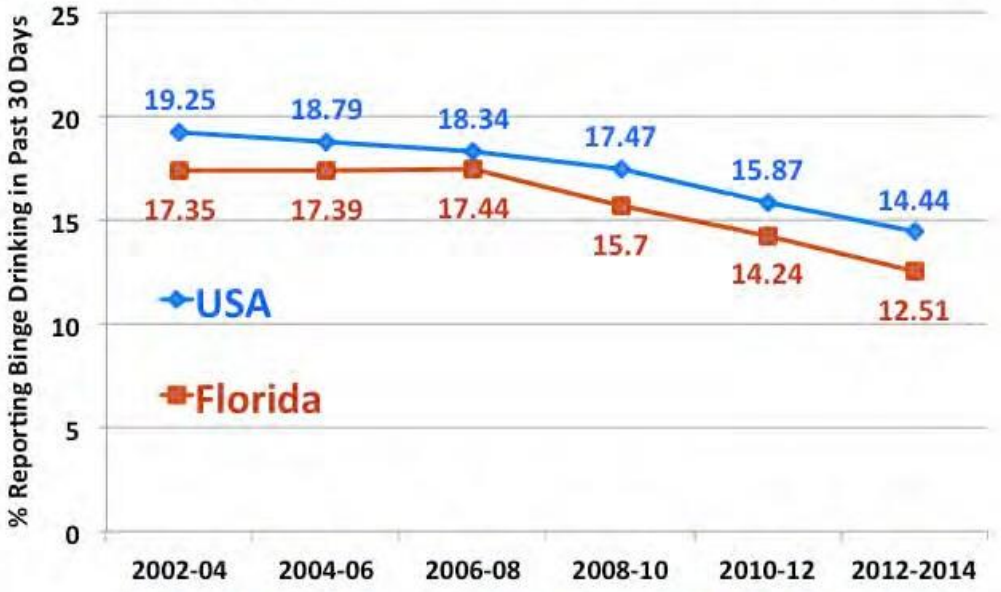


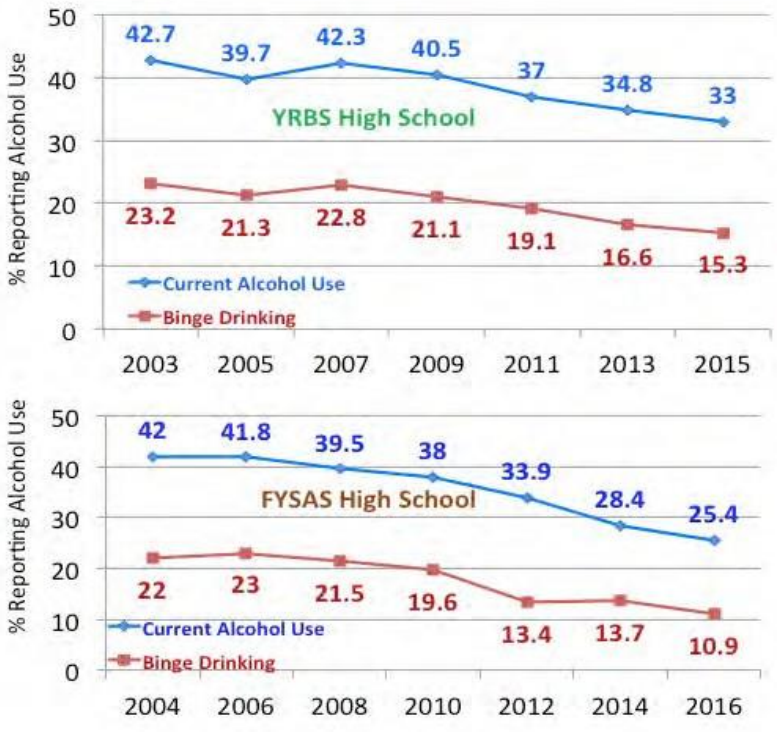
Exhibit 2 **Binge Alcohol Use in Past 30 Days among Youth Aged 12-20 years in the USA and Florida: 2002 - 2014**



Source: National Survey on Drug Use and Health Substate Data

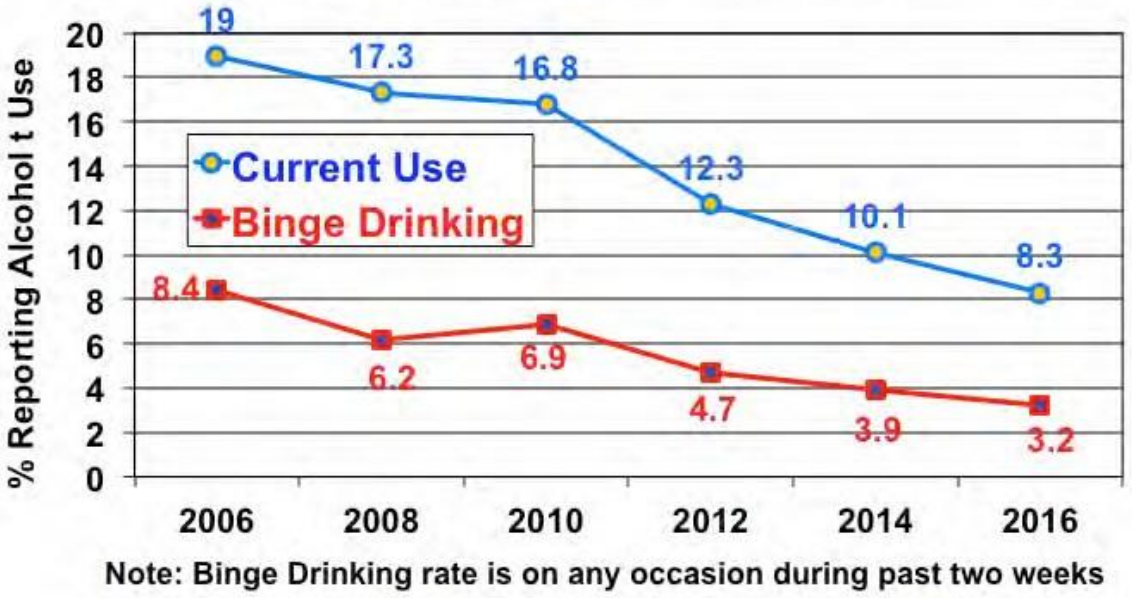
The declining prevalence of underage alcohol use particularly since 2010 is among the most positive outcomes of this report. The findings of the National Survey on Drug Use and Health are verified in the Youth Risk Behavior Surveillance System Survey (YRBSS) and the Florida Youth Substance Abuse Survey (FYSAS). Exhibit 3 below compares findings from the YRBSS, which is conducted statewide among high school students in odd-numbered years, with those of the FYSAS for Florida high school students, which is conducted in even-numbered years.

Exhibit 3
Comparison of Alcohol Use and Binge Drinking among Florida High School Students as Tracked by the Youth Risk Behavioral Surveillance Survey (YRBSS) and the Florida Youth Substance Abuse Survey (FYSAS)



The declining trends in both any current underage alcohol use and binge drinking are also observed in rates for middle school students in the FYSAS (Exhibit 4).

Exhibit 4 Current (past 30-day), Any Alcohol Use and Binge Drinking (Past Two Weeks) Among Florida **Middle** Students: 2004-2016



Note: Binge Drinking rate is on any occasion during past two weeks

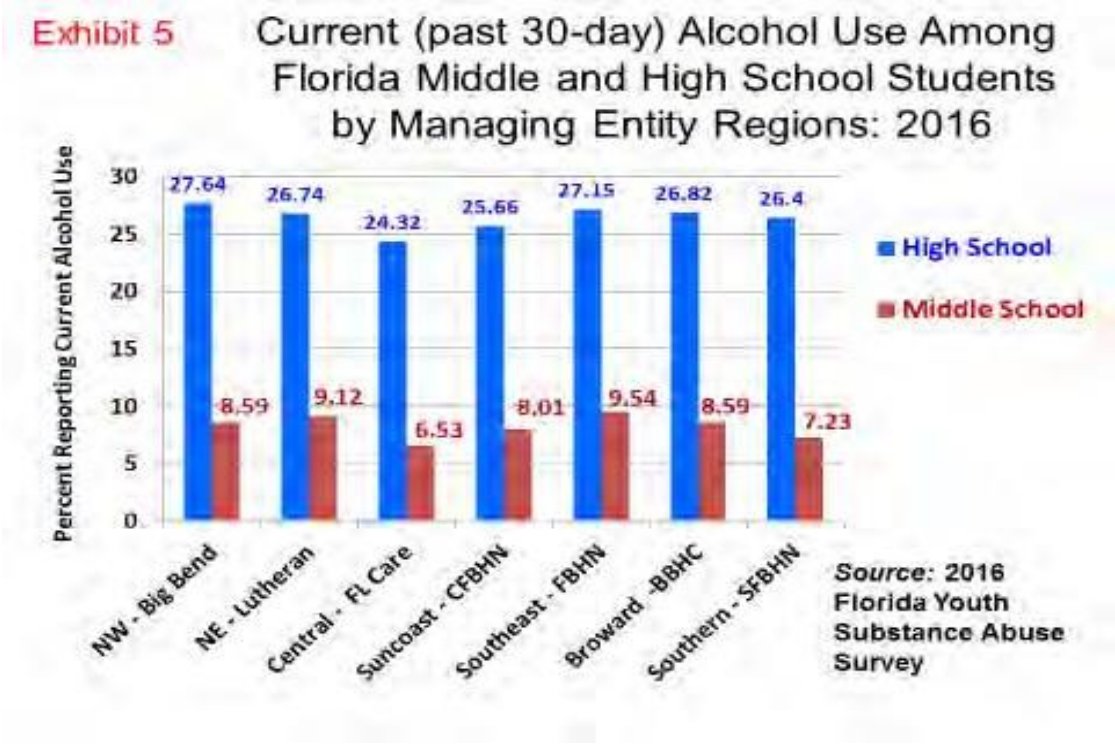
Source: Florida Youth Substance Abuse Surveys 2000-2016

The 2016 FYSAS reveals the downward trends in alcohol consumption continued with eight point three (8.3) percent of middle school students (down from nineteen (19 percent in 2006) and twenty-five point four (25.4) percent of high school students (down from forty-two (42) percent in 2004) reporting any current alcohol use. Binge drinking in 2016 was reported by three point two (3.2) percent of middle school students (down from eight point four (8.4) percent in 2006) and ten point nine (10.9) percent of high school students (down from twenty-two (22) percent in 2004).

The percent of Florida high school students reporting that daily use of alcohol presents a “great risk of harm” remained stable ranging from thirty-eight (38) percent in 2002 to forty-one (41) percent in 2016. The percent of Florida high school students disapproving of underage alcohol use who responded that it was “wrong” or “very wrong” for someone their age to drink alcohol regularly increased from fifty-one (51) percent in 2004 to sixty-four (64) percent in 2016.

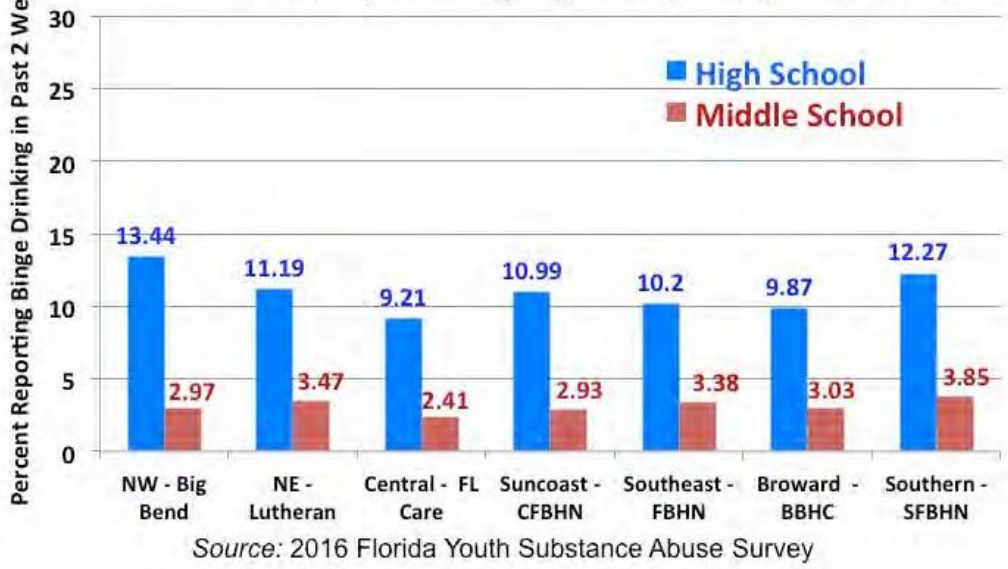
FYSAS underage alcohol prevalence rates are relatively consistent across the seven (7) Managing Entity Regions of the State as shown in Exhibits 5 and 6 below.

Exhibit 5 Current (past 30-day) Alcohol Use Among Florida Middle and High School Students by Managing Entity Regions: 2016



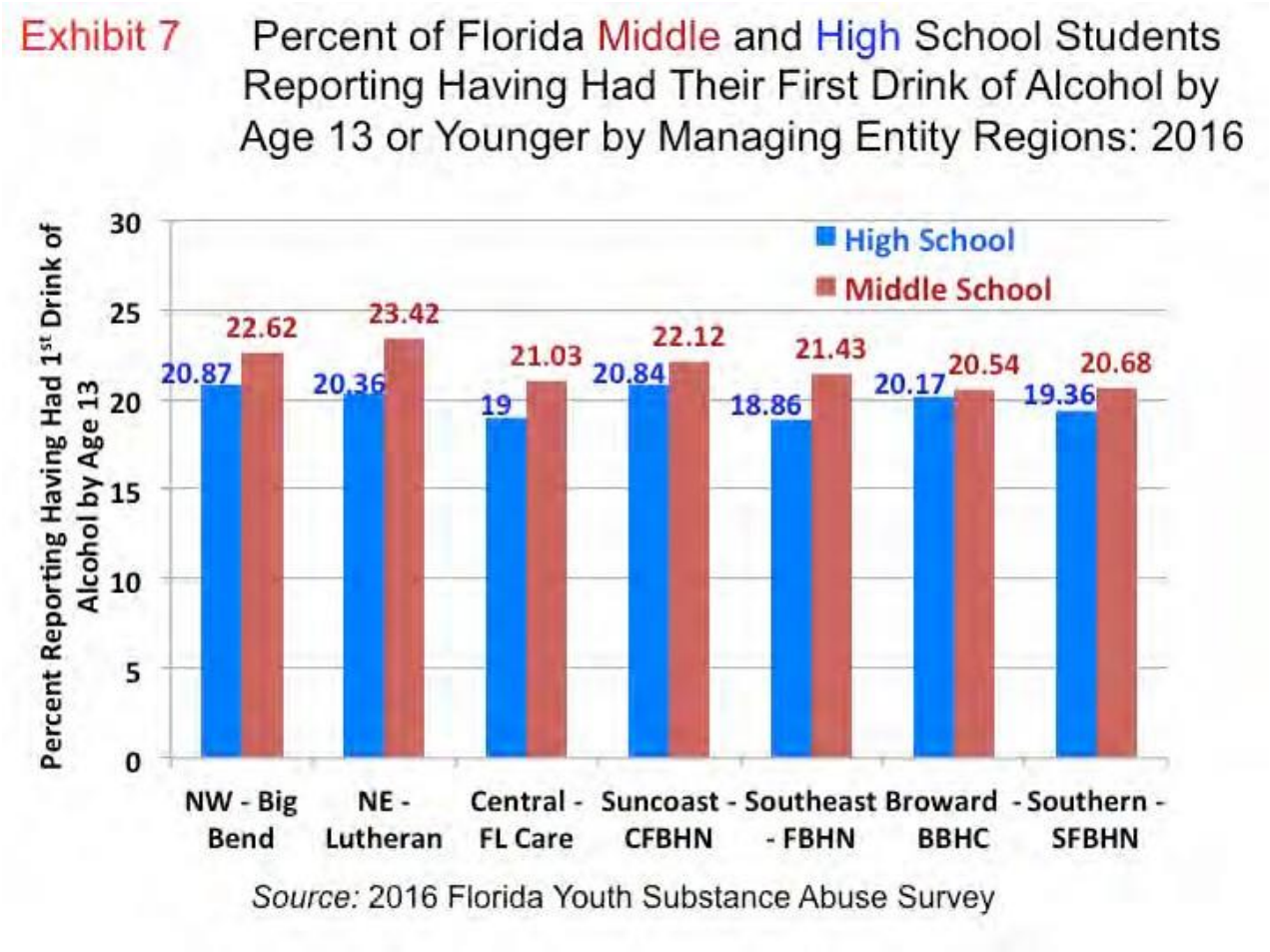
A serious concern is that even with reduced alcohol use about forty (40) percent of Florida school students who report any alcohol use in the past month also report binge drinking in the past two (2) weeks.

Exhibit 6 Percent of Florida Middle and High School Students Reporting Binge Alcohol Drinking on at Least One Occasion in the Past Two Weeks by Managing Entity Regions: 2016



Source: 2016 Florida Youth Substance Abuse Survey

Exhibit 7 reports the percent of Florida middle and high school students who report having had their first drink of alcohol (defined as more than a sip or two) by age thirteen (13) or younger with approximately one (1) in five (5) students admitting to early initiation of alcohol across the (seven) 7 managing entity regions of the State.



The four hundred twenty-nine (429) admissions for alcohol treatment among juveniles under eighteen (18) years of age represented only one point eight (1.8) percent of the twenty-four thousand, three hundred twenty-nine (24,329) primary alcohol clients among all age groups across the State of Florida between July, 2015 and June, 2016 (Fiscal Year 2015-2016). Juvenile admissions for any substance abuse problem totaled seven thousand nine hundred and fifty-one (7,951) or ten point eight (10.8) percent of all clients over the same twelve (12) months. By comparison, the primary drug cited by seventy-five (75) percent of those juveniles was marijuana. Young adult alcohol primary admissions for those eighteen (18) to twenty-five (25) years of age totaled one thousand eight hundred fifty-three (1,853) or seven point six (7.6) percent of all primary alcohol clients.

Table 1 Number of Primary Alcohol Treatment Admissions Among Florida Juveniles and Young Adults in FY 2015-2016 By Managing Entity Regions

	Age 17 and Under	Young Adult Age 18-25	Total
Northwest	53	388	441
Northeast	38	341	379
Central	17	133	150
Suncoast	81	476	557
Southeast	228	288	516
Broward	9	109	118
Southern	3	118	121
All Florida	429	1,853	2,282

Source: Florida Department of Children and Families July 2015 through June 2016

Adult Problematic Alcohol Use

Projections from the National Survey on Drug Use and Health (NSDUH) estimate that there are three million, two hundred sixty-nine thousand three hundred and thirty-five (3,269,335) or twenty-two point five (22.5) percent of adult Floridians aged twenty-one (21) and above who report binge alcohol use having had five (5) or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one (1) day in the past thirty (30) days.

The NSDUH also estimated that there are one million, one hundred and fourteen thousand three hundred and ninety-nine (1,114,399) or six point zero seven (6.07) percent of Floridians age twelve (12) and above who had an alcohol dependency or abuse problem in the past year based on definitions found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). The highest rate of past year alcohol dependency or abuse in Florida was seven point forty-eight (7.48) percent in Circuit Two (Gadsden, Leon, Jefferson, Liberty, Wakulla, and Franklin Counties) plus Madison and Taylor Counties of the Northwestern Management Region. The lowest Florida rate was five point zero one (5.01) percent for the Southern Managing Entity Region (Miami-Dade and Monroe Counties).

NSDUH also estimates that nine hundred and seventy-three thousand and twenty (973,020) or five point eight-five (5.85) percent of Floridians age twelve (12) and above needed, but did not receive treatment for alcohol problems in the past year. The highest rate of alcohol treatment need was seven point one eight (7.18) percent in Circuit Two of the Northwestern Managing Entity Region. The lowest Florida rate was five point zero two (5.02) percent for Circuit 10 in the Suncoast Managing Entity Region.

Estimates for other sub-state Regions and Circuits from any of twenty-seven (27) NSDUH behavioral health questions may be calculated using the rates found in the Tables of Appendix I and multiplying them by the population estimates listed in Table C1 of Appendix II. Appendix I also contains twenty-seven (27) geo-maps of Florida illustrating the differences in NSDUH question percentages across the regions and circuits of the State.

The Florida Medical Examiners Commission reported there were four thousand, seven hundred and sixty-two (4,762) occurrences of ethanol alcohol detected among the nine thousand, seven hundred and eighty-four (9,784) deaths in Florida during 2015 in which a drug was determined through postmortem toxicology tests to be present at the time of death. In other words, alcohol was detected as being present in forty-nine (49) percent of all drug-related deaths in Florida. The number of alcohol occurrences in 2015 represented an eleven point five (11.5) percent increase over the four thousand two hundred seventy (4,270) such occurrences in 2014. Of the 2015 ethanol cases, eight hundred ten (810) or seventeen (17) percent were deaths considered to be caused by alcohol.

There were thirty-one thousand, seven hundred eighty-three (31,783) arrests in Florida for driving under the influence (DUI) during 2015 representing a twenty-five point six (25.6) percent decrease over the forty-two thousand, seven hundred forty-five (42,745) such arrests in 2014. The substances involved in the DUI arrest are not specified, but most are for alcohol intoxication. Judicial Circuit 13 (Hillsborough County) had the most DUI arrests in 2015 with three thousand, one hundred three (3,103), but that was down from four thousand and six (4,006) in 2014; the fewest number of 2015 DUI arrests was in Circuit 3 (Madison and Taylor Counties) with one hundred eighty-four (184) arrests also below the 2014 total there of three hundred ninety-seven (397). The decline in DUI arrests is thought to be due to less enforcement activity. The number of DUI arrests in other Florida Judicial Circuits may be found in Appendix III of this report from the Florida Department of Law Enforcement Uniform Crime Report databank.

There were twenty-four thousand, three hundred twenty-nine (24,329) primary alcohol treatment admissions in Florida during the fiscal year from July 2015 through June,

2016 representing thirty-three (33) percent of admissions for all substances (Table 2). Males accounted for sixty-seven (67) percent of the alcohol clients and seventy (70) percent were aged thirty-five (35) and above. Juveniles aged seventeen (17) and under accounted for only one point seven (1.7) percent of primary alcohol treatment clients while young adults eighteen (18) to twenty-five (25) comprised seven point six (7.6) percent, and twenty-one (21) percent were twenty-six (26) to thirty-four (34). The Suncoast Managing Entity Region with twenty-eight (28) percent of Florida's population had twenty-eight (28) percent of the State's alcohol admissions. The Broward Managing Entity Region with nine (9) percent of the State's population had six point eight (6.8) percent of such admissions. Primary alcohol admissions ranged from between thirty (30) to thirty-eight (38) percent of admissions for any substance across the seven (7) Managing Entity Regions as shown in Table 2.

Table 2 Number of Florida Primary Alcohol Treatment Admissions in FY 2015-2016 By Managing Entity Regions

Alcohol FY 2015-2016	Northwest	Northeast	Central	Suncoast	Southeast	Broward	Southern	State Totals
By Gender								
Male	2,343	3,371	1,417	4,445	2,117	1,193	1,335	16,231
Female	976	1,602	765	2,375	1,413	475	492	8,098
Total	3,319	4,973	2,182	6,830	3,530	1,668	1,827	24,329
By Age								
17 and under	53	38	17	81	228	9	3	429
18-25	388	341	133	476	288	109	118	1,853
26-34	751	1,179	465	1,289	789	305	355	5,133
35 and up	2,127	3,415	1,567	4,984	2,225	1,254	1,351	16,914
Total	3,319	4,973	2,182	6,830	3,530	1,668	1,827	24,329
% of all admits	32.3%	35.5%	30.2%	31.4%	37.9%	29.8%	33.8%	33.1%

Source: Florida Department of Children and Families July 2015 through June 2016

Tobacco

The most significant decline in adolescent drug use has been the dramatic reduction in Florida students reporting any current past thirty (30) day use of cigarettes. It declined sixty-two (62) percent from sixteen point four (16.4) percent of high school students in 2006 to six point two (6.2) percent in 2016 according to the Florida Youth Tobacco Survey (FYTS) as shown in Exhibit 8. The 2016 FYTS rate of current cigarette use for middle school students was two point four (2.4) percent down sixty-eight (68) percent from seven point five (7.5) percent in 2006.

Prevalence rates of current cigarette use vary across the seven (7) Managing Entity Regions as shown in Exhibit 9. The 2016 FYSAS highest rate of cigarette smoking was seven point four-six (7.46) percent among Northwest Region high school students. The lowest rate was reported by Central Region high school students at two point eight seven (2.87) percent. The Northwest Region also had the highest middle school rate at two point two four (2.24) percent as compared to point seven five (0.75) percent among the Broward Region middle schoolers.

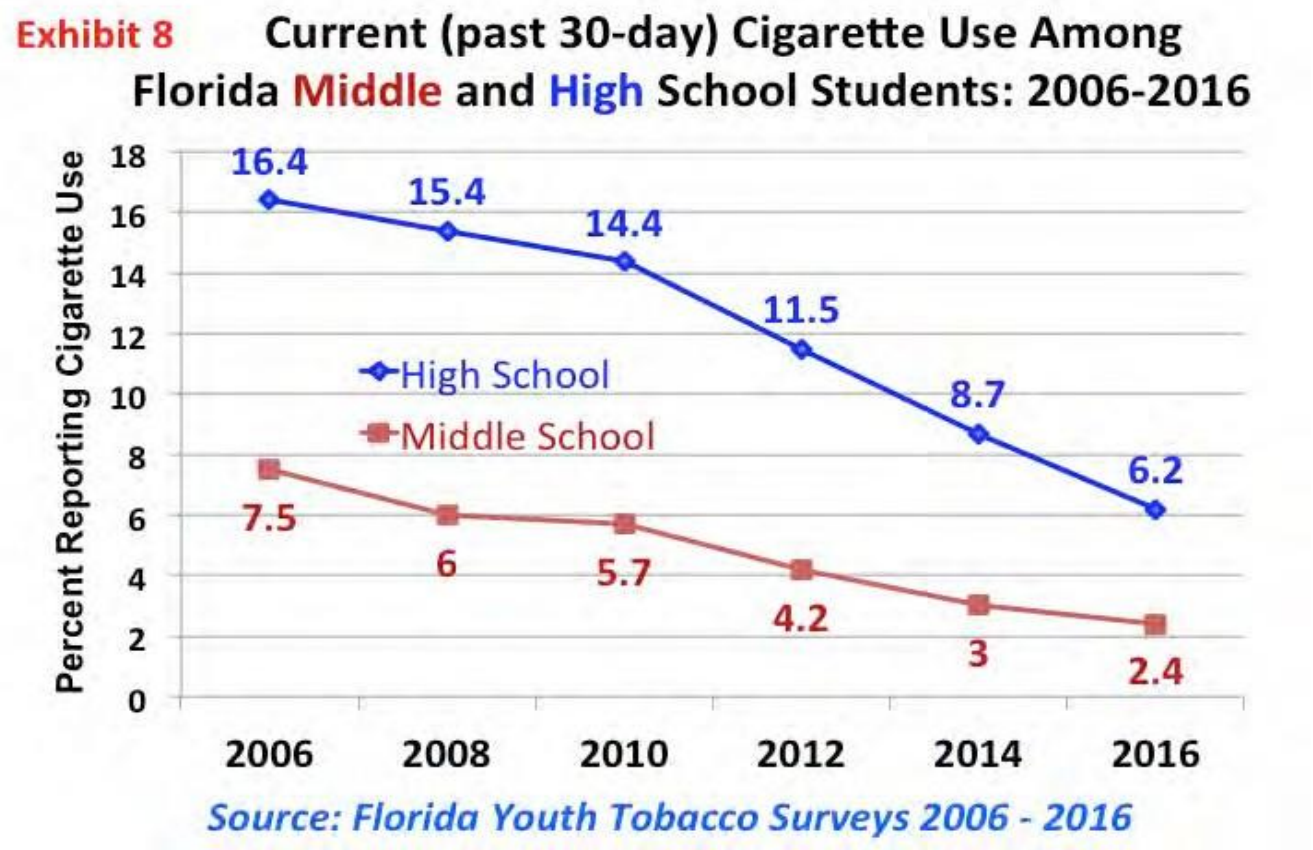
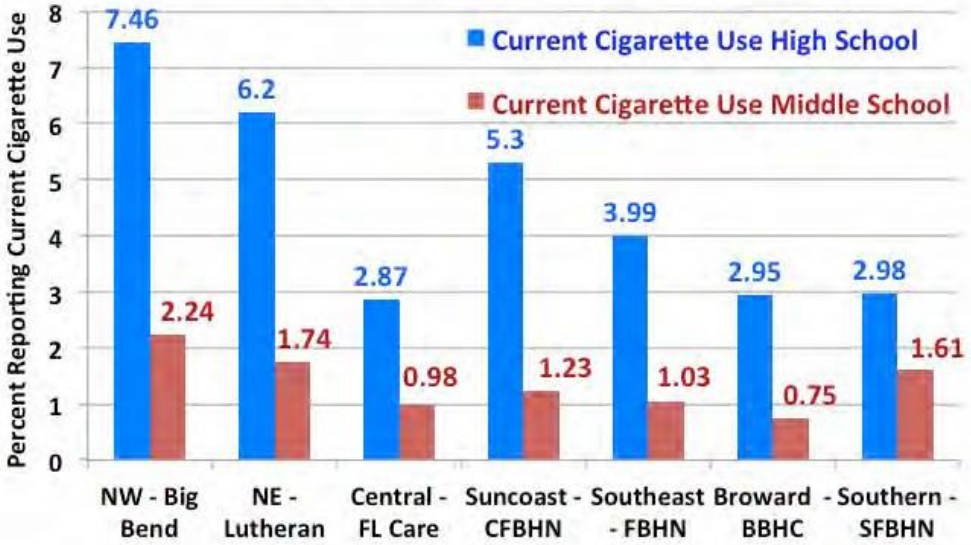


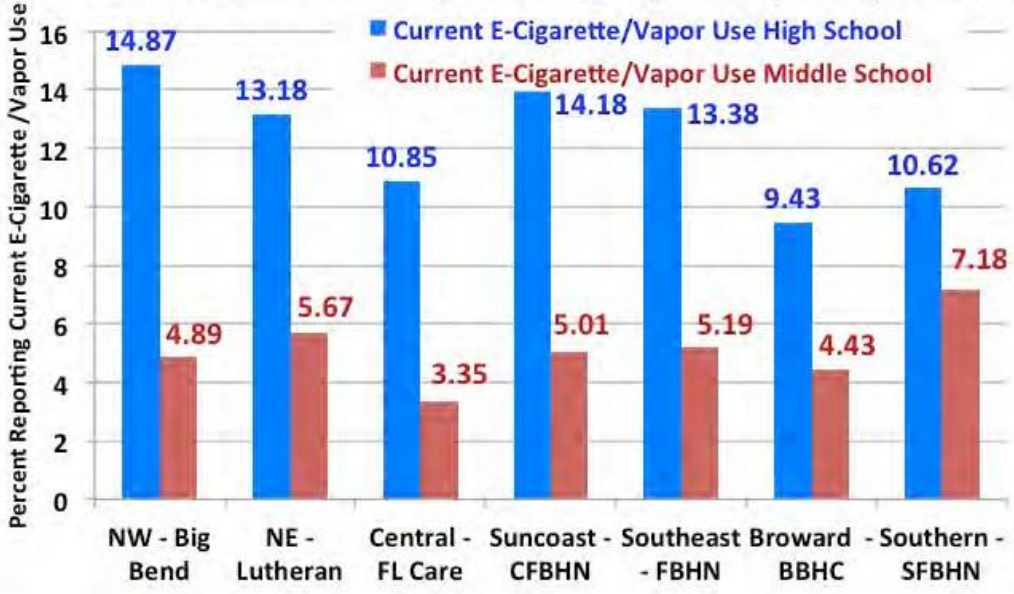
Exhibit 9 Current (past 30-day) Cigarette Use Among Florida Middle and High School Students by Managing Entity Regions: 2016



Source: **2016 Florida Youth Substance Abuse Survey**

Exhibit 10 illustrates significantly higher percentages of Florida students report current use of e-cigarette or vaporizer devices than smoking combustible tobacco cigarettes as shown in Exhibit 9. Adolescent e-cigarette users who have never smoked tobacco and who are not yet addicted to nicotine may become so with continued e-cigarette use and therefore are believed to be at great risk for initiating smoking of tobacco as well as vaporizing other drugs (New England Journal of Medicine, 2014).

Exhibit 10 Current (past 30-day) E-Cigarette or Vaporizer Use Among Florida Middle and High School Students by Managing Entity Regions: 2016



Source: **2016 Florida Youth Substance Abuse Survey**

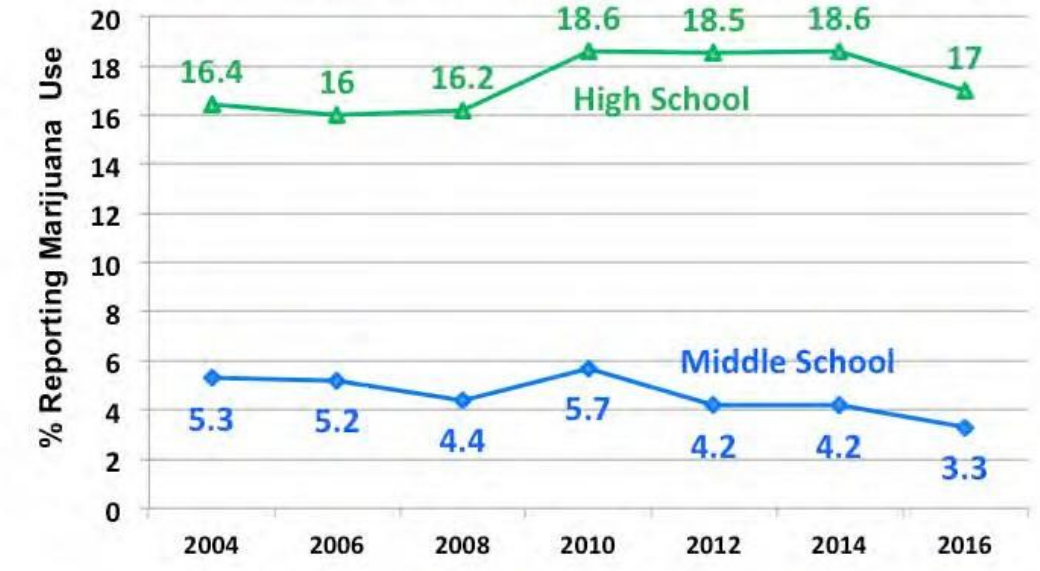
E-cigarettes are battery-powered devices with a heating element. They produce a vapor that users inhale. Typically, this vapor contains nicotine, although the specific contents of the vapor are proprietary and are not regulated. The liquid that is vaporized in e-cigarettes comes in hundreds of flavors. Some of these flavors, such as bubble gum and milk chocolate cream, are likely attractive to younger teens.

Existing studies on electronic smoking devices' vapor emissions and cartridge contents have found a number of dangerous substances including chemicals known to cause cancer such as: formaldehyde, acetaldehyde, lead, nickel, chromium, $PM_{2.5}$, acrolein, tin, toluene, and aluminum. These toxins are associated with a range of negative health effects such as skin, eye, and respiratory irritation, neurological effects, damage to reproductive systems, and even premature death from heart attacks and stroke. Clinical studies about the safety and efficacy of these products have **not** been submitted to the FDA for the over four hundred (400) brands of electronic smoking devices that are on the market thus consumers have no way of knowing whether electronic smoking devices are safe or what potentially harmful chemicals the products contain.

Marijuana

The FYSAS reveals that marijuana use among Florida students remained relatively stable from 2004 to 2008 prior to increasing and peaking in 2010 as shown in Exhibit 11. Marijuana use then stabilized among both middle and high school students between 2012 and 2014 followed by a modest decline in 2016.

Exhibit 11 Current (past 30-day) Marijuana Use among Florida Middle and High School Students: 2004-2016

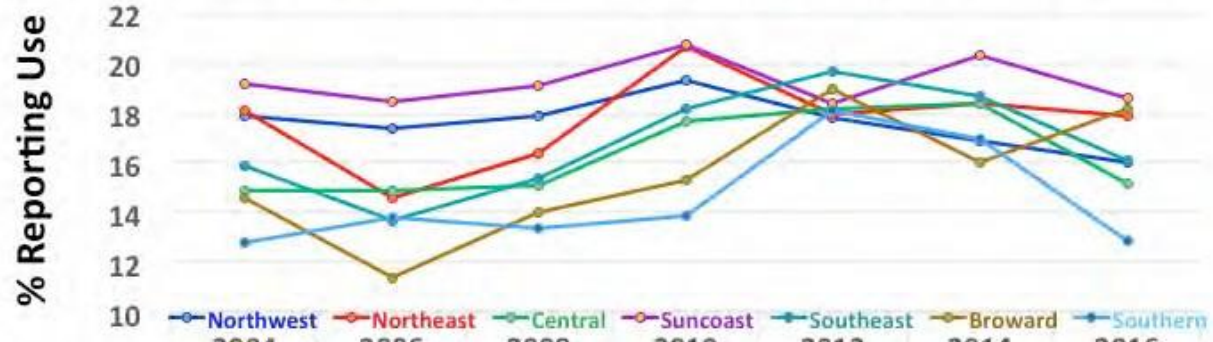


Source: Florida Youth Substance Abuse Surveys 2004-2016

The percent of Florida youth reporting to the 2016 FYSAS that the regular use of marijuana presents a “great risk of harm” was twenty-five point one (25.1) percent among high school students and fifty-one point seven (51.7) percent of middle school students. However, thirty (30) percent of high school students responded saying marijuana presented “no risk at all” as did fifteen (15) percent of middle schoolers. Students responding that it was “wrong” or “very wrong” for someone their age to smoke marijuana once or twice a week totaled sixty-two point three (62.3) percent among high school students and eighty-nine point seven (89.7) percent of middle schoolers.

Trends in FYSAS marijuana prevalence rates are also observed in each of the seven (7) Managing Entity Regions of the State over the past decade as shown in Exhibits 12 and 13. Increases in marijuana prevalence rates among Florida students occurred in most Managing Entity Regions from 2006 to 2010 or 2012 before declining by 2016 across most all regions except among Broward high school students who had reported the lowest rate in 2014.

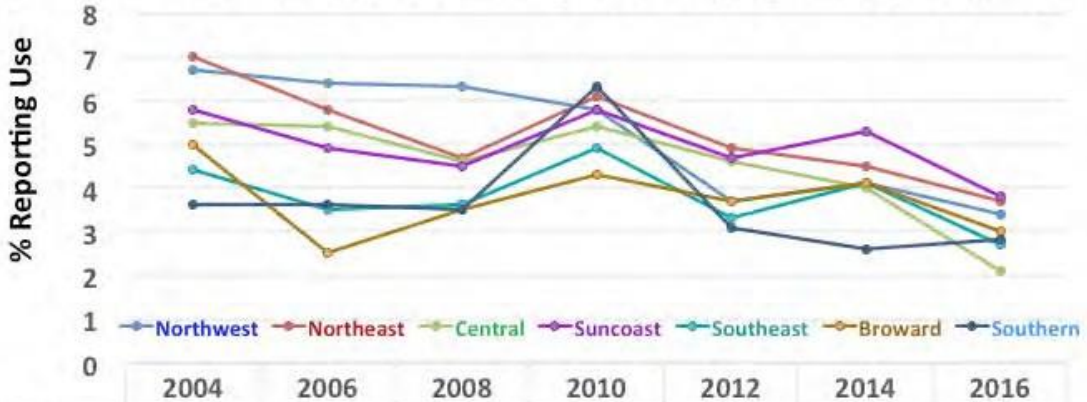
Exhibit 12 **Current (Past 30-Day) Marijuana Use Among Florida High School Students by Managing Entity Regions**



	2004	2006	2008	2010	2012	2014	2016
Northwest	17.9	17.4	17.9	19.3	17.8	16.9	16
Northeast	18.1	14.6	16.4	20.7	18	18.4	17.9
Central	14.9	14.9	15.1	17.7	18.2	18.4	15.2
Suncoast	19.2	18.5	19.1	20.8	18.4	20.3	18.6
Southeast	15.9	13.7	15.4	18.2	19.7	18.7	16.1
Broward	14.6	11.4	14	15.3	19	16	18.2
Southern	12.8	13.8	13.4	13.9	18.1	17	12.9

Source: Florida Youth Substance Abuse Surveys 2000-2016

Exhibit 13 **Current (Past 30-Day) Marijuana Use Among Florida Middle School Students by Managing Entity Regions**

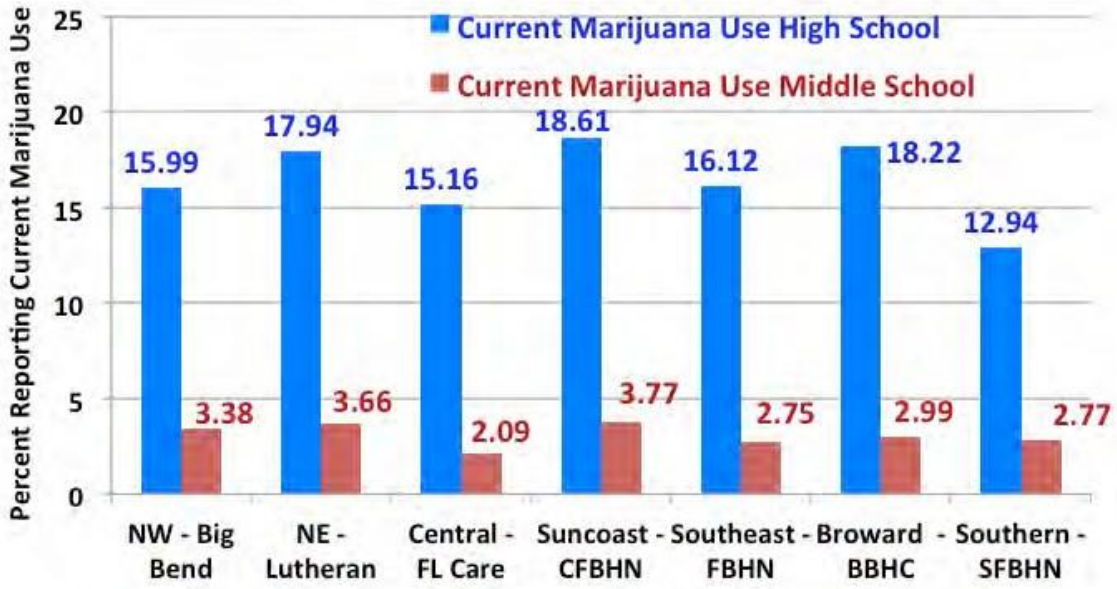


	2004	2006	2008	2010	2012	2014	2016
Northwest	6.7	6.4	6.3	5.8	3.7	4.1	3.4
Northeast	7	5.8	4.7	6.1	4.9	4.5	3.7
Central	5.5	5.4	4.6	5.4	4.6	4	2.1
Suncoast	5.8	4.9	4.5	5.8	4.7	5.3	3.8
Southeast	4.4	3.5	3.6	4.9	3.3	4.1	2.7
Broward	5	2.5	3.5	4.3	3.7	4.1	3
Southern	3.6	3.6	3.5	6.3	3.1	2.6	2.8

Source: Florida Youth Substance Abuse Surveys 2000-2016

Rates of current marijuana use in 2016 across the seven (7) managing entity regions use are compared in Exhibit 14.

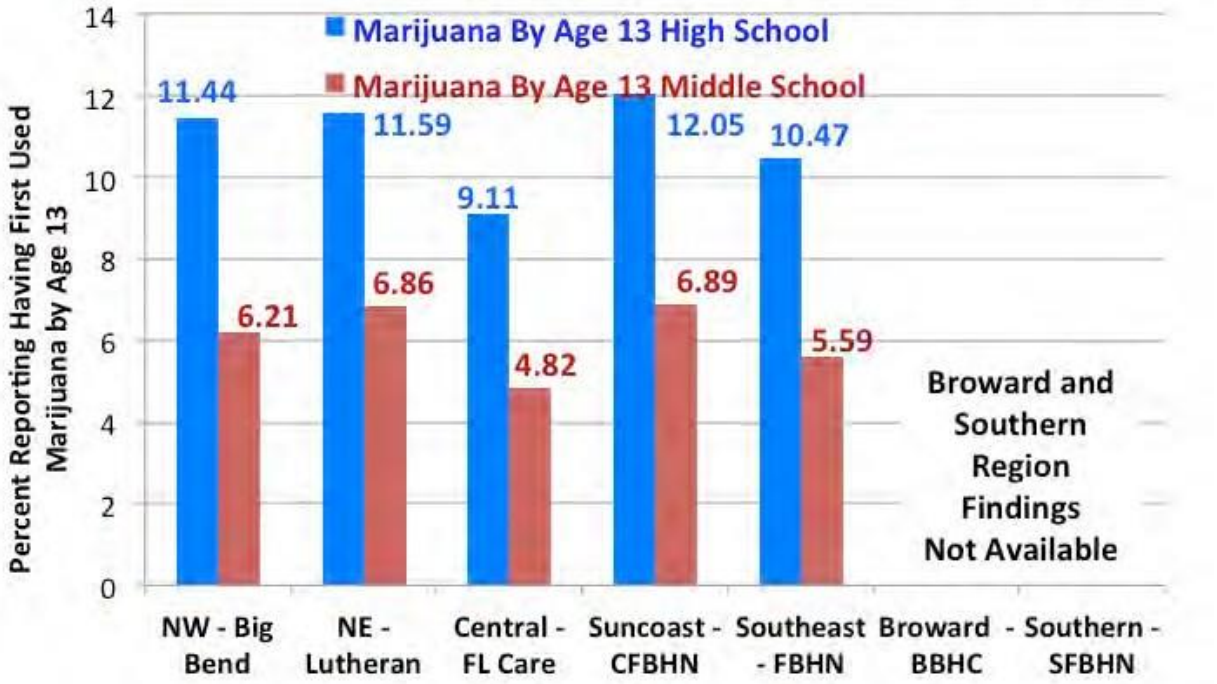
Exhibit 14 Current (past 30-day) Marijuana Use Among Florida Middle and High School Students by Managing Entity Regions: 2016



Source: **2016 Florida Youth Substance Abuse Survey**

Exhibit 15 reports the percent of Florida middle and high school students who acknowledge having first used marijuana by age thirteen (13) or younger with approximately one (1) in eight (8) high school students and one (1) in sixteen (16) middle schoolers admitting to early initiation of alcohol across five (5) of the seven (7) managing entity regions of the State.

Exhibit 15 Percent of Florida Middle and High School Students Reporting Having First Used Marijuana by Age 13 or Younger by Managing Entity Regions: 2016

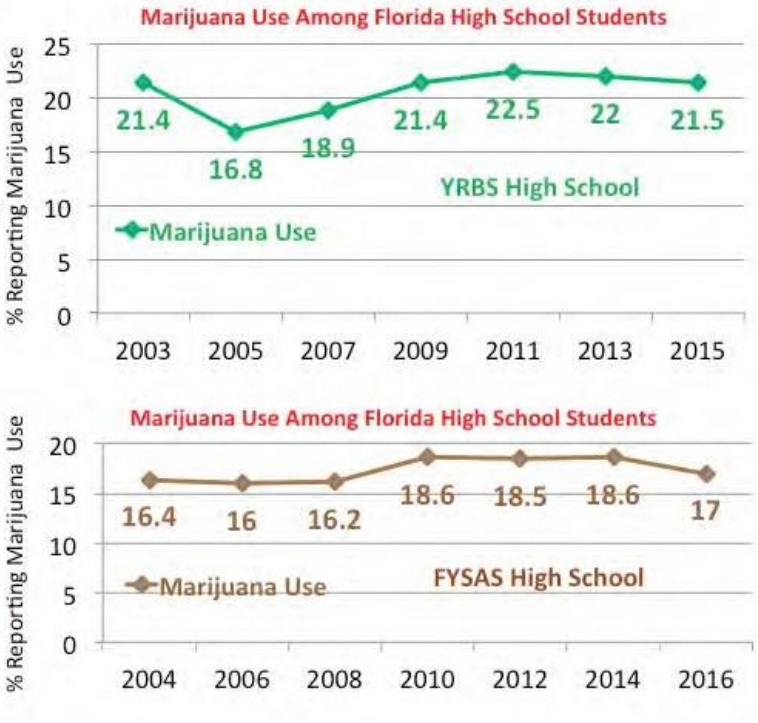


Source: 2016 Florida Youth Substance Abuse Survey

The findings of the FYSAS are verified in the Youth Risk Behavior Surveillance System Survey (YRBSS) among Florida high school students. Exhibit 16 compares findings from the YRBSS which is conducted statewide among high school students in odd-numbered years with those of the FYSAS for Florida high school students that is conducted in even-numbered years. While the prevalence rates are consistently higher in the YRBS findings, both surveys identified the rise in adolescent marijuana use around 2009 and 2010 with relatively stable use since then.

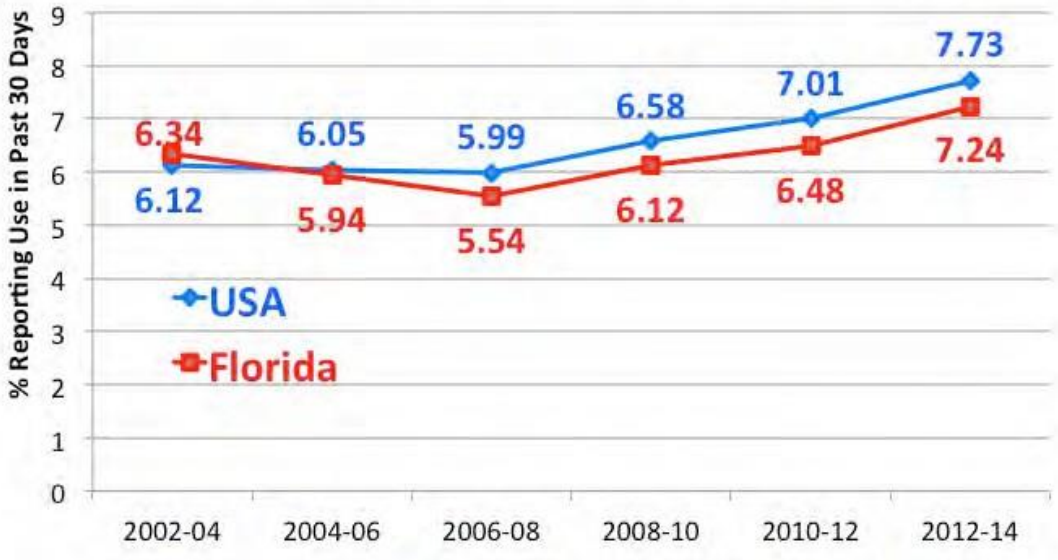
The NSDUH reports there were an estimated one million, two hundred four thousand, two hundred sixteen (1,204,216) youth and adult Floridians aged twelve (12) and above

Exhibit 16
Comparison of current (past 30 day) marijuana use among Florida High School Students as Tracked by the Youth Risk Behavioral Surveillance Survey (YRBSS) and the Florida Youth Substance Abuse Survey (FYSAS)



(or seven point twenty-four - 7.24 - percent) who were current users of marijuana having used the drug at least one time in the thirty (30) days prior to taking the Survey (exhibit 17). Nationally, seven point seven-three (7.73) percent of those aged twelve (12) and above were current users of marijuana across the same three (3) year sample period of 2012 to 2014. NSDUH prevalence rates among the DCF Managing Entity Regions of Florida may be found on page 2 of Appendix I.

Exhibit 17 Any Marijuana Use in Past 30 Days Among Persons Aged 12 and Above in the USA and Florida: 2002 - 2014



Source: National Survey on Drug Use and Health Substate Data

The Florida Medical Examiners Commission reported there were one thousand, seven hundred twenty (1,720) occurrences of natural cannabinoids (not synthetics) detected among the nine thousand, seven hundred eighty-four (9,784) deaths in Florida during 2015 in which a drug was determined through postmortem toxicology tests to be present at the time of death. Thus, marijuana was detected as being present in seventeen point six (17.6) percent of all drug-related deaths in Florida. The number of marijuana occurrences in 2015 represented a fifty-seven (57) percent increase over the one thousand ninety-two (1,092) such occurrences in 2014. Of the 2015 natural cannabinoid medical examiner deaths, six (6) were considered to be caused by marijuana.

There were thirteen thousand, seven hundred forty-eight (13,748) primary marijuana treatment admissions in Florida during the fiscal year from July, 2015 through June, 2016 representing eighteen point seven (18.7) percent of admissions for all substances (Table 3). Males accounted for sixty-eight (68) percent of the clients and forty-four (44) percent were juveniles below the age of eighteen (18). Young adults eighteen (18) to twenty-five (25) comprised twenty-five (25) percent of the primary marijuana admissions, nineteen (19) percent were twenty-six (26) to thirty-four (34), and twelve (12) percent were aged thirty-five (35) and above. The percent of primary marijuana

Table 3 Number of Florida Primary Marijuana Treatment Admissions in FY 2015-2016 by Managing Entity Regions

Marijuana FY 2015-2016	Northwest	Northeast	Central	Suncoast	Southeast	Broward	Southern	State Totals
By Gender								
Male	1,560	1,641	530	2,570	1,047	1,015	1,034	9,397
Female	671	875	325	1,126	534	327	493	4,351
Total	2,231	2,516	855	3,696	1,581	1,342	1,527	13,748
By Age								
17 and Under	628	1,097	412	1,999	904	259	707	6,006
18-25	645	530	207	823	347	503	371	3,426
26-34	557	510	146	583	200	382	270	2,648
35 and up	401	379	90	291	130	198	179	1,668
Total	2,231	2,516	855	3,696	1,581	1,342	1,527	13,748
% of all admits	21.7%	17.9%	11.8%	17.0%	17.0%	23.9%	28.2%	18.7%

Source: Florida Department of Children and Families July, 2015 through June, 2016

clients among all admissions ranged from eleven point eight (11.8) percent in the Central Managing Entity Region to twenty-eight point two (28.2) percent in the Southern Managing Entity Regions.

Marijuana was the second most prevalent drug seized in law enforcement activity and analyzed by crime labs in Florida during the first six (6) months of 2016 according to the US Drug Enforcement Administration's National Forensic Laboratory Information System (NFLIS). There were three thousand, seventeen (3,017) cannabis items submitted between January and June 2016 accounting for sixteen point six (16.6) percent of all drugs tested (Appendix IV).

While most use of vaporizing devices are for liquid nicotine, illicit drugs are increasingly being vaped including marijuana, methamphetamine, novel psychoactive substances, as well as crushed and liquefied pharmaceuticals. An even more advanced vaping delivery system for marijuana wax or "budder" is called dabbing and uses a special water pipe with a metal plate on which the drug is smeared that can withstand extreme temperatures from a propane torch.

Marijuana wax is produced by soaking left over marijuana leaves and stems of plants in a solvent such as butane which extracts various components of the plant including any number of cannabinoids, which are the active drugs in the marijuana. The gooey residue is then allowed to dry-out resulting in a sticky paste ranging in color from brown to dark green or yellow. The wax can be smeared onto marijuana joint or tobacco cigarette, placed in a water pipe, or most often melted in a vaporizer or electronic cigarette device. The inhaled wax vapors have a much higher dose level of not only THC but other cannabis ingredients. Products called "marijuana wax," could also be made from synthetic marijuana chemicals bought online.

Novel Psychoactive Substances

A critical issue impacting substance abuse in Florida and the Nation over the past six (6) years has been the emergence of new synthetic drugs of abuse. They were often first detected in Australia or New Zealand followed by Eastern then Western Europe around 2006 before arriving in North America about 2010. By 2016, these drugs have been reported globally and have been found on every continent.

The United Nations and major national government agencies have adopted the term, "novel psychoactive substances" or NPS, to describe these drugs. Not all of these substances are new, but some may have been around for twenty to thirty (20-30) or more years, but not used as drugs until recently. The term "emerging" is not always appropriate to describe the problem as these substances often arrive in various locations in different years. Thus, what may be an emerging drug problem in Florida

may have already come and gone in Great Britain. While most NPS are synthetic chemicals, so are many other drugs that have been around for decades.

The classes of novel psychoactive substances include:

- **Phenethylamines**
- **Synthetic Cannabinoids**
- **Tryptamines**
- **Piperazines**
- **Opiates**
- **Benzodiazepine Analogs**

Phenethylamines include methamphetamine and 3, 4-methylenedioxy-methamphetamie (MDMA) or the drug most often called “ecstasy,” both which have been around for decades. Phenethylamines also include substitute cathinones which are potent stimulants with varying degrees of hallucinogenic properties. Cathinones are chemically designed to mimic, but be more potent than the stimulant in the khat plant found in East Africa and the Middle East. The first substitute cathinones to appear were often referred to as “bath salts” and have been banned nationally and in Florida as well as many other nations. The most prevalent substitute cathinones in Florida have been: (1) methylone, (2) ethylone, and (3) di-butylone which have been sold as “mollies” for several years and, and, and (4) alpha-PVP (“flakka”).

Synthetic cannabinoids mimic the effects of marijuana and were first legally sold as commercial products with names like “K-2” or “spice” before the original group of synthetic cannabinoids were banned and have been constantly replaced with an ever changing list of these chemicals.

Tryptamines are typically serotonin-affecting psychedelics/hallucinogens such as LSD, DMT and Psilocybin (the active ingredient of psychedelic mushrooms), or 5-MeO-DiPT (“foxy methoxy”).

Piperazines are stimulants such as BZP or TFMPP that were frequently sold as “ecstasy” up until 2013 and just prior to the appearance of cathinones were sold as “mollies.”

The unregulated benzodiazepine, etizolam, that was not from a pharmaceutical manufacturer but from clandestine laboratory production first appeared as a drug sold on the internet beginning in 2015.

The most deadly of NPS currently available are analogs of the pharmaceutical opioid, fentanyl that is now being seen in various formulations from clandestine laboratories in China, Mexico, Canada, and perhaps the United States. The NPS fentanyl analogs are

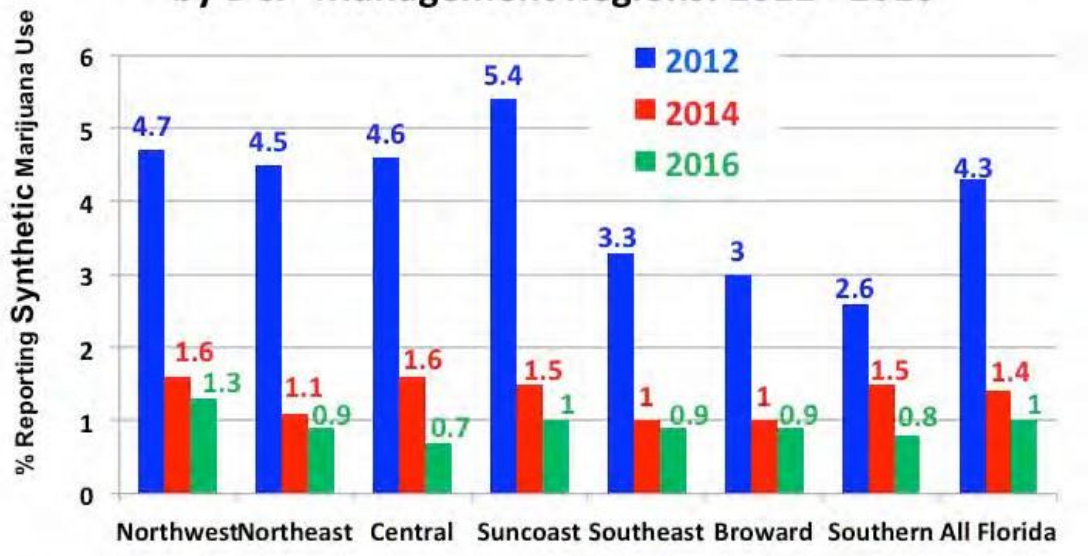
often used as a booster narcotic adulterant to street heroin or are merely sold as heroin and more recently found in counterfeit pills. These illicitly manufactured, non-pharmaceutical opiate analogues are specifically linked to the increasing number of heroin-related deaths in Florida and across the nation beginning in 2014 and significantly escalating in 2016.

Synthetic Cannabinoids

The availability of unregulated synthetic cannabinoids increased via retail sale throughout 2010 and the first half of 2011. Their use was mostly among those who were subject to frequent urine drug testing that did not identify these products. However, drug tests are now available for the detection for some but not all of these ever changing substances. Also, the five synthetic cannabinoids that were federally scheduled in 2011 were made illegal by the 2011 Florida Legislature, which also banned other cannabinoids in 2012 and 2014. In the period between those two (2) years, indicators of synthetic cannabinoid use declined significantly before increasing nationally and in Florida in 2015. Yet, synthetic cannabinoid reports have declined sharply in Florida during 2016.

The FYSAS asked about the use of synthetic cannabinoids among high school students on the 2012, 2014, and 2016 Surveys. There was a significant reduction in the percent of 9th through 12th grade students reporting current use of synthetic marijuana from four point three (4.3) percent in 2012 to one point four (1.4) percent in 2014 and then down to one percent in 2016 (Exhibit 18). Similar declines were reported across all seven (7) Managing Entity Regions.

Exhibit 18 **Percent of Florida High School Students Reporting any Past 30-Day Use of Synthetic Marijuana by DCF Management Regions: 2012 - 2016**

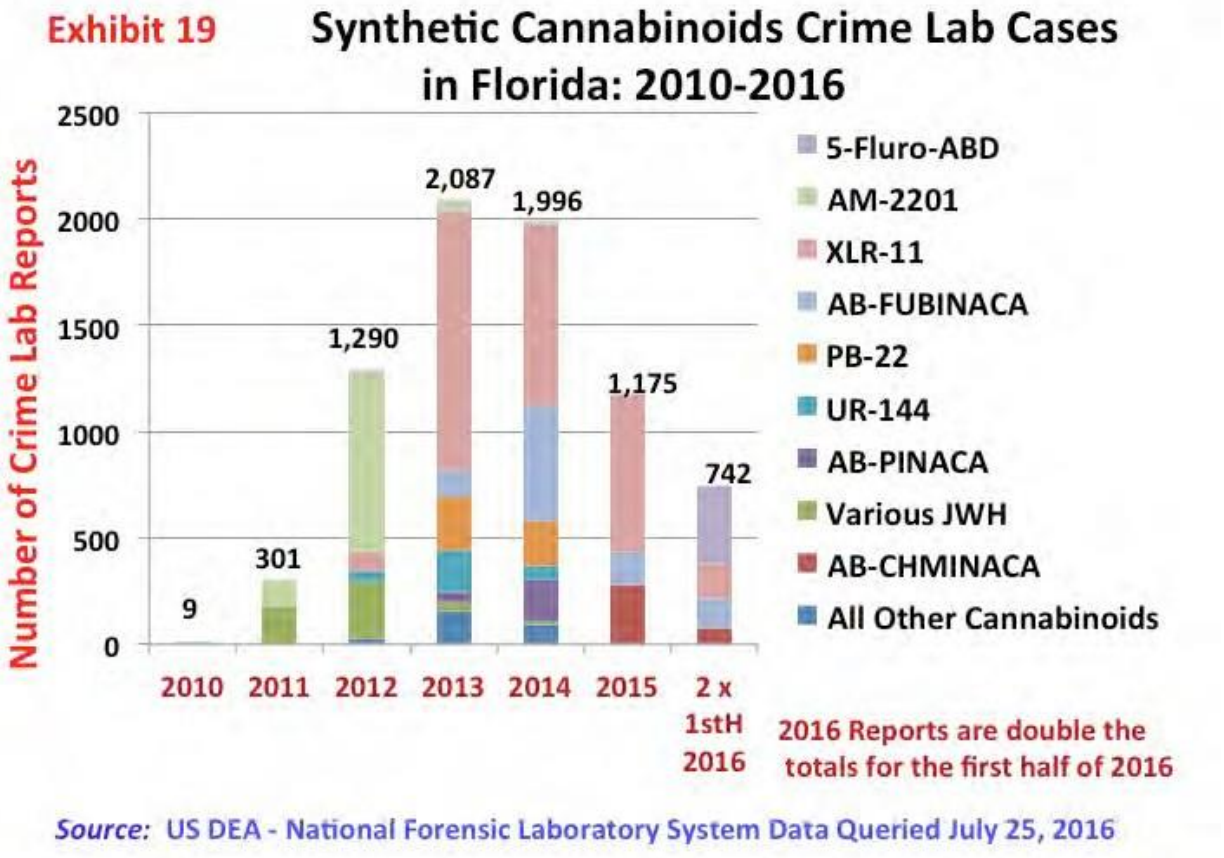


Source: Florida Youth Substance Abuse Surveys 2012, 2014, 2016

There were two hundred seventy-six (276) exposure calls statewide to Florida Poison Information Centers in 2015 for various unspecified synthetic cannabinoids representing a 58-percent increase from the one hundred seventy-five (175) calls in 2014. There were one hundred ninety-four (194) calls in 2013 which was fewer than the five hundred thirty-seven (537) calls in 2012 and five hundred seventeen (517) calls in 2011. During the First Quarter of 2016, there were eighty-four (840 poison exposure calls for synthetic cannabinoids across Florida.

There were twenty-three (23) synthetic cannabinoid deaths in 2015 across Florida with eleven (11) of the occurrences being considered a cause of death compared to nine (9) occurrences in 2014 of which three (3) were considered to be a cause of death. There were twenty-six (26) synthetic cannabinoid deaths in 2013, with thirteen (13) considered a cause of death.

Across all of Florida, the number of crime lab reports for synthetic cannabinoids increased from nine (9) in 2010 to two thousand, eighty-seven (2,087) in 2013 then stabilizing in 2014 at one thousand, nine hundred and ninety-six (1,996) reports before declining in 2015 and 2016 to a projected total of seven hundred forty-two (742) based on double the number of reports in the first half of this year (Exhibit 19). Among the three hundred seventy-one (371) crime lab cases among the top twenty-five (25) ranking crime lab items in the first 6 months of 2016 were one hundred eighty-four (184) for 5-Fluro-ABD, 82 for XLR-11, sixty-six (66) for AB-Fubinaca, and thirty-nine (39) for AB-Chminaca.



Source: US DEA - National Forensic Laboratory System Data Queried July 25, 2016

Synthetic Cathinones

An epidemic of the synthetic cathinone, alpha-PVP, the drug sold as “flakka” erupted in Southeastern Florida and particularly Broward County in September of 2014. Consequences of its abuse rapidly escalated in 2015 with the drug linked to sixty-three (63) deaths and thousands of hospital emergency cases including many from the excited delirium syndrome, a Broward County had more crime lab cases of alpha-PVP than any other county in the nation. Palm Beach County also experienced “flakka” problems but fewer than in neighboring Broward County. Miami-Dade had less alpha-PVP consequences than the two (2) counties to its north but higher levels of ethylone cases sold as “Molly.”

A Broward County Flakka Response Community Action Team was formed in April, 2015. Their work resulted in almost daily town hall meetings, numerous media alerts, development of a medical emergency protocol, and training for first responders. In part because of worldwide negative media coverage about flakka as well as diplomatic efforts, the government of China banned alpha-PVP and one hundred and fifteen (115) other novel psychoactive substances on October 1, 2015. By the end of 2015, hospital emergency department cases, arrests, and treatment admissions related to alpha-PVP abuse dramatically declined.

Sold in quantities as small as one-tenth ($1/10^{th}$) of a gram for as little as $3.00 to $5.00 “flakka” was highly profitable for the dealers whose actual cost was very low. Alpha-PVP was sold over the internet from China for about $1,500 per kilogram and shipped by world-wide express services to local mid-level dealers in packages containing from one (1) to five (5) kilograms. A single kilogram provided up to ten thousand (10,000) doses at a tenth ($1/10^{th}$) of a gram which sold for $5.00 each yielding up to $50,000 in sales or a profit of $48,500. However, it also required high volume in sales. Yet, with a retail price of $5.00, most anyone could afford it, and with a highly addictive drug repeat business was assured. Thus low income communities, the homeless population, and crack cocaine users were targeted as customers.

There were two hundred and twenty-three (223) synthetic cathinone deaths in all of Florida during 2015 up from one hundred thirty-two (132) in 2013 and one hundred thirty-four (134) in 2014. Among the 2015 cases, eighty-four (84) or thirty-eight (38) percent were attributed as being a cause of death. There were sixty-three (63) alpha-PVP deaths in Broward County from September 27, 2014 to December 11, 2015 and none since that date. There were also seventeen (17) alpha-PVP deaths in Palm Beach County between May 5, and October 15, 2015.

In the last six months of 2015, there were one thousand, eight hundred and seventy-two (1,872) alpha-PVP emergency department cases in just four (4) hospitals of the

Broward Health System in the northern part of Broward County. Most of these cases exhibited symptoms of “excited delirium syndrome,” a disturbed state of mind characterized by agitation, aggression and acute distress. Males accounted for eighty-one (81) percent of the patients. The race and ethnicity of the alpha-PVP emergency department cases included nine hundred and ninety-six (996) Black Non-Hispanics, seven hundred and fifty-one (751) White Non-Hispanics, one hundred and ten (110) White Hispanics, (seven) 7 Black Hispanics, six (6) Asians, and two (2) American Indians. The mean age was thirty-four (34) years and only two (2) percent (n= 44) were under twenty (20) years of age, suggesting a history of chronic crack cocaine or other simulant abuse as a contributing factor to excited delirium with alpha-PVP use.

Following the October 1, 2015 ban on production and sale of alpha-PVP by the Chinese Government the number of Broward Health hospital emergency department cases related to the drug declined from over three hundred (300) per month from June to October to one hundred eighty-seven (187) in November and fifty-four (54) in December, 2015. There were four hundred and five (405) primary treatment admissions - seven (7) percent of all admissions - for alpha-PVP in Broward County in 2015, just two (2) in Palm Beach County, and one (1) in Miami-Dade. Males accounted for eighty-six (86) percent of the Broward alpha-PVP treatment clients and all were reported by the Broward Addiction Recovery Center (BARC). Across the three (3) county Southeast Florida region there were an additional fifty-nine (59) primary treatment admission for other synthetic stimulants in 2015. The BARC alpha-PVP treatment admissions declined sharply following the October, 2015 Chinese ban of the drug.

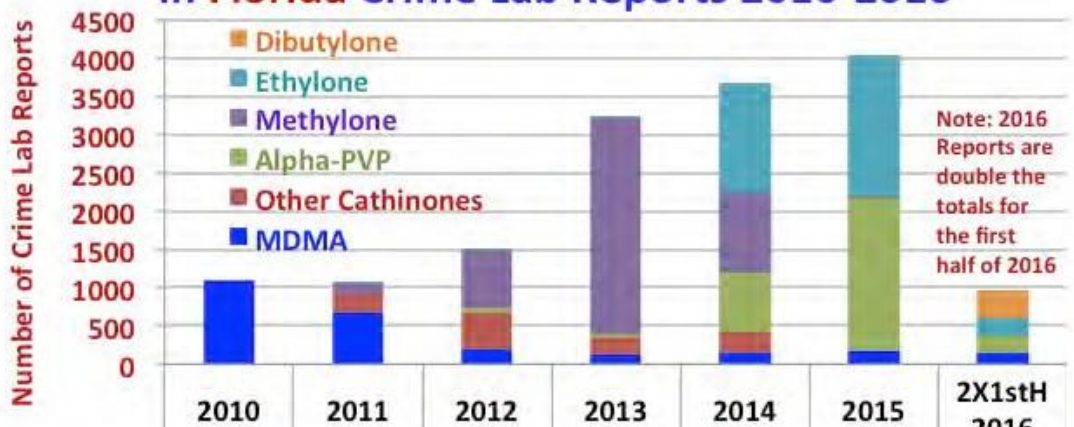
In all of Florida there were one hundred forty-five (145) Poison Information Center exposure calls for alpha-PVP during 2015 compared to only five (5) in 2014. The 2015 total includes seventy-six (76) calls from Broward County, thirteen (13) for Palm Beach County, thirteen (13) calls from Miami-Dade County, and forty-three (43) across the rest of the State. During the First Quarter of 2016 there were nineteen (19) exposure calls for alpha-PVP in all of Florida including three (3) from Broward County and two (2) each for Palm Beach and Miami-Dade Counties. Exposure calls involve cases usually from a hospital emergency department where a patient is experiencing adverse consequences after smoking or ingesting a substance.

There were two thousand, six hundred and two (2,602) crime lab reports for synthetic cathinones in 2015 in the Southeast Florida region, a forty-four (44) percent increase from one thousand eight hundred and eleven (1,811) in 2014. It was greater than previous year totals of one thousand, two hundred and forty-two (1,242) in 2013, four hundred and ninety-six (496) in 2012, and seventy-four (74) in 2011. Among the 2015 crime lab reports there were one thousand, nine hundred and fifty (1,950) for alpha-PVP and six hundred and fifty-two (652) for ethylone. Ethylone was sold as “Molly” capsules

or powder. There were only eighty-nine (89) crime lab cases for MDMA in 2015 similar to the eighty-six (86) in 2014, but a significant decline from the two hundred and ninety-nine (299) cases in 2011.

Exhibit 20 illustrates the changing patterns of synthetic cathinones and 3-4 MDMA ("ecstasy") across the State of Florida from 2010 to 2016. The blue portion of the bar graph is for MDMA and the red portion labeled "other cathinones" includes the so-called "bath salts" such as MDPV and 4 MEC. Methylone was introduced in 2011 and sold as "Molly" and dramatically increased until mid-2014 when it was banned by the Chinese Government and replaced by ethylone. Small amounts of alpha-PVP appeared in 2012 and 2014 and then increased in the fourth quarter of 2014 until the Chinese ban on October 1, 2015. In 2016, the number of ethylone crime lab cases has been surpassed by di-butylone the drug now sold as "Molly."

Exhibit 20 The Changing Face of Ecstasy, Molly, Flakka, et. al. in Florida Crime Lab Reports 2010-2016



	2010	2011	2012	2013	2014	2015	2X1stH 2016
Dibutylone							372
Ethylone	0	1	5	4	1,426	1,827	206
Methylone	1	123	739	2,813	1,042	29	
Alpha-PVP	0	1	82	46	781	2,012	244
Other Cathinones	19	248	484	241	281	7	
MDMA	1071	674	182	115	136	158	140

Source: US DEA - National Forensic Laboratory System Data Queried July 25, 2016

Across all of Florida there were one hundred and ninety-nine (199) Poison Information Center exposure calls for hallucinogenic amphetamines during 2015 compared to three hundred and twenty-one (321) in 2014. Hallucinogenic amphetamines include drugs sold as "Molly" and "ecstasy." During the First Quarter of 2016 there were forty-four (44) exposure calls for hallucinogenic amphetamines in Florida.

Synthetic Opiates – Fentanyl Analogues

The increasing availability of poisonous opiate analogues and their distribution are critical issues related to the Opiate Epidemic. These novel psychoactive opiates are found not only as adulterated street heroin but also as counterfeit medications including fake “Xanax®” pills and as oxycodone and hydrocodone tablets. There have been at least nine (9) deaths in Pinellas County, Florida attributed to counterfeit medications laced with fentanyl during 2016. Fentanyl is a Schedule II narcotic widely used as an analgesic and anesthetic. It is the most potent opioid available for use in medical treatment. Fentanyl is potentially lethal, even at very low levels. Doses as small as a twenty-fifth (0.25) of a milligram can be fatal. It's euphoric effects are indistinguishable from those of morphine or heroin. Often laced in heroin, illicitly manufactured, non-pharmaceutical fentanyl analogues produced in illicit clandestine labs are up to one hundred (100) times more powerful than morphine and thirty to fifty (30-50) times more powerful than heroin.

Carfentanil is an opioid ten thousand (10,000) times more potent than morphine that is used to anesthetize large animals such as elephants. It is a fentanyl analogue with potency one hundred (100) times stronger than fentanyl itself. Deaths related to carfentanil have escalated since July, 2016. Broward and Miami-Dade County medical examiner departments report one hundred and fifty (150) carfentanil deaths between July and early November 2016. Other carfentanil deaths have occurred elsewhere in Florida but are awaiting confirmation at the time of this report. Of the forty-three (43) carfentanil deaths in Broward County, ninety-four (94) percent of the decedents were male with a median age of thirty-five (35) years and ninety-four (94) percent were non-Hispanic Caucasians.

There has been an increase in fentanyl-related law enforcement seizures. Florida crime labs reported two hundred and fourteen (214) fentanyl submissions in 2015 and one hundred and thirty-six (136) in just the first six months of 2016. In addition, Florida medical examiners have identified eleven (11) different fentanyl-related compounds.

Other opiate analogues include U-47700 which was increasingly reported in the first months of 2016 including law enforcement seizures of U-47700 on the east coast of Florida and at least three (3) reported deaths in Pinellas County. The first and only seizure of W-18 in the United States during 2015 as reported to the US Drug Enforcement Administration’s national crime lab system occurred in Broward County. The package weighed two and a half (2½) pounds, estimated as enough to produce massive numbers of overdoses. W-18 is a synthetic opioid reported to be one hundred (100) times more potent than fentanyl. The Broward County seizure was part of a federal case in which the defendant received a ten (10) year sentence for having had fentanyl or its analogues shipped to him from China with the help of a Canadian prison

inmate. It is one of a series of thirty-two (32) synthetic opioids developed in the 1980s at the University of Alberta in Canada. W-18 appears to be the most powerful of the 'W' compounds. These substances have never been used clinically, and there has been virtually no scientific study of their actions, adverse effects, or reversibility.

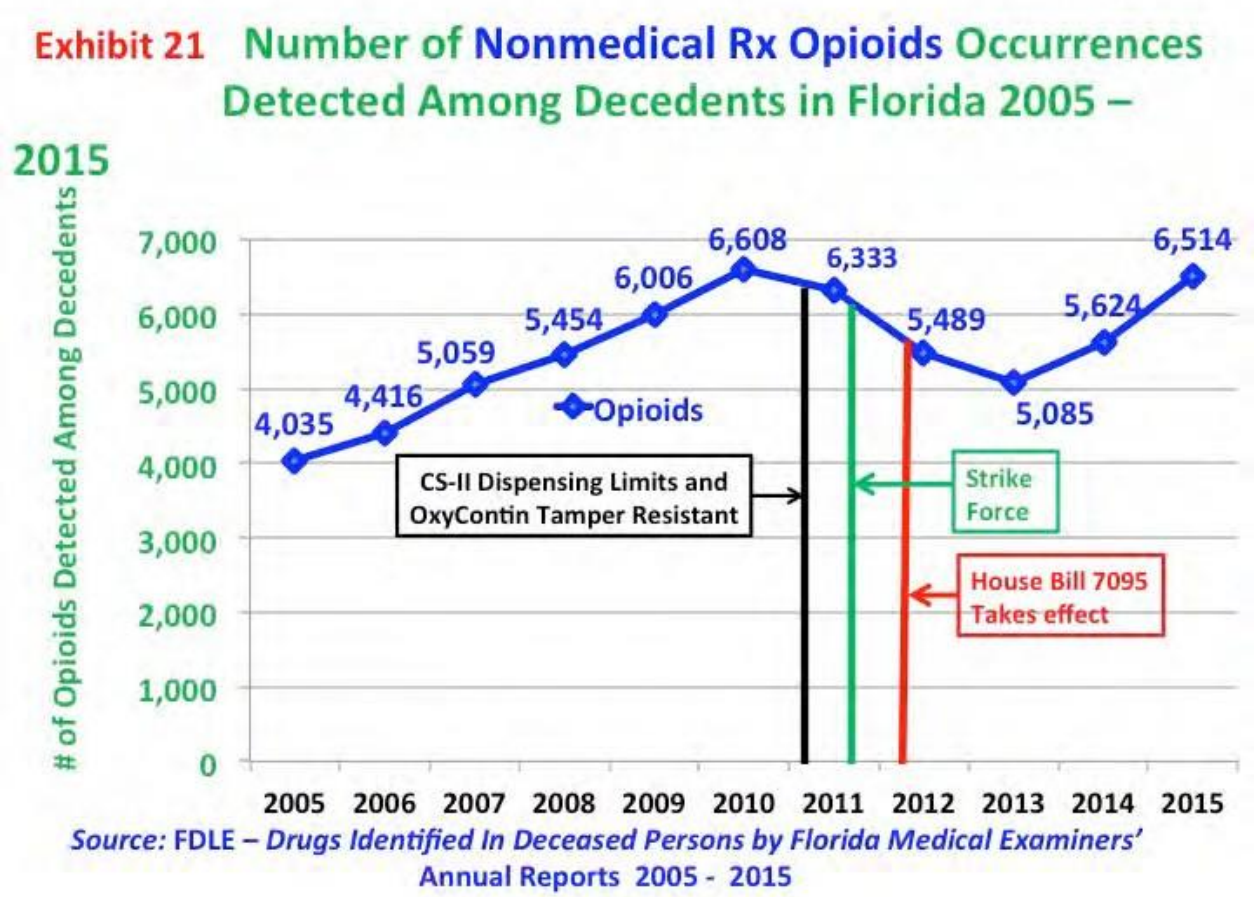
The Florida Medical Examiners Commission reports that there were nine hundred and eleven (911) deaths with a fentanyl detected in a decedent statewide in 2015, including seven hundred and five (705) that were considered "a cause of death." These numbers reflect a sixty-nine (69) percent increase in the number of deaths in which the drug was detected from the five hundred and thirty-eight (538) cases in 2014 and a two hundred and twelve (212) percent increase from the two hundred and ninety-two (292) occurrences in 2013. The highest numbers of fentanyl-related deaths in 2015 occurred in the Sarasota Medical Examiner District (n=122), Orlando Medical Examiner District (n=105), Palm Beach County (n=103), Miami-Dade County (n=102), and Broward County (n=82). Prior to Florida's two hundred and ninety-two (292) fentanyl-related deaths in 2013, the number of fentanyl deaths totaled between two hundred (200) and two hundred and fifty (250) from 2003 to 2012. Most of those earlier deaths are assumed to be related to non-medical use of diverted pharmaceutical formulations of the drug rather than the fentanyl analogues from foreign clandestine labs.

The Opiates

From 2000 to 2010 there was a dramatic increase in the availability of illegally diverted pharmaceutical opioids and deaths linked to their nonmedical misuse as well as primary opioid addiction treatment admissions across the State of Florida. Numerous new laws and regulations took effect beginning in 2010 along with the tamper-resistant reformulation of high dose extended release opioids for which the collective impacts are reflected in declining opioid deaths beginning in 2011. At the same time, heroin deaths began to increase sharply from 2012 to 2015 across Florida, rising one thousand, two hundred and sixty-seven (1,267) percent from fifty-seven (57) in 2011 to seven hundred and seventy-nine (779) in 2015. The sharp escalation in heroin use, treatment admission and deaths in Florida along with clandestine fentanyl and high levels of prescription opioid indicators constitute an Opiate Epidemic.

The Opiates – Part I Nonmedical Use of Prescription Opioids

In 2010, there were six thousand, six hundred and eight (6,608) opioids detected in deceased persons in Florida. That toll steadily declined twenty-three (23) percent to five thousand, eighty-five (5,085) by 2013, but then increased to 5,624 opioid occurrences in 2014 and six thousand, five hundred and fourteen (6,514) in 2015 (Exhibit 21).



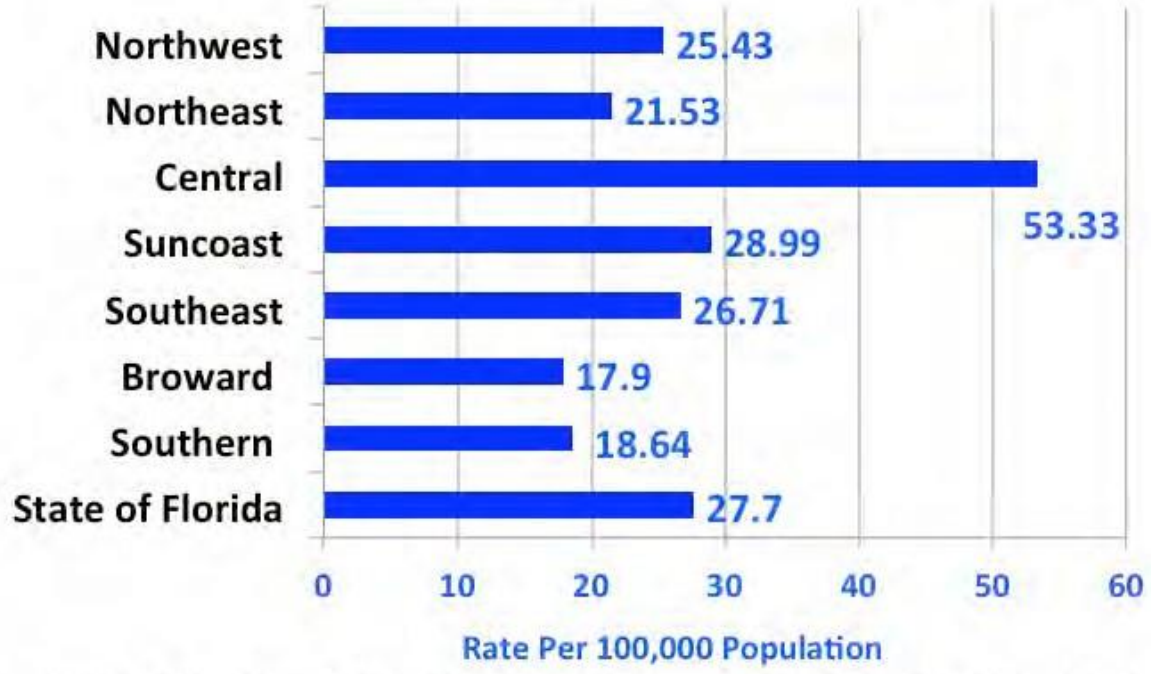
Actions taken by the State of Florida to reduce the prescription drug abuse problem included:

- July, 2010 - Senate Bill 2272 is passed providing legal authority to close "pill mills" and limit practitioner direct dispensing of Schedule II opioids to a (three) 3-day supply.
- August, 2010 - Replacement of crushable high dose OxyContin® with the tamper-resistant formulation preventing methods to consume the full dose all at once or inject the drug for a rapid onset of its effects.
- March, 2011 – Law Enforcement Strike Force created to close "pill mills."
- July, 2011 – House Bill 7095 goes into effect banning direct dispensing by practitioners of Schedule II medications and establishing new regulations for pain management clinics and pharmacies. It also provided for the startup operation of the State's first Prescription Drug Monitoring Program.

The impact of these supply-side reduction strategies are illustrated in Exhibit 21 in declining numbers of prescription opioid deaths from 2011 to 2013 before increasing in 2014 and 2015.

Seventy-one (71) percent of the 2015 pharmaceutical narcotic deaths are related to five (5) of the eleven (11) opioids tracked by the Florida Medical Examiners Commission. Those (five) 5 are morphine, oxycodone, hydrocodone, fentanyl, and methadone totaling four thousand, six hundred and eight (4,608) medical examiner occurrences in 2015 across Florida. Fifty-eight (58) percent or two thousand, six hundred and eighty-one (2,681) were considered to be a cause of death. Drug occurrences include reports where the drug was detected in a decedent and considered to be "present" at the time of death plus those cases when the drug was determined to be a "cause of death." The number of occurrences exceeds the number of deaths because most cases involve multiple substances detected. The rates per one hundred thousand (100,000) population of prescription opioid-deaths related to the five (5) leading narcotic medications in 2015 varied from seventeen and nine-tenths (17.9) in the Broward Managing Entity Region to fifty-three and three-tenths (53.3) in the Central Managing Entity Region (Exhibit 22).

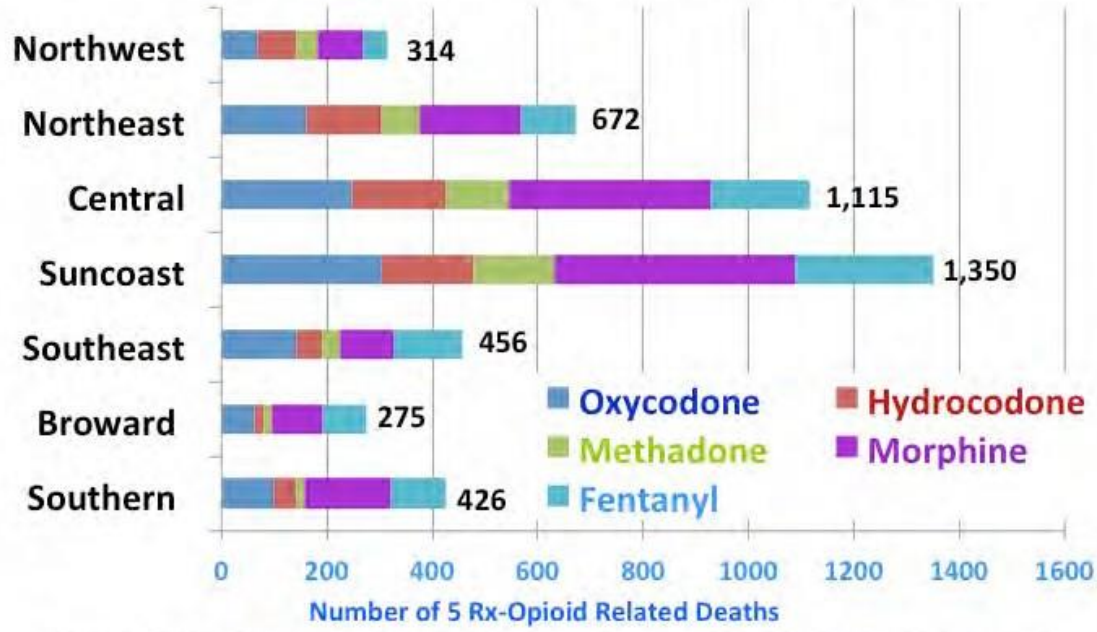
Exhibit 22 Rates Per 100,000 of Selected Rx Opioid Deaths by Florida Management Regions: 2015



Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'* 2015 Annual Report

The numbers of medical examiner occurrences whether considered a cause of death or just present in a decedent are shown in Exhibit 23 and Table 4.

Exhibit 23 **Number of Selected 5 Rx Opioid-Related Deaths by Florida Management Regions: 2015**



Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'* 2015 Annual Report

Table 4 **Number of Rx Opioid Medical Examiner Occurrences by Florida Management Regions: 2015**

	Oxycodone	Hydrocodone	Methadone	Morphine	Fentanyl	TOTAL
Northwest	69	73	39	88	45	314
Northeast	161	141	75	192	103	672
Central	246	179	120	383	187	1,115
Suncoast	303	176	152	458	261	1,350
Southeast	143	47	36	102	128	456
Broward	61	21	15	96	82	275
Southern	98	43	16	164	105	426
All Florida	1,081	680	453	1,483	911	4,608

Source: Florida Medical Examiners Commission 2015 Annual Report

The most currently available data on hospital overdose cases are from calendar year 2014 when there were eleven thousand, nine hundred and five (11,905) hospital prescription opioid overdose poisonings across the State for which ninety-eight (98) percent or all but one hundred ninety-four (194) patients survived. Between 2007 and 2014 these overdoses totaled seventy-one thousand, eight hundred and twenty-seven (71,827). In 2014, thirty-three and five-tenths (33.5) percent occurred among emergency department patients and 66.5 percent were admitted as inpatients. It is interesting to note that only seven (7) percent of these patients were diagnosed as also having a substance abuse disorder and fifty-five (55) percent were simply discharged to home and their own self-care.

There were thirteen thousand, thirty-eight (13,038) admissions for opiates other than heroin reported as primary treatment admissions in Florida during Fiscal Year 2015-2016, representing seventeen and seven-tenths (17.7) percent of all treatment admissions. Females accounted for fifty-one (51) percent of the prescription opioid treatment clients. Juvenile clients below the age of eighteen (18) accounted for four-tenths (0.4) percent of the total opioid admissions while seventeen and six-tenths (17.6) percent were between eighteen (18) and twenty-five (25) years of age, forty-nine and five-tenths (49.5) percent were aged twenty-six to thirty-four (26-34), and thirty-two and five-tenths (32.5) percent were thirty-five (35) and older. Injecting drug use was the primary route of administration for forty-four (44) percent of these clients (n=5,782). Heroin accounted for an additional twelve and three-tenths (12.3) percent of the FY 2015-2016 primary admissions for a combined rate of thirty (30) percent for all opiates (heroin and opioids). Across the State, the percent of primary prescription opioid clients among all admissions ranged from four (4) percent in the Southern Managing Entity Region to twenty-four (24) percent in the Northeast Managing Entity Region (Table 5).

Table 5 Number of Florida Primary Rx Opioid Treatment Admissions in FY 2015-2016 By Managing Entity Regions

Rx Opioid FY 2015-2016	Northwest	Northeast	Central	Suncoast	Southeast	Broward	Southern	State Totals
By Gender								
Male	473	1,679	556	2,444	726	357	101	6,335
Female	552	1,673	820	2,459	737	347	115	6,703
Total	1,025	3,352	1,376	4,903	1,463	704	216	13,038
By Age								
17 and Under	4	11	4	29	0	0	1	49
18-25	160	640	234	901	241	79	35	2,290
26-34	480	1,751	686	2,332	734	375	96	6,454
35 and up	381	950	452	1,641	488	250	84	4,245
Total	1,025	3,352	1,376	4,903	1,463	704	216	13,038
% of all admits	10.0%	23.9%	19.1%	22.6%	15.7%	12.6%	4.0%	17.7%

Source: Florida Department of Children and Families July, 2015 through June, 2016

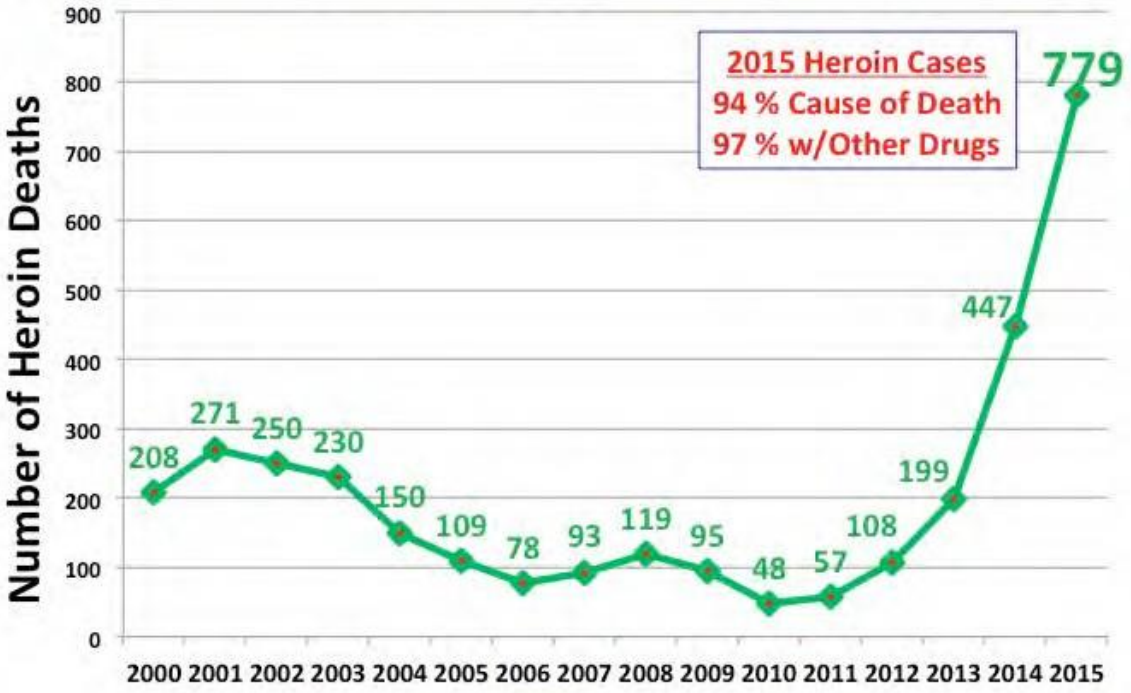
Opioids (excluding heroin) were the fourth (4th) most prevalent category of drugs detected in crime labs across Florida during the first six (6) months of 2016, accounting for nine and seven-tenths (9.7) percent of all items submitted (n=1,769) and included five hundred and eighty-nine (589) for oxycodone, three hundred ninety (390) for hydromorphone, two hundred and seventy-six (276) for hydrocodone, one hundred and fifty-five (155) for morphine, one hundred and fifty-three (153) for buprenorphine, one hundred and thirty-six (136) for fentanyl, and seventy (70) for methadone. (Appendix IV).

The NSDUH found there were an estimated five hundred and fifty-seven thousand, one hundred and fifty-nine (557,159) youth and adult Floridians aged twelve (12) and above - or three-point forty-seven (3.47) percent who reported the nonmedical use of pain relievers in the past year. Nationally, four and thirty-one hundredths (4.31) percent of those aged twelve (12) and above reported past year use of pain medications non-medically during the same sample period of 2012 to 2014. Prevalence rates among the DCF Managing Entity Regions of Florida may be found in Table 10.3 of Appendix I.

The Opiates – Part II Heroin

There were seven hundred seventy-nine (779) heroin-related deaths across Florida in 2015 representing a seventy-four (74) percent increase over the four hundred forty-seven (447) such deaths in 2014 and a one thousand, two hundred sixty-seven (1,267) percent increase over the fifty-seven (57) heroin deaths statewide in 2011 (Exhibit 24). Heroin was considered the cause of death in ninety-four (94) percent of the 2015 heroin deaths (n=732), and at least one other drug was detected in all but twenty-three (23) – or ninety-seven (97) percent of the heroin decedents. Half or forty-nine (49) percent of the heroin deaths occurred among those below the age of thirty-five (35). National studies reveal the rapid growth of new heroin users is occurring among young adults eighteen to thirty-four (18-34) years of age with most being addicted to a prescription opioid prior to initiation of heroin use. Less than one (1) percent (n=3) of the 2015 heroin decedents were under eighteen (18) years of age, sixteen (16) percent were aged eighteen to twenty-five (18-25), thirty-three (33) percent were twenty-six to thirty-four (26-34), thirty-six percent were thirty-five to fifty (35-50), and fourteen and five-tenths (14.5) percent were over fifty (50) years of age.

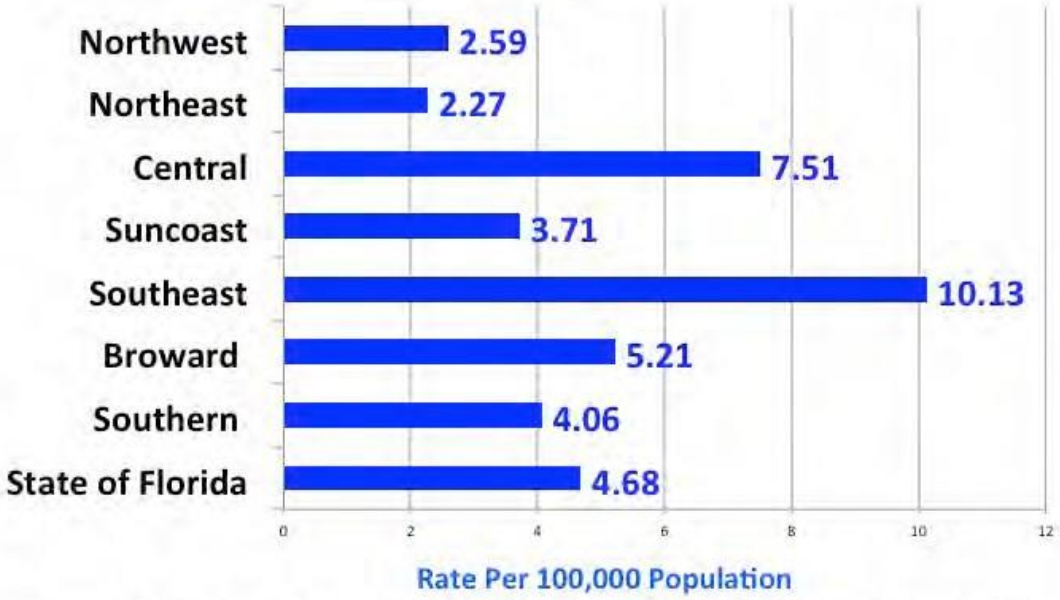
Exhibit 24 Number of Heroin Deaths in Florida: 2000 to 2015



Source: Florida Medical Examiners Commission 2000-2015 Annual Reports

The rates per 100,000 population of heroin-deaths in 2015 varied from 2.27 in the Northeast Managing Entity Region to 10.13 in the Southeast Managing Entity Region (Exhibit 25).

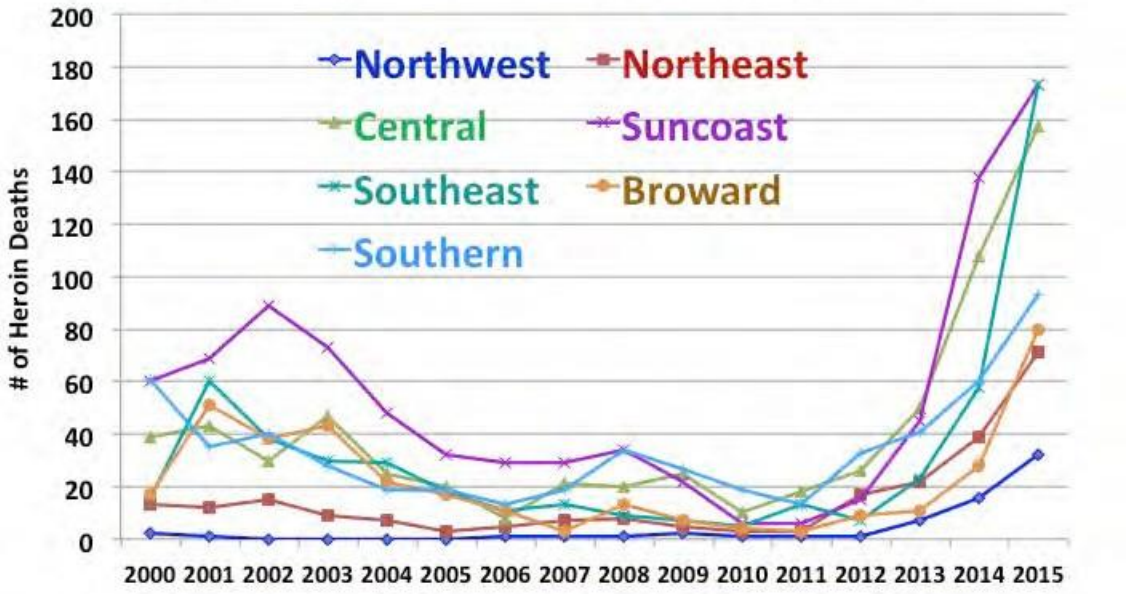
Exhibit 25 Rates Per 100,000 of Heroin-Related Deaths by Florida Management Regions: 2015



Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'* 2015 Annual Report

Heroin deaths in the seven (7) Managing Entity Regions as tracked in Exhibit 26 and Table 6 parallel the overall State trend (Exhibit 24 above) with the most dramatic increases between 2012 and 2015 occurring in the Southeast and Suncoast Managing Entity Regions.

Exhibit 26 **Number of Heroin-Related Deaths by Florida Management Regions: 2000 - 2015**



Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'*

Table 6 **Number of Heroin-Related Deaths by Florida Management Regions: 2001-2015**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Northwest	1	0	0	0	0	1	1	1	2	1	1	1	7	16	32
Northeast	12	15	9	7	3	5	7	8	5	3	3	17	22	39	71
Central	43	30	47	25	20	8	21	20	25	10	18	26	50	108	157
Suncoast	69	89	73	48	32	29	29	34	22	6	6	15	45	138	173
Southeast	60	38	30	29	18	11	13	9	7	5	13	7	23	58	173
Broward	51	38	43	22	17	11	3	13	7	4	3	9	11	28	80
Southern	35	40	28	19	19	13	19	34	27	19	13	33	41	60	93
Total all Florida	271	250	230	150	109	78	93	119	95	48	57	108	199	447	779

Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'*
2015 Annual Report

Because heroin rapidly metabolizes to morphine in the body, it is possible that some or even many of the one thousand, four hundred eighty-three (1,483) morphine deaths in 2015 (Table 4 above) may be related to heroin abuse. The numbers of deaths attributed to morphine have steadily risen in recent years as those for other opioids have declined at the same time heroin and fentanyl deaths have escalated. It is not known how many of the heroin deaths also had a fentanyl analog present.

Florida heroin hospital overdose poisonings totaled one thousand, nine hundred twenty-five (1,925) in 2014 for which ninety-nine (99) percent or all but twenty-five (25) patients survived. Only twenty-nine (29) percent were diagnosed as having a substance abuse disorder. Among the heroin patients seventy (70) percent were discharged to home and their own self-care.

There were nine thousand, fifty-three (9,053) heroin primary treatment admissions in Florida during FY 2015-2016 representing twelve and three-tenths (12.3) percent of all treatment admissions. Males accounted for sixty (60) percent of the heroin treatment clients. Juvenile clients below the age of eighteen (18) accounted for less than one (1) percent (n=27) of the total heroin admissions while eighteen (18) percent were between eighteen (18) and twenty-five (25) years of age, fifty-one (51) percent were aged twenty-six to thirty-four (26-34), and thirty-one (31) percent were thirty-five (35) and older. Injecting drug use was the primary route of administration for seventy-three (73) percent of these clients (n=6,632). Across the State, the percent of primary heroin clients among all admissions ranged from seven (7) percent in the Northeast Managing Entity Region to twenty-four and four-tenths (24.4) percent in the Suncoast Managing Entity Region (Table 7).

Table 7 Number of Florida Primary Heroin Treatment Admissions in FY 2015-2016 By Managing Entity Regions

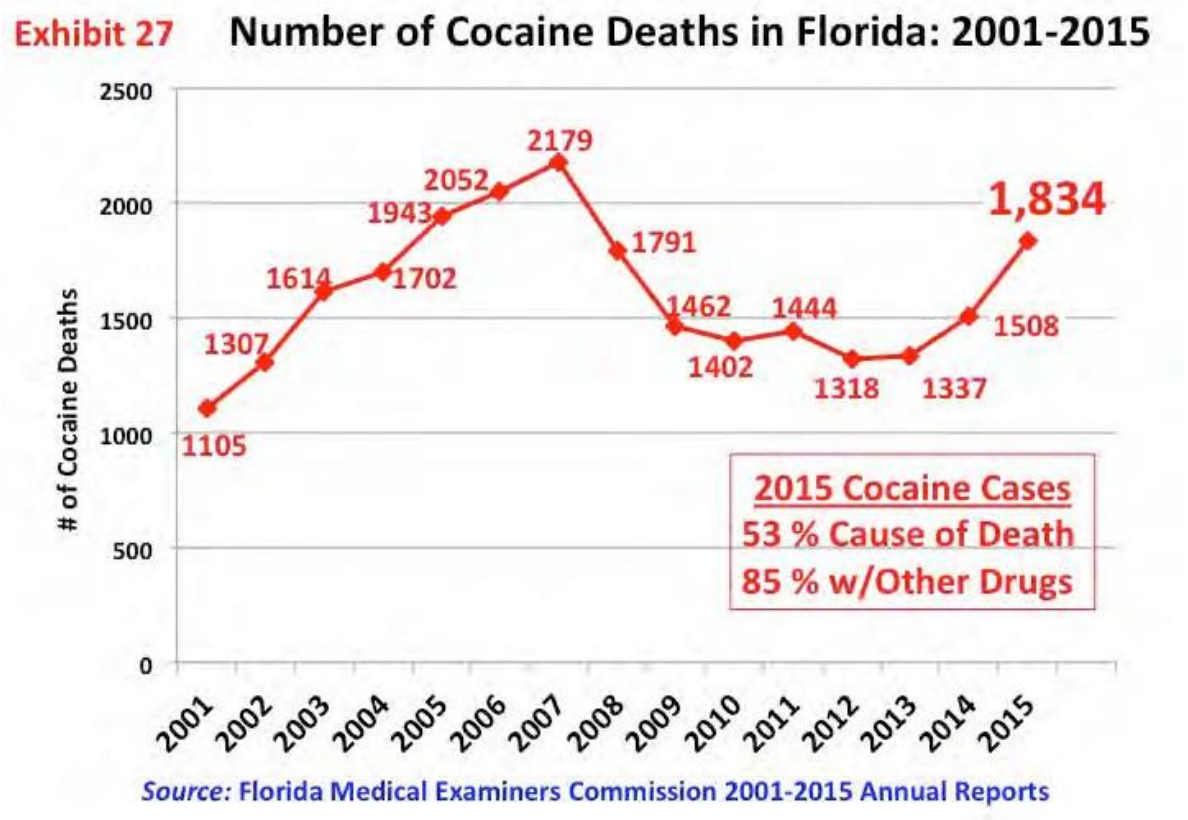
Heroin FY 2015-2016	Northwest	Northeast	Central	Suncoast	Southeast	Broward	Southern	State Totals
By Gender								
Male	157	591	1,067	1,673	1,083	511	323	5,405
Female	168	388	696	1,241	650	360	145	3,648
Total	**325**	**979**	**1,763**	**2,914**	**1,733**	**871**	**468**	**9,053**
By Age								
17 and Under	2	4	11	3	1	6	0	27
18-25	74	187	338	511	348	101	69	1,628
26-34	167	499	853	1,546	904	456	196	4,621
35 and up	82	289	561	854	480	308	203	2,777
Total	**325**	**979**	**1,763**	**2,914**	**1,733**	**871**	**468**	**9,053**
% of all admits	13.2%	7.0%	20.2%	24.4%	18.6%	15.5%	8.6%	12.3%

Source: Florida Department of Children and Families July, 2015 through June, 2016

Heroin was the fifth (5th) most prevalent drug seized in law enforcement activity and analyzed by crime labs in Florida during the first six (6) months of 2016 according to the US Drug Enforcement Administration's NFLIS. There were one-thousand, five hundred and ninety-six (1,596) heroin items submitted between January and June, 2016 accounting for eight and eight-tenths (8.8) percent of all drugs tested (Appendix IV).

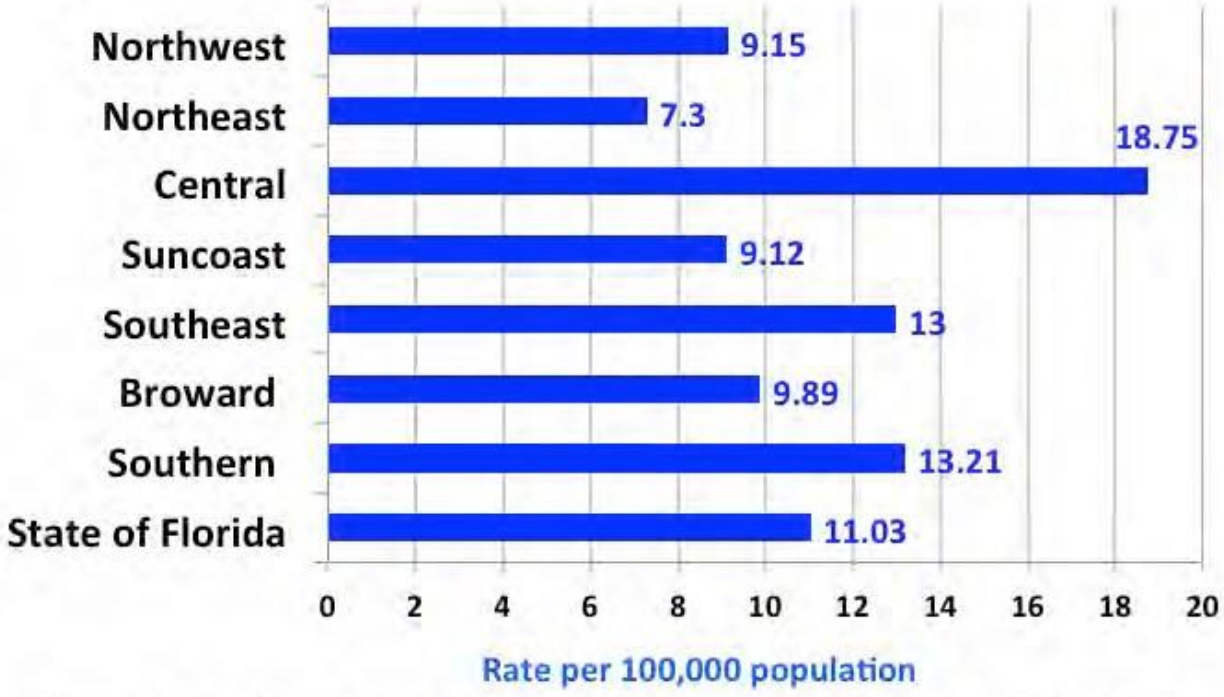
Cocaine

Cocaine-related deaths increased in all managing entity regions of Florida in 2015 except for the Northeast. The increase may be linked to poly-drug use particularly with opiates as well as increased production of the drug in Colombia. The relatively steady decline in cocaine problems from 2007 to 2010 stabilized through 2012 and has increased since then. There were one thousand, eight hundred and thirty-four (1,834) cocaine-related deaths across Florida in 2015 representing a twenty-two (22) percent increase over the one thousand, five hundred and eight (1,508) such deaths in 2014 (Exhibit 27). Cocaine was considered the cause of death in fifty-three (53) percent of the 2015 cocaine deaths (n=972), and at least one (1) other drug was detected in eighty-five (85) percent of the cocaine decedents. Nearly two-thirds of the cocaine deaths occurred among those aged thirty-five (35) and older. Less than one percent (n=13) of the 2015 cocaine decedents were under eighteen (18) years of age, twelve (12) percent were aged eighteen to twenty-five (18-25), twenty-two (22) percent were twenty-six to thirty-four (26-34), thirty-seven (37) percent were thirty-five to fifty (35-50), and twenty-eight (28) percent were over fifty (50) years of age.



The rates per one hundred thousand (100,000) population of cocaine-deaths in 2015 varied from seven and three-tenths (7.3) in the Northeast Managing Entity Region to eighteen and seventy-five hundredths (18.75) in the Central Managing Entity Region (Exhibit 28).

Exhibit 28 **Rates per 100,000 of Cocaine-Related Deaths by Florida Management Regions: 2015**

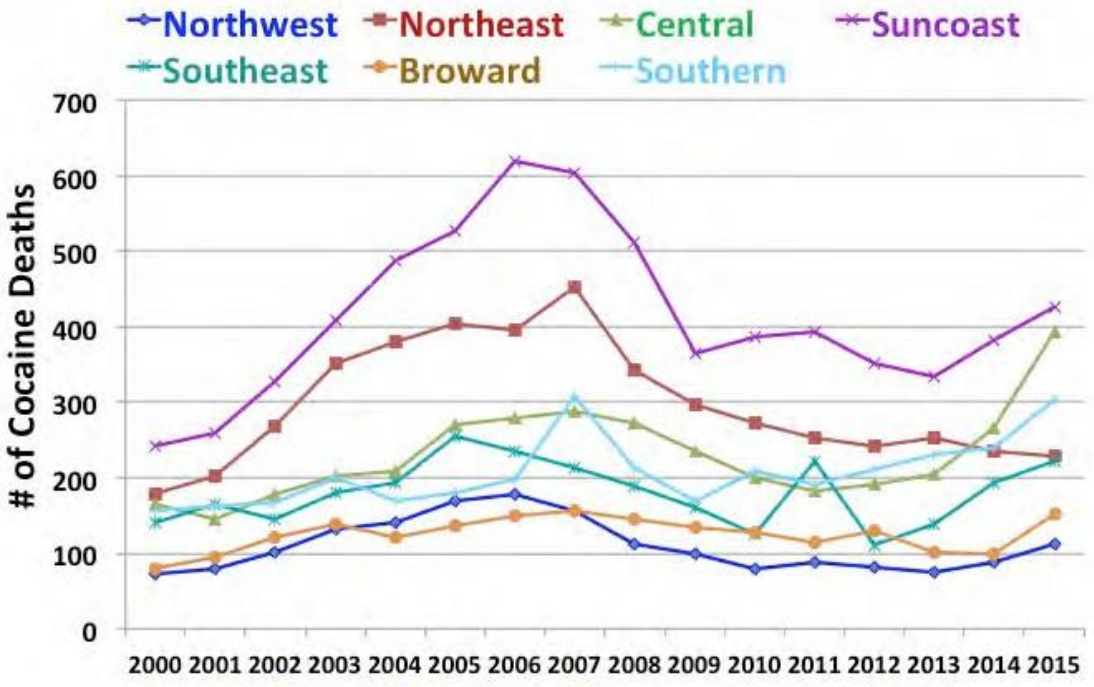


Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'* 2015 Annual Report

Cocaine deaths in the seven (7) Managing Entity Regions as tracked in Exhibit 29 and Table 8 parallel the overall State trend (Exhibit 27 above) with only the Northeast Managing Entity Region maintaining a modest continuing downward trend since 2007.

Exhibit 29

Cocaine Deaths in Florida by Managing Entity Regions 2000 - 2015



Source: Florida Medical Examiners Commission 2015 Annual Report

Table 8

Number of Cocaine-Related Deaths by Florida Management Regions: 2001-2015

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Northwest	79	101	133	141	170	177	157	113	99	79	87	82	75	95	113
Northeast	202	268	351	380	404	395	452	342	297	273	253	242	253	234	228
Central	144	177	203	209	271	278	287	273	236	201	182	191	204	265	392
Suncoast	259	327	409	488	527	618	604	511	365	387	394	352	334	382	425
Southeast	164	146	180	194	255	236	214	190	161	126	222	111	139	193	222
Broward	94	121	138	120	136	150	157	146	135	127	115	129	102	99	152
Southern	163	167	200	170	180	198	308	213	169	209	191	211	230	240	302
Total all Florida	1,105	1,307	1,614	1,702	1,943	2,052	2,179	1,791	1,462	1,402	1,444	1,318	1,337	1,508	1,834

Source: Florida Medical Examiners Commission 2015 Annual Report

There were five thousand, two hundred and eighty-six (5,286) cocaine primary treatment admissions in Florida during 2015 representing seven and two-tenths (7.2) percent of all treatment admissions. Males accounted for fifty-three (53) percent of the cocaine treatment clients. Juvenile clients below the age of eighteen (18) accounted for one percent (n=55) of the total cocaine admissions while twelve (12) percent were between eighteen (18) and twenty-five (25) years of age, twenty-eight (28) percent were aged twenty-six to thirty-four (26-34), and fifty-nine (59) percent were thirty-five (35) and older. Smoking of crack was the type of cocaine use reported by fifty-four (54) percent of the clients (n= 2,853) and injecting drug use was the primary route of administration for five (5) percent (n=270). Across the State, the percent of primary cocaine clients among all admissions ranged from four and seven-tenths (4.7) percent in the Suncoast Managing Entity Region to seventeen and eight-tenths (17.8) percent in the Southern Managing Entity Region (Table 9). Rates of crack as opposed to powder cocaine use ranged from fifty-five and five-tenths (55.5) percent in the Central Managing Entity Region to sixty-nine (69) percent in the Northwest Managing Entity Region. Statewide crack use accounted for sixty-one (61) percent of all cocaine admissions.

Table 9 Number of Florida Primary Cocaine Treatment Admissions in FY 2015-2016 by Management Regions

Cocaine FY 2015-2016	Northwest	Northeast	Central	Suncoast	Southeast	Broward	Southern	State Totals
By Gender								
Male	412	470	230	483	240	348	619	2,802
Female	310	479	344	545	268	183	345	2,484
Total	722	949	574	1,028	508	541	964	5,286
By Age								
17 and under	6	8	8	22	2	2	6	55
18-25	59	147	62	143	61	54	118	644
26-34	192	293	190	316	153	112	230	1,486
35 and up	465	500	314	547	292	373	610	3,101
Total	722	949	574	1,028	508	541	964	5,286
% of all admits	7.0%	6.8%	7.9%	4.7%	5.5%	9.6%	17.8%	7.2%

Source: Florida Department of Children and Families July, 2015 through June, 2016

The NSDUH reports there were an estimated three hundred thirty-two, six hundred fifty-six (332,656) youth and adult Floridians aged twelve (12) and above - or two (2) percent - who were past year users of cocaine. Nationally, one and seven-tenths (1.7) percent of those aged twelve (12) and above were past year cocaine users across the same three year sample period of 2012 to 2014. Prevalence rates among the DCF Managing

Entity Regions of Florida may be found in Table 10.3 of Appendix I. The 2016 FYSAS reported that twenty-eight hundredths (0.28) percent of middle school students and eighty-two hundredths (0.82) percent of high school students reported current cocaine or crack use within the last thirty (30) days.

Cocaine was the most prevalent drug seized in law enforcement activity and analyzed by crime labs in Florida during the first six (6) months of 2016 according to the US Drug Enforcement Administration's NFLIS. There were six thousand, six hundred and twenty-four (6,624) cocaine items submitted between January and June 2016 accounting for thirty-six and four-tenths (36.4) percent of all drugs tested (Appendix IV).

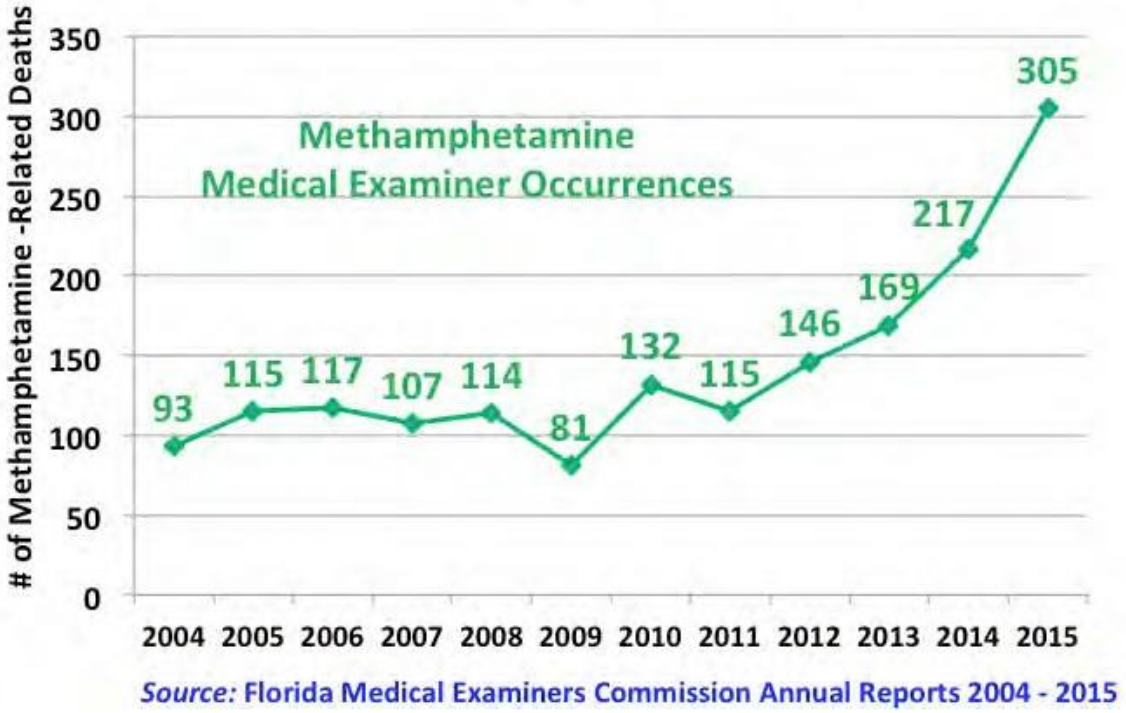
Methamphetamine

Indicators of methamphetamine abuse reflect escalating deaths since 2011, yet remained at relatively lower levels when compared to other substances and other areas of the nation and particularly the US West and the suburban Atlanta Georgia metropolitan area. Most treatment admissions for methamphetamine are occurring in the northern and western counties of Florida that border the Gulf of Mexico. However, elsewhere private treatment counselors continued to report methamphetamine abuse and dependency among men who have sex with men.

It is suspected that most methamphetamine being used is now produced in Mexico. Domestic clandestine laboratory production in Florida mostly appears still to be in the north and central parts of the State using the two-liter soda bottle "shake and bake" method that yields a relatively small amount of methamphetamine for personal use by the "cook" and for sharing with those who may have helped supply the precursor, pseudoephedrine. In South Florida, the synthetic cathinone, *alpha*-PVP ("flakka,") was reported to also being sold as either crystal or powdered methamphetamine in 2015 yielding a much higher profit for drug dealers.

Methamphetamine was detected among 305 deceased persons in Florida during 2015 which was a forty-one (41) percent increase over the two hundred and seventeen (217) such occurrences in 2014. Methamphetamine was considered a cause of death in fifty-one (51) percent (n=156) of the 2015 cases. Methamphetamine deaths have risen one hundred and sixty-five (165) percent since 2011 and have continued to increase each year since then (Exhibit 30). A breakout of methamphetamine-related deaths by counties or State Managing Entity Regions is not available.

Exhibit 30 **Number of Methamphetamine-Related Deaths in Florida: 2000-2015**



Source: Florida Medical Examiners Commission Annual Reports 2004 - 2015

There were also three hundred and eighty-seven (387) reports of amphetamine detected among decedents across Florida in 2015 which was a twenty-six (26) percent increase from the three hundred and seven (307) such occurrences in 2014. Amphetamine was considered the cause of death in eighty-seven (87) - or twenty-two (22) percent of the cases in 2015.

There were two thousand, nine hundred and forty-two (2,942) methamphetamine primary treatment admissions in Florida FY 2015-2016 representing four (4) percent of all treatment admissions. Females accounted for fifty-three (53) percent of the methamphetamine treatment clients. Juvenile clients below the age of eighteen (18) accounted for three (3) percent (n=86) of the total methamphetamine admissions while 19 percent were between eighteen (18) and twenty-five (25) years of age, forty (40) percent were aged twenty-six to thirty-four (26-34), and thirty-eight (38) percent were thirty-five 35 and older. Smoking of methamphetamine was the method of use reported by fifty-three (53) percent of the clients (n= 1,559) and injecting drug use was the primary route of administration for 29 percent (n=844). Across the State, the percent of primary methamphetamine clients among all admissions ranged from five-tenths to six-tenths (0.5 to 0.6) percent in the Southeast and Southern Managing Entity Regions, to ten and three-tenths (10.3) percent in the Northwest Managing Entity Region (Table 10).

Table 10 Number of Florida Primary Methamphetamine Treatment Admissions by Management Regions FY2015-2016

Metham-phetamine FY 2015-2016	Northwest	Northeast	Central	Suncoast	Southeast	Broward	Southern	State Totals
By Gender								
Male	485	192	50	538	22	57	25	1,369
Female	573	234	54	656	29	18	9	1,573
Total	1,058	426	104	1,194	51	75	34	2,942
By Age								
17 and Under	31	13	1	38	3	0	0	86
18-25	190	77	19	259	9	4	2	560
26-34	391	205	39	494	14	29	13	1,185
35 and Up	446	131	45	403	25	42	19	1,111
Total	1,058	426	104	1,194	51	75	34	2,942
% of all admits	10.3%	3.0%	1.4%	5.5%	0.5%	1.3%	0.6%	4.0%

Source: Florida Department of Children and Families July, 2015 through June, 2016

Methamphetamine was the third most prevalent drug seized in law enforcement activity and analyzed by crime labs in Florida during the first six (6) months of 2016 according to the US Drug Enforcement Administration's NFLIS. There were two-thousand ninety-one (2,091) methamphetamine items submitted between January and June 2016 accounting for eleven and five-tenths (11.5) percent of all drugs tested (Appendix IV).

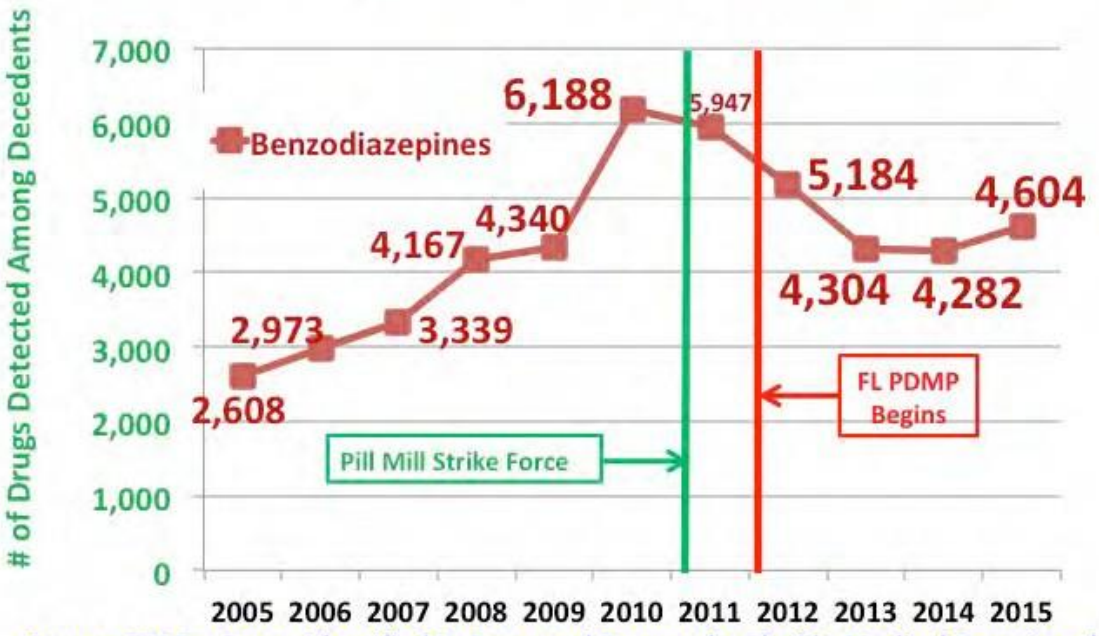
Nonmedical Use of Prescription Benzodiazepines

Benzodiazepines in general and specifically alprazolam (Xanax®) continued as a substantial problem across Florida, particularly when used non-medically in combination with other pharmaceuticals, alcohol, and illicit drugs. There were four thousand, six hundred and four (4,604) reports of a benzodiazepine present in deceased persons across Florida in 2015, a seven (7) percent increase above the four thousand, two hundred and eighty-two (4,282) benzodiazepine occurrences in 2014. Benzodiazepine-related deaths peaked at six thousand, one hundred and eighty-eight (6,188) in 2010 and then declined as the State's efforts to reduce diversion of controlled medications took effect as discussed in the prescription opioid section of this report.

Of the benzodiazepine occurrences in 2015, twenty-five (25) percent were considered "a cause of death." Among the benzodiazepine, Medical Examiner Reports Statewide, one-thousand, four hundred and thirty-nine (1,439) were attributed to alprazolam, six

hundred and seventy-two (672) to nordiazepam (Nordaz®), six hundred and four (604) were for diazepam (Valium®); five hundred and eleven (511) for temazepam (Restoril®, and Normison®), four hundred and fifty-five (455) for clonazepam, four hundred and five (405) for oxazepam and five hundred and eighteen (518) were attributed to seven (7) other benzodiazepines.

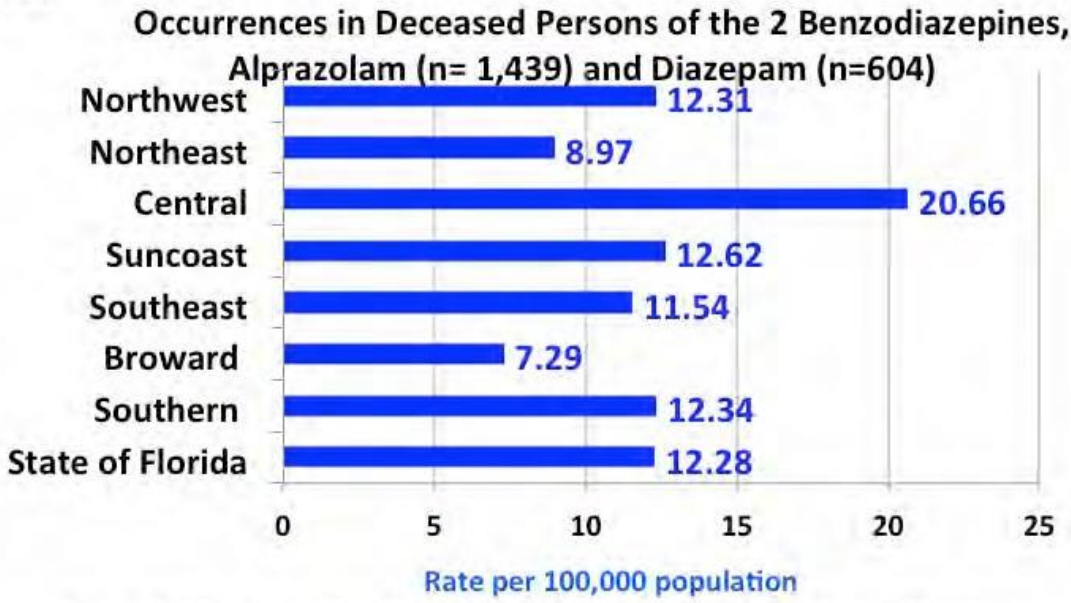
Exhibit 31 Number of Nonmedical Rx Benzodiazepine Reports Detected Among Deceased Persons in Florida 2005 – 2015



Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'* Annual Reports 2005 - 2015

The rates per hundred thousand 100,000 population of benzodiazepine deaths in 2015 varied from seven and twenty-nine hundredths (7.29) in the Broward Region to twenty and sixty-six hundredths (20.66) in the Central Region (Exhibit 32).

Exhibit 32 **Per Capita Rates by Florida Management Regions of 2015**



Source: FDLE – *Drugs Identified In Deceased Persons by Florida Medical Examiners'* 2015 Annual Report

Benzodiazepine medical examiner occurrences for the seven (7) Managing Entity Regions are provided for alprazolam and diazepam and are listed in Table 11.

Table 11 **Number of 2015 Occurrences in Deceased Persons of the 2 Benzodiazepines, Alprazolam (n= 1,439) and Diazepam (n= 604) by Florida Managing Entity Regions**

	Alprazolam	Diazepam	Total
Northwest	107	45	152
Northeast	167	113	280
Central	310	122	432
Suncoast	424	164	588
Southeast	122	75	197
Broward	93	19	112
Southern	216	66	282
All Florida	1,439	604	2,043

Source: FDLE – *Drugs Identified in Deceased Persons by Florida Medical Examiners'* 2015 Annual Report

Benzodiazepines were the sixth most prevalent category of drugs detected in crime labs across Florida during the first 6 months of 2016 accounting for eight (8) percent of all items submitted (n=1,453) and included one thousand, two hundred (1,200) for alprazolam, one hundred and fifty-four (154) for clonazepam, sixty-two (62) for diazepam, and thirty-seven (37) for lorazepam (Appendix IV).

Kratom - Mitragyna

The escalation of importation and distribution of kratom products in the United States over the past three (3) years raises numerous public health and safety concerns. Kratom is a tree, native to Southeast Asia that contains the drug mitragynine which produces both stimulant effects (in low doses) and sedative effects (in high doses) and can lead to addiction. Kratom is mainly consumed orally as a tea, but it may also be smoked or its leaves may be chewed.

Several cases of psychosis resulting from use of kratom have been reported anecdotally, in which individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion, and suicide. Withdrawal effects include symptoms of hostility, aggression, mood swings, runny nose, achy muscles and bones, and jerky movement of the limbs. There have been several deaths in Florida attributed to addictive kratom use but not necessarily caused by the drug. The drug was banned in Sweden after several deaths linked to its use. Other European nations also made it illegal following Sweden's action.

The US Food and Drug Administration (FDA) has "identified kratom as a botanical substance that poses a risk to public health and has the potential for abuse" and has issued a ruling that allows for the seizure of imported kratom. While kratom remains legal nationally and in Florida, the US Drug Enforcement Administration has begun the process to schedule it as an illegal Scheduled I Controlled Substance.

The recent upswing in retail sales of kratom appears to mimic the pattern of distribution seen in Florida of the so-called "bath salt" stimulants just a few years ago that were sold in small colorful cartoon foil packets under various brand names in convenience stores and gas stations. Today "bath salts" have been replaced by kratom packets available in retail outlets.

The actual content of these products may vary from high to low doses of the kratom drug, mitragyna and perhaps found in combination with other substances. Some of these products purchased in Florida were chemically analyzed and revealed neither kratom nor mitragyna. This lack of standardization dramatically increases the risk of using these products particularly in view of the fact that the effects of kratom are very

dose specific. Users not only do not know what they are taking; they don't know the potency of the product they are ingesting.

One problem reported in Florida by treatment counselors is that persons addicted to prescription opioids or heroin may try kratom products seeking to lessen the severe withdrawal effects of their opiate addiction. Neither kratom nor mitragyna has been approved as a medicine, which would require rigorous scientific clinical trials under FDA supervision.

Several Florida treatment counselors report they have seen severely kratom-dependent individuals who are self-administering through capsules or tea very frequently, even every hour. They have classic substantial opioid withdrawal syndromes, are in great discomfort for days, and then have lengthy protracted abstinence syndromes (or post-acute withdrawal syndromes). These individuals became highly addicted to kratom and suffered opioid withdrawal similar to that of any Class I or Class II opioid narcotic.

SECTION III. APPENDIXES with DATA TABLES

Appendix I – National Survey on Drug Use and Health 2012-2014 Substate Data for Florida from the US Substance Abuse and Mental Health Services Administration

Appendix II – Population Estimates for Substate Regions from the National Survey on Drug Use and Health 2012-2014 from US Substance Abuse and Mental Health Services Administration

Appendix III – Florida Department of Law Enforcement 2014 -2015 Uniform Crime Reports of Arrests by Florida Judicial Circuits

Appendix IV – Florida Crime Lab Reports for January through June, 2016 from the US Drug Enforcement Administration's National Forensic Laboratory Information System

Appendix V – Primary Addiction Treatment Admissions from July 2015 to June 2016 for the 7 Management Entity Regions from the Florida Department of Children and Families

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APPENDIX I
FLORIDA

Table 10.2 *Marijuana Use in the Past Month, Average Annual Incidence Estimates (Expressed as Percentages of the At-Risk Population) of First Use of Marijuana, and Perceptions of Great Risk from Smoking Marijuana Once a Month* in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Marijuana Use in the Past Month		Average Annual Incidence Estimates (Expressed as Percentages of the At-Risk Population) of First Use of Marijuana[1]		Perceptions of Great Risk from Smoking Marijuana Once a Month	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	7.24	(6.63 - 7.91)	1.65	(1.51 - 1.79)	32.08	(30.70 - 33.50)
Broward (Circuit 17)	6.92	(5.47 - 8.72)	1.36	(1.11 - 1.66)	32.23	(28.82 - 35.84)
Central I	7.47	(6.32 - 8.82)	2.04	(1.76 - 2.36)	28.22	(25.62 - 30.96)
Circuit 9	7.42	(5.99 - 9.16)	2.03	(1.70 - 2.43)	30.54	(27.30 - 33.99)
Circuit 18	7.54	(5.92 - 9.56)	2.05	(1.64 - 2.55)	24.84	(21.23 - 28.84)
Central II	7.38	(6.46 - 8.41)	1.50	(1.34 - 1.69)	29.86	(27.82 - 31.97)
Circuit 6	7.86	(6.14 - 10.01)	1.43	(1.17 - 1.76)	27.24	(23.62 - 31.18)
Circuit 10	6.63	(5.02 - 8.71)	1.43	(1.14 - 1.79)	32.52	(28.18 - 37.19)
Circuit 12	6.61	(4.96 - 8.76)	1.38	(1.08 - 1.74)	31.23	(27.04 - 35.75)
Circuit 13 (Hillsborough)	8.37	(6.78 - 10.29)	1.85	(1.53 - 2.24)	29.66	(26.21 - 33.35)
Circuit 20	6.71	(5.12 - 8.75)	1.36	(1.08 - 1.70)	30.66	(26.63 - 35.01)
Northeast	7.99	(6.93 - 9.19)	1.90	(1.68 - 2.13)	28.38	(26.16 - 30.70)
Circuit 4	8.00	(6.34 - 10.06)	1.93	(1.57 - 2.38)	29.39	(25.81 - 33.25)
Circuit 5	6.81	(5.20 - 8.88)	1.51	(1.22 - 1.86)	27.34	(23.48 - 31.57)
Circuit 7	7.55	(5.80 - 9.78)	2.07	(1.66 - 2.57)	28.41	(24.42 - 32.78)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	11.08	(8.62 - 14.12)	2.39	(1.90 - 3.01)	28.31	(24.27 - 32.73)
Northwest	9.50	(8.08 - 11.15)	2.34	(1.99 - 2.76)	26.23	(23.52 - 29.14)
Circuit 1	8.63	(6.64 - 11.14)	2.11	(1.64 - 2.71)	25.46	(21.58 - 29.78)
Circuit 2 plus Madison and Taylor	11.71	(9.37 - 14.53)	3.08	(2.41 - 3.94)	26.02	(22.12 - 30.35)
Circuit 14	8.30	(6.13 - 11.14)	1.85	(1.36 - 2.50)	28.36	(23.56 - 33.71)
South (Circuits 11 and 16)	5.23	(4.28 - 6.38)	1.25	(1.06 - 1.48)	49.29	(46.10 - 52.49)
Southeast	6.60	(5.41 - 8.03)	1.62	(1.39 - 1.89)	30.75	(27.68 - 34.00)
Circuit 15 (Palm Beach)	6.04	(4.69 - 7.73)	1.51	(1.25 - 1.82)	31.98	(28.14 - 36.07)
Circuit 19	7.85	(5.83 - 10.48)	1.89	(1.49 - 2.40)	28.05	(23.81 - 32.71)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.
NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

[1] *Average annual initiation of marijuana* (%) = 100 * {[X_1 ÷ (0.5 * X_1 + X_2)] ÷ 2}, where X_1 is the number of marijuana initiates in the past 24 months and X_2 is the number of individuals who never used marijuana (with the at-risk population defined as 0.5 * X_1 + X_2). Both of the computation components, X_1 and X_2, are based on a survey-weighted hierarchical Bayes estimation approach. The age group shown is based on a respondent's age at the time of the interview, not his or her age at first use. The Bayesian confidence (credible) intervals presented for Average Annual Estimates of First Use of Marijuana use a simultaneous solution for First Use of Marijuana and Never Used Marijuana outcomes, which had age group-specific random effects that were allowed to be correlated across the two outcomes. The associated Markov Chain Monte Carlo chains were used to calculate the posterior variance. For details, see Section B of the "2011-2012 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.3 ***Marijuana Use in the Past Year, Cocaine Use in the Past Year, and Nonmedical Use of Pain Relievers in the Past Year*** **in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**

State/Substate Region	Marijuana Use in the Past Year		Cocaine Use in the Past Year		Nonmedical Use of Pain Relievers in the Past Year	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	11.56	(10.79 - 12.39)	2.00	(1.69 - 2.38)	3.47	(3.07 - 3.92)
Broward (Circuit 17)	10.68	(8.88 - 12.80)	1.95	(1.31 - 2.89)	3.42	(2.73 - 4.29)
Central I	12.80	(11.23 - 14.55)	2.35	(1.77 - 3.11)	3.61	(3.04 - 4.28)
Circuit 9	12.73	(10.87 - 14.86)	2.27	(1.57 - 3.27)	3.71	(3.01 - 4.57)
Circuit 18	12.90	(10.61 - 15.61)	2.47	(1.68 - 3.61)	3.47	(2.75 - 4.36)
Central II	11.60	(10.51 - 12.79)	1.98	(1.57 - 2.49)	3.45	(2.94 - 4.03)
Circuit 6	11.96	(9.98 - 14.28)	2.17	(1.45 - 3.24)	3.37	(2.60 - 4.35)
Circuit 10	9.99	(8.06 - 12.33)	1.68	(1.04 - 2.68)	3.55	(2.75 - 4.56)
Circuit 12	11.12	(8.89 - 13.84)	1.85	(1.22 - 2.80)	3.06	(2.33 - 4.02)
Circuit 13 (Hillsborough)	13.34	(11.32 - 15.64)	1.83	(1.23 - 2.72)	3.67	(2.90 - 4.63)
Circuit 20	10.66	(8.64 - 13.07)	2.17	(1.41 - 3.35)	3.50	(2.68 - 4.56)
Northeast	12.78	(11.46 - 14.24)	2.03	(1.56 - 2.64)	3.60	(3.07 - 4.21)
Circuit 4	12.66	(10.40 - 15.33)	2.19	(1.42 - 3.36)	3.62	(2.87 - 4.57)
Circuit 5	10.66	(8.63 - 13.11)	1.65	(1.06 - 2.55)	3.19	(2.46 - 4.12)
Circuit 7	12.84	(10.57 - 15.50)	2.17	(1.41 - 3.33)	3.50	(2.74 - 4.45)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	17.26	(14.44 - 20.49)	2.25	(1.48 - 3.40)	4.55	(3.56 - 5.79)
Northwest	14.72	(12.89 - 16.76)	2.40	(1.76 - 3.25)	4.12	(3.45 - 4.92)
Circuit 1	13.52	(10.90 - 16.65)	2.44	(1.56 - 3.81)	4.01	(3.12 - 5.14)
Circuit 2 plus Madison and Taylor	17.88	(14.97 - 21.22)	2.66	(1.72 - 4.08)	4.42	(3.49 - 5.59)
Circuit 14	12.86	(9.94 - 16.50)	1.90	(1.13 - 3.17)	3.96	(3.03 - 5.16)
South (Circuits 11 and 16)	7.96	(6.80 - 9.31)	1.55	(1.08 - 2.23)	2.95	(2.31 - 3.76)
Southeast	11.05	(9.41 - 12.94)	1.97	(1.42 - 2.73)	3.40	(2.78 - 4.15)
Circuit 15 (Palm Beach)	10.55	(8.64 - 12.83)	2.07	(1.40 - 3.05)	3.41	(2.67 - 4.34)
Circuit 19	12.14	(9.62 - 15.23)	1.76	(1.09 - 2.83)	3.38	(2.63 - 4.34)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.4 *Alcohol Use in the Past Month, Binge Alcohol Use in the Past Month, and Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week* in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Alcohol Use in the Past Month		Binge Alcohol Use in the Past Month[1]		Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	52.83	(51.40 - 54.26)	21.23	(20.12 - 22.38)	44.37	(42.96 - 45.77)
Broward (Circuit 17)	51.58	(47.43 - 55.72)	20.07	(17.37 - 23.07)	47.96	(44.48 - 51.46)
Central I	53.64	(50.43 - 56.82)	21.72	(19.69 - 23.91)	43.42	(40.94 - 45.93)
Circuit 9	49.48	(45.37 - 53.59)	21.93	(19.29 - 24.83)	46.69	(43.44 - 49.96)
Circuit 18	59.68	(54.90 - 64.29)	21.42	(18.45 - 24.73)	38.67	(35.05 - 42.42)
Central II	54.07	(51.73 - 56.39)	21.87	(20.20 - 23.64)	40.77	(38.70 - 42.88)
Circuit 6	54.76	(50.12 - 59.31)	22.67	(19.54 - 26.13)	38.21	(34.57 - 41.99)
Circuit 10	45.41	(40.36 - 50.56)	20.14	(17.05 - 23.63)	43.93	(39.90 - 48.04)
Circuit 12	58.79	(53.50 - 63.89)	20.89	(17.60 - 24.60)	38.64	(34.52 - 42.93)
Circuit 13 (Hillsborough)	51.80	(47.55 - 56.02)	23.70	(20.70 - 26.97)	42.66	(39.05 - 46.35)
Circuit 20	57.83	(53.06 - 62.45)	20.70	(17.54 - 24.26)	41.29	(37.35 - 45.35)
Northeast	53.18	(50.53 - 55.81)	21.99	(20.16 - 23.93)	41.37	(39.08 - 43.68)
Circuit 4	53.26	(48.72 - 57.76)	22.59	(19.62 - 25.87)	43.18	(39.53 - 46.90)
Circuit 5	52.97	(47.76 - 58.11)	19.59	(16.60 - 22.97)	40.45	(36.30 - 44.73)
Circuit 7	55.00	(49.77 - 60.13)	22.72	(19.41 - 26.42)	40.79	(36.84 - 44.87)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	50.44	(45.08 - 55.78)	24.37	(21.14 - 27.92)	40.39	(36.53 - 44.37)
Northwest	54.38	(51.05 - 57.67)	22.66	(20.42 - 25.06)	38.36	(35.66 - 41.13)
Circuit 1	55.28	(49.94 - 60.50)	21.35	(18.10 - 25.02)	37.09	(33.14 - 41.22)
Circuit 2 plus Madison and Taylor	57.20	(52.04 - 62.22)	25.68	(22.24 - 29.45)	39.44	(35.62 - 43.39)
Circuit 14	48.08	(41.60 - 54.63)	21.25	(17.56 - 25.49)	39.77	(35.35 - 44.36)
South (Circuits 11 and 16)	47.70	(44.38 - 51.04)	19.17	(16.91 - 21.66)	57.09	(53.93 - 60.19)
Southeast	54.72	(51.14 - 58.24)	20.24	(18.00 - 22.69)	44.88	(41.80 - 48.00)
Circuit 15 (Palm Beach)	54.16	(49.75 - 58.50)	19.69	(17.02 - 22.66)	45.91	(42.05 - 49.81)
Circuit 19	55.95	(50.24 - 61.50)	21.47	(18.11 - 25.26)	42.62	(38.35 - 47.01)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

[1] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.5 ***Alcohol Use in the Past Month and Binge Alcohol Use in the Past Month among Individuals Aged 12 to 20*** **in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**

State/Substate Region	Alcohol Use in the Past Month among Individuals Aged 12 to 20		Binge Alcohol Use in the Past Month among Individuals Aged 12 to 20[1]	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	22.70	(21.48 - 23.98)	12.51	(11.61 - 13.48)
Broward (Circuit 17)	20.48	(17.69 - 23.60)	10.10	(8.17 - 12.42)
Central I	23.77	(21.56 - 26.13)	12.52	(10.81 - 14.46)
Circuit 9	23.39	(20.62 - 26.42)	12.24	(10.15 - 14.69)
Circuit 18	24.40	(21.10 - 28.03)	13.00	(10.50 - 15.98)
Central II	22.01	(20.24 - 23.89)	12.84	(11.51 - 14.29)
Circuit 6	21.23	(18.15 - 24.69)	13.19	(10.78 - 16.03)
Circuit 10	21.08	(17.82 - 24.75)	13.12	(10.43 - 16.37)
Circuit 12	21.87	(18.44 - 25.75)	12.20	(9.58 - 15.40)
Circuit 13 (Hillsborough)	23.49	(20.38 - 26.90)	13.69	(11.30 - 16.50)
Circuit 20	21.68	(18.37 - 25.40)	11.43	(9.02 - 14.37)
Northeast	23.40	(21.42 - 25.50)	14.02	(12.47 - 15.72)
Circuit 4	20.74	(17.61 - 24.27)	11.41	(9.18 - 14.09)
Circuit 5	23.19	(19.96 - 26.77)	13.51	(11.06 - 16.40)
Circuit 7	22.91	(19.49 - 26.72)	14.46	(11.77 - 17.64)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	29.70	(25.33 - 34.48)	19.36	(15.74 - 23.58)
Northwest	26.69	(24.04 - 29.52)	15.57	(13.45 - 17.95)
Circuit 1	24.17	(20.53 - 28.22)	14.14	(11.29 - 17.57)
Circuit 2 plus Madison and Taylor	33.62	(29.00 - 38.58)	19.46	(15.84 - 23.67)
Circuit 14	20.56	(16.81 - 24.89)	12.15	(9.50 - 15.42)
South (Circuits 11 and 16)	21.26	(18.82 - 23.93)	9.78	(8.18 - 11.64)
Southeast	22.57	(20.11 - 25.23)	12.36	(10.50 - 14.51)
Circuit 15 (Palm Beach)	22.96	(20.02 - 26.20)	12.50	(10.22 - 15.19)
Circuit 19	21.70	(18.12 - 25.76)	12.07	(9.40 - 15.38)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

[1] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.6 *Cigarette Use in the Past Month, Tobacco Product Use in the Past Month, and Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day* in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Cigarette Use in the Past Month		Tobacco Product Use in the Past Month[1]		Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	20.57	(19.47 - 21.70)	24.13	(22.98 - 25.31)	75.04	(73.83 - 76.20)
Broward (Circuit 17)	17.61	(15.13 - 20.40)	19.84	(17.19 - 22.78)	77.67	(74.74 - 80.34)
Central I	19.59	(17.58 - 21.78)	22.69	(20.58 - 24.95)	73.58	(71.24 - 75.80)
Circuit 9	18.68	(16.23 - 21.41)	21.58	(18.86 - 24.58)	74.40	(71.60 - 77.01)
Circuit 18	20.92	(17.89 - 24.31)	24.31	(21.26 - 27.64)	72.40	(68.81 - 75.73)
Central II	21.00	(19.38 - 22.70)	24.70	(22.97 - 26.51)	75.31	(73.52 - 77.02)
Circuit 6	22.93	(19.86 - 26.32)	27.41	(24.12 - 30.97)	74.65	(71.25 - 77.78)
Circuit 10	23.70	(20.33 - 27.43)	26.73	(23.21 - 30.58)	70.50	(66.50 - 74.21)
Circuit 12	18.78	(15.80 - 22.17)	21.74	(18.53 - 25.33)	75.35	(71.92 - 78.49)
Circuit 13 (Hillsborough)	19.65	(16.99 - 22.61)	23.71	(20.79 - 26.90)	76.97	(73.87 - 79.80)
Circuit 20	19.90	(17.01 - 23.15)	23.18	(19.97 - 26.74)	77.24	(73.85 - 80.31)
Northeast	24.26	(22.33 - 26.29)	29.29	(27.20 - 31.46)	72.09	(70.07 - 74.02)
Circuit 4	23.36	(20.27 - 26.77)	27.74	(24.41 - 31.35)	74.14	(70.86 - 77.17)
Circuit 5	24.73	(21.31 - 28.49)	29.25	(25.57 - 33.23)	71.43	(67.60 - 74.98)
Circuit 7	23.62	(20.29 - 27.31)	29.43	(25.61 - 33.57)	71.31	(67.62 - 74.74)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	26.23	(22.71 - 30.10)	32.33	(28.25 - 36.69)	70.39	(66.56 - 73.95)
Northwest	25.12	(22.61 - 27.81)	29.98	(27.30 - 32.80)	70.48	(67.73 - 73.08)
Circuit 1	24.84	(21.23 - 28.83)	29.60	(25.48 - 34.09)	68.86	(64.54 - 72.87)
Circuit 2 plus Madison and Taylor	24.11	(20.59 - 28.02)	29.82	(25.94 - 34.01)	72.86	(68.94 - 76.46)
Circuit 14	27.27	(23.16 - 31.81)	31.10	(26.54 - 36.06)	70.75	(66.47 - 74.70)
South (Circuits 11 and 16)	16.54	(14.36 - 18.98)	18.45	(16.22 - 20.91)	79.09	(76.75 - 81.26)
Southeast	18.58	(16.37 - 21.01)	22.11	(19.70 - 24.73)	76.95	(74.44 - 79.29)
Circuit 15 (Palm Beach)	17.31	(14.68 - 20.30)	20.24	(17.39 - 23.43)	78.25	(75.17 - 81.04)
Circuit 19	21.36	(18.06 - 25.07)	26.21	(22.40 - 30.42)	74.10	(70.30 - 77.58)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

[1] Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.7 *Alcohol Dependence in the Past Year and Illicit Drug Dependence in the Past Year* in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Alcohol Dependence in the Past Year		Illicit Drug Dependence in the Past Year[1]	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	2.82	(2.43 - 3.27)	1.82	(1.59 - 2.08)
Broward (Circuit 17)	2.83	(2.06 - 3.89)	1.75	(1.34 - 2.30)
Central I	2.67	(2.09 - 3.39)	1.93	(1.56 - 2.37)
Circuit 9	2.50	(1.82 - 3.43)	2.02	(1.55 - 2.64)
Circuit 18	2.91	(2.09 - 4.02)	1.78	(1.35 - 2.36)
Central II	3.04	(2.49 - 3.72)	1.79	(1.50 - 2.13)
Circuit 6	2.82	(2.02 - 3.93)	1.92	(1.44 - 2.55)
Circuit 10	2.53	(1.78 - 3.57)	1.79	(1.31 - 2.43)
Circuit 12	3.21	(2.20 - 4.66)	1.55	(1.14 - 2.09)
Circuit 13 (Hillsborough)	3.28	(2.40 - 4.46)	1.86	(1.42 - 2.44)
Circuit 20	3.27	(2.28 - 4.67)	1.73	(1.28 - 2.32)
Northeast	2.81	(2.26 - 3.47)	1.91	(1.60 - 2.27)
Circuit 4	2.93	(2.12 - 4.03)	1.97	(1.48 - 2.63)
Circuit 5	2.42	(1.67 - 3.49)	1.55	(1.15 - 2.09)
Circuit 7	2.82	(1.99 - 3.98)	1.95	(1.46 - 2.60)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	3.32	(2.39 - 4.60)	2.43	(1.82 - 3.25)
Northwest	3.21	(2.54 - 4.05)	2.23	(1.81 - 2.75)
Circuit 1	3.21	(2.26 - 4.54)	2.21	(1.64 - 2.97)
Circuit 2 plus Madison and Taylor	3.40	(2.45 - 4.68)	2.44	(1.82 - 3.26)
Circuit 14	2.95	(2.06 - 4.22)	1.97	(1.42 - 2.72)
South (Circuits 11 and 16)	2.38	(1.79 - 3.18)	1.43	(1.09 - 1.89)
Southeast	2.71	(2.05 - 3.56)	1.89	(1.48 - 2.42)
Circuit 15 (Palm Beach)	2.66	(1.89 - 3.73)	2.02	(1.50 - 2.70)
Circuit 19	2.82	(1.97 - 4.01)	1.62	(1.19 - 2.19)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

NOTE: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[1] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.8 *Alcohol Dependence or Abuse in the Past Year, Illicit Drug Dependence or Abuse in the Past Year, and Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year* in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Alcohol Dependence or Abuse in the Past Year		Illicit Drug Dependence or Abuse in the Past Year[1]		Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year[1]	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	6.07	(5.51 - 6.68)	2.56	(2.27 - 2.89)	7.76	(7.17 - 8.39)
Broward (Circuit 17)	5.81	(4.70 - 7.17)	2.58	(2.02 - 3.31)	7.38	(6.15 - 8.84)
Central I	6.46	(5.54 - 7.53)	2.76	(2.30 - 3.30)	7.79	(6.83 - 8.87)
Circuit 9	6.45	(5.32 - 7.79)	2.83	(2.25 - 3.56)	7.63	(6.45 - 9.01)
Circuit 18	6.49	(5.27 - 7.96)	2.65	(2.05 - 3.43)	8.01	(6.64 - 9.63)
Central II	6.18	(5.44 - 7.02)	2.54	(2.17 - 2.97)	8.05	(7.22 - 8.98)
Circuit 6	6.10	(4.87 - 7.61)	2.82	(2.17 - 3.67)	8.24	(6.79 - 9.96)
Circuit 10	5.32	(4.22 - 6.68)	2.60	(1.98 - 3.40)	6.98	(5.73 - 8.49)
Circuit 12	6.45	(5.02 - 8.26)	2.08	(1.57 - 2.74)	8.13	(6.57 - 10.01)
Circuit 13 (Hillsborough)	6.90	(5.70 - 8.34)	2.67	(2.10 - 3.40)	8.70	(7.34 - 10.30)
Circuit 20	5.89	(4.65 - 7.43)	2.33	(1.77 - 3.06)	7.76	(6.33 - 9.47)
Northeast	6.30	(5.53 - 7.17)	2.66	(2.25 - 3.13)	8.17	(7.30 - 9.13)
Circuit 4	6.54	(5.32 - 8.00)	2.90	(2.21 - 3.79)	8.25	(6.91 - 9.83)
Circuit 5	5.27	(4.21 - 6.58)	2.14	(1.63 - 2.82)	6.88	(5.61 - 8.41)
Circuit 7	6.63	(5.30 - 8.27)	2.60	(2.02 - 3.34)	8.66	(7.13 - 10.48)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	7.33	(6.00 - 8.93)	3.31	(2.53 - 4.30)	9.78	(8.15 - 11.69)
Northwest	7.04	(6.04 - 8.18)	3.17	(2.60 - 3.84)	9.15	(8.03 - 10.42)
Circuit 1	6.99	(5.57 - 8.74)	3.18	(2.40 - 4.18)	8.95	(7.38 - 10.82)
Circuit 2 plus Madison and Taylor	7.48	(6.08 - 9.16)	3.46	(2.63 - 4.53)	9.95	(8.25 - 11.97)
Circuit 14	6.50	(5.13 - 8.19)	2.72	(2.01 - 3.66)	8.45	(6.83 - 10.40)
South (Circuits 11 and 16)	5.01	(4.05 - 6.18)	1.93	(1.50 - 2.47)	6.18	(5.18 - 7.37)
Southeast	5.79	(4.82 - 6.94)	2.56	(2.07 - 3.16)	7.62	(6.55 - 8.84)
Circuit 15 (Palm Beach)	5.82	(4.66 - 7.26)	2.69	(2.09 - 3.48)	7.61	(6.32 - 9.14)
Circuit 19	5.72	(4.53 - 7.21)	2.25	(1.69 - 2.98)	7.64	(6.19 - 9.39)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[1] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.9 *Needing But Not Receiving Treatment for Alcohol Use in the Past Year and Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year* in Florida among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Needing But Not Receiving Treatment for Alcohol Use in the Past Year[1]		Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year[2]	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Florida	5.85	(5.28 - 6.47)	2.29	(2.01 - 2.60)
Broward (Circuit 17)	5.46	(4.40 - 6.76)	2.39	(1.87 - 3.06)
Central I	6.07	(5.19 - 7.09)	2.44	(2.02 - 2.94)
Circuit 9	6.00	(4.92 - 7.29)	2.55	(2.02 - 3.22)
Circuit 18	6.18	(4.98 - 7.65)	2.28	(1.78 - 2.93)
Central II	5.94	(5.18 - 6.81)	2.22	(1.89 - 2.62)
Circuit 6	5.78	(4.59 - 7.26)	2.44	(1.88 - 3.16)
Circuit 10	5.02	(3.90 - 6.45)	2.28	(1.75 - 2.96)
Circuit 12	6.38	(4.97 - 8.16)	1.89	(1.43 - 2.49)
Circuit 13 (Hillsborough)	6.50	(5.26 - 8.01)	2.36	(1.84 - 3.02)
Circuit 20	5.83	(4.59 - 7.39)	2.01	(1.55 - 2.60)
Northeast	6.08	(5.30 - 6.98)	2.36	(2.02 - 2.77)
Circuit 4	6.14	(4.97 - 7.57)	2.58	(2.03 - 3.28)
Circuit 5	5.24	(4.12 - 6.65)	1.88	(1.43 - 2.46)
Circuit 7	6.51	(5.22 - 8.09)	2.33	(1.80 - 3.01)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	6.97	(5.59 - 8.66)	2.95	(2.30 - 3.78)
Northwest	6.67	(5.68 - 7.81)	2.81	(2.32 - 3.41)
Circuit 1	6.51	(5.20 - 8.12)	2.78	(2.10 - 3.66)
Circuit 2 plus Madison and Taylor	7.18	(5.69 - 9.02)	3.14	(2.42 - 4.08)
Circuit 14	6.29	(4.90 - 8.05)	2.39	(1.81 - 3.17)
South (Circuits 11 and 16)	5.11	(4.16 - 6.26)	1.89	(1.49 - 2.40)
Southeast	5.60	(4.69 - 6.68)	2.21	(1.79 - 2.73)
Circuit 15 (Palm Beach)	5.57	(4.46 - 6.94)	2.32	(1.80 - 2.99)
Circuit 19	5.66	(4.47 - 7.15)	1.98	(1.52 - 2.58)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

[1] Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but not receiving treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

[2] Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.10 *Serious Mental Illness in the Past Year and Any Mental Illness in the Past Year* in Florida among Adults Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Serious Mental Illness in the Past Year		Any Mental Illness in the Past Year	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
Florida	3.86	(3.37 - 4.40)	16.46	(15.35 - 17.64)
Broward (Circuit 17)	3.43	(2.60 - 4.52)	14.91	(12.86 - 17.23)
Central I	3.95	(3.24 - 4.81)	17.59	(15.79 - 19.55)
Circuit 9	3.99	(3.11 - 5.10)	17.81	(15.61 - 20.24)
Circuit 18	3.91	(2.98 - 5.11)	17.29	(14.88 - 19.99)
Central II	3.96	(3.35 - 4.68)	16.83	(15.39 - 18.37)
Circuit 6	4.10	(3.10 - 5.41)	16.44	(14.20 - 18.94)
Circuit 10	4.18	(3.15 - 5.53)	17.66	(15.11 - 20.53)
Circuit 12	3.96	(2.94 - 5.30)	17.27	(14.78 - 20.07)
Circuit 13 (Hillsborough)	3.94	(3.01 - 5.15)	17.05	(14.83 - 19.54)
Circuit 20	3.70	(2.77 - 4.93)	16.29	(13.96 - 18.93)
Northeast	4.06	(3.40 - 4.83)	16.96	(15.40 - 18.64)
Circuit 4	3.75	(2.92 - 4.81)	16.75	(14.43 - 19.35)
Circuit 5	4.21	(3.13 - 5.65)	17.11	(14.61 - 19.95)
Circuit 7	4.08	(3.04 - 5.44)	16.64	(14.27 - 19.33)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	4.32	(3.30 - 5.63)	17.59	(15.25 - 20.21)
Northwest	4.38	(3.57 - 5.36)	18.01	(16.25 - 19.93)
Circuit 1	4.73	(3.51 - 6.35)	17.96	(15.55 - 20.66)
Circuit 2 plus Madison and Taylor	3.83	(2.96 - 4.93)	18.03	(15.55 - 20.81)
Circuit 14	4.39	(3.26 - 5.89)	18.11	(15.44 - 21.13)
South (Circuits 11 and 16)	3.39	(2.58 - 4.44)	14.53	(12.64 - 16.64)
Southeast	3.71	(2.94 - 4.67)	16.03	(14.14 - 18.12)
Circuit 15 (Palm Beach)	3.45	(2.57 - 4.61)	15.59	(13.36 - 18.10)
Circuit 19	4.28	(3.17 - 5.77)	16.99	(14.46 - 19.86)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

NOTE: Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) *Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders* (MHSS-SCID), which is based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness. Any mental illness includes individuals in any of the three categories. For details, see Section B of the "2011-2012 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Table 10.11 *Had Serious Thoughts of Suicide in the Past Year and Major Depressive Episode in the Past Year* in Florida among Adults Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

State/Substate Region	Had Serious Thoughts of Suicide in the Past Year[1]		Major Depressive Episode in the Past Year[2]	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
Florida	3.48	(3.07 - 3.95)	5.91	(5.29 - 6.60)
Broward (Circuit 17)	3.17	(2.44 - 4.10)	5.39	(4.28 - 6.76)
Central I	3.74	(3.09 - 4.52)	6.36	(5.36 - 7.52)
Circuit 9	3.75	(2.99 - 4.71)	6.51	(5.27 - 8.02)
Circuit 18	3.72	(2.83 - 4.89)	6.14	(4.88 - 7.69)
Central II	3.55	(3.02 - 4.17)	5.99	(5.23 - 6.86)
Circuit 6	3.52	(2.71 - 4.56)	5.79	(4.59 - 7.28)
Circuit 10	3.88	(2.91 - 5.16)	5.99	(4.70 - 7.61)
Circuit 12	3.40	(2.52 - 4.56)	6.01	(4.70 - 7.67)
Circuit 13 (Hillsborough)	3.55	(2.74 - 4.58)	6.20	(5.04 - 7.60)
Circuit 20	3.50	(2.65 - 4.61)	6.01	(4.70 - 7.66)
Northeast	3.71	(3.13 - 4.40)	6.08	(5.26 - 7.03)
Circuit 4	3.63	(2.82 - 4.65)	5.82	(4.69 - 7.20)
Circuit 5	3.48	(2.60 - 4.65)	6.16	(4.83 - 7.82)
Circuit 7	3.75	(2.80 - 5.00)	6.21	(4.91 - 7.83)
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	4.28	(3.33 - 5.49)	6.26	(5.07 - 7.71)
Northwest	4.07	(3.36 - 4.92)	6.61	(5.58 - 7.82)
Circuit 1	4.09	(3.10 - 5.39)	6.81	(5.34 - 8.66)
Circuit 2 plus Madison and Taylor	4.12	(3.22 - 5.25)	6.46	(5.20 - 8.00)
Circuit 14	3.95	(2.96 - 5.27)	6.36	(4.95 - 8.12)
South (Circuits 11 and 16)	2.87	(2.25 - 3.67)	5.19	(4.14 - 6.48)
Southeast	3.23	(2.60 - 4.01)	5.74	(4.75 - 6.93)
Circuit 15 (Palm Beach)	3.14	(2.41 - 4.10)	5.49	(4.33 - 6.93)
Circuit 19	3.43	(2.58 - 4.56)	6.31	(4.93 - 8.04)

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

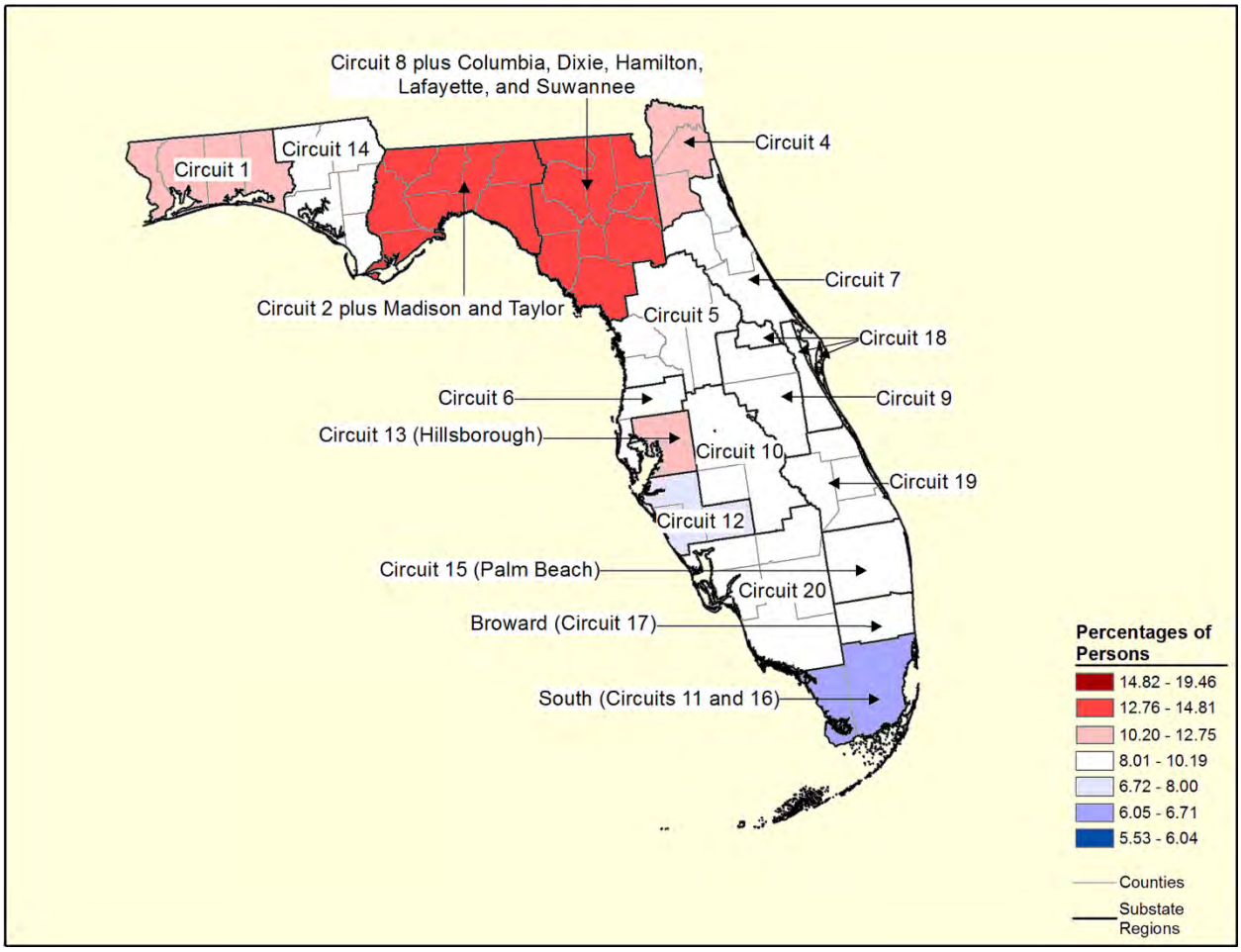
NOTE: Estimates along with the 95 percent Bayesian confidence (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

[1] Respondents were asked, "At any time in the past 12 months, did you seriously think about trying to kill yourself?" If they answered "Yes," they were categorized as having serious thoughts of suicide in the past year.

[2] Major depressive episode (MDE) is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. For details, see Section B in the "2011-2012 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

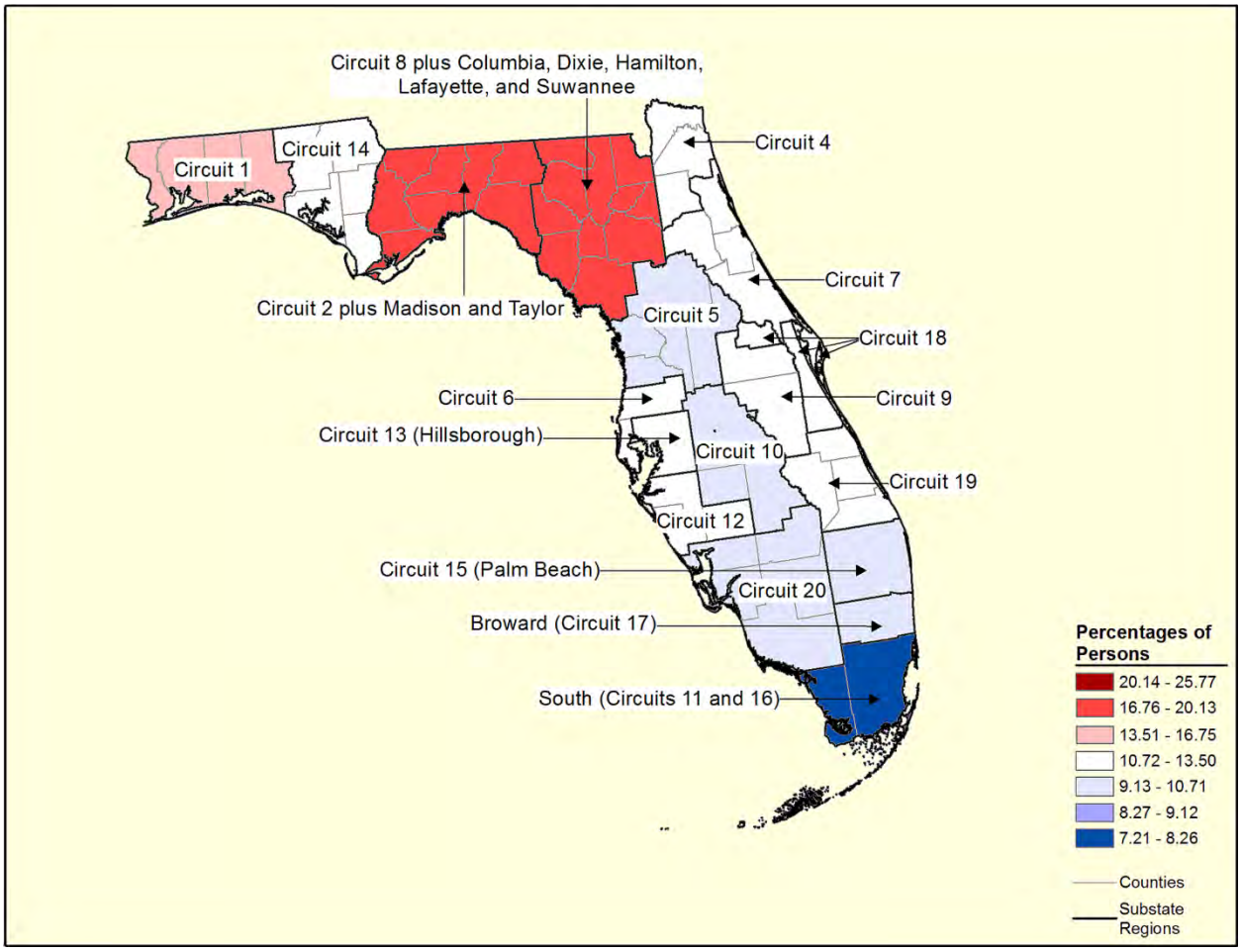
Figure 10.1 ***Illicit Drug Use in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

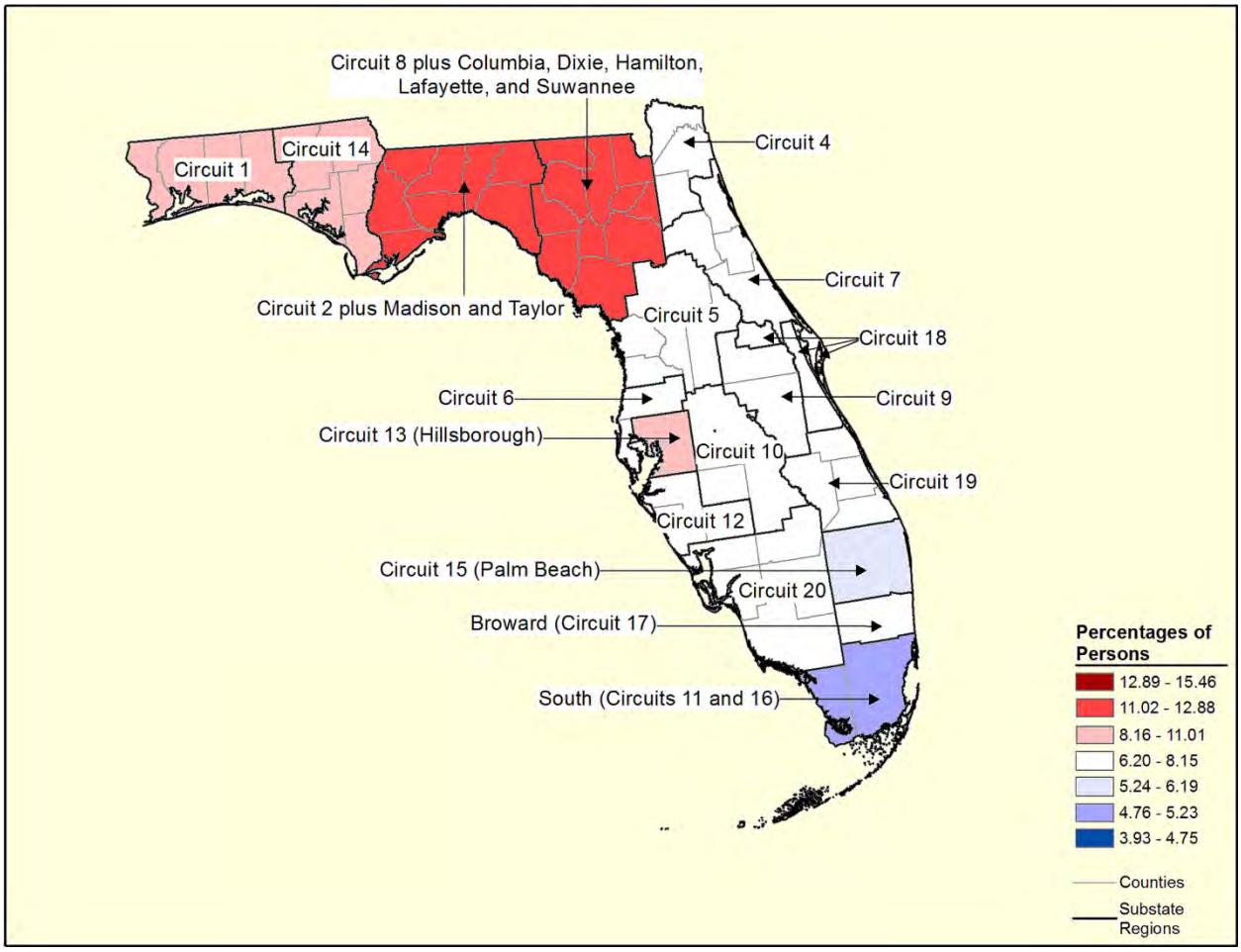
Figure 10.2 ***Marijuana Use in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

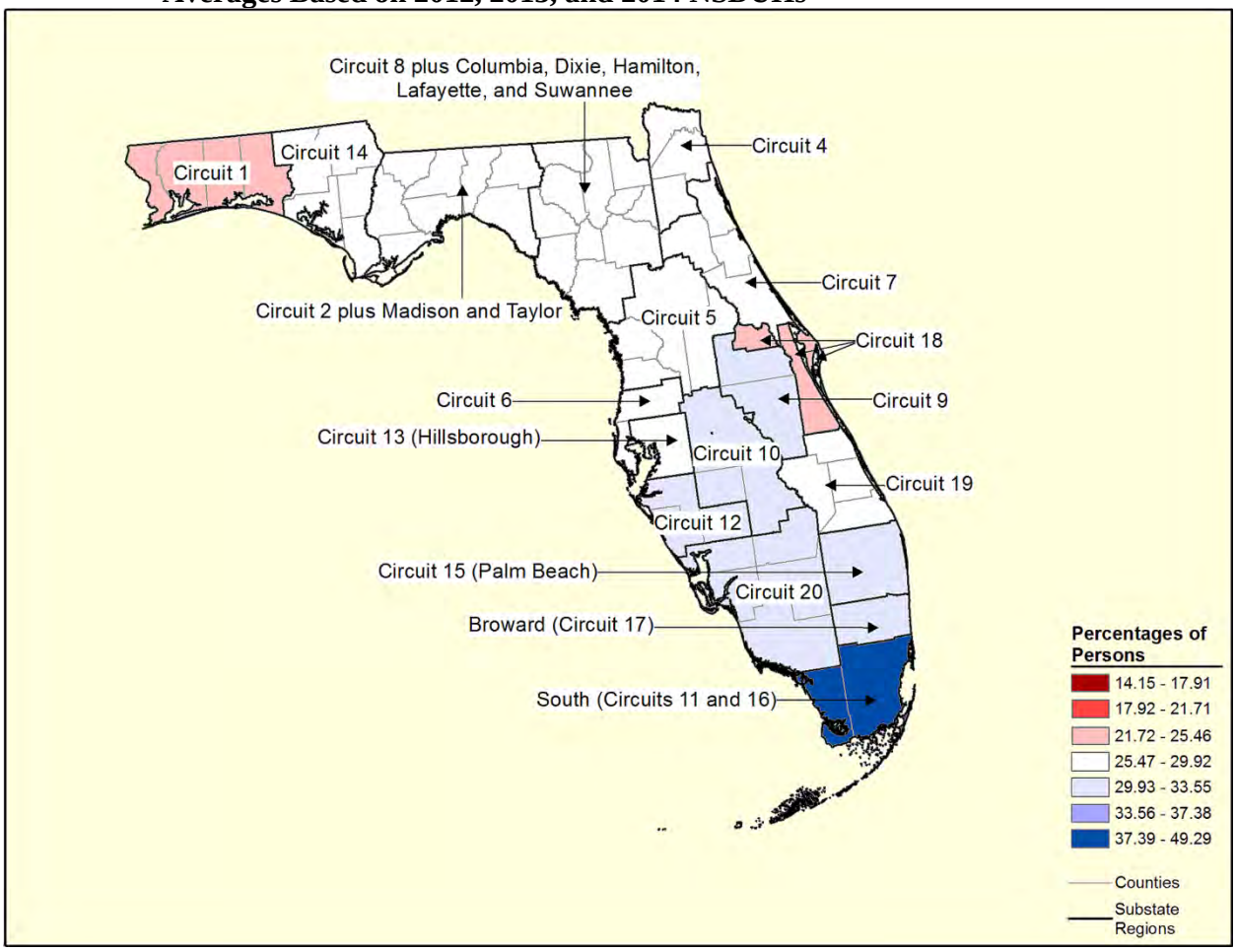
Figure 10.3 ***Marijuana Use in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

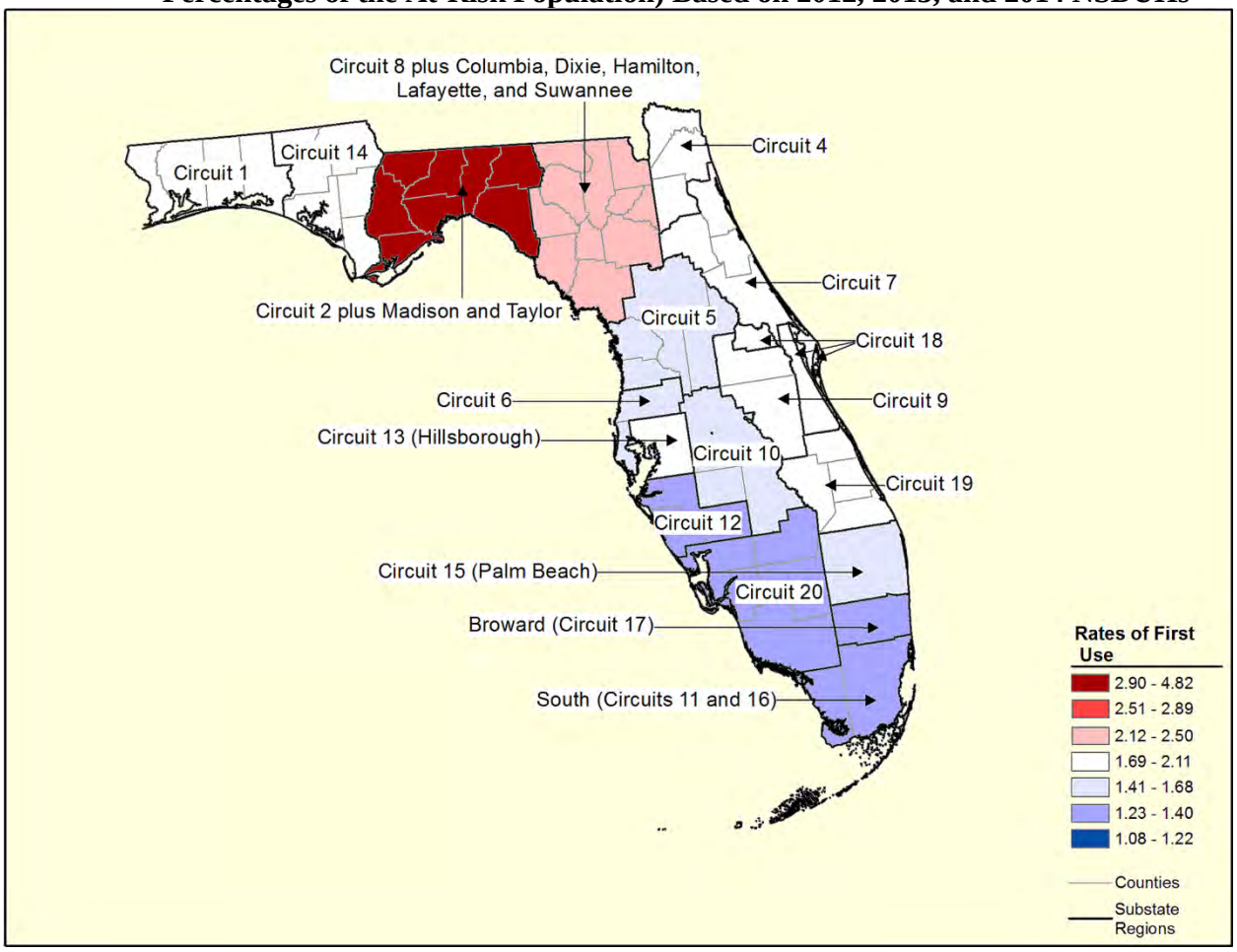
Figure 10.4 ***Perceptions of Great Risk from Smoking Marijuana Once a Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

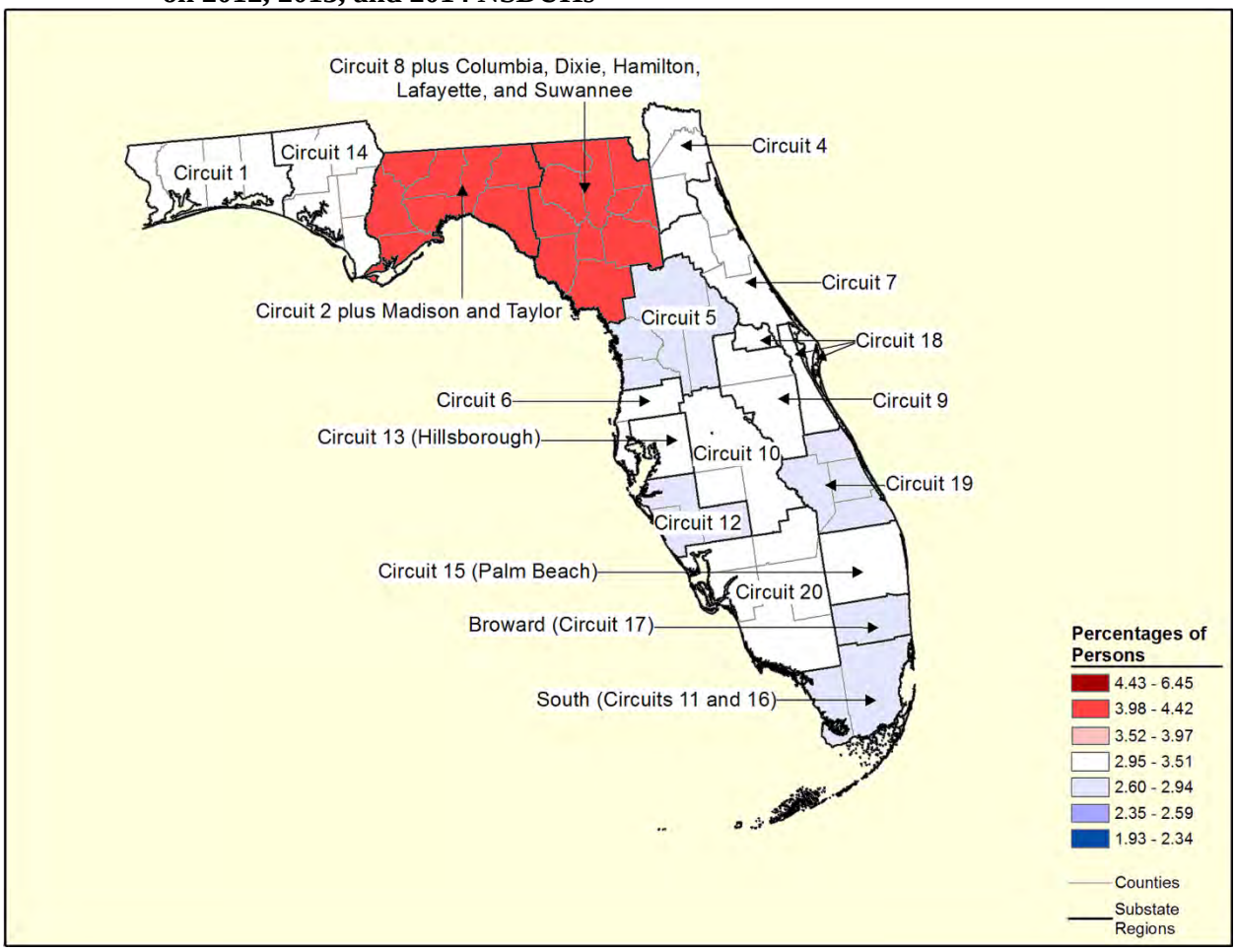
Figure 10.5 ***First Use of Marijuana*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Average Annual Incidence Estimates (Expressed as Percentages of the At-Risk Population) Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

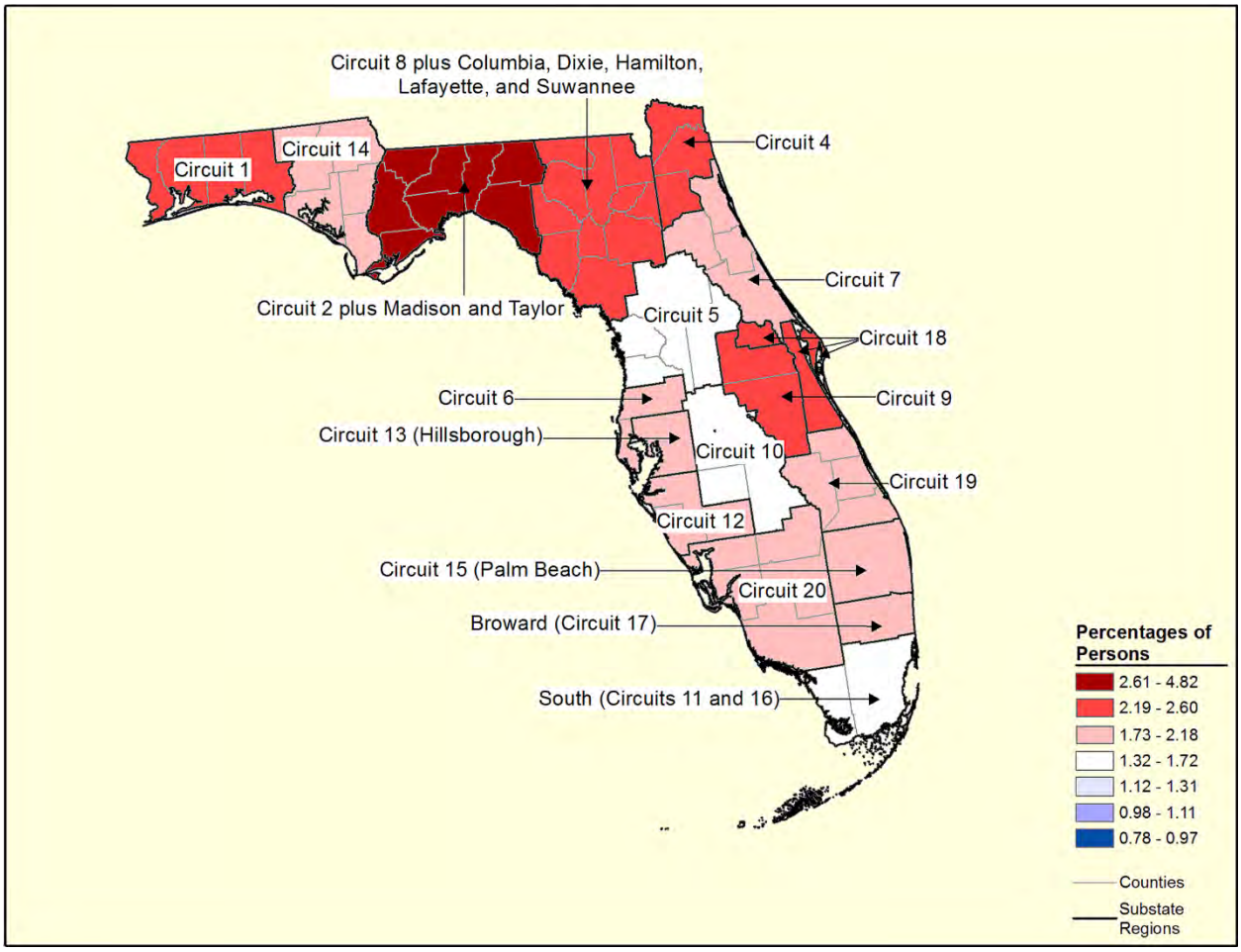
Figure 10.6 ***Illicit Drug Use Other Than Marijuana in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

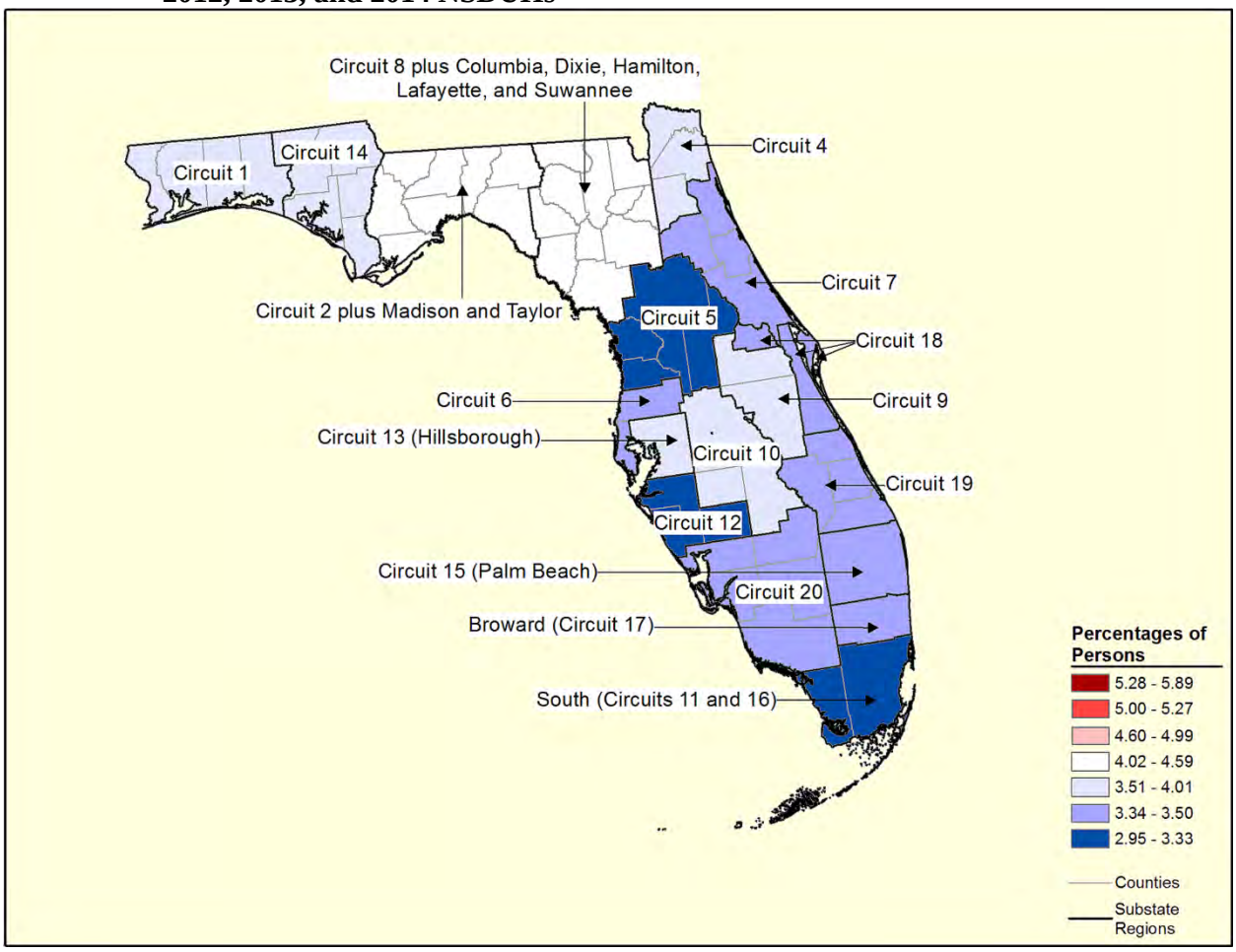
Figure 10.7 ***Cocaine Use in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

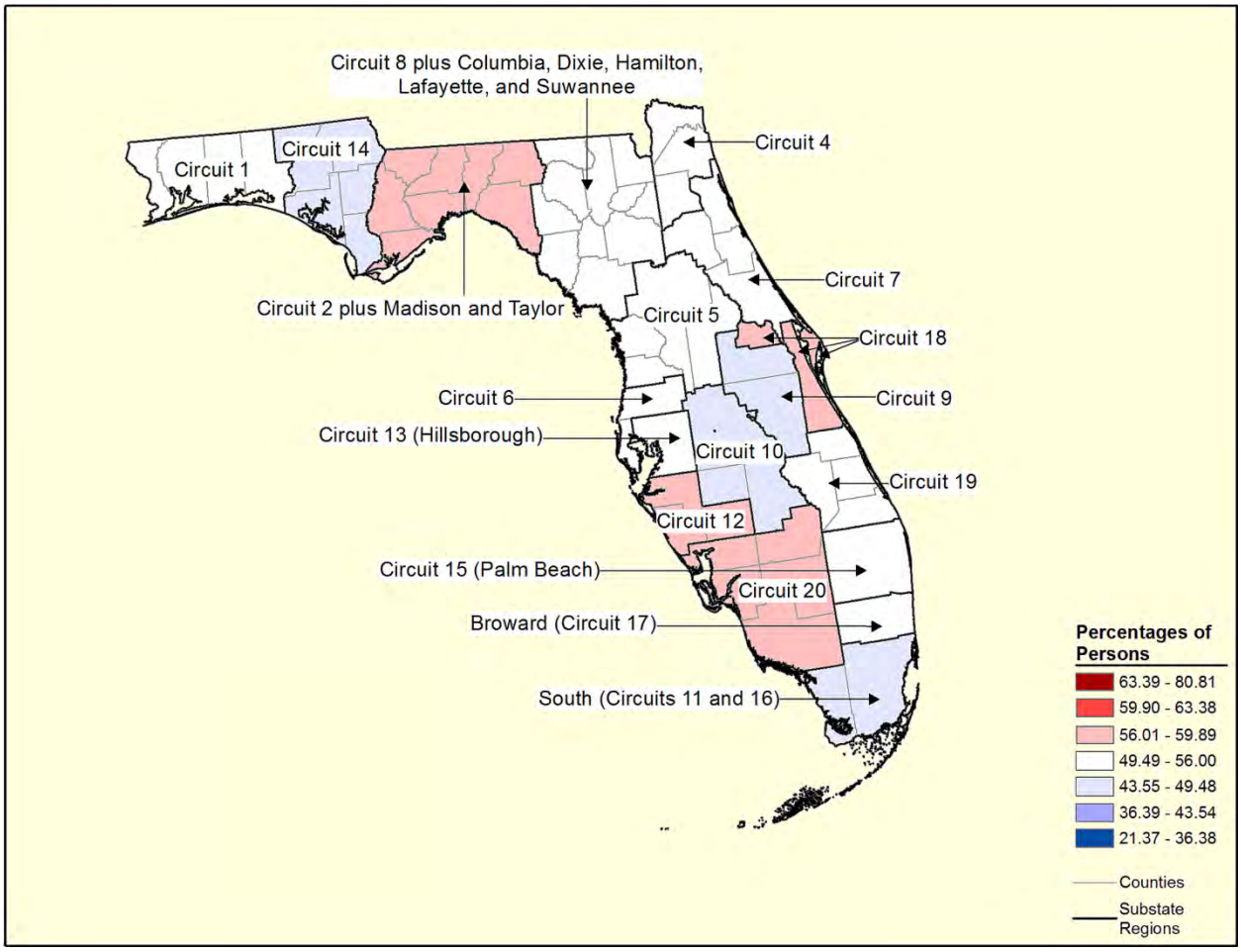
Figure 10.8 ***Nonmedical Use of Pain Relievers in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

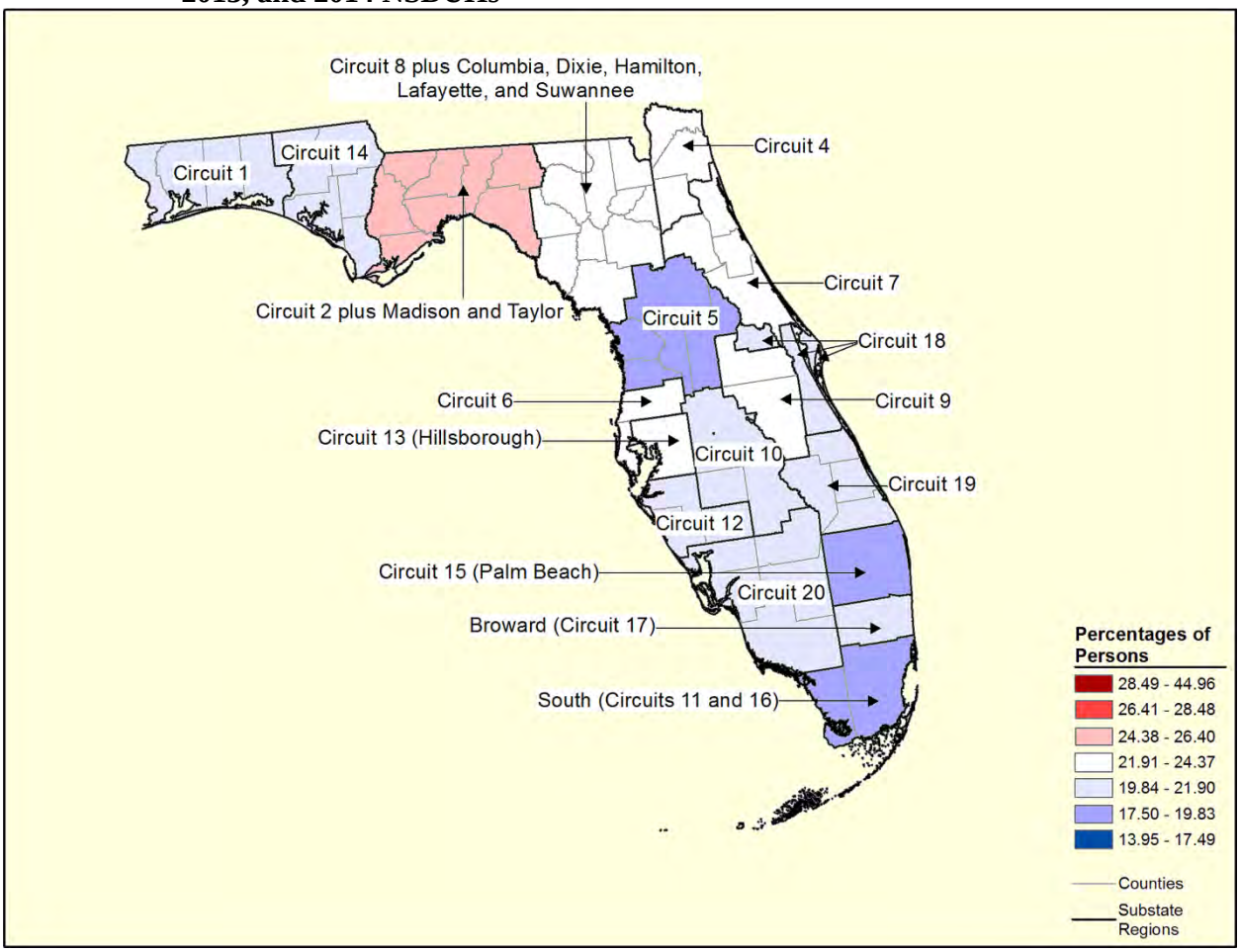
Figure 10.9 ***Alcohol Use in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

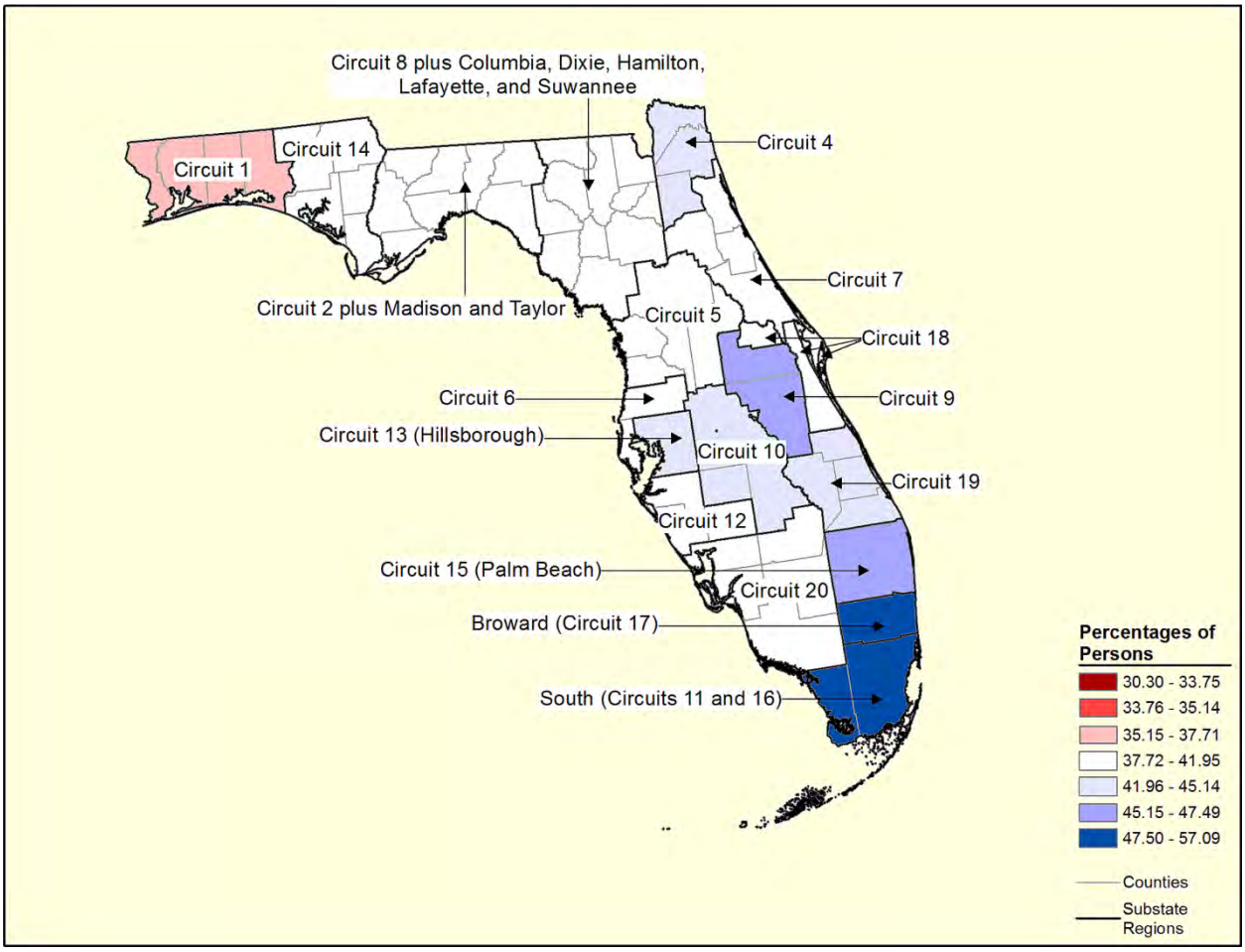
Figure 10.10 ***Binge Alcohol Use in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

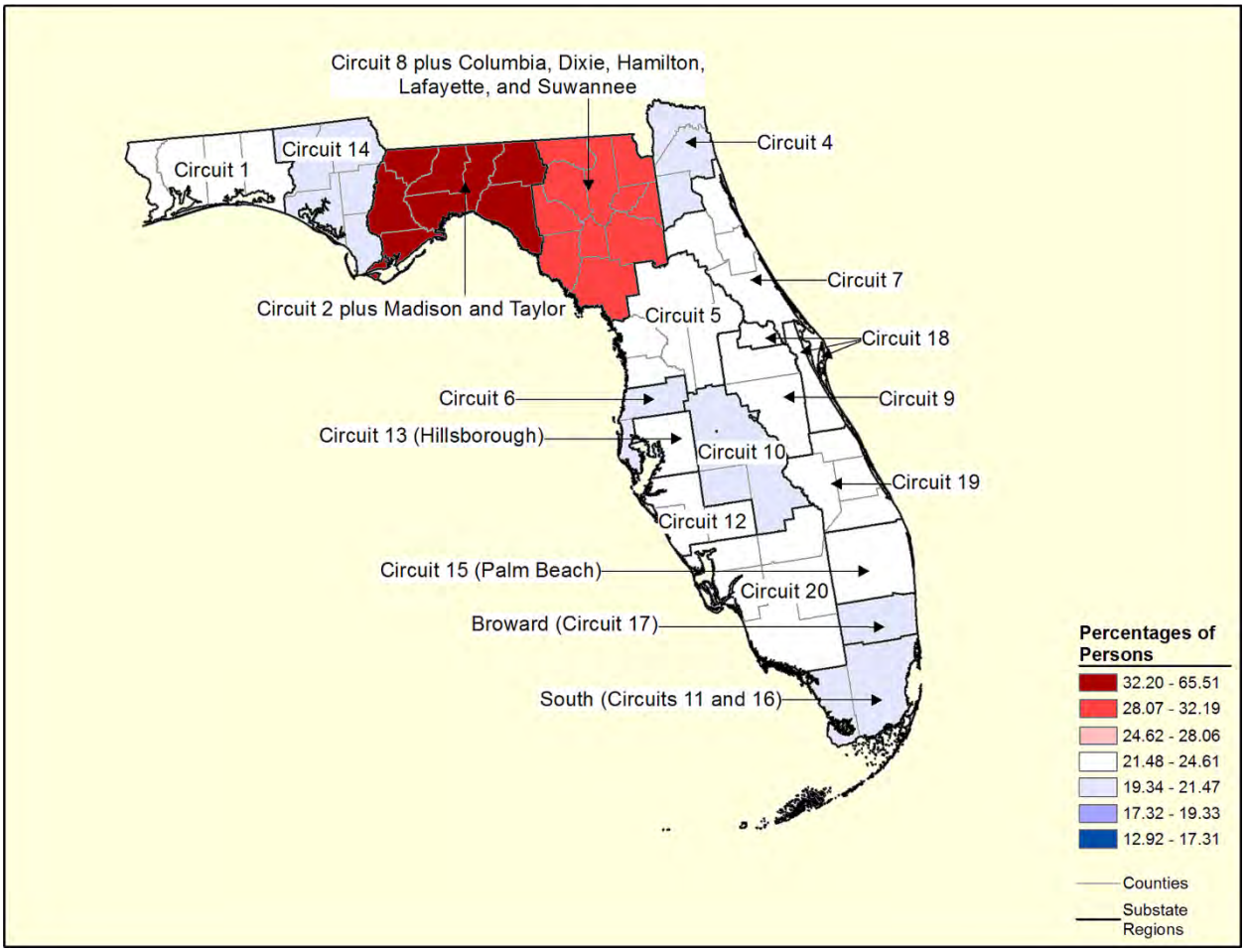
Figure 10.11 ***Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

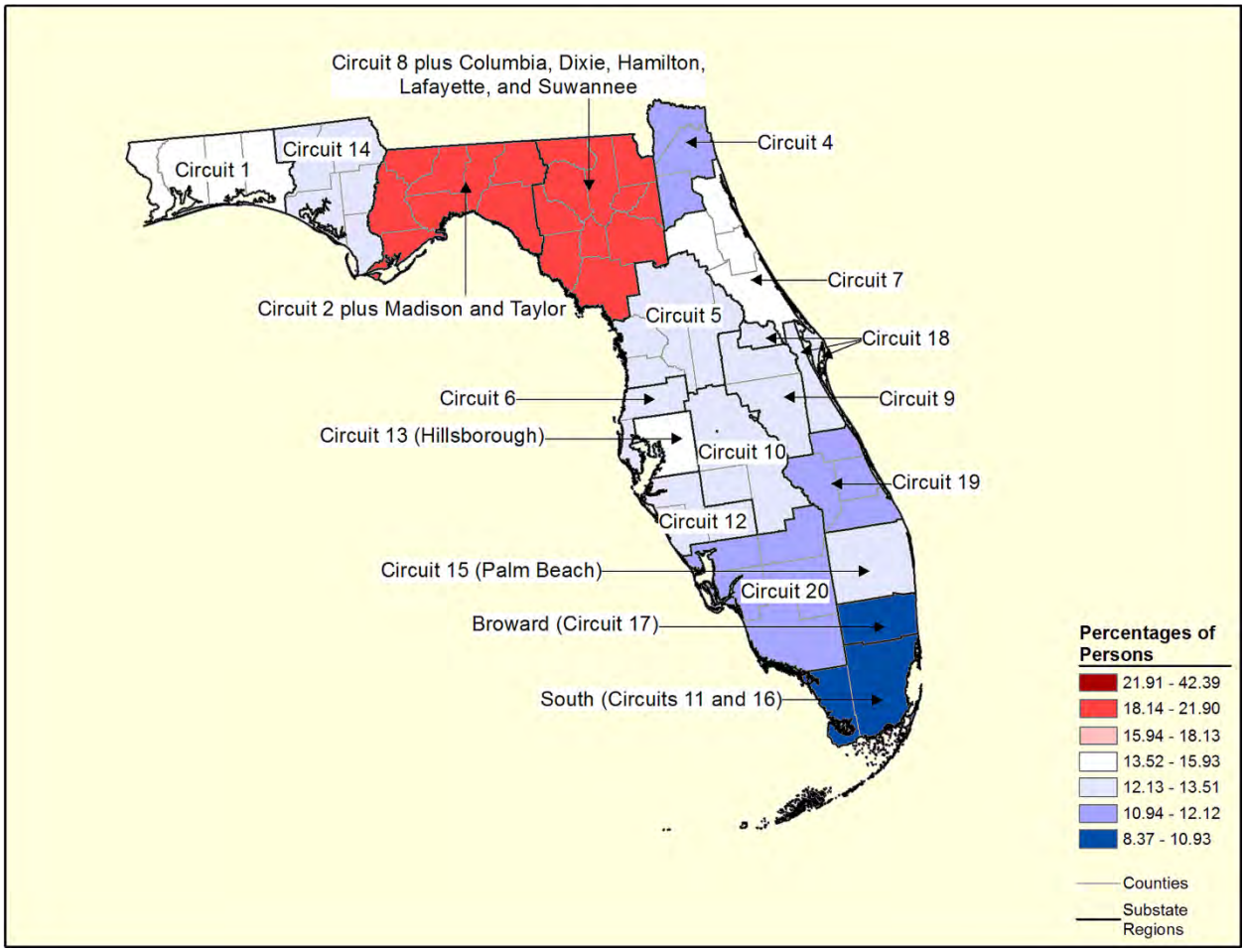
Figure 10.12 ***Alcohol Use in the Past Month among Individuals Aged 12 to 20*** **in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

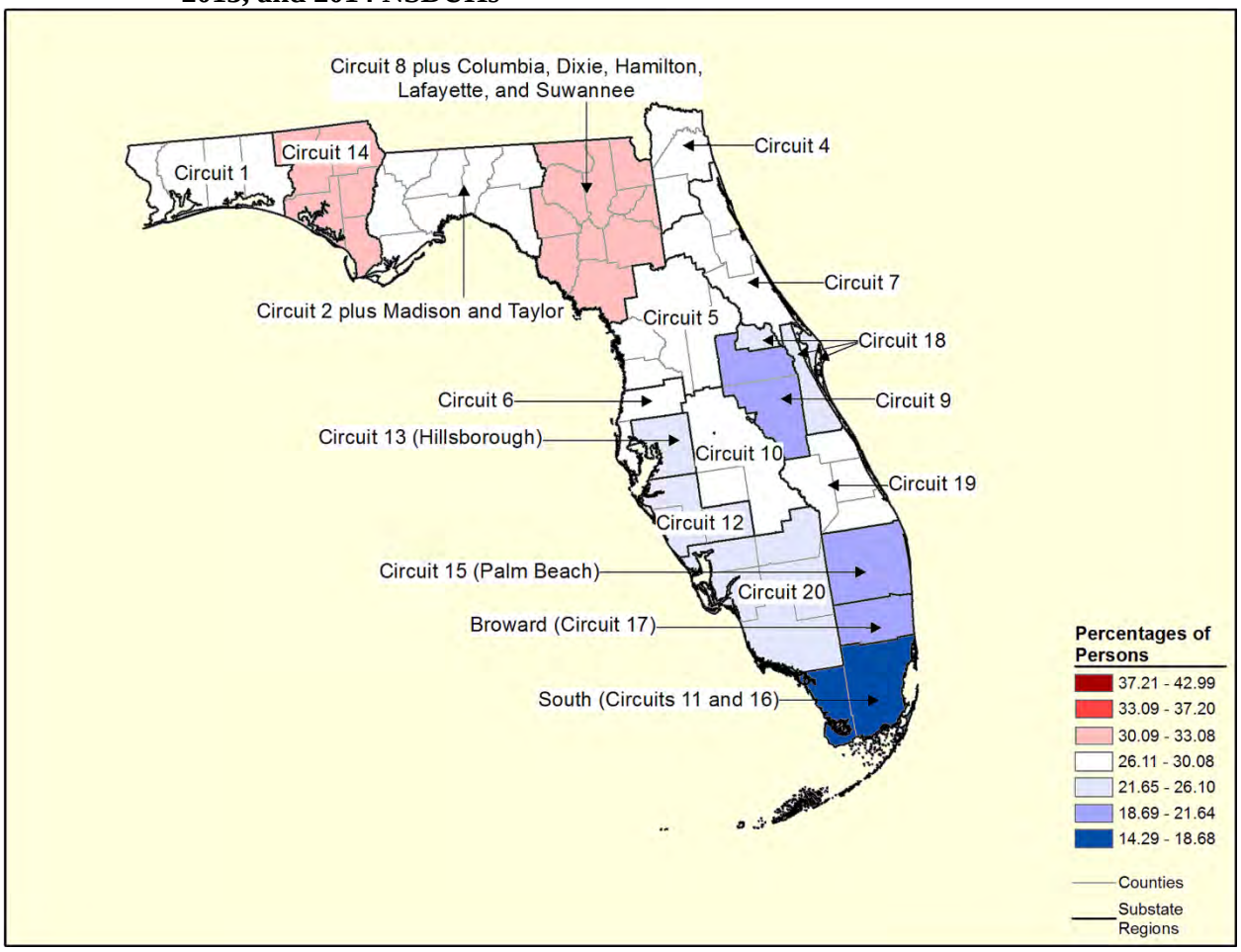
Figure 10.13 ***Binge Alcohol Use in the Past Month among Individuals Aged 12 to 20*** **in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

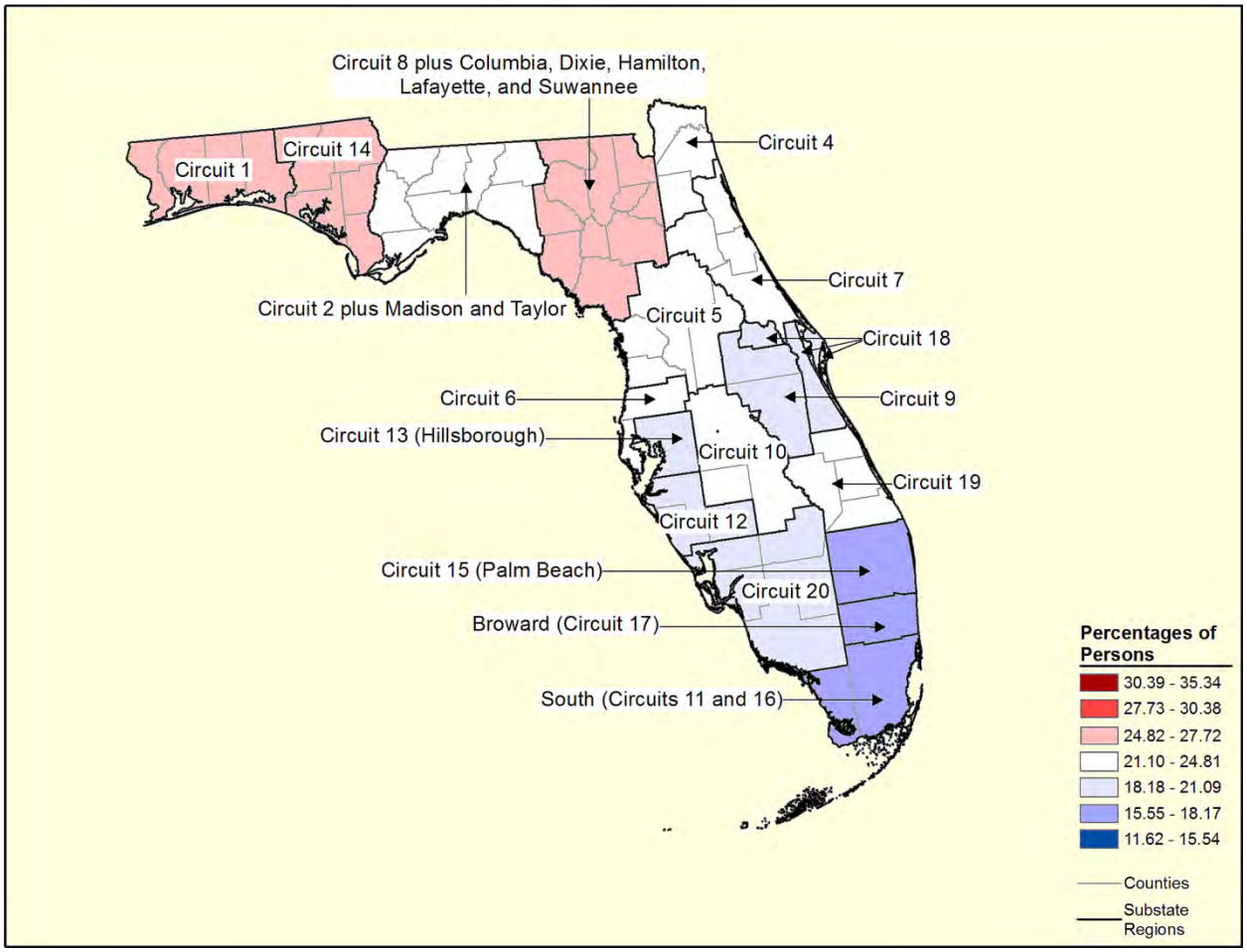
Figure 10.14 ***Tobacco Product Use in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

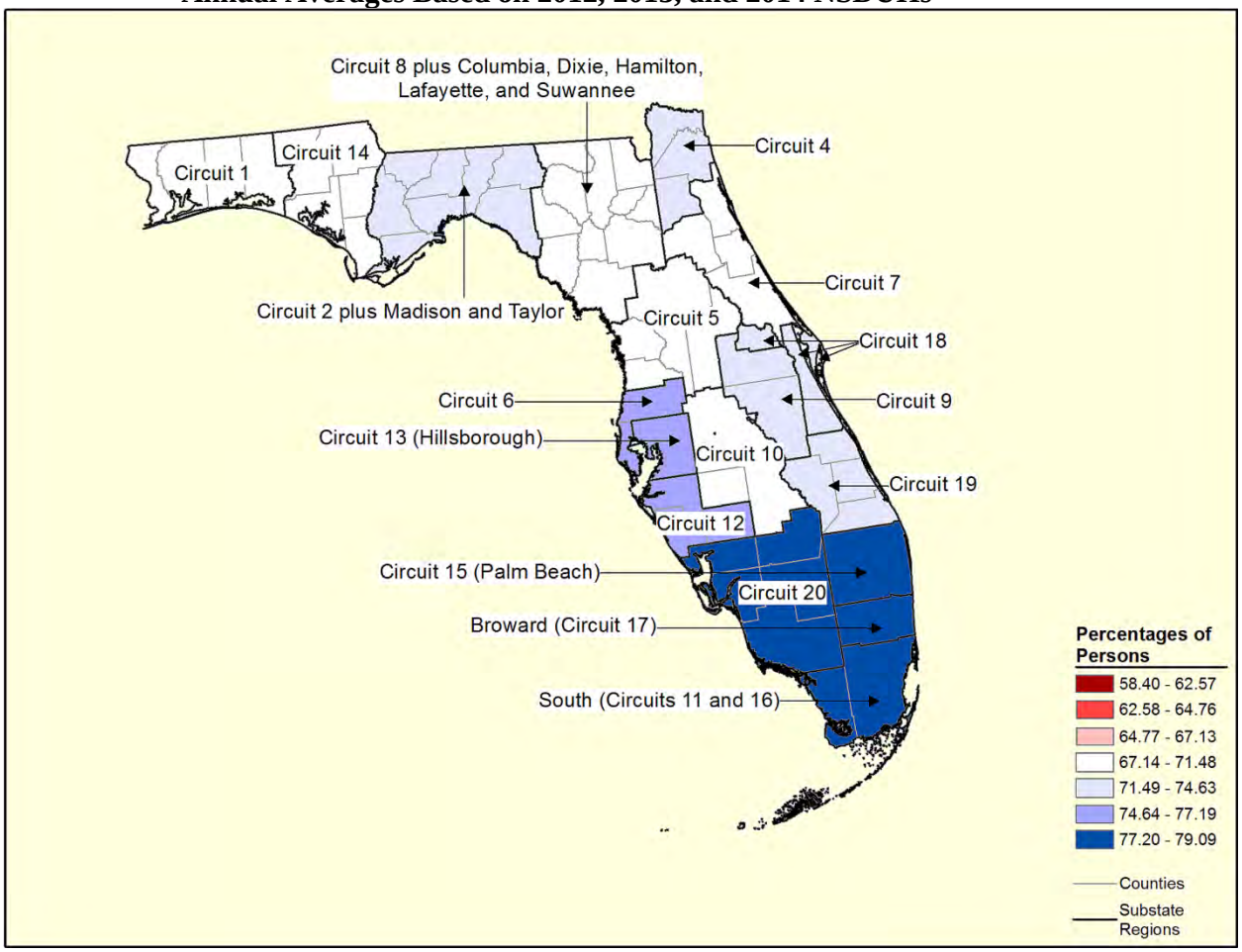
Figure 10.15 ***Cigarette Use in the Past Month*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

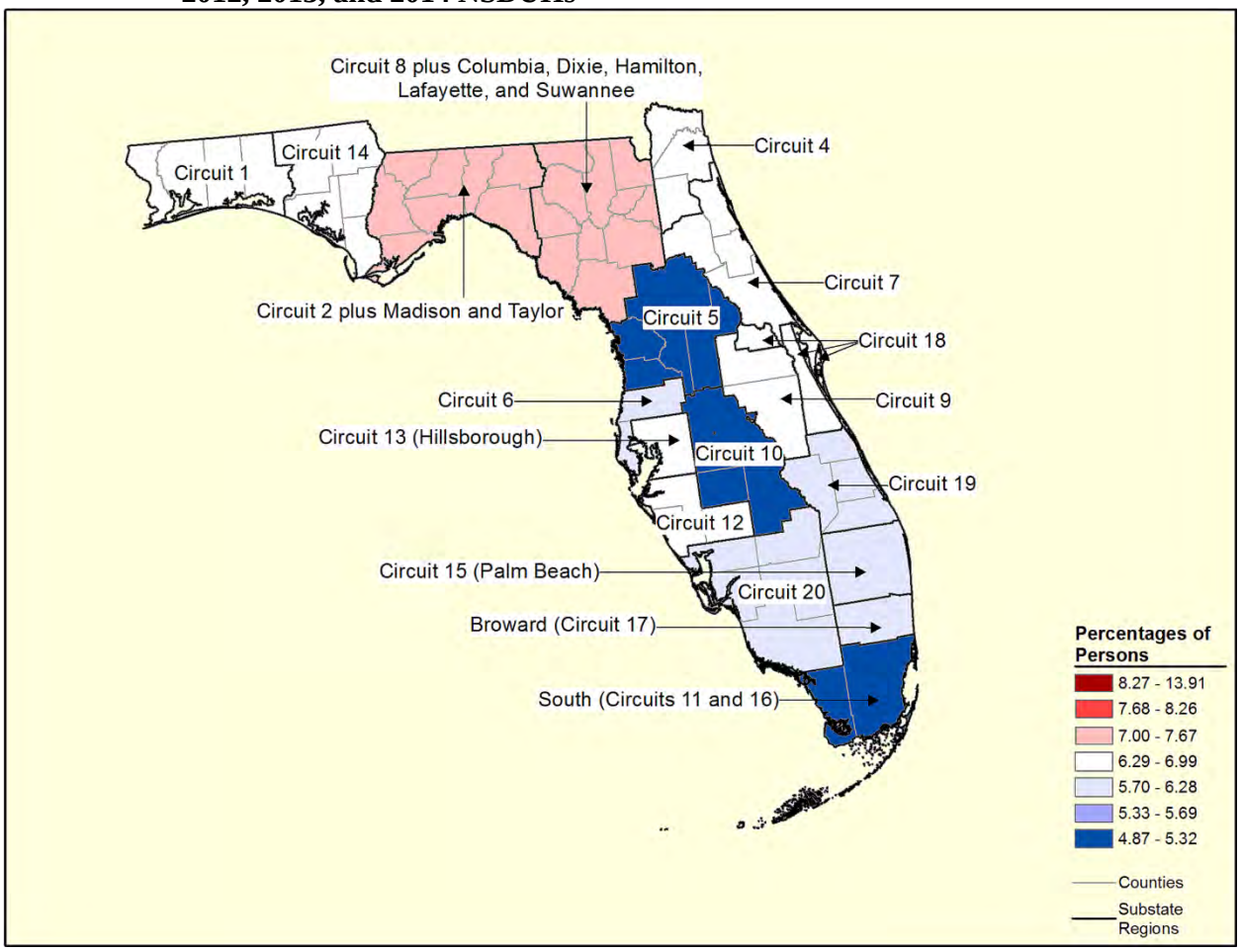
Figure 10.16 ***Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

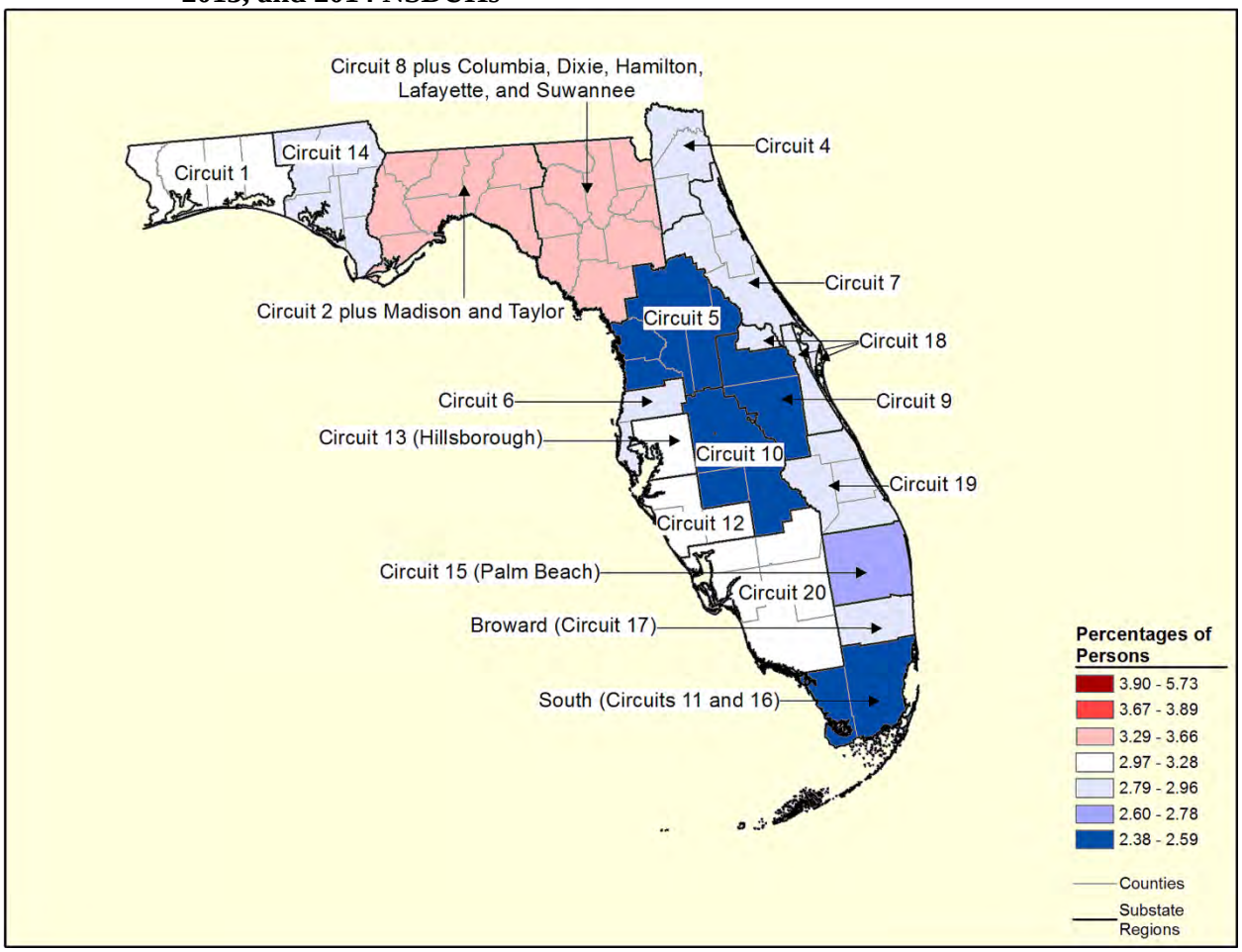
Figure 10.17 ***Alcohol Dependence or Abuse in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

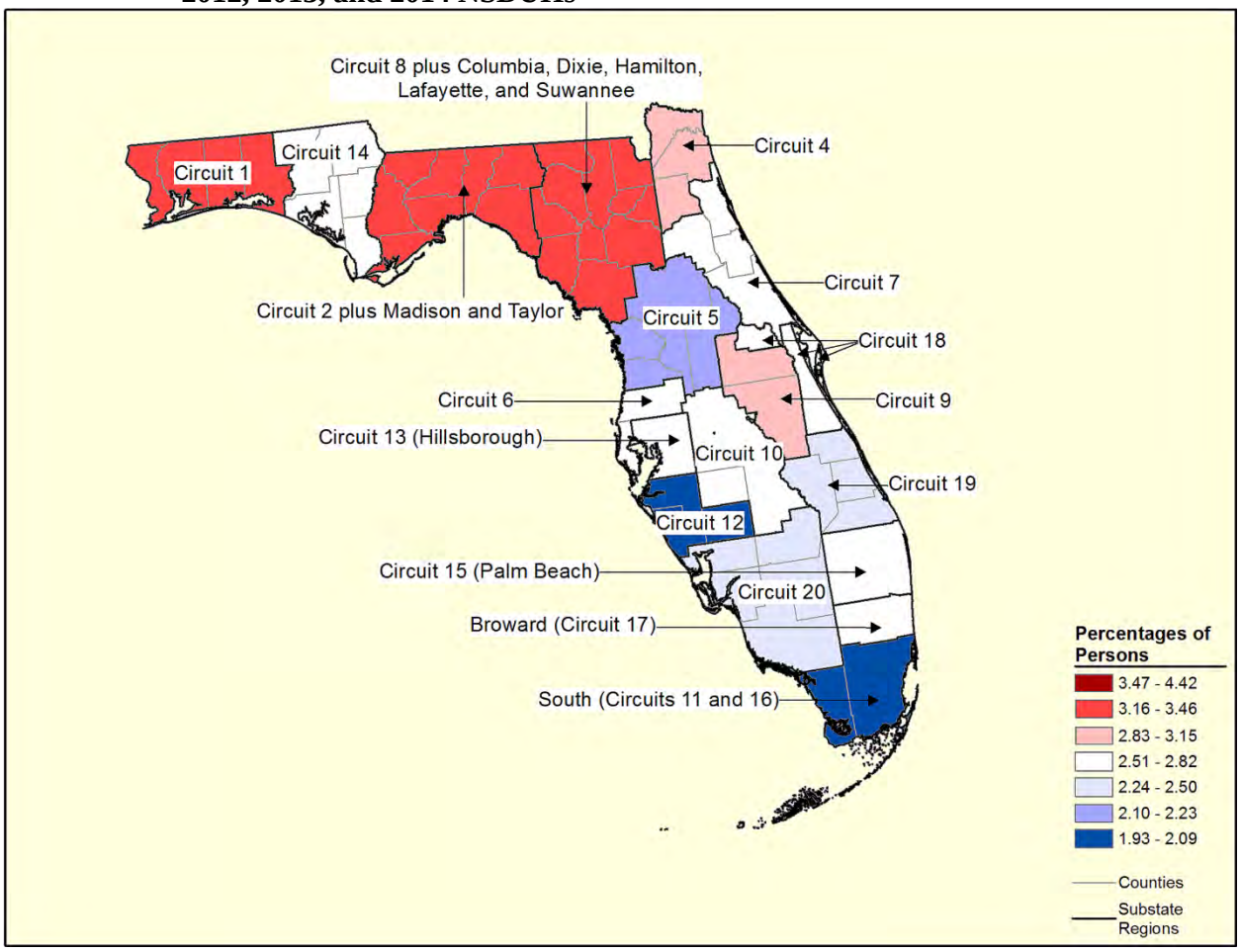
Figure 10.18 ***Alcohol Dependence in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

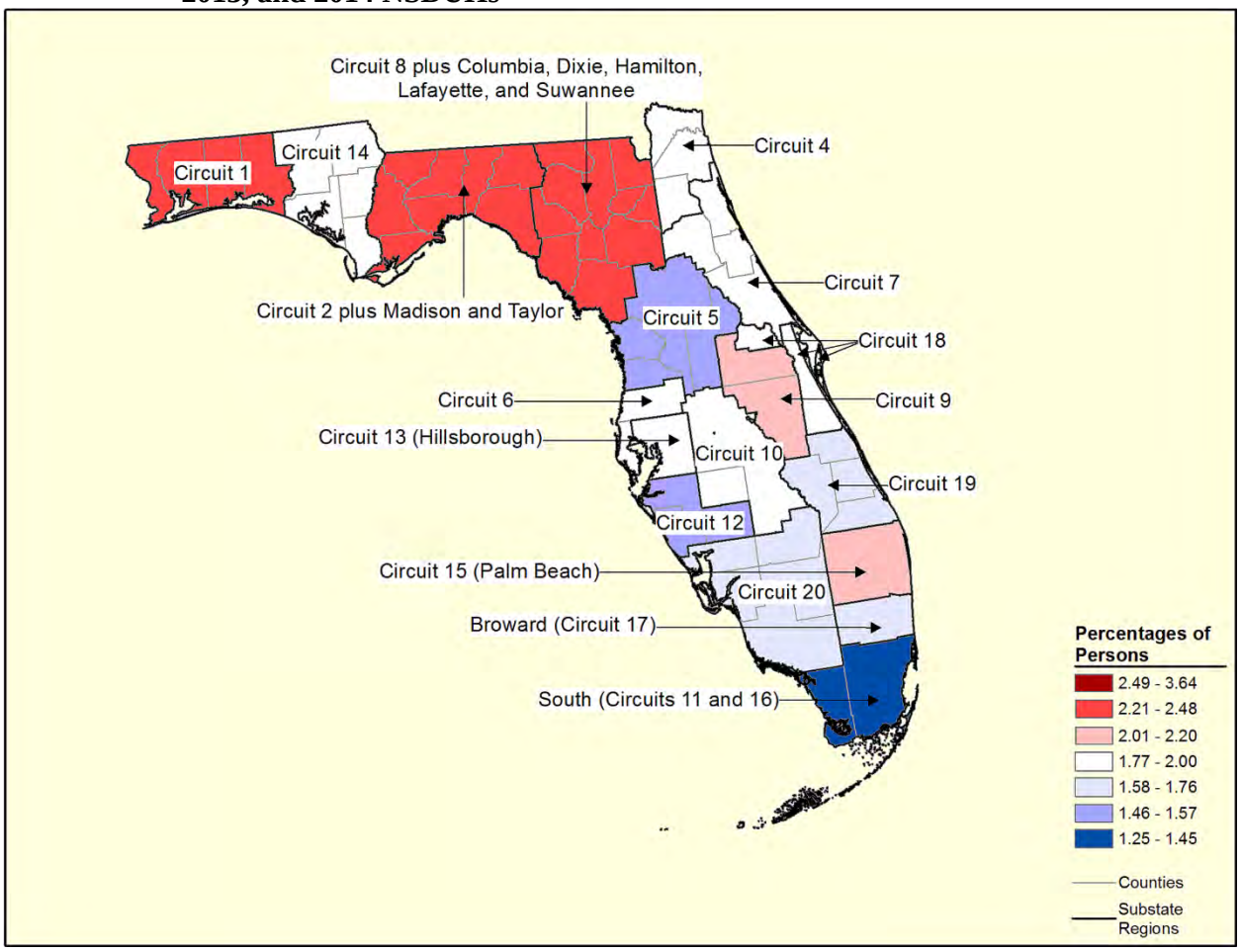
Figure 10.19 ***Illicit Drug Dependence or Abuse in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

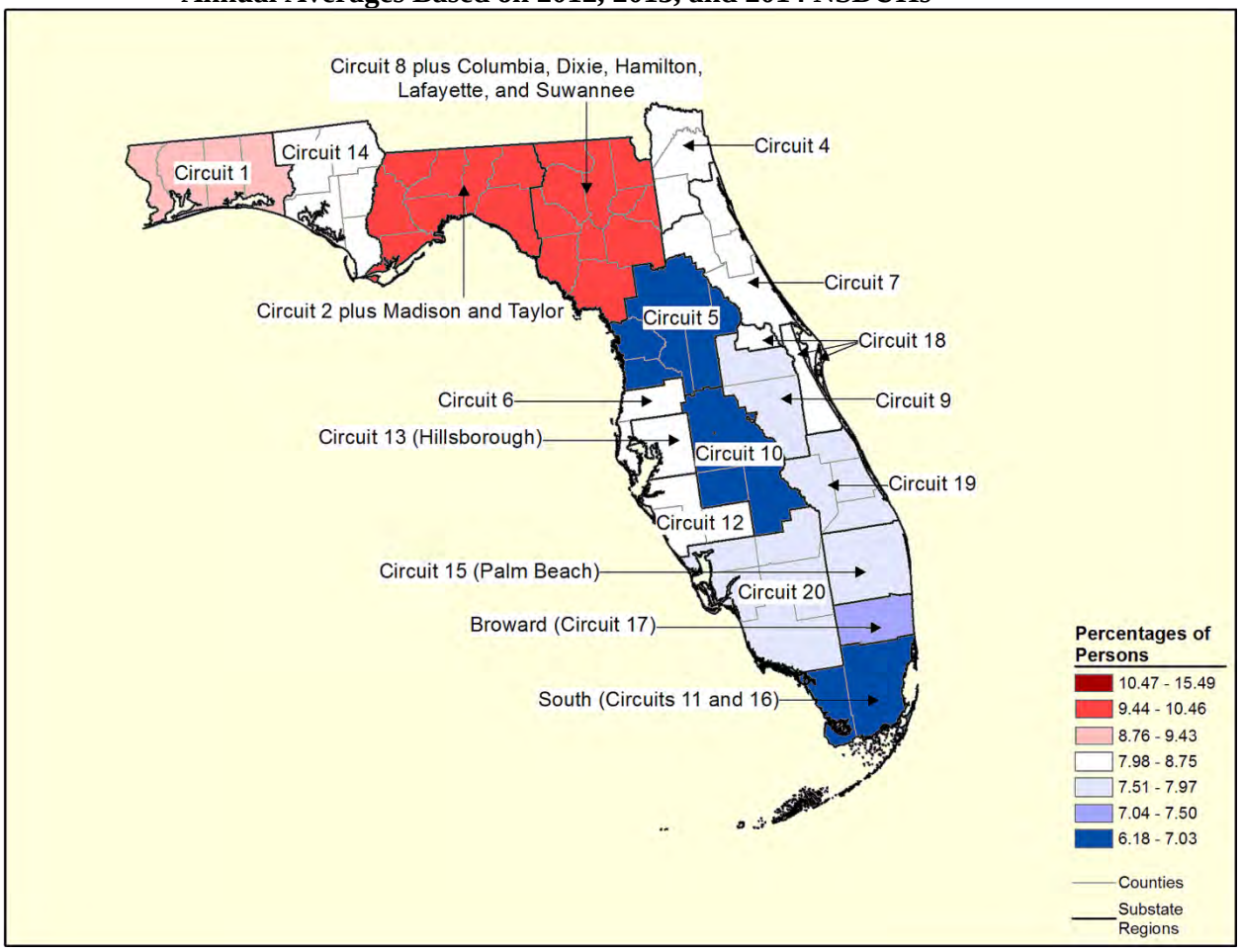
Figure 10.20 ***Illicit Drug Dependence in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

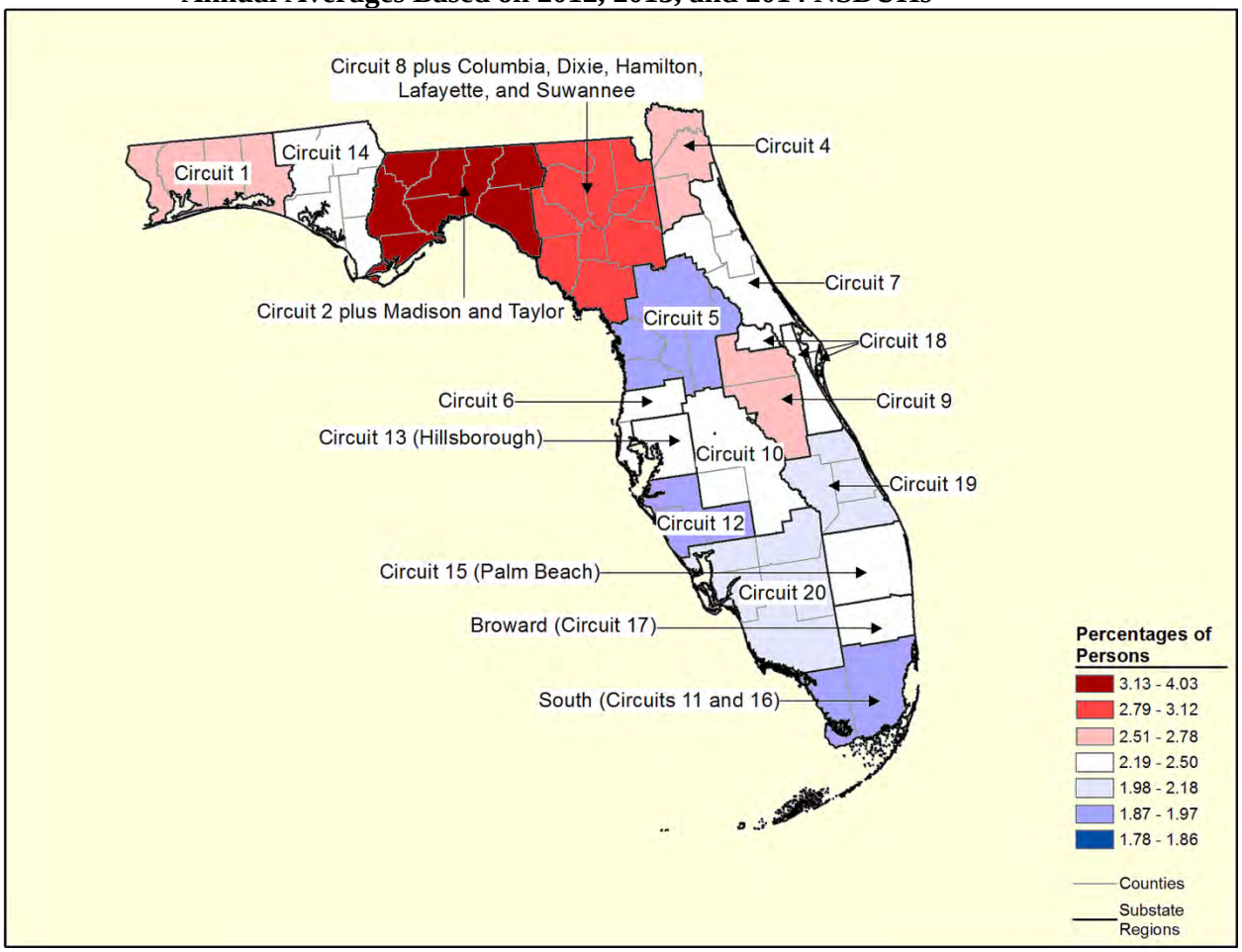
Figure 10.21 ***Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

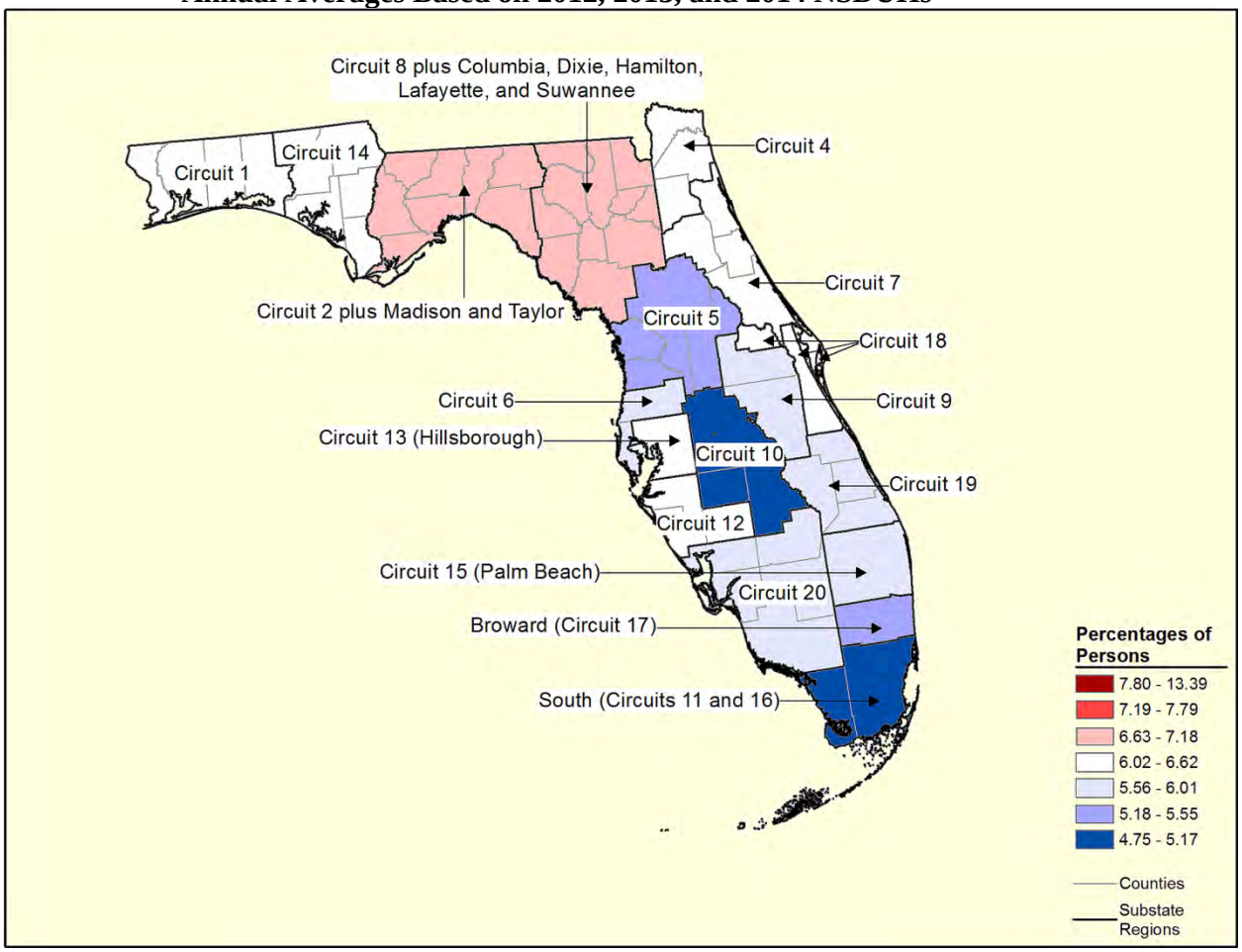
Figure 10.22 ***Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

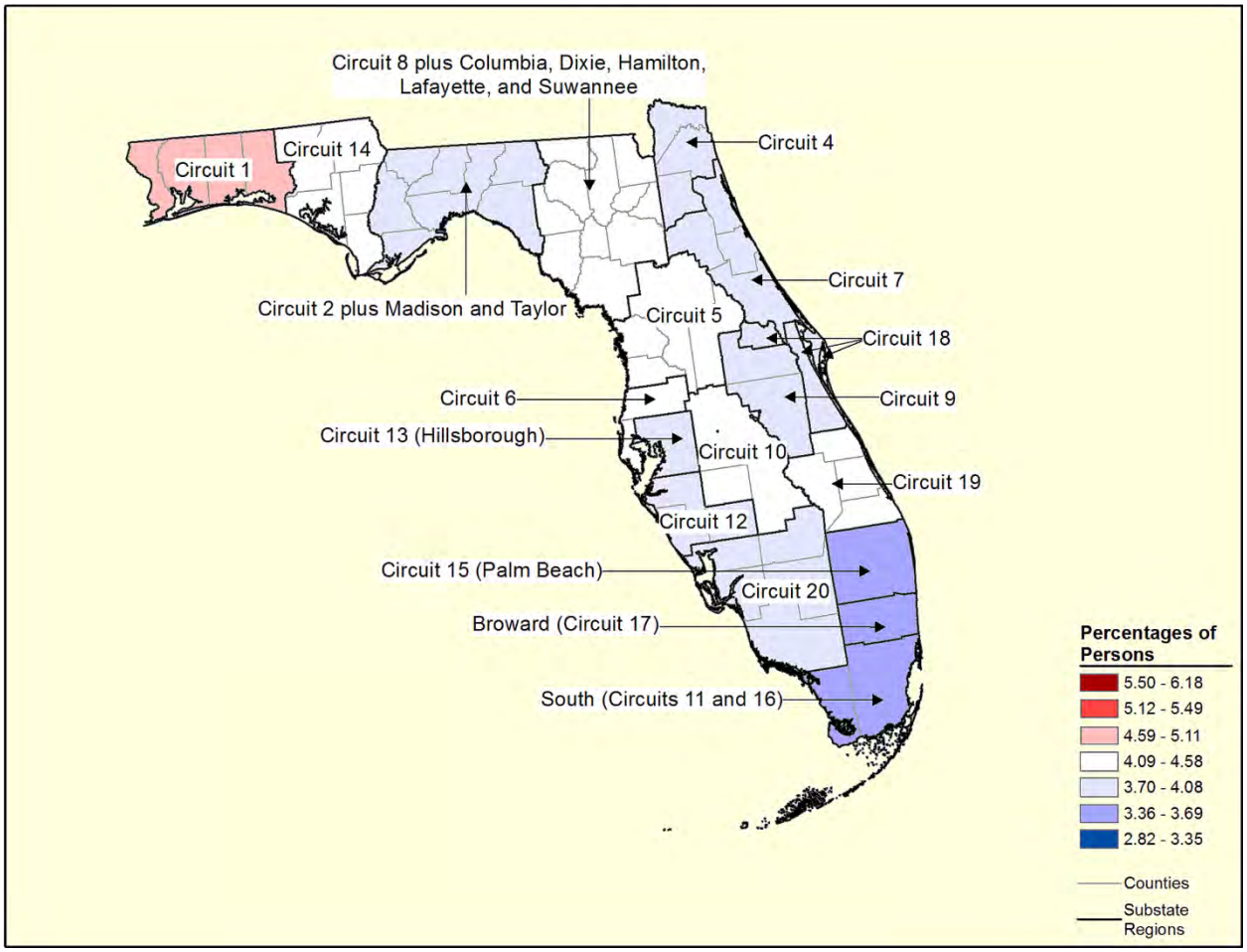
Figure 10.23 ***Needing But Not Receiving Treatment for Alcohol Use in the Past Year*** **among Individuals Aged 12 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

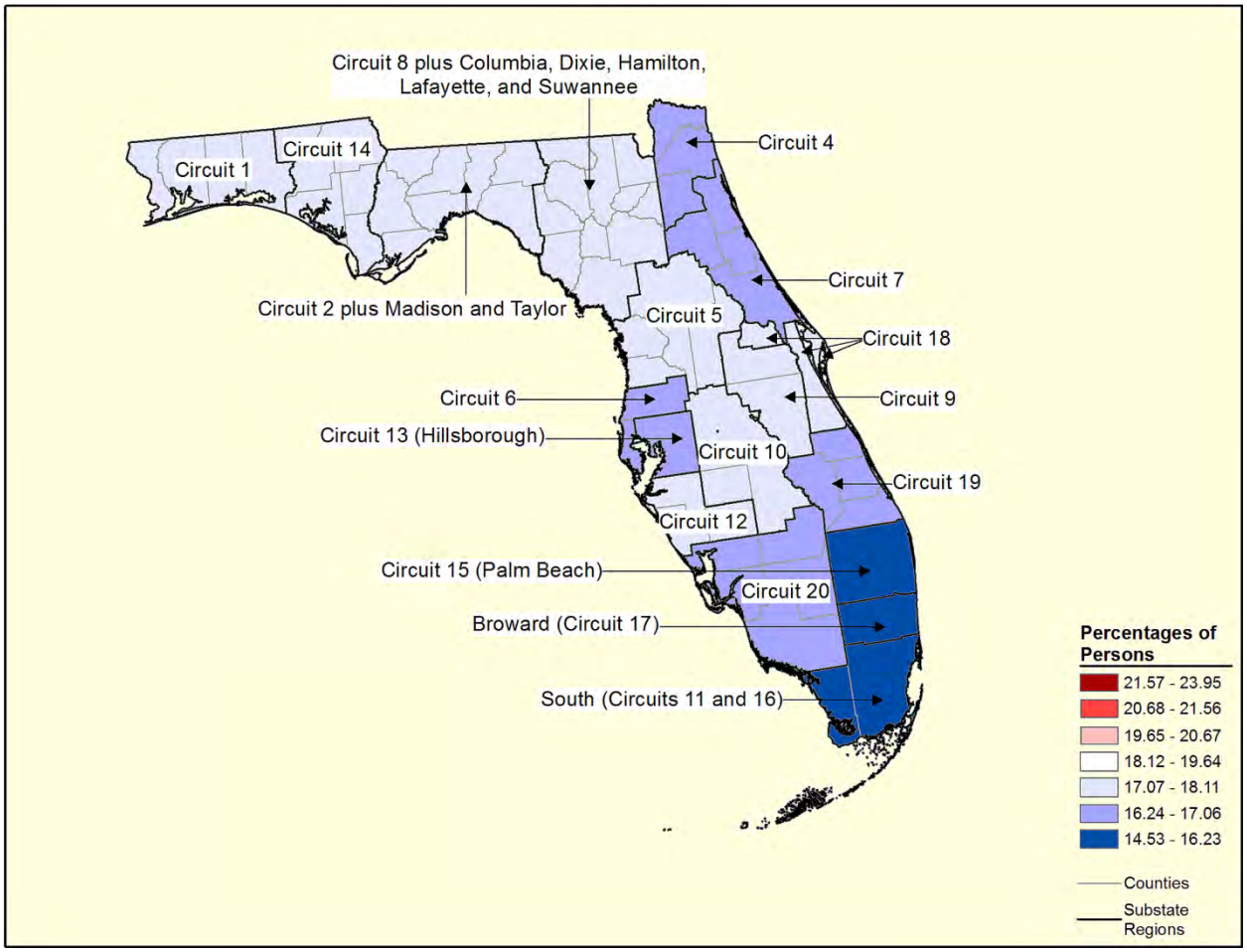
Figure 10.24 ***Serious Mental Illness in the Past Year*** **among Adults Aged 18 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

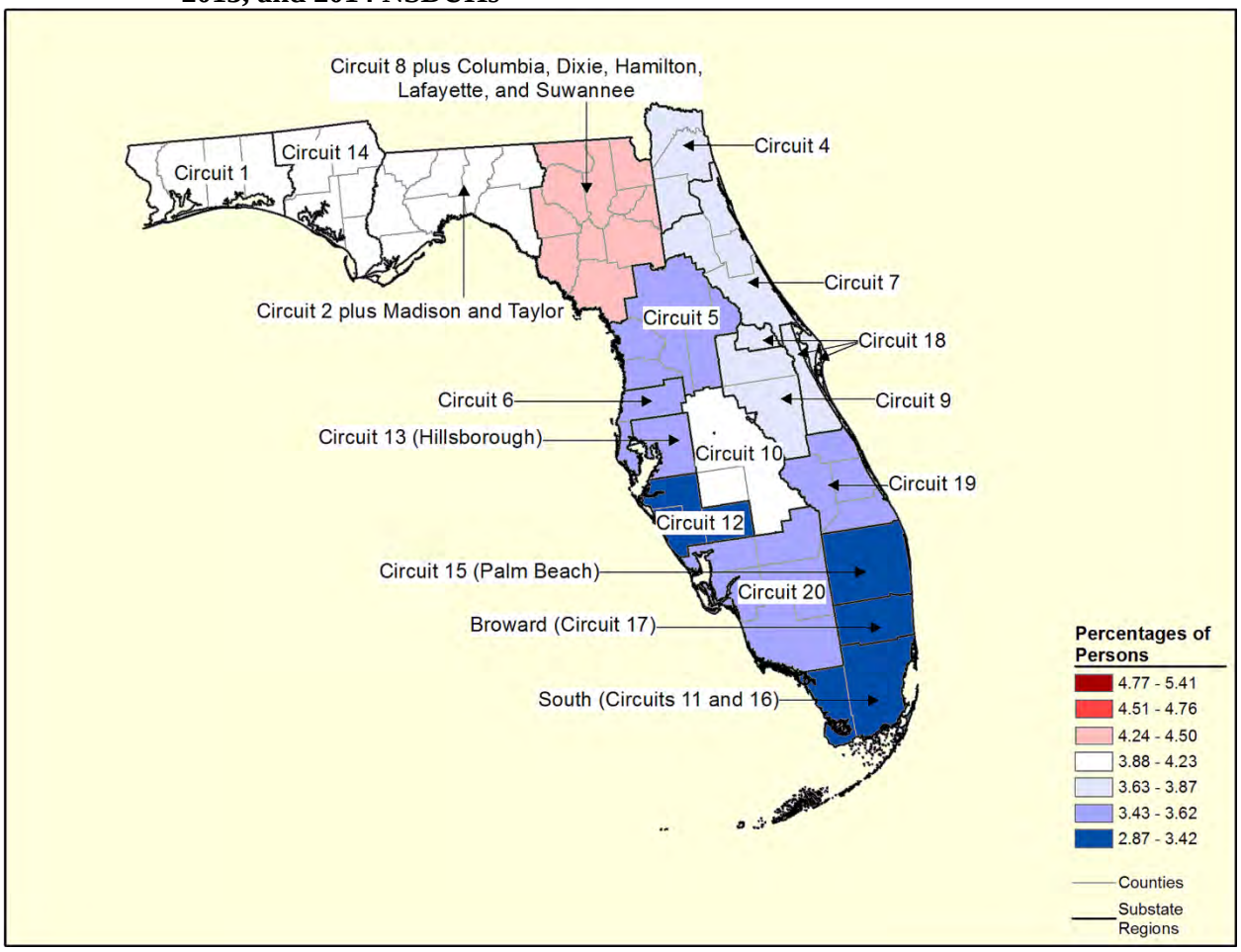
Figure 10.25 ***Any Mental Illness in the Past Year*** **among Adults Aged 18 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

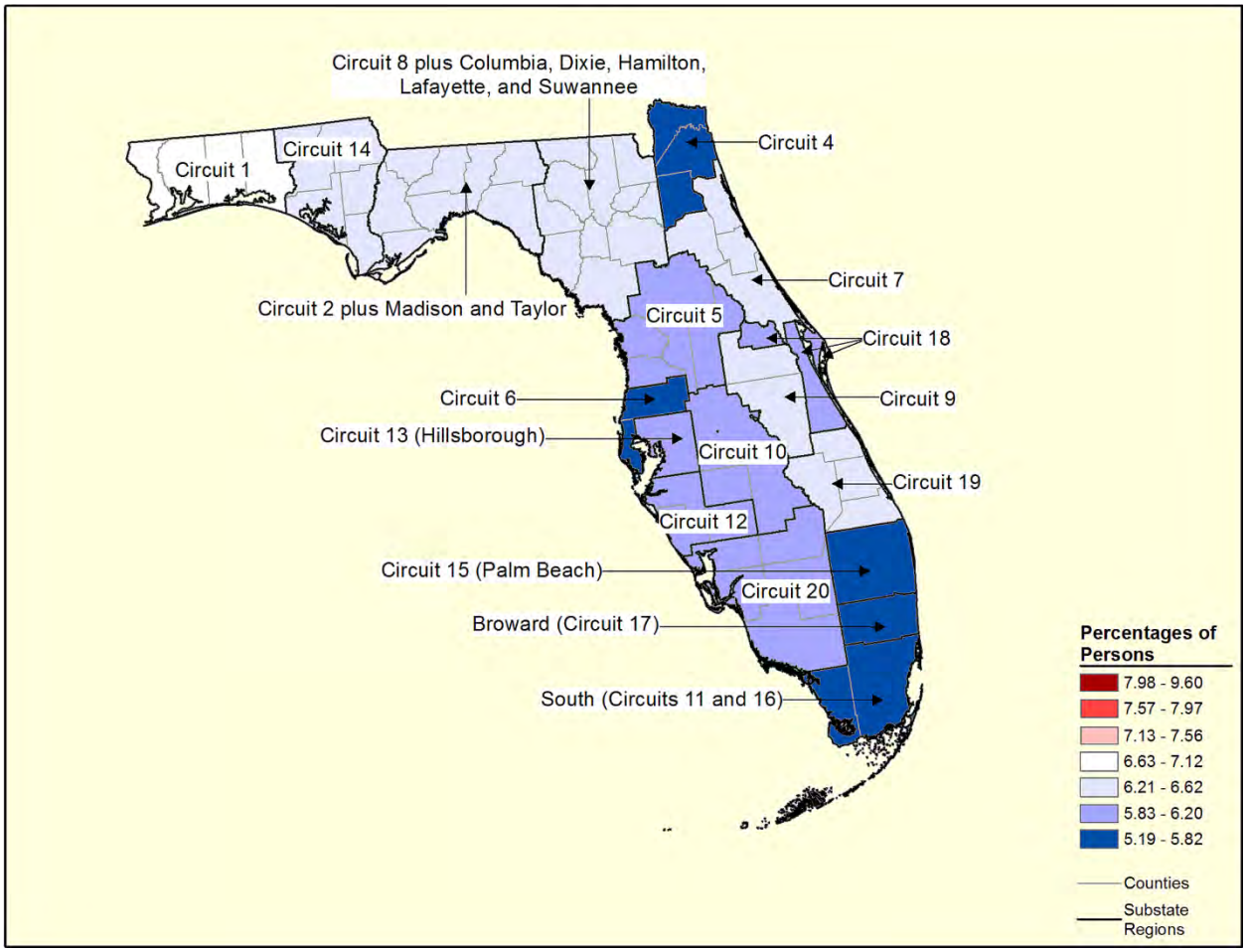
Figure 10.26 ***Had Serious Thoughts of Suicide in the Past Year*** **among Adults Aged 18 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Figure 10.27 ***Major Depressive Episode in the Past Year*** **among Adults Aged 18 or Older in Florida, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs**



NOTE: The legend's ranges were created by dividing 362 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012, 2013, and 2014.

Appendix II

Population Estimates for Florida Substate Areas	Age 12 and Above
Florida	16,632,820
Broward (Circuit 17)	1,536,230
Central I	2,090,644
Circuit 9	1,238,291
Circuit 18	852,353
Central II	4,657,305
Circuit 6	1,229,871
Circuit 10	630,086
Circuit 12	668,199
Circuit 13 (Hillsborough)	1,085,807
Circuit 20	1,043,341
Northeast	3,121,138
Circuit 4	963,449
Circuit 5	934,745
Circuit 7	762,973
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	459,971
Northwest	1,234,666
Circuit 1	601,463
Circuit 2 plus Madison and Taylor	377,593
Circuit 14	255,610
South (Circuits 11 and 16)	2,285,489
Southeast	1,707,347
Circuit 15 (Palm Beach)	1,172,607
Circuit 19	534,740
Source: **National Survey on Drug Use and Health**	

Substate Data 20012-2014 - SAMHSA

Population Estimates for Florida Substate Areas	Age 12 -20 Years
Florida	2,092,834
Broward (Circuit 17)	195,904
Central I	294,041
Circuit 9	184,932
Circuit 18	109,108
Central II	553,444
Circuit 6	134,224
Circuit 10	83,377
Circuit 12	68,987
Circuit 13 (Hillsborough)	154,192
Circuit 20	112,665
Northeast	390,397
Circuit 4	132,579
Circuit 5	97,652
Circuit 7	93,805
Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	66,361
Northwest	170,611
Circuit 1	82,028
Circuit 2 plus Madison and Taylor	57,444
Circuit 14	31,138
South (Circuits 11 and 16)	288,055
Southeast	200,383
Circuit 15 (Palm Beach)	137,395
Circuit 19	62,988
Source: **National Survey on Drug Use and Health**	

Substate Data 20012-2014 - SAMHSA

Appendix III

Statewide Judicial Circuit Arrest Report
January - December 2015

Judicial Circuit	Year	DUI
First Judicial Circuit	2014	1,761
01	2015	1,278
Second Judicial Circuit	2014	812
02	2015	554
Third Judicial Circuit	2014	397
03	2015	184
Fourth Judicial Circuit	2014	2,762
04	2015	2,214
Fifth Judicial Circuit	2014	2,233
05	2015	1,208
Sixth Judicial Circuit	2014	3,821
06	2015	2,924
Seventh Judicial Circuit	2014	1,849
07	2015	1,454
Eighth Judicial Circuit	2014	958
08	2015	654
Ninth Judicial Circuit	2014	3,430
09	2015	2,337
Tenth Judicial Circuit	2014	746
10	2015	605
Eleventh Judicial Circuit	2014	3,902
11	2015	2,656
Twelfth Judicial Circuit	2014	1,781
12	2015	1,112
Thirteenth Judicial Circuit	2014	4,006
13	2015	3,103
Fourteenth Judicial Circuit	2014	1,009
14	2015	563
Fifteenth Judicial Circuit	2014	2,401
15	2015	1,986
Sixteenth Judicial Circuit	2014	383
16	2015	304
Seventeenth Judicial Circuit	2014	2,390
17	2015	1,930
Eighteenth Judicial Circuit	2014	2,809
18	2015	1,989
Nineteenth Judicial Circuit	2014	2,022
19	2015	1,837
Twentieth Judicial Circuit	2014	3,310
20	2015	2,891
Florida Totals	2014	42,782
FL	2015	31,783

Appendix IV

Appendix IV

Top 10 Drugs identified by Local, State, and Federal Crime Labs in Florida: January to June, 2016

Rank	Drug	Crime Lab Items	Percent
1	Cocaine	6,624	36.41
2	Cannabis	3,017	16.58
3	Methamphetamine	2,091	11.49
4	Opioids	1,769	9.72
5	Heroin	1,596	8.77
6	Benzodiazepines	1,453	7.98
7	Synthetic Cathinones	411	2.26
8	Synthetic Cannabinoids	371	2.03
9	Amphetamine	136	0.75
10	3,4-MDMA	70	0.38
	Total Top 10	17,538	96.39
	All other Drugs	657	3.61
	Total all Drugs	18,195	100

Source: US DEA-National Forensic Laboratory Information System (NFLIS) Data Queried July 25, 2016

Appendix V

FY 15-16	Alcohol	Crack	Other Cocaine	Heroin	Other Opiates	Mari juana	Metham-phet-amine	Amphet amine	Other Drug	Null/SA Prob not Confirmed	At-Risk No SA Subst.	Totals	Crack	Other Cocaine	
Gender															
Male	1,335	402	217	323	101	1,034	25	6	103	19	78	**3,643**	402	217	619
Female	492	200	145	145	115	493	9	5	81	12	70	**1,767**	200	145	345
Total	**1,827**	**602**	**362**	**468**	**216**	**1,527**	**34**	**11**	**184**	**31**	**148**	**5,410**	**602**	**362**	**964**
Admission Age															
17 and Under	3	4	2	0	1	707	0	0	27	6	32	**782**	4	2	6
18-25	118	61	57	69	35	371	2	7	50	1	27	**798**	61	57	118
26-34	355	121	109	196	96	270	13	2	53	13	37	**1,265**	121	109	230
35 and Up	1,351	416	194	203	84	179	19	2	54	11	52	**2,565**	416	194	610
Total	**1,827**	**602**	**362**	**468**	**216**	**1,527**	**34**	**11**	**184**	**31**	**148**	**5,410**	**602**	**362**	964
Route of Drug															
Smoking	16	473	72	15	5	1,470	14	1	30	0	0	**2,096**	473	72	545
Sniffing	3	109	268	43	26	5	5	0	5	0	0	**464**	109	268	377
Injection	1	5	8	399	49	6	8	2	3	0	0	**481**	5	8	13
Oral	1,788	12	9	6	135	43	7	8	141	2	1	**2,152**	12	9	21
Other	19	3	5	5	1	3	0	0	5	0	6	**47**	3	5	8
Null	0	0	0	0	0	0	0	0	0	29	141	**170**	0	0	0
Total	**1,827**	**602**	**362**	**468**	**216**	**1,527**	**34**	**11**	**184**	**31**	**148**	**5,410**	**602**	**362**	964

Southern

Statewide	FY 2015-2016
	Total Count
Treatment Admissions = 73552	73,552
Distinct SSNs = 43,051	

Gender	Male	Female
	44,285	29,267

Race

White	32,854	23,854
Black	7,524	3,622
American Indian/Alaskan Native	133	98
Asian	159	121
Native Hawaiian/Pacific Islander	96	72
Multi-Racial	2,737	1,187
Other	782	313
	44,285	29,267

Ethnic

Puerto Rican	1,410	548
Mexican	504	133
Cuban	856	326
Other Hispanic	2,268	1,189
Haitian	212	94
None of the Above	38,396	26,665
Mexican American	141	59
Spanish/Latino	498	253
	44,285	29,267

Primary Drugs

	Total Admissions	
Alcohol	16,231	8098
Crack	1,695	1539
Other Cocaine	1,107	945
Heroin	5,405	3,648
Other Opiates	6,335	6,703
Marijuana	9,397	4,351
Methamphetamine	1369	1573
Amphetamine	180	173
MDMA	76	55
PCP	5	4
Benzodiazepines	714	822
All Other Drugs	809	618
At-Risk/No substance	889	693
Presenting SA Prob not Confirmed/Null	73	45
	44,285	29,267

FY 15-16	Alcohol	Crack	Other Cocaine	Heroin	Other Opiates	Mari juana	Metham-phet-amine	Amphet amine	Other Drug	Null/SA Prob not Confirmed	At-Risk No SA Subst.	Totals	Crack	Other Cocaine	
Gender															
Male	16,231	1,695	1,107	5,405	6,335	9,397	1,369	180	1,604	73	889	**44,285**	1,695	1,107	2,802
Female	8,098	1,539	945	3,648	6,703	4,351	1,573	173	1,499	45	693	**29,267**	1,539	945	2,484
Total	**24,329**	**3,234**	**2,052**	**9,053**	**13,038**	**13,748**	**2,942**	**353**	**3,103**	**118**	**1,582**	**73,552**	**3,234**	**2,052**	5,286
Admission Age															
17 and Under	429	27	28	27	49	6,006	86	12	303	33	951	**7,951**	27	28	55
18-25	1,853	301	343	1,628	2,290	3,426	560	97	734	17	141	**11,390**	301	343	644
26-34	5,133	785	701	4,621	6,454	2,648	1,185	158	1,071	25	203	**22,984**	785	701	1,486
35 and Up	16,914	2,121	980	2,777	4,245	1,668	1,111	86	995	43	287	**31,227**	2,121	980	3,101
Total	**24,329**	**3,234**	**2,052**	**9,053**	**13,038**	**13,748**	**2,942**	**353**	**3,103**	**118**	**1,582**	**73,552**	**3,234**	**2,052**	5,286
Route of Drug															
Smoking	207	2,467	386	132	231	12,724	1,559	142	617	0	7	**18,472**	2,467	386	2,853
Sniffing	169	452	1,190	860	1,405	82	270	28	205	0	0	**4,661**	452	1,190	1,642
Injection	14	80	190	6,632	5,782	22	844	40	122	0	0	**13,726**	80	190	270
Oral	22,813	144	118	162	4,656	621	182	136	1,782	2	4	**30,620**	144	118	262
Other	1,126	91	168	1,267	964	299	87	7	377	3	138	**4,527**	91	168	259
Null	0	0	0	0		0	0	0	0	113	1,433	**1,546**	0	0	0
Total	**24,329**	**3,234**	**2,052**	**9,053**	**13,038**	**13,748**	**2,942**	**353**	**3,103**	**118**	**1,582**	**73,552**	**3,234**	**2,052**	5,286

Statewide

Pulled Jul 1,2015 - Jun 30, 2016 Data by linking Admissions to Service Event table to find the Treatment services
Matched on ProviderID, SubcontractorID, SSN and Evaluationdate
Pulled cost centers 06, 08, 13, 14, 18, 19, 20, 21, 24, 32, 35
Admission date within the Fiscal year and servdate within the Fiscal year
Program in 2 (Adult SA) and 4 (Children SA)
Purpose 1 (Admission) and 5 (Detox)

For Statewide and ME Regions

Substance Abuse Treatment Cost Centers

Cost Center	Description
06	Day/Night
08	In-Home/On Site Services
13	Methadone
14	Outpatient - Individual
18	Residential Level 1
19	Residential Level 2
20	Residential Level 3
21	Residential Level 4
24	SA Detox
32	Outpatient - Detox
35	Outpatient - Group

Statewide by Manging Entity ProviderID

Florida Drug List

Drug Codes and Descriptions (Alphabetical)

[1G] 1,4-Butanediol
[1H] 4-Methoxyamphetamine (PMA)
[1I] 4-Methyl-2,5-Dimethoxyamphetamine (DOM)
[1J] 5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)
[1T] Acetone
[02] Alcohol
[1K] Alpha-Ethyltryptamine
[2N] Alpha-PVP (Flakka or Gravel)
[39] Alprazolam (Xanax, Niravam)
[47] Amobarbital (Amylobarbitone, Amytal)
[2L] Amphetamine and Dextroamphetamine (d-amphetamine)
[76] Barbital
[89] Benzphetamine
[65] Bromazepam (Bromazanil)
[83] Buprenorphine
[77] Butabarbital
[78] Butalbital
[34] Butrphanol (Stadol)
[1F] Caffeine
[33] Carisoprodol (Soma, Soprodal, Vanadom)
[73] Chloral Hydrate (Somnote, Aquachloral Supprettes)
[40] Chlordiazepoxide (Librium, H-Tran, Libritabs)
[56] Clonazepam (Klonopin, Ceberclon, Valpax)
[41] Clorazepate (Tranxene, Gen-xene)
[25] Codeine
[1U] Computer Duster
[03] Crack Cocaine (use smoking for route of this drug)
[1V] Cyclohexanone
[90] Dexmethylphenidate
[2M] Dextroamphetamine (d-amphetamine)
[61] Dextromethorphan
[42] Diazepam (Valium, Valrelease)
[1W] Diethyl Ether (Ether)
[91] Diethylpropion
[1L] Dimethyltryptamine (DMT)
[60] Diphenhydramine
[62] Diphenoxylate (Lomotil)
[26] D-Propoxyphene
[38] Ephedine
[64] Estazolam (ProSom, Eurodin)
[1Y] EstyleneGlycol Monomethyl Ether Acetate
[74] Eszopiclone (Lunesta)
[2P] Etizolam (Etilaam, Etizest, Etidev, Etizola, Sedekopan, Pasaden or Depas)
[1X] Ethyl Acetate
[84] Fentanyl
[53] Flunitrazepam (Rohypnol)
[43] Flurazepam (Dalmane)
[1Z] Freon, Helium or Xenon
[2A] Gasoline, Lighter Fluid, butane, Kerosene, Propane
[54] GHB/GBL
[2B] Glue or other Adhesives
[50] Glutethimide (Doriden)
[66] Halazepam (Paxipam)
[05] Heroin
[2C] Hexane
[32] Hydrocodone
[29] Hydromorphone (Dilaudid, Exalgo, Hydrostat)
[1M] Ibogaine
[67] Medazepam (Rudotel)
[28] Meperidine HCL
[80] Meprobamate
[1N] Mescaline or Peyote
[24] Methadone (Dolophine, Methadose)
[1E] Methamphetamine - Pharmaceutical
[10] Methamphetamines
[51] Methaqualone (Quaalude, Sopor)
[96] Methcathinone
[2E] Methyl Ethyl Ketone
[2F] Methyl Isobutyl Ketone
[1O] Methylenedioxyamphetamine (MDA)
[37] Methylenedioxymethamphetamine (MDMA)
[36] Methylphenidate (Ritalin, Concerta, Metadate)
[63] Methylphenobarbital (Mephobarbital, Mebaral)
[23] Morphine (Avinza, Kadian, MS Contin, Oramorph)
[1D] Nicotine
[68] Nitrazepam (Mogadan)
[2G] Nitrous Oxide
[06] Non-Prescription Methadone
[75] Opium
[20] Other
[57] Other Aerosols
[11] Other Amphetamines
[15] Other Barbiturates
[13] Other Benzodiazepines
[22] Other Cocaine
[09] Other Hallucinogens/Psychedelics
[17] Other Inhalants
[30] Other Narcotic Analgesics
[58] Other Nitrites
[52] Other Non-Barbiturate Sedatives
[07] Other Opiates or Opioids
[16] Other Sedatives/Hypnotics
[59] Other Solvents
[12] Other Stimulants
[14] Other Tranquilizers
[18] Over-the-Counter
[69] Oxazepam (Serax)
[27] Oxycodone
[86] Oxymorphone
[08] PCP-Phencyclidine
[97] Pemoline
[31] Pentazocine (Talwin, Talacen)
[79] Pentobarbital (Pentobarbitone)
[1A] Phendimetrazine
[95] Phenmetrazine
[46] Phenobarbital (Phenobarbitone, Solfoton)
[1B] Phentermine
[70] Prazepam (Centrax)
[98] Presenting At-Risk
[99] Presenting Substance Abuse Problem, Not Confirmed
[87] Propoxyphene
[1C] Propylhexedrine
[1P] Psilocybin or Psilocin
[71] Quazepam (Doral)
[1Q] Salvia Divinorum or Salvinorin A
[48] Secobarbital (Seconal)

[19] Ice
[2D] Isopropanol
[55] Ketamine (Ketalar, Ketanest, Ketaset)
[92] Khat(Cathinone)
[2O] Kratom (Ketum or Mitragyna Speciosa)
[85] Levo-Alphacetylmethadol (LAAM)
[93] Lisdexamfetamine
[44] Lorazepam (Ativan)
[35] LSD
[04] Marijuana/Hashish
[94] Mazindol
[1R] Synthetic Cannabinoids
[1S] Synthetic Cathinones
[72] Temazepam (Restoril)
[2H] Toluene
[2I] Toluol
[88] Tramadol
[45] Triazolam
[2J] Trichloroethane or Trichloromethane
[2K] Trichloroethylene
[81] Zaleplon
[82] Zolpidem

Other Opiates and Synthetics Drug Codes: 06, 07, 23 - 32, 34, 62, 75, 83 - 88, 2O

Benzodiazepines: 13, 14, 39 - 45, 53, 56, 64-72, 2P