

Memorandum



Date: June 13, 2017

Agenda Item No. 2B2
July 6, 2017

To: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

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Subject: Opioid Addiction Task Force Final Report

In December 2016, pursuant to Resolution No. R-199-17, the Miami-Dade Opioid Addiction Task Force (Task Force) was created. The Task Force was charged to conduct a comprehensive assessment of the opioid addiction epidemic, identify best practices to address and curtail the opioid addiction epidemic, compile information, and develop a comprehensive opioid addiction action plan to halt the opioid addiction epidemic in Miami-Dade County. Over a period of four (4) months, the Task Force developed the attached Final Report, which includes twenty-six (26) actionable recommendations.

Per Ordinance No.14-65, this report shall be placed on the next available Board of County Commissioner's meeting agenda.

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Russell Benford
Deputy Mayor

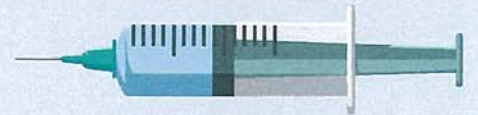
cc: Abigail Price-Williams, County Attorney
Geri Bonzon-Keenan, First Assistant County Attorney
Russell Benford, Deputy Mayor, Office of the Mayor
Lillian Rivera, Administrator, Department of Health
Neil R. Singh, Interim Commission Auditor
Christopher Agrippa, Clerk of the Board
Eugene Love, Agenda Coordinator

2017

MIAMI-DADE COUNTY

OPIOID ADDICTION

TASK FORCE



Acknowledgements

The Opioid Addiction Task Force would like to acknowledge the support staff and committee facilitators who assisted in the process of creating the recommendations and development of this report.

Ms. Sarah Kenneally MPH, CHES

Ms. Michelle Theurer

Dr. Anthony Llau, PhD

Ms. Emily Moore, MPH

Ms. Shanika A. Graves, J.D.

Dr. Conchita S. Lundblad, PhD, LCSW

Ms. Habsi W. Kaba MS, MFT, CMS

Ms. Margaret Sotham

Ms. Deltavier Frye

Background

2016 Miami-Dade Opioid Addiction Task Force Formation

In response to the illicit and prescription opioid addiction and overdose epidemic in Miami-Dade County, Mayor Carlos A. Gimenez, in partnership with the State Attorney Katherine Fernandez-Rundle, the Department of Children and Families, the Florida Department of Health, and Miami-Dade County's Board of County Commissioners Chairman Esteban L. Bovo, Jr. founded the Miami-Dade County Opioid Addiction Task Force. Members of the Task Force consist of several subject-matter experts and stakeholders representing the following agencies, departments, and offices:

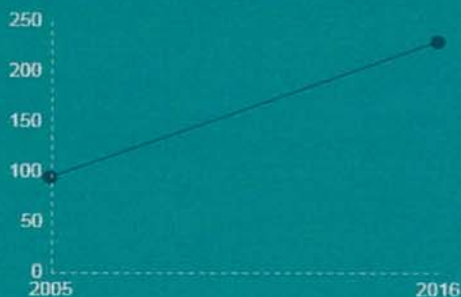
Miami-Dade Board of County Commissioners	Department of Children and Families Behavioral Health Division
Miami-Dade County Mayor's Office	Florida Legislature
Miami-Dade County Public Defender's Office	City of Miami
Miami-Dade County State Attorney's Office	Miami-Dade County Association of Chiefs of Police
Miami-Dade County Medical Examiner's Department	University of Miami
Miami-Dade County Homeless Trust	Florida International University
Miami-Dade County Addiction Services Board	United States Drug Enforcement Administration
City of Miami Police Department	Jackson Health System
City of Miami Fire Rescue Department	Marvin's Corner Therapeutic Community, Inc.
Miami-Dade County Fire Rescue Department	Eleventh Judicial Circuit in and for Miami-Dade County
Miami-Dade County Community Action and Human Services Department	Jessie Trice Community Health Center
Florida Department of Health in Miami-Dade County	WestCare Foundation
Miami-Dade County Police Department	South Florida Behavioral Health Network

Based on a review of evidence-based and evidence-informed practices, the Task Force was charged with providing recommendations to reduce opioid overdoses, prevent opioid misuse and addiction, increase the number of persons seeking treatment, and support persons recovering from addiction in our communities. The Task Force also examined healthcare solutions, the role of the justice system in opioid prevention, and raising awareness and improving knowledge of misuse.

The Opioid Epidemic & Miami-Dade County

The scope of the problem:

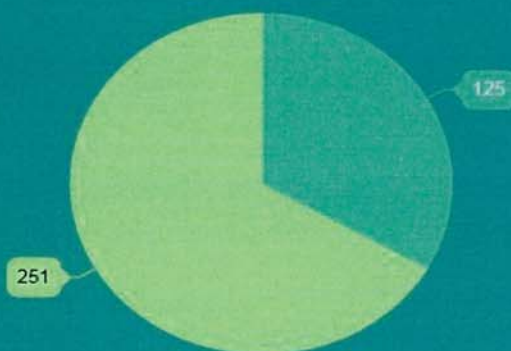
Opioid-related Deaths by Year



In 2016, 229 residents died due to opioids, compared to 94 deaths back in 2005. Since 2005, more than 1,200 total Miami-Dade County have died due to opioids.

What are Opioids?

Opioids in this report refer to powerful substances that produce strong, morphine-like effects in the brain. These substances can be obtained with a prescription, like hydrocodone and oxycodone, or can be obtained illegally. When misused and abused, these drugs can cause serious, sometimes fatal, consequences.



Fentanyl Analogs (33.24%) Fentanyl as Cause of Death (66.76%)

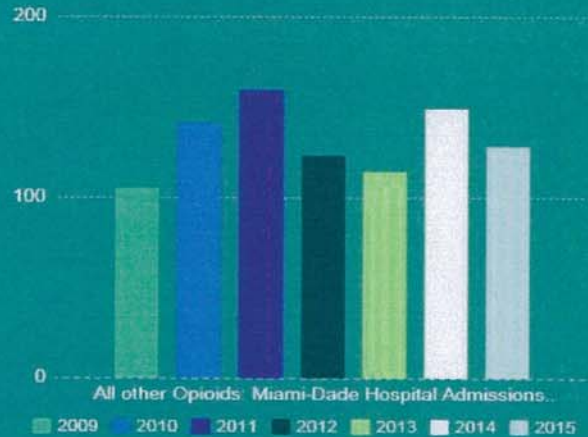
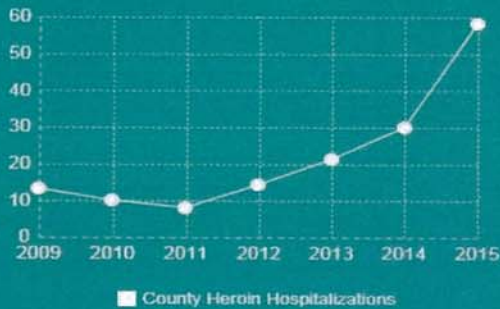
Beyond Prescription Drug Abuse

Fentanyl

Fentanyl is 50 to 100 times stronger than morphine or heroin. Introduction of illicit fentanyl into drug markets, and the misuse of prescribed fentanyl patches, powders, and pills, has had a devastating effect. From 2014 to 2016, Fentanyl was been identified in 376 overdose death cases in Miami-Dade. In 67% of those cases, Fentanyl was listed as the actual cause of death.

Opioids & Heroin: A Crisis

Many of those who use heroin report misuse of prescription opioids before beginning their heroin use. Those with prescription opioid misuse disorder may turn to illicit substance use because they can be accessed more cheaply.



Steps Towards Prevention

Healthcare providers, law enforcement, schools, communities, and families can all contribute to preventing opioid misuse and drug abuse.



Improve prescribing practices to reduce potential for abuse

Expand access to evidence-based treatment



Encourage collaboration between State and local agencies, health officials, and law enforcement to better examine the trends of opioid use.



FLORIDA DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Problem Statement

The misuse, abuse, addiction, and overdose of opioids have become serious public health problems in Miami-Dade County. Over the past decade, alarming increases in opioid-related overdoses and deaths have been observed. Since 2005, more than 1,200 members of our community have died due to opioids. According to the Medical Examiner's Office, approximately 100 Miami-Dade County residents died as a result of opioid poisoning annually from 2005 - 2015. During 2016, the numbers were more alarming, with 229 residents fatally overdosing from opioids. Furthermore, thousands of additional Miami-Dade County residents have been admitted to hospitals and treatment centers or visited emergency departments each year due to opioid poisoning and abuse, resulting in distress upon individuals, their families, and our communities.

While these dynamics have affected Miami-Dade County residents of all genders and age groups, the impact is particularly striking for males and young/middle-aged adults. Between 2005 and 2016, Miami-Dade County adults aged 25 – 54 years were nearly three times more likely to die from an opioid overdose compared to other adults. During 2016, adults aged 25 – 34 years were predominantly affected, as they experienced a 98% increase in the number of fatal opioid overdoses compared to the previous year. Additionally, a considerable increase in fatal opioid overdoses (76%) was observed last year in adults aged 35 – 64 years compared to 2015. Opioid overdoses also predominately affect males, who have accounted for 70% of all opioid-caused deaths among Miami-Dade County residents. The recent death toll among males due to opioids, however, has been striking, with overdose fatalities quadrupling since 2013 (from 42 to 187 deaths in 2016).

Significant racial-ethnic disparities in opioid overdose deaths have also been observed in Miami-Dade County. From 2005 – 2016 the highest opioid poisoning average death rates were among non-Hispanic white residents (10.0 per 100,000 population). This was more than three times greater than Hispanics (3.0 per 100,000 population) and four times greater than non-Hispanic blacks (2.3 per 100,000 population) during the same time period. Despite lower mortality rates among Hispanics, this cohort experienced a 2.2-fold increase in opioid overdose deaths between 2015 (63 deaths) and 2016 (140 deaths).

In Miami-Dade County, illicit opioid use continues to increase, resulting in a growing number of fatalities. In 2013, heroin surpassed prescription opioids as the primary cause of opioid overdose deaths. Although prescription opioid-involved deaths have been dropping since 2010, many individuals, who use heroin, report prior addiction to prescription opioids prior. When individuals, with opioid use disorder have greater difficulty obtaining pharmaceutical opioids, many switch to heroin use due to its greater availability and lower cost. Heroin, however, brings higher risks of overdose and infectious diseases, such as HIV and Hepatitis C.

In 2015, heroin-caused deaths in Miami-Dade County totaled 83, the greatest number recorded since at least 2000, and a substantial increase since 2011, when only 11 deaths were reported. Since 2014, however, a substantial increase in other illicit opioids, such as fentanyl and carfentanyl, have been observed. These drugs are known to be 50 and 5,000 times more potent than heroin, respectively. During 2014 - 2016, fentanyl and/or fentanyl analogs were identified in 376 deaths

according to the Miami-Dade County Medical Examiner's Department. Of these, 251 medical examiner cases (67%) list fentanyl and/or fentanyl analogs in the cause of death; which will likely increase to over 90% once pending cases are completed. The majority of these cases involved multiple drugs, most commonly heroin and cocaine. Since September 2016, fentanyl analogs have been identified in approximately 150 cases, which include carfentanil, furanyl fentanyl, and para-fluoroisobutyryl fentanyl.

Opioid addiction and abuse in Miami-Dade County has also led to large increases in substance abuse treatment admissions. According to the Florida Department of Children and Families' Substance Abuse and Mental Health Program, opioids accounted for 11.7% of all substance abuse treatment admissions during 2013. This represents a 24% increase compared to 2010 when 9.4% of all substance abuse treatment admissions were due to opioids. The increase in opioid treatment-related admissions can largely be attributed to growing heroin addiction and abuse. Heroin primary treatment admissions in Miami-Dade increased 62% between 2010 (183 admissions) and 2013 (294 admissions).

These trends indicated a comprehensive and multi-faceted response was required to curtail the impact that opioids are having on our residents and community. Consequently, the Miami-Dade Board of County Commissioners passed a resolution on December 20th, 2016 founding the Opioid Addiction Task Force, which met over a four-month period from January - April 2017 to provide recommendations by: 1) identifying best practices to address the opioid epidemic; 2) recommending existing resources to assist opioid addicted individuals; 3) expanding available long term treatment options for individuals addicted to opioids; and 4) implementing effective interventions for opioid addicted individuals.

The task force operates under the "Collective Impact" principle. Collective Impact is a structured approach, with a backbone organization, that combines community efforts to build a common agenda and achieve lasting social change. This method is used to address complex health problems and invoke sustained population-wide health improvement. The task forces reach uses a top-down approach across multisector, with a charge of developing county-wide strategic action plans to address the opioid epidemic.

The Task Force was divided into four subcommittees:

- 1) The Healthcare Solutions Committee was charged with developing recommendations that maximized access to care and enhanced screening for opioid misuse and opioid use disorder.
- 2) The Treatment and Recovery Committee was charged with developing recommendations that addressed individuals experiencing opioid use disorder, who desired opioid agonist pharmacotherapy, and timely access to treatment.
- 3) The Law Enforcement, Justice, and First Responders Committee was charged with developing recommendations and approaches to opioid prevention and policing efforts.
- 4) The Education and Awareness Committee was charged with developing recommendations that raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder.

Each subcommittee convened three times between January 30th and April 14th, 2017 to set forth findings and recommendations for consideration by the Board of County Commissioners.

This report provides a summary of the Task Force's recommendations to both prevent opioid addiction and improve opioid use disorder outcomes in Miami-Dade County, Florida.

Healthcare Solutions Committee

In 2015, over twenty million Americans aged 12 years or older had substance use disorder (SUD). Two million involving prescription pain relievers and 591,000 with heroin ⁽¹⁾. Patients with SUD are at ten times greater risk of an overdose death in the first month after hospital discharge compared to those without SUD. Patients with SUD also have additional co-morbidities, higher hospitalization rates, increased insurance costs, and greater use of medical services ⁽²⁻⁴⁾. SUD is a chronic, relapsing, often fatal disorder that typically requires a long-term multifaceted treatment to be effective. Healthcare solutions to SUD require multiple strategies from screening and detection of opioid use disorder, to linkage to care, medication initiation, and long-term retention.

One of the major concerns discussed during the subcommittee meetings was the prescribing patterns of medical providers. While these opioids play an important role in pain management and treatment, it is critical that prescribers such as physicians, pharmacists, nurses, and dentists receive updated education on these medications, their use, and potential associated risks for patients. Sales of prescription opioids in the U.S. have nearly quadrupled from 1999 to 2014, yet very little change has occurred regarding the amount of pain Americans report ⁽⁵⁾. In Florida, opioids comprised three of the top four controlled substance prescriptions dispensed to Florida residents. These three opioids (hydrocodone, oxycodone, and tramadol) accounted for a third of all controlled substances prescribed to Florida residents during 2016 ⁽⁶⁾.

The Task Force also acknowledges the role of the physician in screening for risk and history of misuse when prescribing opioids. This responsibility is carried throughout the entirety of a patient's opioid therapy. Screening for opioid misuse or dependence can help providers identify which patients are more likely to require close monitoring while taking opioid medications. For patients with a greater risk of opioid misuse, the identification of early warning signs through screening may change negative opioid use behaviors. For others, screening tests can be significant first steps toward treatment and recovery from addiction. Most patients with opioid disorders do not seek treatment and are generally symptom-free when visiting healthcare providers. The absence of self-reporting and clear physical signs and symptoms, emphasizes the need for providers to recognize patients who are abusing or misusing opioids and ensure they obtain treatment.

The Task Force believes that the County should continue to protect and expand access to treatment for residents suffering from opioid use disorder. In addition, healthcare providers should receive continuing education pertaining to opioid use and addiction, as well as, appropriate prescribing of opiates. Specifically, the Healthcare Solutions Committee recommends the following:

1) Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of Neonatal Abstinence Syndrome.

Neonatal Abstinence Syndrome (NAS) refers to the group of problems that occur when a neonate is born dependent on the opiates used during pregnancy. With postnatal reduction of opiates, the baby experiences withdrawal symptoms (tremors, irritability, trouble sleeping, high-pitched crying, tight muscles, poor feeding, vomiting, and diarrhea) as the drug slowly leaves the baby's system. According to the National Institute on Drug Abuse, an estimated 21,732 infants were born with NAS in 2012 —equivalent to one baby suffering from opiate withdrawal born every 25 minutes. The Task Force recognizes that the rising rates of drug withdrawal in neonates points to the need for measures to reduce prenatal opiate use in mothers, and therefore recommends that healthcare providers in Miami-Dade County collaborate with Healthy Start to implement screenings that will reduce the risk of NAS.

The Healthy Start Coalition of Miami-Dade currently employs the "4Ps Plus©" screening tool, which is the first validated, evidence-based instrument that has been developed to assess for substance abuse risk in pregnant women. The 4Ps Plus© addresses risk for alcohol, tobacco, and illicit drug use, depression and domestic violence. Brief intervention strategies are also integrated into the screening process. It is the recommendation of the Healthcare Solutions Committee that Miami-Dade County Obstetricians and Gynecologists meet with Healthy Start officials to learn how to implement this screening tool in clinics and private practices and therefore reduce the risk of substance abuse in pregnant women.

2) Advocate for mandatory continuing education for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse.

While opioids do play an important role in many cases of chronic pain management, many people, who initially use opioids to control chronic pain, develop a misuse disorder when they have access to a large supply of pain medication, or when their use of the medication is not properly monitored by their physician. In order to develop and maintain safe prescribing practices among physicians, it is critical that these prescribers receive current and consistent training on opioids, their use, and the associated risks for patients.

Other counties and communities are already examples of increasing prescriber education to curb the opioid epidemic: Orange County in Florida has recommended enacting mandatory provider education in conjunction with the Florida Board of Medicine and the State Board of Nursing, which will include current courses dedicated to the subject of safe opioid prescribing. Broward County has committed to promoting compliancy with the Centers for Disease Control and Prevention

(CDC)'s Prescribing Guidelines among their physicians. Since 2012, the State of New York has required all physicians to complete four hours of continuing education on opioids and safe opioid prescribing. Kentucky passed House Bill 333 restricting some prescription for pain killers to three-day supplies.

The Task Force recommends continuing education for Miami-Dade County physicians, dentists, and other clinical providers on opiate prescribing, associated risks, and misuse. This continuing education would include trainings on medication reconciliation standards in prescribing and screening so that providers are knowledgeable on how to screen for addiction, depression, and understand when to refer patients to specialists in the event of opioid misuse disorder. The continuing education requirements would also include training providers on how to have a conversation with patients about the risks of opioid use and on the importance of follow-up visits, particularly with those patients that have a history of addiction. Providers are strongly encouraged to utilize the Centers for Disease Control and Prevention's "*Guideline for Prescribing Opioids for Chronic Pain*," which provides guidance on initiating or continuing opioids outside for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

3) Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services.

In 2015, over twenty million Americans aged 12 years or older had substance use disorders. Two million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin ⁽¹⁾. Many of these individuals ultimately present to an emergency department (ED) with opioid-related overdoses and are frequently hospitalized. Patients with opioid use disorders fear stigma and poor care while in a hospital setting, thus are more likely to leave against medical advice, resulting in a greater risk of adverse health consequences after discharge ⁽⁷⁾. Patients with a substance use disorder (SUD) are at ten times greater risk of an overdose death in the first month after hospital discharge compared to those without SUD. Patients with SUD also have additional co-morbidities, higher hospitalization rates, increased insurance costs, and greater use of medical services ⁽⁸⁻¹⁰⁾. These factors pose a difficulty to providers while caring for patients with opioid use disorders. Treatment services such as medication assisted treatment (MAT); however, are highly effective, evidence-based approaches in managing opioid use disorders ⁽¹¹⁻¹³⁾ and withdrawal symptoms. Maintenance treatment with an opioid agonist can reduce the risk of overdose deaths by 50% ⁽¹⁴⁾.

ED visits can present a crucial opportunity to identify patients with opioid addiction and link them to treatment services. ED initiation of buprenorphine combined with treatment service referrals for patients with opioid disorders has been shown to increase engagement in addiction treatment and reduce illicit opioid use ⁽¹⁵⁾. The Task Force supports the development of a pilot project at a hospital, which would provide onsite initiation of MAT combined with a referral to treatment services for patients with opioid dependence. The program would also provide an addiction-focused community outreach worker, who would help link patients with opioid use disorders to treatment services. These workers would a) collaborate with treatment programs and providers in their area; b) provide screening, intervention, and referral; c) create policies and procedures for

treatment and referral; d) follow up with patients who have received treatment and referral for treatment; and e) assist with overcoming barriers to accessing treatment.

4) Review and develop regulations to promote safe prescribing and dispensing of controlled substances

A large proportion of opioid misuse disorders begin with prescribed medications from a healthcare professional. These drugs are not illegal, and consumers trust that their physicians have prescribed a safe medication to treat pain. When these medications are not prescribed carefully consumers are placed at a higher risk of developing an opioid addiction and misuse disorder. When a misuse disorder becomes pronounced, desperate patients may turn to illicit drugs, such as heroin or fentanyl to help avoid pain and withdrawal sickness. The Committee has identified the need for heightened security and regulation in the prescribing and dispensing of opioids in Miami-Dade County. It is the recommendation that a triplicate-prescription system be put in place for controlled substances, such as prescription opioids. Triplicate-prescriptions are an effort to decrease the diversion of certain medications, like prescription painkillers and opioids, to illicit markets. In triplicate-prescribing, allows for the tracking of the physician's prescribing practices and the patient's use of opioids.

It is well established that environmental factors, such as conditions at home, at school, and in the neighborhood can result in drug addiction. Biological conditions, such as genetic factors; however, can also contribute to the development of addiction. Similar to eye color differences, there are variations in response to analgesic medications such as opioids. Scientists estimate that genetic factors may account for between 40 – 60% of a person's vulnerability to addiction⁽¹⁶⁾. When given an opioid for pain relief, an individual may experience a variety of responses, from good analgesia and improvement in function, to poor analgesia and development of physical dependence or addiction⁽¹⁷⁾. Therefore, another recommendation is to promote safe prescribing practices among Miami-Dade County's physicians, includes encouraging genetic testing. By identifying the risks of individuals to select opioids through genetic testing, a clinician might improve the efficacy of a pain medication and decrease the risk of drug-induced addiction, overdose, and death. Genetic testing may also identify or predict the likelihood of efficacy and toxicity to medical treatment with opioids.

5) Encourage medical providers to utilize the prescription drug monitoring database.

Prescription Drug Monitoring Programs (PDMPs) are state-based databases that collect information on controlled prescription drugs dispensed by pharmacies and, in certain states, by physicians as well. According to the Centers for Disease Control and Prevention (CDC), an evidence review found that most fatal overdoses were associated with patients, who received opioids from several prescribers and/or with patients receiving high total daily opioid dosages. Information pertaining to both of these risk factors can be accessed by prescribers in the PDMP. This data can also be beneficial when patient medication history is not available or when patients switch clinicians. The review also found PDMPs are valuable tools that should be utilized when starting a patient on opioid therapy.

Florida's Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), was created by the 2009 Florida Legislature to support safe prescribing of controlled substances and reduce drug abuse within Florida. E-FORCSE® developed a database that collects and stores prescribing and dispensing data for Schedule II - IV controlled substances. The function of E-FORCSE® is to provide collected database information to healthcare practitioners to help guide decisions in prescribing and dispensing prescription drugs such as opioids.

Section 893.055, Florida Statutes, requires healthcare providers report to E-FORCSE® each time a controlled substance is dispensed to an individual. The information is reported through the electronic system within 7 days after dispensing. This reporting timeframe ensures that healthcare providers have the most current information available regarding their patients' drug histories. E-FORCSE® complies with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations.

Miami-Dade County clinicians utilizing the prescription drug monitoring program (PDMP) database would be able to ascertain past opiate prescription history, whether the patient is receiving appropriate opioid dosages or dangerous drug combinations that would place the patient at high risk for overdose. Additionally, the PDMP assists providers and pharmacists in identifying high-risk patients who may benefit from early interventions. This recommendation has been adopted in other counties and states, including New York, where healthcare practitioners have been required since 2012 to consult the PDMP before prescribing or dispensing certain drugs.

6) Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder.

The Task Force acknowledges the role of the physician in screening for social, environmental, and genetic risk factors, and history of misuse, when prescribing opiates. This responsibility is carried throughout the entirety of a patient's opioid therapy. The Task Force recommends expanding the mental health and drug screenings used to determine if an opioid therapy is or continues to be a viable option for patients.

There are several evidence-based mental health screening tools that are the physician's disposal as they determine whether to begin or to continue a patient's opioid therapy: The National Institute on Drug Abuse (NIDA) has produced a quick-screen specific to addressing opioid misuse risk, called the "Opioid Risk Tool." Designed for self-report use in primary care settings, the Opioid Risk Tool assesses risk for opioid abuse among patients that have been prescribed opioids for chronic pain. Expanding the use of this and similar tools such as the Addiction Severity Index, the Clinical Opiate Withdrawal Scale, and the Opiate Screening Tool could help physicians to better understand the mental state and addiction risk factors that are specific to each patient. Combined with mental health tools, such as the Patient Health Questionnaire – 9 (PHQ9), a depressive

disorder diagnostic tool, and utilizing urine drug testing, physicians and other prescribers of opioids will have a comprehensive picture of patient risk of developing an opioid misuse disorder.

7) Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process

The Hal S. Marchman Alcohol and Other Drug Services Act of 1993, or more commonly referred to as the Marchman Act, provides for emergency assistance and temporary detention for individuals requiring substance abuse evaluation and treatment in Florida. The Marchman Act assists families through the courts to get loved ones admitted into court-ordered and monitored intervention assessment and long-term treatment when they will not voluntarily admit themselves.

The Marchman Act is initiated by filing a petition for involuntary assessment in the county court where the impaired individual resides. The petition must be filed in good faith by a person recognized by the court to do so. The petitioner must present evidence that an individual has lost the power of self-control with regard to substance abuse and that the individual has the potential to harm themselves or others unless they obtain help. The petitioner must also demonstrate that the impaired individual cannot make rational decisions with regard to needing treatment.

There are impediments to enacting a Marchman petition on an individual as it is often difficult to admit an individual into treatment, in particular those with opioid disorders. Occasionally, the Marchman Act order has elapsed by the time courts have space to admit the individual for treatment. A second issue with the Marchman Act is that a person must be located in order to be served. People who are using drugs are often transient, so it's difficult for the individual to be located and served with a court order. Lastly, there is little funding available for obtaining referrals for uninsured individuals with opioid addiction. Therefore, the task force recommends funding a Miami-Dade County clerk position to assist the community with filing and navigating issues of Marchman Act petitions and help link an individual to care.

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Treatment and Recovery Committee

Opioid addiction is a chronic disease requiring a multifaceted and comprehensive treatment system to support and encourage recovery. Currently, there are only 16 publicly funded Miami-Dade County Levels II – IV residential treatment facilities with a collective total of 247 beds providing counseling, behavioral therapy, medication, case management, and other types of services to individuals suffering from substance abuse ⁽¹⁾. During 2015, over 1,000 Miami-Dade County residents received treatment for opioid substance abuse disorder ⁽²⁾. Between 2012 and 2015, substance abuse admissions to South Florida Behavioral Health Network (SFBHN) certified treatment programs for heroin increased by 60 percent, and by 31 percent for any opioid.

Unfortunately, there is a lack of treatment options for many other Miami-Dade residents with opioid use disorder. According to the South Florida Behavioral Health Network, there has been a 63% increase in the number of individuals placed on the adult substance abuse (ASA) residential (RES) Level II waiting list from July – November 2016, compared to the same time period in 2015. Moreover, during July – November 2016, there were 136 intravenous (IV) drug users on the ASA RES II waitlist, which represents an 88% increase from 72 IV drug users on the waitlist during the same period in 2015. On an annual basis, this amounts to 326 IV drug users on the waitlist by the end of FY 2016-2017, which represents a 113% increase compared to the previous fiscal year. For many heroin and opioid users, treatment is the first stage toward recovery, but due to the lack of services, this initial step is often difficult to take. This causes more individuals to overdose and continue their addiction to opiates. During the subcommittee meetings, the Task Force heard from panelists and guests pertaining to the lack of treatment beds as well as barriers to accessible, effective treatment due to insurance delays or lack of coverage.

Research has indicated that effective outcomes are dependent on adequate treatment length. Participation of less than 90 days during residential treatment is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. For example, one year is considered the minimum treatment required for methadone maintenance. Due to the growing demand in persons seeking treatment for opioid abuse and long recovery times, there is presently insufficient access to treatment beds. Moreover, many persons seeking help for opioid use disorder have barriers to accessible, effective treatment due to insurance delays or lack of coverage.

Opioid addiction typically will not abate simply with opioid discontinuation, it can carry a high risk of relapse for years, and increase the risk of overdose death without proper treatment. A patient's risk of overdose death can be reduced even with as little as one week of medication-assisted treatment. Retention in treatment can reduce overdose death risk even further. Opiate substitution treatment has been observed to reduce overall mortality by 85% among opioid users receiving treatment for nearly a year ⁽³⁾.

Using medications for opioid addiction treatment also results in decreased healthcare and criminal justice costs. The average cost for one full year of methadone maintenance treatment is approximately \$4,700 per patient. In comparison, the annual cost to house an inmate in a Florida prison during FY 2015-16 was \$19,577 ⁽⁴⁾. Every \$1 invested in addiction treatment yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft alone. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12:1 ⁽⁵⁾. Medication-assisted treatment for opioid use disorders has been associated with \$223 to \$153 lower total healthcare expenditures per month compared to treatment without medication ⁽⁶⁾.

Recovery is a life-long process, and persons addicted to heroin and opioids are highly likely to relapse if not provided with proper supports. Unfortunately, if a relapse occurs many incorrectly believe that the treatment was a failure. Successful treatment for any addiction usually requires constant evaluation, similar to that of other chronic diseases.

The Task Force believes that the County should continue to protect and expand access to treatment for Miami-Dade residents suffering from opioid use disorder. Specifically, the Treatment and Recovery Committee recommends the following:

- 1) Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care,” by developing and implementing a comprehensive opioid addictions treatment “Recovery-oriented System of Care (ROSC).”**

In mental health and recovery services, a “continuum of care” refers to an integrated system of care and treatment that involves guiding and tracking the patient through a comprehensive array of services, spanning all levels of care and recovery. It is the recommendation of the Task Force that the existing Miami-Dade County treatment options for opioid misuse and substance abuse be strengthened by developing and implementing a recovery-oriented system of care (ROSC).

Developing and implementing a ROSC would include supporting a wide range of evidence-based treatment interventions, including medication-assisted treatment (MAT) options for some individuals. When using public funding, evidence-based interventions would need to be stipulated contractually to ensure that funds are being spent correctly. Implementing a ROSC, will be highly effective if providers and stakeholders are able to create and expand the types of settings where these treatments can be delivered to those suffering from opioid addiction, including emergency rooms, jails, shelters, and recovery housing.

2) Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a stable funding source to support opioid addiction services, including paying for the appropriate medication(s) in Medication Assisted Treatment (i.e. Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.)

On April 25th, 2017, a federal grant proposal was submitted to the US Department of Justice to receive funding for the support of opioid addiction services in Miami-Dade County. The submission of this grant came shortly before Governor Rick Scott directed Florida State Surgeon General Celeste Phillip to declare a state of emergency in Florida over the state of increased opioid-related morbidity and mortality. The grant submission for the “Overdose Outreach Project” includes designs to decrease overdose deaths by increasing treatment and recovery engagement among overdose survivors. Partners for this project include The Miami-Dade Police Department; Jackson Health System through its Corrections Health Services Division; South Florida Behavioral Health Network, Inc.; University of Miami Miller School of Medicine, Department of Public Health Services; City of Miami Police Department; Miami-Dade Fire Rescue Department; City of Miami Department of Fire-Rescue; the Florida Department of Health in Miami-Dade County; and Miami-Dade County Homeless Trust. Language in the grant application calls for funds to be directed towards the buying and distributing of Naloxone (nasal spray and injectable), Suboxone and Vivitrol, and to provide overdose victims with support services (other MAT options, education, and temporary housing). The first and second priorities of this funding, if secured, will go towards (1) Providing survivors of non-fatal overdoses, and their friends and family, with access to Narcan and other recovery support services, including psychological services; and (2) Prioritized access to detox and treatment services as well as access to medication-assisted treatment (Suboxone, Subutex or Vivitrol); (3) Provide overdose prevention education and community outreach.

3) Provide comprehensive psychosocial services when using a medication assisted treatment model.

Medication-Assisted Treatment (MAT) is the combined use of medications and behavioral or counseling therapies to address substance abuse disorder. Primarily used for the treatment of addiction to opioids and heroin, MAT provides a “whole patient” approach to addiction and misuse disorders. The first half of the treatment combination is a prescribed medication, which consists of prescriptions that help to normalize the chemistry in the brain by blocking the effects of opioids and other substances and relieve withdrawal cravings. These MAT medications include drugs such as Vivitrol, Buprenorphine, Methadone, Suboxone and Naxeltrone. The second half of the treatment combination includes behavioral and counseling therapies such as cognitive behavior therapy (CBT), physical and occupational therapy treatments, individual and group counseling, 12-step fellowships, peer support groups, intensive outpatient treatments, and more.

MAT patients must receive some sort of counseling under federal law. MAT has been proven to be clinically effective as a comprehensive, individualized program for those suffering from opioid misuse disorder. Patients in MAT programs have shown increased survival rates, retention in treatment, a decrease in opioid misuse and the use of illicit substances, a greater ability to gain and maintain employment, and better birth outcomes for those patients who were pregnant during treatment. Studies have also shown that these medications and counseling therapies can contribute to lowering a person's risk of contracting HIV or Hepatitis C by reducing relapse incidence.

Despite its obvious advantages, MAT is still underused. According to SAMHSA's Treatment Episode Data Set (TEDS) 2002-2010, the "proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010."⁽⁷⁾ It is the recommendation that these treatment programs provided by Miami-Dade County physicians follow federal guidelines by providing not only pharmacologic treatment, but non-pharmacologic therapies as well, thereby increasing the patients' chances of recovery.

4) Develop entry points where MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms.

According to the National Commission on Correctional Health Care (NCCHC), it is well recognized that drug use occurs in correctional facilities. Outcomes which may result from drug use in prison include fatal overdoses, suicides, drug-related criminal activity, disciplinary actions, and spread of blood-borne pathogens. The first few weeks after a prisoner's release may be a period of high susceptibility to drug overdoses. Within the first two weeks of an inmates release from prison, the individual is at 10 times greater risk of fatal overdoses versus the general population^(8, 9).

Inmates, who enter correctional facilities with opioid dependence, are also at high risk for withdrawal syndrome, which is characterized by rhinorrhea, sneezing, yawning, lacrimation, abdominal cramping, leg cramping, nausea, vomiting, diarrhea, and dilated pupils. Suboptimal treatment for withdrawal syndromes such as opioids creates several risks for the inmate, including greater risks for suffering, treatment interruption, exacerbation or reoccurrence of infections and illnesses, and in some circumstances death. MAT presents an approach to reduce opioid use inside prisons, which, may benefit the individual and facility.

Studies have shown, however, that effective treatments such as long-term MAT can reduce overdose death rates in prisoners following their release^(10, 11). MAT is the use of medications, in combination with counseling and behavioral therapies to treat substance use. Research indicates that a combination of both medication and psychosocial therapy can successfully treat opioid disorders and help sustain recovery⁽¹²⁾. The Key Extended Entry Program (KEEP) Program in New York City has offered methadone treatment for opioid dependent inmates incarcerated in New York City's jails since 1986. This program performed, on average, 18,000 detoxification services per year between 1995 and 1999 and referred thousands to community-based treatment upon release^(12, 13). This program has been cited as a model for others to emulate.

Another benefit of MAT's is that they have been shown to be cost effective. Gisev et al, demonstrated that after accounting for treatment and criminal justice system costs six months following prison release, individuals who received opioid substitution therapy (OST) incurred \$7,150 fewer costs and resulted in 26 fewer deaths (11). Overall, the cost-effectiveness ratio revealed that OST post-release incurred lower expenses and saved more lives at a cost of \$500. The Miami-Dade County Task Force committee recommends adopting a comprehensive program to provide MAT in Miami-Dade County jails/correctional facilities combined with counseling or psychosocial treatment for incarcerated individuals with opioid use disorder. Funding options should be explored to implement and support such programs. Principles for care should adhere to those recommended by the NCCHC and may include: 1) continuation of prescribed medications for incarcerated individuals with opioid abuse disorders; 2) offering MAT to inmates prior to release, particularly for those who did not receive MAT prior to entry or whose MAT was discontinued while incarcerated; 3) Implement strategies for provision of buprenorphine or methadone on inmates; and 4) Follow national standard of care to provide MAT, and not withdrawal, to pregnant women with opiate use disorders. Additional NCCHC principles for care of incarcerated individuals with opioid use disorders can be obtained at <http://www.ncchc.org/substance-use-disorder-treatment-position-statement>.

5) Increase the availability of permanent, supportive housing to improve treatment and recovery.

Licensed residential treatment facilities provide structured and intensive care for those recovering from addiction, including safe housing and specialized medical attention. Residential treatment facilities may use a variety of therapeutic approaches, and they are generally aimed at helping the patient live a drug-free, crime-free lifestyle after treatment. Examples of residential treatment settings include therapeutic communities (highly structured programs in which patients remain at a residence, typically for 6 to 12 months), short-term residential treatment (detox treatment and intensive counselling in a community-based setting), and recovery housing (supervised, short-term housing for patients, often following other types of inpatient or residential treatment and focused on the return to an independent, drug-free life).

Chronic homelessness is strongly correlated with substance use disorders ⁽¹⁴⁾. If those with substance use disorders remain homeless, then even if they are motivated to change, the lack of stability will reduce the likelihood that they will be able to sustain change over long term ⁽¹⁵⁾. Stable, affordable housing is crucial for recovery. Supportive housing integrates services for people, who face complex challenges, and can be an effective solution for long-term recovery and gives individuals the opportunity to engage in important community roles ⁽¹⁴⁾. Without supportive housing, these individuals and families will continue to cycle endlessly between homelessness and expensive public services delivery systems including, inpatient hospital beds, psychiatric centers, detox services, jails and prisons, at an enormous public and human cost ⁽¹⁶⁾. It is the recommendation of the Task Force that Miami-Dade County focus on an increased availability of these housing facilities in order to improve the treatment and recovery of those suffering from opioid addiction. The federal grant submitted to the US Department of Justice in April of 2017

details that funds awarded will be directed to providing more housing opportunities to those who suffer from opioid misuse disorder.

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Law Enforcement, Justice, and First Responders Committee

Since 2010, accidental deaths due to prescription opioids have declined in Florida through legislation, such as the enactment of the Prescription Drug Monitoring Program, the crackdown on pill mills, and other means. However, drug-overdose deaths due to illicit opioids such as heroin, fentanyl, and more recently carfentanil have dramatically increased since 2014.

Reducing the supply of illicit drugs such as heroin is an essential component in addressing the opioid epidemic in Miami-Dade County. Heroin dealers are continually discovering new methods to get their product into residents' hands, and law enforcement agencies must counter these efforts by disrupting the supply.

In 2017, the Florida Legislature introduced a pair of bills that would create new and enhance existing penalties for drug dealers found selling various synthetic opioids, including fentanyl and carfentanil. Senate Bill (SB) 150 would make selling, buying or manufacturing 4 grams or more of fentanyl a first-degree felony. House Bill (HB) 477, which was recently passed, creates a new crime of trafficking in fentanyl, carfentanil, and fentanyl analogs and adds a class of fentanyl derivatives to the Controlled Substances Schedules. This new law also provides the unlawful distribution of fentanyl, carfentanil, or a mixture, which proves to be the proximate cause of death, constitutes the crime of first degree murder. Nevertheless, traditional criminal enforcement strategies are not sufficient to address opioid addiction and its consequences. Addiction is a disease, and law enforcement has an opportunity to work with the public health community to help reduce illicit opioid use and overdose deaths. Law enforcement dialogue about how to treat persons with opiate addiction has increasingly shifted to focus on treatment rather than punishment.

Naloxone (trade name – “Narcan”) has risen to the forefront of law enforcement discussion in recent years. Many law enforcement agencies across the country have begun deploying their officers with naloxone, enabling them to reverse overdoses that would otherwise likely result in death. A recent study indicated that officers surveyed would be willing to help overdose victims, and believed that naloxone administration training would allow them to effectively deal with an opioid overdose ⁽¹⁾.

Law enforcement recognizes the consequences of repeated contact with the justice system for individuals who, because of their addiction, might benefit from local, community-based drug treatment programs. Although a large proportion of incarcerated individuals have substance abuse disorders, a small minority actually receive drug treatment while in custody. Many inmates following their release will return to their communities, without having received treatment for addiction, potentially reuse drugs, and may soon face their next encounter with police. Since police officers routinely encounter individuals with opioid use disorders while patrolling, they can

become a referral source to treatment. Law enforcement drug treatment referral programs such as the Angel Program in Massachusetts have shown high direct-referral rates (94.5%), exceeding those reported for hospital-based initiatives and has been replicated by 153 other police departments in 28 states ⁽²⁾.

While these initiatives have assisted in reducing opioid addiction and overdose deaths, the Task Force believes that additional steps are required. Specifically, the Law Enforcement, First Responders, and Justice Task Force Committee recommends the following:

1) Improve law enforcement, first responder, and outreach providers' knowledge and awareness on drug court services, treatment resources, Marchman Act, and naloxone administration.

The Task Force heard from several representatives from law enforcement, first responders, and community members involved in outreach who reported that increased knowledge is needed regarding the processes of drug courts, the resources available to those suffering from opioid misuse disorder, the procedures involved in activating the Marchman Act, and continued education related to the distribution of Naloxone. Law enforcement officials were especially interested in trainings and continuing education related to Naloxone distribution.

It is the recommendation that trainings be made available for all law enforcement officers, first responders, and those involved in educational outreach about ending opioid misuse and heroin addiction. In order to maintain the “continuum of care” that has been advised in other committees’ recommendations, it is especially important that these trainings involve information on how to refer victims of overdose to treatment programs and facilities, as well as trainings regarding the legal proceedings that aid overdose victims and opioid misusers in beginning treatment and recovery.

2) Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) and implement a real-time overdose surveillance system on Naloxone dispensing.

The South Florida High Intensity Drug Trafficking Area (HIDTA), established in 1990, works to foster cooperation among law enforcement agencies in South Florida and engages these agencies in strategy development to better target the community’s drug-related activities. The HIDTA receives funding from the Office of National Drug Control Policy (ONDCP), and works to disrupt local markets for illicit substances like cocaine, heroin, ecstasy and methamphetamines. The HIDTA considers diverted pharmaceuticals, such as those medications implicated in opioid misuse-related overdoses, to be a threat that is comparable with the buying, selling, and use of other illicit drugs.

In order to better inform local law enforcement, fire rescue, policy makers and public health officials about the current state of opioid use in the community, the Committee recommends partnering with HIDTA to design and implement a real-time overdose surveillance system, which shows instances of Naloxone dispensing in Miami-Dade. Naloxone has been shown to be effective in preventing opioid-related overdose deaths when administered by trained officials and

outreach personnel, protected by Good Samaritan laws. A real-time surveillance system will show the full scope of Naloxone use in Miami-Dade County, and will therefore better apprise law enforcement officials and public health data specialists on the geographic distribution of opioid-related overdoses, helping to make response more directed and effective.

3) Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful unknown synthetic opioids.

In an attempt to curb the ongoing opioid epidemic in Miami-Dade County, the Task Force advises implementing and strengthening legislation to stop the buying, selling, and distribution of illicit substances such as fentanyl and carfentanil, which are found lacing the heroin used to supplement an opioid user's addiction. House Bill (HB) 477 and Senate Bill (SB) 150 were proposed by Florida lawmakers in March of 2017, seeking harsher punishment for those, who sell these illegal substances. Florida law already allows for heroin and cocaine suppliers to be charged with felony murder, but does not address dealers selling fentanyl or a mixture of those drugs. Legislation, such as HB 477 and SB 150, would allow for those persons selling fentanyl and carfentanil to be charged with manslaughter, thereby making it easier to prosecute drug dealers.

4) Establish a public Suboxone and Naloxone program.

In recognition that overdoses from opioids play a role in the mortality of Miami-Dade County residents, the Task Force recommends developing and implementing a public Suboxone and Naloxone prevention program. Suboxone, containing Buprenorphine and Naloxone, assists in addiction recovery providing relief from heroin cravings. Suboxone can be dispensed in a primary care setting for take home use, by prescription. Naloxone has been used by emergency medical services and first responders for decades, and has played an important role in reversing overdoses and preserving life. Establishing a public Suboxone program, would increase treatment options for those, with limited accessibility to healthcare providers and seeking treatment recovery.

Organizations that provide naloxone kits to laypersons have expanded substantially since 2010. Although early adopters of naloxone kit provision were mainly syringe exchanges, other programs, including substance use treatment facilities, Veterans Administration healthcare systems, primary care clinics, and pharmacies have started providing naloxone to laypersons.

Providing naloxone kits to laypersons has been shown to reduce overdose deaths and be safe and cost-effective ⁽³⁾. U.S. and international health organizations recommend providing naloxone kits to laypersons who may witness an opioid overdose, to patients in substance use treatment programs, to persons recently released from prison, and as an element of responsible opioid prescribing ⁽³⁾. Although the number of organizations providing naloxone kits to laypersons is increasing, 20 states had no such program as of 2013. Among those states with no access to naloxone kits for laypersons, several had age-adjusted 2013 drug overdose death rates greater than the national median ⁽⁴⁾.

Through a public Suboxone and Naloxone program, people affected by the opioid epidemic, would have increased accessibility to life-saving medications. The recipients of these medications could include EMS responders, law enforcement officials, and family or friends of residents with a documented history of opioid use and/or overdose.

5) Amend legislation for the needle exchange program to expand services and support collaboration.

The Task Force heard from representatives from Miami-Dade County's successful Infectious Disease Elimination Act's (IDEA) needle exchange program, a part of the Harm Reduction Coalition. In March 2016, Governor Rick Scott signed the Miami-Dade Infectious Disease Elimination Act, making this Miami-Dade program the first legal needle exchange effort in the Southeast. The goal of needle exchange programs, in which drug users hand in their used syringes for new sterile ones, is to reduce the number of infections from diseases like HIV and hepatitis C -- viruses that are often transmitted through the sharing of contaminated needles. The injection drug use associated with opioid and heroin create a greater need for programs such as needle exchanges.

The rapidly growing opioid epidemic has assisted in changing the long-standing stigma that once surrounded needle exchange programs. It was believed that needle exchange programs condone and encourage illicit drug use and the crime-activity that is often associated with drug use. These programs, however, aim at harm reduction rather than condoning risky behaviors, and ultimately have a positive effect on curbing the overdose epidemic by providing counseling services and referrals to treatment centers. Further action is needed to expand this legislation and move Miami-Dade's new needle exchange program beyond its five-year pilot test.

6) Create a Miami-Dade County contract that allows community stakeholders to purchase Naloxone.

Narcan Nasal Spray is available for group purchasing at \$37.50 per 4mg dose or \$75.00 per carton of 2 dose, which represents a 40% discount off the wholesale acquisition cost of \$125 per carton ⁽⁵⁾. As the opioid epidemic surges, the price of naloxone has increased. Creating a Miami-Dade County contract to secure bulk pricing, stabilizes the price and increases access and affordability for community stakeholders.

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Education and Awareness Committee

Healthcare practitioners, communities, patients, and families all can contribute to preventing prescription drug abuse; however, quality information is needed to combat the opioid epidemic in Miami-Dade County. Stigma, lack of information, and misinformation have contributed to the rise in opioid addiction and overdoses. Unfortunately, many patients and medical providers are unaware of the addictive nature of opioids.

Patient and public education are necessary to counter the misconception that prescription drugs, such as opioids, pose little risk. Studies indicate that many persons perceive prescription drugs are safer, less addictive, and less risky than using illicit drugs, yet they can be as addictive and put users at risk for an overdose, especially when taken concomitantly with other drugs or alcohol ⁽¹⁾. As a result, the economic impact of opioid addiction and overdose is currently \$55 billion annually in healthcare and societal costs and \$20 billion in emergency department and inpatient care for opioid poisonings ^(2, 3).

Patient and public education is a beneficial and cost-effective approach to counter opioid abuse and misuse. Educational programs, such as "This is (Not) About Drugs," has reached more than 20,000 adolescents in Indiana and communities in several other states. This program informs students regarding the risks of abusing prescription opioids and how misusing these drugs can lead to addiction, heroin use, and overdose. A second educational campaign based in Utah ("Use Only As Directed"), was found to have contributed to a 14% reduction in opioid-related overdose death rates ⁽⁴⁾. Assuring that opioid public education activities are appropriately targeted, consistent, evidence-based, and rigorously evaluated is critically important to assure that investments are well placed and effective.

Education and training pertaining to the risks of opioids is also essential for prescribers who may be contributing to prescription drug abuse and overdose. Such actions are important to reduce opioid abuse or overdose and maintain appropriate access to these drugs. Unfortunately, many healthcare providers receive insufficient training on appropriate prescribing and dispensing of prescription pain relievers, recognizing substance misuse and abuse in patients, or treating pain ⁽⁵⁻⁷⁾. Significant limitations of pain education in medical schools have also been well documented ⁽⁸⁾. Approaches for educating providers, such as prescribing guidelines, however, have been shown to be effective in reducing misuse and overdose deaths.

Despite increasing information regarding the risks of opiates, public awareness of opioid prescription drug abuse and misuse is low. The Task Force believes raising public awareness countywide is a priority. Moreover, the Task Force believes an increase in education pertaining to appropriate prescription of opiates among prescribers is warranted. The Task Force finds that educational efforts must be enhanced so that fewer people become addicted to prescription drug

and illicit opioids. Specifically, the Education and Awareness Committee recommends the following:

ADULT

1) Develop a public and prescriber educational campaign raising awareness and knowledge about opioid abuse, addiction, and overdose.

With opioid-related deaths continuing to rise, many agencies and organizations are educating both prescribers and the public on the potential dangers of using opioids for chronic pain. Government officials and other advocacy groups are raising awareness on the toll that opioids have taken many of our residents. Several other states have already implemented substance misuse prevention media campaigns, including Georgia, North Dakota, Ohio, Utah, and Wisconsin (<https://www.samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns>). The Task Force's focus on addressing opioid use, includes a coordinated, Miami-Dade County-wide public education initiative to help the public and prescribers identify and respond to signs of addiction and to access support services. This would include several strategies including but not limited to media campaigns, social media outreach, and public service announcements to increase the education and awareness about the risks of prescription drug misuse. The Task Force also aims to reach providers with awareness messaging on opioid abuse, appropriate prescribing practices, and actions providers can take to be a part of the solution in reducing opioid abuse. The promotion and utilization of SAMHSA Opioid Overdose Prevention toolkit will be a valuable resource for educating both community members and prescribers. Specific activities suggested by the task force to fulfill this recommendation include:

- Creating a local resource brochure with information on treatment centers and accessing naloxone
- Identifying a central resource location for opioid addiction information
- Educating medical providers and patients on pain management
- Partnering with the Wahlberg Foundation "If Only Program"
- Partnering with recovering addicts for peer outreach, education, and awareness
- Collaborating with media on public service announcements
 - Law enforcement promoting the Good Samaritan Law and Naloxone
 - Steps to prevent overdose

2) Promote the availability and distribution of Naloxone in Miami-Dade County.

In the event of an overdose, the medication Naloxone can be used to revive an overdose victim by blocking opioid receptors in the brain. Sold under the brand name "Narcan", and also available in generic brands, this emergency medication was administered 966 times by Miami-Dade Fire and Rescue from January - September, 2016. In staggering contrast, the City of Miami Fire Rescue administered 1,700 doses of Naloxone during the same time period. This is a startling increase from the 634 and 771 total administrations during 2015 for both departments, respectively. Miami-Dade County Police and City of Miami Police are not trained in the distribution of the medication,

though law enforcement officers are often dispatched to assist with medical emergencies, many involving overdoses. To promote the availability and distribution of Naloxone, the Task Force recommends that police officers be trained and equipped to administer the medication. In February of 2017, the Florida Legislature passed Section 381.887 of the Florida Statutes regarding emergency treatment for suspected opioid overdose. This statute authorizes law enforcement officers to “possess, store, and administer emergency opioid antagonists” to a person who is experiencing an opioid-related overdose. In order for officers to carry and administer Naloxone, Miami-Dade County Police and City of Miami Police would need to develop and implement Naloxone-related policies, as well as provide training and guidance to all of its officers. Law enforcement would also need to remain up-to-date on Naloxone administration standards in order to comply with the statute’s requirements. If officers follow these policies and training in administering Naloxone, they will not be held personally liable for such actions, pursuant to Section 768.13 of the Florida Statutes. Likewise, there are no foreseeable liability concerns for the Department specifically relating to the administration of Naloxone.

In addition to training law enforcement officials, the Task Force recognizes the potential of partnering with community-based organizations to widen the distribution of Naloxone in Miami-Dade County. Since 1996, an increasing number of programs across the United States have provided laypersons with training and kits containing Naloxone to reverse opioid overdoses. These programs have included community-based organizations which provide services to drug-users, public health departments, pharmacies, healthcare facilities, and substance use treatment facilities⁽⁹⁾. It is the recommendation of the Task Force that Naloxone kits and training be administered to facilities and sites such as these across the Miami-Dade County within a partner network. Law enforcement and legal officials must promote protections such as the Florida Good Samaritan Act to encourage laypersons who may not have a medical background to administer the drug in the event of encountering an individual who has overdosed. Partnerships must promote continued training and education regarding Naloxone administration, and clear Naloxone access points must be made available at these public program sites.

3) Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents through town hall meetings and community policing.

Town hall meetings serve as an outlet for concerned citizens who can voice their opinions on issues that affect the community at large. Town hall meetings allow for citizens to voice their opinions and concerns and provide a way for government officials and citizens to solve problems together. The Task Force believes that holding town hall meetings throughout Miami-Dade County can help increase education and awareness on the opioid epidemic, symptoms and signs of abuse/addiction, provide information on Naloxone (administration, availability, cost) and on MAT options and resources in the community. The town hall meetings should feature federal, state, and local law enforcement from Miami-Dade County, as well as experts on addiction and emergency medical treatment. Panel discussions should also focus on opioid use and overdose trends, law enforcement's efforts to reduce drug supply, and how to help citizens struggling with addiction.

As the incidence of opioid and heroin addiction grows, law enforcement has developed new approaches to combat. Many police officials are now transitioning to a public health approach that emphasizes drug treatment for people struggling with addiction, rather than enforcement. Although drug enforcement continues to play an important role in reducing drug supply, the real solution to drug addiction lies mainly in prevention and treatment and in support services for people who are struggling to overcome addictions. Community policing practices can promote effective crime reduction while building public trust. In December 2016, The Miami-Dade County Community Relations Board (CRB) urged police departments to employ community policing strategies while addressing the dramatic increase in the illegal sale and use of opioids. The Task Force recommends community policing interventions be utilized to reach out to citizens addicted to opioids, residents who have overdosed, and to the community as a whole.

4) Partner with the faith-based community to support substance abuse prevention and addiction treatment.

When individuals and families face substance abuse problems, many turn to their faith-based communities. Faith-based community leaders can play a significant role in increasing understanding and awareness of substance abuse by encouraging individuals experiencing substance abuse problems to seek treatment, and helping to build resilience and well-being in individuals, families, and communities. Faith and other neighborhood leaders are often first responders when an individual or family faces a substance abuse concern. Knowing how to respond to these issues can make a huge difference in how the individual and community copes and heals.

Negative attitudes and discrimination of people with substance abuse can impede recovery. Religious leaders can help lessen negative attitudes, fear, and discrimination against people with substance abuse by creating a safe and supportive environment where people can openly talk about their problem. Empathy and active listening can also help build relationships and support recovery. Using faith-based communities as a means of helping individuals with substance abuse problems is widely endorsed and supported by various agencies including the Substance Abuse and Mental Health Services Administration (SAMHSA). Other jurisdictions have also launched initiatives to reach out to faith-based communities. The Tennessee Department of Mental Health and Substance Abuse Services actively seeks and engages faith-based communities and organizations as a means of increasing outreach, educational activities, access, and visibility to people seeking substance abuse services. SAMHSA has also helped develop several additional faith-based partnerships and coalitions in various communities, including in Atlanta, New York, and Chicago (<https://www.samhsa.gov/faith-based-initiatives/training-technical-assistance/coalitions-collaboratives>). The Task Force recommends engaging with Miami-Dade County faith based communities to help educate citizens about the signs and symptoms of opioid abuse/addiction, Naloxone and overdose prevention, treatment resources, and prevention strategies.

5) Provide a culturally competent and sensitivity substance abuse segment in the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement.

According to SAMHSA, cultural competence is the ability to interact effectively with people of different cultural and socio-economic backgrounds ⁽¹⁰⁾. “Culture” is a term that includes not just race or ethnicity, but can also denote other characteristics such as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession ⁽¹⁰⁾. Practicing cultural competence ensures that all members of a community are represented and included. Within the behavioral health system (which includes substance abuse), cultural competence must be a driving principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment, and intervention. Culturally competent practice is widely recognized as a crucial approach in increasing the quality of services for racial/ethnic minorities in substance abuse treatment due to the disparities that exist within these populations. Minorities are less likely to have access to available mental health services, underuse mental health services, and are more likely to delay seeking treatment. With Miami-Dade County being such a widely diverse community, practicing cultural competence in any agency is of vital importance.

Crisis Intervention Team (CIT) programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises including substance abuse. They are built on strong partnerships between law enforcement, mental health provider agencies, and individuals and families affected by mental illness. A goal of CIT programs is to improve the safety of community members and law enforcement officers when responding to crisis calls involving a person with substance abuse. Yet, given the immediate demands placed upon law enforcement during a crisis situation, factors of cultural identity may be neglected. By providing a culturally competent segment for CIT trainings among law enforcement, it can help to sensitize law enforcement in how best to interact with a person experiencing drug addiction and refer them to proper community resources rather than incarceration.

6) Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to Miami-Dade County laboratories for the identification of novel and emerging illicit drugs.

The DEA’s Special Testing and Research Laboratory’s Emerging Trends Program regularly compiles data through archived seizures and analyses from drug evidence analyzed by the DEA’s laboratory system. This data is published in the “DEA Emerging Threat Report” on a quarterly basis displaying a snapshot of the new psychoactive substances in the United States. New Psychoactive Substances (NPS) describes a recently emerged drug that may pose a public health threat. This includes synthetic cannabinoids, substituted cathinones, phenethylamines, opioids, tryptamines, benzodiazepines, and a variety of other chemical classes ⁽¹¹⁾. Although this information is readily available to local labs, a drawback is that they may not be aware of emerging drugs until they obtain a copy the next quarterly “DEA Emerging Threat Report” after being identified by DEA. Currently, there is no existing real-time communication network established between DEA and local labs when emerging drugs are first identified. Therefore, if one lab finds a new drug, but other labs are not aware of the new drug, they will not test for it. The DEA has

begun to establish a listserv to share newly identified drugs with local labs, so that they can begin testing for that specific drug. The Task Force determined that county labs should partner with the DEA to obtain assistance, education, and timely information pertaining to any emerging opioids and analogs.

YOUTH

- 7) Coordinate with Miami-Dade County Public Schools (MDCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate.**

Schools play an important role in preventing drug addiction, along with families and peers. According to the 2016 Florida Youth Substance Abuse Survey, the percentage of high school students who reported taking prescription pain relievers was 3.9% ⁽¹²⁾. In addition, 0.2% of high schoolers reported using heroin ⁽¹²⁾. Although the percentage of high schoolers using prescription drugs and heroin has slightly declined from 2014 (4.6 and 0.7%, respectively), there are approximately 4,000 Miami-Dade County high school students who have used either prescription pain drugs or heroin during their lifetime. Evidence indicates that substance use initiation early in life may result in higher levels of use and abuse later in life. Early onset of drug use is also associated with several negative health, social, and behavioral outcomes later in life including physical and mental health problems, violent and aggressive behavior, and adjustment difficulties in the family and workplace ⁽¹³⁾. Because opioids are so prevalent and initiation often happens among teens, it is important to educate students regarding the dangers of opioids.

It is well recognized that school-based drug prevention efforts are efficient approaches in that they offer access to large numbers of students. Youth-focused prevention can include several initiatives including educational and skills training programs for students in school settings, programs that educate parents in effective ways to monitor and communicate with their children regarding substance use, and community-based programs that combine these elements with additional mass media components. Targeted prevention efforts can begin focusing on middle school aged students, because early adolescence is the time of life when substance use experimentation often begins to occur. The Task Force thus recommends collaboration with the MDCPS system to develop and implement a comprehensive opioid and prescription drug education program.

- 8) Partner with the South Florida Behavioral Health Network and Drug Enforcement Administration to provide ongoing substance abuse education trainings and capacity building targeting school and community site personnel working with youth.**

A large number of Miami-Dade high school-aged students have used prescription opioids or illicit substances in their lifetime, and are therefore at increased risk of developing an opioid misuse disorder or substance abuse, it is important to train those, who work daily with Miami's youth to respond to the opioid epidemic. The Task Force recommends partnering with the South Florida Behavioral Health Network (SFBHN) and the Drug Enforcement Administration (DEA) to provide

substance abuse education trainings and capacity building workshops that target those who work with students on a regular basis. These educational trainings will include recognizing the signs of opioid misuse disorder, addressing opioid use in classes and counseling environments, and the storage and dispensing of Naloxone. Community centers and organizations that work with at-risk youth can also be trained in Naloxone dispensing and receive capacity-building trainings that will help to curb opioid usage in Miami's young people. Sites where trainings could be provided include, but are not limited to, Miami-Dade Parks, YMCA, youth-serving agencies, and the Children's Trust.

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Appendices

Opioid Addiction Task Force Roster

The **Opioid Task Force** is committed to reducing the consequences of opiate and heroin abuse in Miami Dade County through education, collaboration, and resources. The Opioid Task Force is charged with developing an action plan that addresses the reduction of opioid addiction, prevents overdose deaths, and improves the quality of life in Miami-Dade County.

Facilitator: Sarah Kenneally MPH, CHES and Michelle Theurer

Transcriber: Edryse Meus

Appointed Task Force Members	
Ms. Agnes Winokur	Drug Enforcement Administration
Ms. Annie Neasman	Federally Qualified Health Center
Ms. Betty Hernandez	South Florida Behavioral Health Network
Mr. Carlos Martinez	Miami-Dade County Public Defender's Office
Chief Delma K. Noel-Pratt	Miami-Dade Police Department
Commander Nicole Davis	City of Miami Police
Dr. Emma Lew	Miami-Dade County Medical Examiner
Dr. F. Javier Ruiz	Dade County Medical Association
Dr. Jose Szapocznik	University of Miami
Dr. Patricia Ares-Romero	Jackson Behavioral Health System
Mr. Emilio Vento	Miami-Dade County Addiction Services Board
Mr. Frank Rabbito	WestCare Foundation
Mr. Howard Rosen	Miami-Dade State Attorney's Office
Mr. Hugo Barrera	South Florida High Intensity Drug Trafficking Area
Judge Jeri Cohen	Eleventh Judicial Circuit Court of Florida
Mr. Jon Schmidt	Marvin's Corner and Community Representative
Representative Jose Felix Diaz	Florida House of Representatives
Chairman Keon Hardemon	City of Miami
Dr. Lillian Rivera	Florida Department of Health in Miami-Dade County
Ms. Lucia Davis-Raiford	Miami-Dade County Community Action and Human Services Department
Chief Maurice Kemp Chief Terrance Davis	City of Miami Department of Fire-Rescue
Ms. Victoria Mallette	Homeless Trust
Chief Rowan Taylor	Miami-Dade County Fire Rescue
Deputy Mayor Russell Benford	Miami-Dade County Office of the Mayor
Commissioner Sally Heyman	Miami-Dade County Board of County Commissioners
Dr. Tomás Guilarte	Florida International University
Ms. Yamile Diaz Conte	Department of Children and Families

The **Healthcare Solutions Committee** is charged with developing recommendations that maximize access to care and enhancing screening for opioid misuse and opioid use disorder. These efforts include, leveraging and augmenting existing screening practices in healthcare settings to prevent and identify opioid use disorder, reduce drug related overdose deaths by expanding the distribution of Naloxone to individuals using heroin and pharmaceutical opioids, and professionals who may administer Naloxone through the course of their work.

Facilitator: Emily Moore MPH and Dr. Anthony Llau PhD

Mr. Howard Rosen, Committee Chair	Miami-Dade State Attorney's Office
Dr. F. Javier Ruiz, MD, Committee Co-Chair	Dade County Medical Association
Ms. Angela Machado-Valdes	WestCare Foundation
Ms. Pamela Vilaboy	Jesse Trice Community Health Center
Dr. Lillian Rivera, PhD	Florida Department of Health of Miami-Dade County
Ms. Mayte Capo	South Florida Behavioral Health Network

The **Treatment and Recovery Committee** is charged with developing recommendations that address individuals experiencing opioid use disorder, who desire opioid agonist pharmacotherapy, and have timely access to treatment. The committee will explore meeting the needs of the community and adjust treatment capacity to ensure demand for services is met.

Facilitator: Dr. Conchita S. Lundblad PhD, LCSW

Judge Jeri Cohen, Committee Chair	Eleventh Judicial Circuit Court of Florida
Mr. Howard Rosen, Committee Co-Chair	Miami-Dade State Attorney's Office
Mr. Danny Blanco	WestCare Foundation
Ms. Pamela Vilaboy	Jesse Trice Community Health Center
Ms. Yamile Diaz-Conte	Department of Children and Families
Dr. Patricia Ares-Romero	Jackson Behavioral Health System
Ms. Betty Hernandez	South Florida Behavioral Health Network
Mr. Jon Schmidt	Marvin's Corner
Mr. Benjamin Hedrick	Representing Representative Jose Felix Diaz
Dr. Jose Szapocznik	University of Miami
Ms. Sandra Sandakow	Miami-Dade County Community Action and Human Services Department

The **Law Enforcement, Justice, and First Responders Committee** is charged with developing recommendations and approaches to opioid prevention and policing efforts. The committee will explore best practices of drug court models, strengthening public health partnerships, utilize strategic enforcement mechanisms to reduce excessive supply of opioids, and exploring the role of the first responder in Naloxone administration.

Facilitator: Habsi W. Kaba MS, MFT, CMS

Commissioner Sally Heyman, Committee Chair	Miami-Dade County Board of County Commissioners
Ms. Betty Hernandez, Committee Co-Chair	South Florida Behavioral Health Network
Agnes Winokur	Drug Enforcement Administration
Deputy Mayor Russell Benford	Miami-Dade County Office of the Mayor
Ms. Anamaria Arana	WestCare Foundation
Chief Rowan Taylor	Miami-Dade County Fire Rescue
Ms. Gale Lewis	Miami-Dade County Public Defender's Office
Chief Delma Noel-Pratt	Miami-Dade Police Department
Judge Jeri Cohen	Eleventh Judicial Circuit Court of Florida
Mr. Gary Grimm	South Florida High Intensity Drug Trafficking Area Program
Mr. Howard Rosen	Miami-Dade State Attorney's Office
Mr. Michael Pineiro	Representing Representative Jose Felix Diaz
Mr. Michael Nozile	Gang Alternative
Ms. Victoria Mallette	Homeless Trust
Chief Maurice Kemp Chief Terrance Davis	City of Miami Fire Rescue
Commander Nicole Davis	City of Miami Police

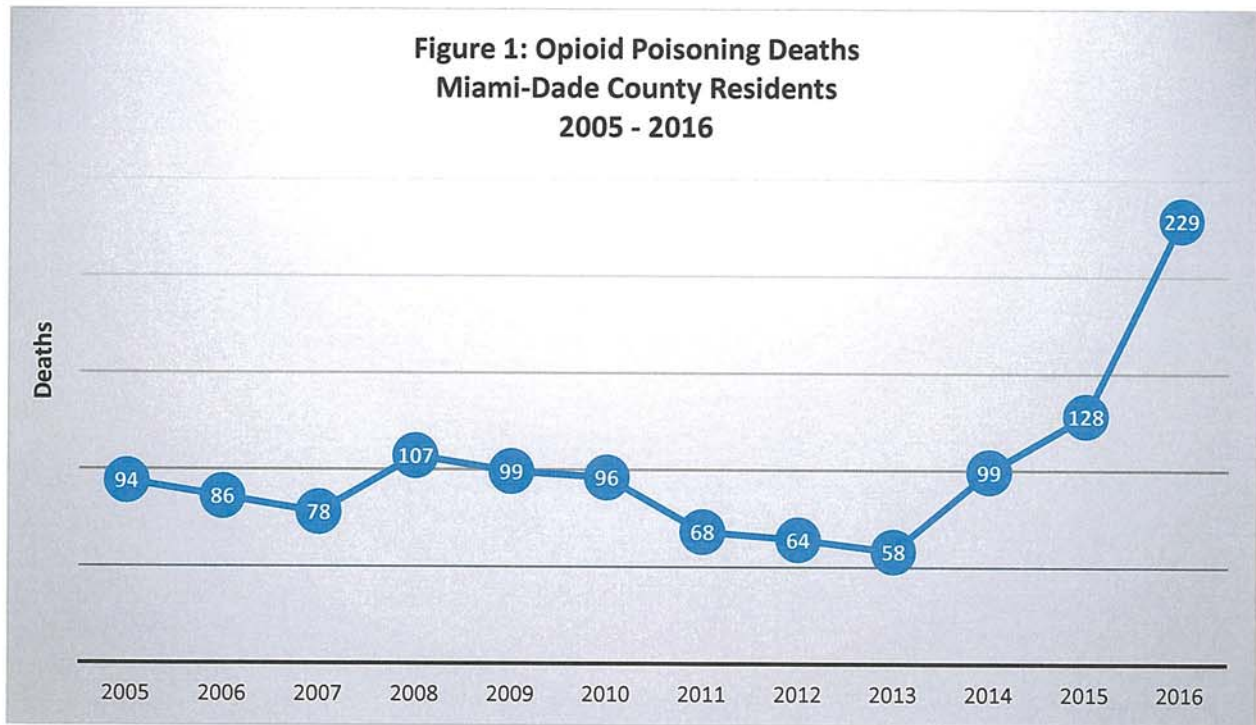
The **Education and Awareness Committee** is charged with developing recommendations that raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder. The committee will focus on prescriber and public education, inform the public about the Good Samaritan 911 Overdose Law, and educate service providers and the community about Naloxone availability and access points.

Facilitator: Margaret Sotham

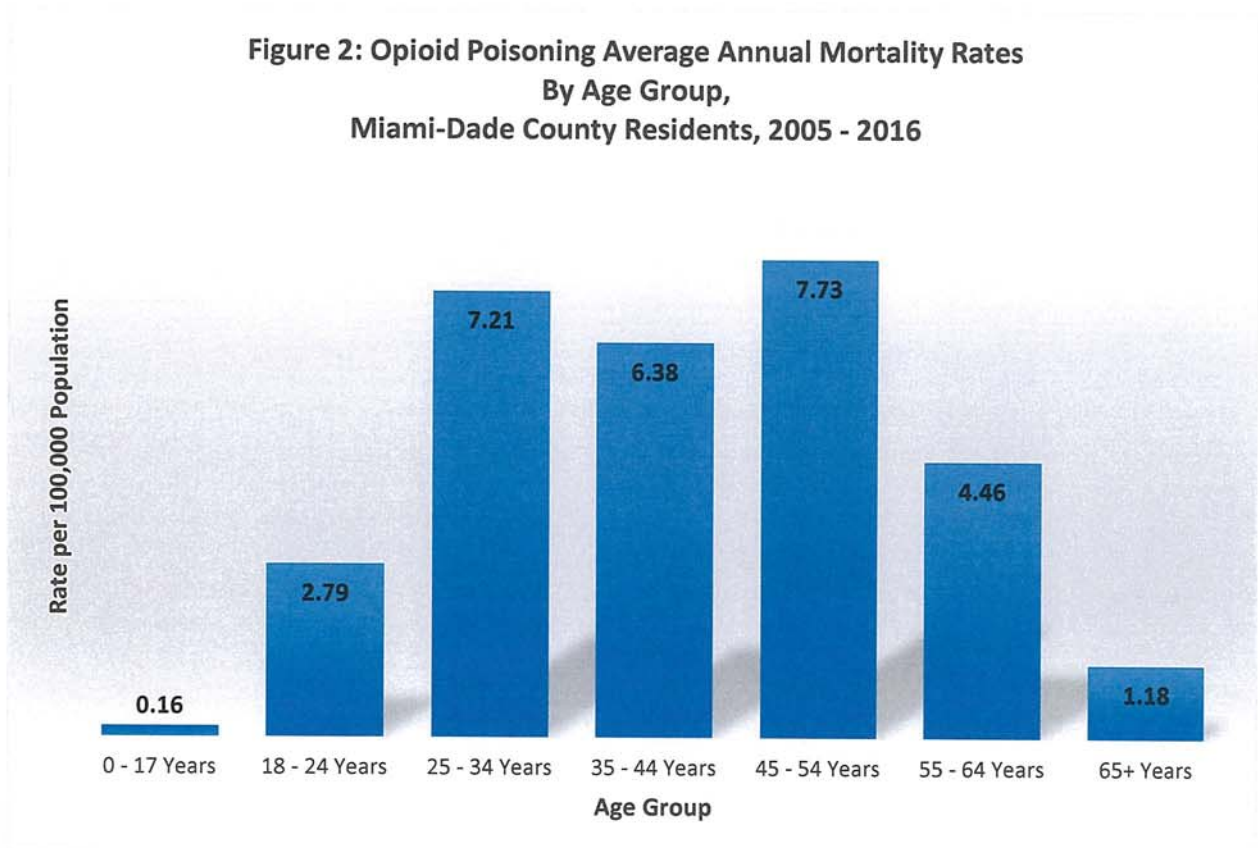
Mr. Emilio Vento, Committee Chair	Miami-Dade County Addiction Services Board
Ms. Elyse Dermer	WestCare Foundation
Ms. Agnes Winokur	Drug Enforcement Administration
Dr. Fabian Thurston	Jesse Trice Community Health Center
Ms. Beatriz Lopez	Department of Children and Families
Dr. Tomas Guilarte	Florida International University
Ms. Liz Zaney	Miami-Dade County Medical Examiners
Mr. Jon Schmidt	Marvin's Corner
Ms. Lina Castellanos	South Florida Behavioral Health Network
Mr. Howard Rosen	Miami-Dade State Attorney's Office
Ms. Habsi Kaba	Eleventh Judicial Circuit Court of Florida
Officer Victor Milian	Miami-Dade Police Department

FIGURES

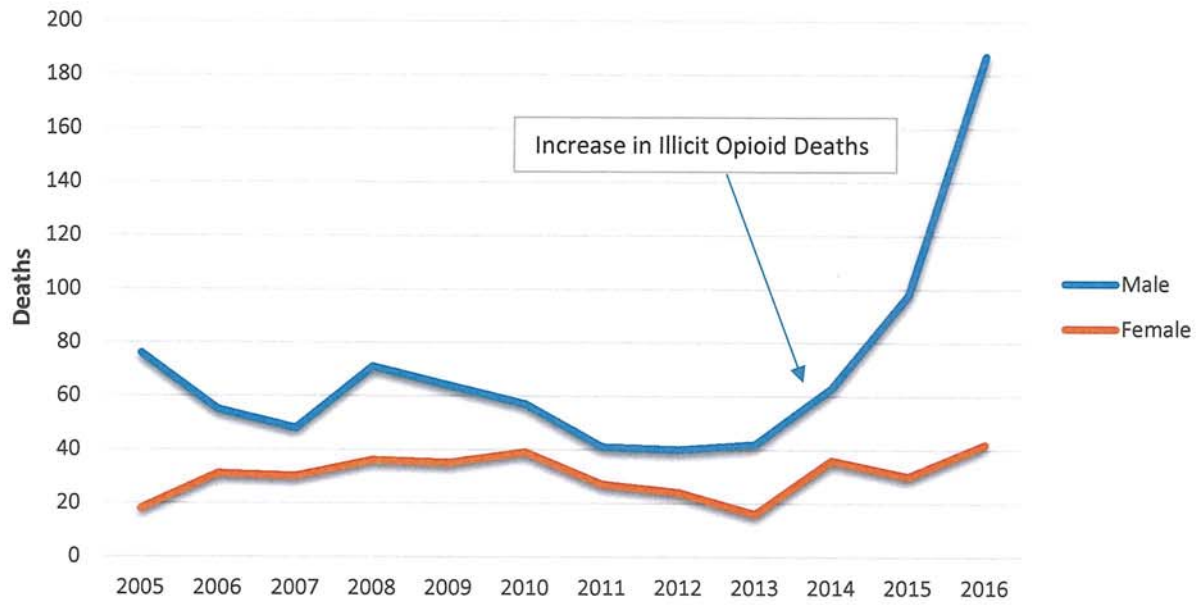
**Figure 1: Opioid Poisoning Deaths
Miami-Dade County Residents
2005 - 2016**



**Figure 2: Opioid Poisoning Average Annual Mortality Rates
By Age Group,
Miami-Dade County Residents, 2005 - 2016**



**Figure 3: Opioid Poisoning Deaths by Gender
Miami-Dade County Residents, 2005 - 2016**



Opioid Addiction Task Force Recommendations

At the final committee meeting a nominal group technique called “n/3” was employed to identify which recommendations each respective committee members valued. The aggregate total of the voting process is bolded in the chart highlighting what recommendations the committee valued.

<u>HEALTHCARE SOLUTIONS COMMITTEE</u>	<u>TREATMENT AND RECOVERY COMMITTEE</u>	<u>LAW ENFORCEMENT, FIRST RESPONDERS AND JUSTICE COMMITTEE</u>	<u>EDUCATION AND AWARENESS COMMITTEE</u> <i>Adult</i>
- Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of neonatal abstinence syndrome. - Advocate for mandatory continuing education for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse. - Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services. - Review and develop regulations to promote safe prescribing and dispensing of controlled substances	- Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care,” by developing and implementing a comprehensive opioid addictions treatment recovery-oriented system of care. - Support a wide range of evidence-based or informed treatment interventions - Stipulate evidence based interventions contractually, especially when using public funding - Expand the type of settings where treatment can be delivered - Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a stable funding source to support opioid addiction services, including paying for the appropriate	- Improve law enforcement, first responder, and outreach providers’ knowledge and awareness on drug court services, treatment resources, Marchman Act, and Naloxone administration. - Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) program and implement a real-time overdose surveillance system on Naloxone dispensing - Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful known and unknown synthetic opioids. - Establish a public Suboxone and Naloxone program.	- Develop a public and prescriber education campaign raising awareness and knowledge about opioid abuse, addiction, and overdose. - Promote the availability and distribution of Naloxone in Miami-Dade County. - Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents. - Partner with the faith-based community to support substance abuse prevention and addiction treatment - Provide a culturally competent and sensitivity substance abuse segment the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement.

5. Encourage medical providers to utilize the prescription drug monitoring database. 6. Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder. 7. Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process	medication(s) in Medication Assisted Treatment (i.e. Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.) 3. Provide comprehensive psychosocial services when using a medication assisted treatment model 4. Develop entry points where MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms. 5. Increase the availability of permanent, supportive housing to improve treatment and recovery.	5. Amend legislation for the needle exchange program to expand services and support collaboration. 6. Create a county contract that allows community stakeholders to purchase Naloxone.	6. Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to county laboratories for the identification of novel and emerging illicit drugs. <i>Youth</i> 7. Coordinate with Miami-Dade County Public School system (M-DCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate. 8. Partner with South Florida Behavioral Health Network and Drug Enforcement Administration to provide on-going substance abuse education trainings and capacity building targeting school and community site personnel working with youth.
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