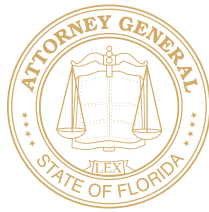


Florida's Prescription Drug Diversion and Abuse Roadmap 2012-2015



ATTORNEY GENERAL
PAM BONDI

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STATE OF FLORIDA

PAM BONDI
ATTORNEY GENERAL

April 2, 2012

My Fellow Floridians:

Prescription drug abuse kills more than seven Floridians every day – that’s why I have made combating prescription drug abuse a top priority.

This problem did not just happen overnight. For years, Florida had weak regulatory oversight of pain management practices, limited oversight of physician dispensing habits, and no statewide Prescription Drug Monitoring Program (PDMP).

Swift action had to be taken to reverse what has become the most serious public health and safety threat to our state. Thanks to the leadership of Governor Rick Scott and the Florida Legislature, last year we passed tough new laws that began to address previous weaknesses.

This action has led to a dramatic decrease in the number of Florida physicians dispensing the most powerful pain-killing narcotics from their offices. Law enforcement and health regulators are now actively collaborating in regional strike forces to inspect, investigate, and prosecute those who seek to flood our communities with diverted pharmaceuticals. At the end of 2011, Florida successfully launched its PDMP, which is a crucial component in our efforts to combat prescription drug abuse.

Thanks to a united effort by Florida’s law enforcement and public health care communities, the “Welcome” sign for pill mills to set-up shop and do business in Florida has been permanently turned off. While such a dramatic turn-around is encouraging, much remains to be done to lower the most important statistic of all – the seven or more Floridians dying each and every day from prescription drug-related overdose.

As we move beyond the first phase of our fight against prescription drug diversion and abuse, Florida must begin to address this epidemic as a public health issue. This document is a balanced roadmap that will lower both the supply and the demand for diverted pharmaceuticals. It delineates how we will organize successful enforcement operations to reduce the supply of diverted prescription drugs, while better assisting those who seek help in ending their addiction to prescription drugs.

Lowering the death rate requires broad-based coordination between law enforcement, prevention experts, treatment providers, the Florida Legislature, and most importantly, those who work in our medical community. Ending our prescription drug abuse epidemic remains one of my foremost priorities. To that end, the implementation and sustainment of this Roadmap is essential to creating a safer and healthier Florida.

Sincerely,

A handwritten signature in blue ink that reads "Pam Bondi".

Pam Bondi

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EXECUTIVE SUMMARY

Prescription drug abuse remains Florida's fastest-growing and deadliest public safety issue. More than seven Floridians die on average each day from prescription drug-related overdoses. Florida's communities suffer from prescription drug addiction due to increasing health care costs and a growing proportion of prescription drug diversion fueled crime. Worst of all, doctors and nurses are reporting increases in the number of infants suffering from *Neonatal Withdrawal Syndrome* due to their mother's abuse of opioid painkillers. If Florida's prescription drug epidemic is not slowed, and then reversed, many more Floridians will be lost to addiction, crime and overdose death.

Florida is the epicenter of prescription drug diversion because – until recently – our state had weak regulatory oversight of pain management practices, limited oversight of physician dispensing habits, and no statewide Prescription Drug Monitoring Program (PDMP). Local gangs, drug abusers, and other criminal enterprises exploited these glaring weaknesses in Florida's regulatory system to build lucrative criminal enterprises supplying Oxycodone and other diverted pharmaceuticals to markets throughout the country.

The scope of this public health disaster makes the case for a state-level response. *Florida's Prescription Drug Diversion and Abuse Roadmap* is a coordinated plan to systematically shutdown "pill mills" and dramatically reduce the number of diverted pharmaceuticals flooding our communities. The *Roadmap* is balanced, because while we reduce illegal diversion of pharmaceutical drugs, we must still ensure that people legitimately suffering from chronic pain, crippling anxiety or other debilitating illnesses, can get the relief they need. We are challenged, therefore, to facilitate greater access to pain-relieving medicines, while simultaneously expanding the capacity to monitor and dispense these potent pain-relievers under sound medical supervision.

Floridians are suffering through the worst economic downturn since the Great Depression. But this weak employment environment will not last forever. The return of our economy will be underpinned by a variety of important efforts and qualities, such as a return to manufacturing and accelerated science-based innovation. But transcending any structural changes government makes to help facilitate economic recovery is the need for hard working, clear thinking and healthy citizens in our work force. Simply put, a healthy and drug-free Florida is a prerequisite for economic rejuvenation and free enterprise. Because prescription drug abuse jeopardizes our workforce's productivity, we must ensure a drug-free environment for all our citizens, especially our youth. That is why Florida's *Roadmap* makes preventing prescription drug abuse its linchpin.

Florida's Prescription Drug Diversion and Abuse Roadmap has three goals and twelve supporting objectives:

GOAL 1: Reduce the supply of illegally diverted prescription drugs.

- Objective 1: Coordinate federal, state and local law enforcement efforts to decrease the supply of illegally diverted prescription drugs.
- Objective 2: Eliminate "pill mills" and take away the medical licenses of professionals that do not follow appropriate prescription practices.
- Objective 3: Organize "prescription drug take-back" programs and support safe, secure, everyday disposal of expired or unused controlled substances.
- Objective 4: Disrupt "pill mill" money laundering operations and seize their criminal assets.
- Objective 5: Eliminate rogue pharmacies.

GOAL 2: Reduce the demand for diverted prescription drugs.

- Objective 1: Change the culture of prescription drug abuse by instituting a series of prevention programs.

- Objective 2: Increase community coalitions, and faith-based organizations' participation with law enforcement and public health communities to increase education and awareness.
- Objective 3: Build upon Florida's strong drug court system to divert non-violent offenders into treatment and reduce recidivism.
- Objective 4: Ensure expectant mothers are aware of the dangers of prescription drug use during pregnancy in order to reduce neonatal withdrawal syndrome.

GOAL 3: Protect patient's privacy rights and their legitimate access to scheduled prescription drugs.

- Objective 1: Implement and maintain the state's HIPAA compliant Prescription Drug Monitoring Program (PDMP) in accordance to F.S. 893.055.
- Objective 2: Institute new pain management standards for physicians and other prescribers to ensure the safe treatment of chronic pain.
- Objective 3: Train and equip healthcare providers, and first responders in recognizing and managing prescription drug overdoses.

A major step forward in systematically rolling back prescription drug diversion and abuse was the passage of HB 7095 during the 2011 Florida legislative session. This significant piece of legislation banned dispensing of Schedule II and Schedule III controlled substances by physicians, created a standard of care for all physicians prescribing controlled substances to treat chronic pain, required physicians to either electronically prescribe controlled substances or use counterfeit-proof prescriptions, added several critical criminal violations to support enforcement, and also improved reporting to the state's PDMP from 15 days to 7 days.

Any one of these legislative enhancements on their own would have helped in the fight against prescription drug diversion and abuse. But implementing all of them simultaneously created a cascading effect - with one enhancement reinforcing and augmenting all the other enhancements - such that Florida can already boast of dramatic improvements in several key indicators. One of those measures include the steep decline in the number of Florida doctors dispensing the most oxycodone in a given year. It went from 90 of the top 100 prescribers to, as of last count, only 13 of the top 100 now residing in Florida.¹ While such a dramatic result is encouraging, much remains to be done to lower the most important metric of all – the number of Floridians dying each and every day from prescription drug-related overdose.

Everyday thousands of Floridians fight back against prescription drug diversion and abuse. For instance, the Florida Department of Health licenses and inspects pain management clinics and pharmacies. The Florida Department of Law Enforcement analyzes streams of intelligence to determine illicit drug trends, and the local sheriff and police departments make arrests for "doctor shopping" while funneling intelligence to state and federal law enforcement agencies. Each day in Florida, local jails process and incarcerate offenders, and State Attorneys seek justice for crimes relating to the diversion of pharmaceuticals by prosecuting criminals. The Office of the Attorney General prosecutes cases ranging from civil to criminal crimes, while prevention experts work to increase awareness and build community resiliency to thwart misuse and abuse, and substance abuse treatment providers throughout Florida work under arduous circumstances to end the cycle of drug use, crime and incarceration. Given the wide-range of daily activities fighting pill mills in Florida, a state-level strategy and planning effort is, therefore, critical to better coordinate these diverse efforts and, thereby, improve public health and safety.

A critical step forward in Florida meeting this challenge began in March 2011, when Governor Rick Scott and Attorney General Pam Bondi created Florida's Drug Enforcement Strike Forces. Using Florida Department of Law Enforcement's seven domestic security regions for Florida to organize this statewide effort, each of the seven Strike Forces is co-led by a Sheriff and a Police Chief. Strike Force operations seek to reduce the supply of diverted prescription drugs through intelligence driven, multi-jurisdictional operations against the whole spectrum of the pill mill phenomenon: corrupt wholesalers, unscrupulous "physicians", rogue pharmacies and the "doctor-shopping" "patients" supporting their addiction. Reinforcing the importance of having prevention as the linchpin of a comprehensive state-wide strategy like the *Roadmap*, the seven regional Strike Forces are supporting demand reduction polices being implemented by local community coalitions.

Each of the seven regional, locally led Strike Forces must decide how to best combat the problem of prescription drug diversion and abuse. Since each region in Florida has its own drug threat profile, each Strike Force will adapt the tenets of this statewide roadmap to the unique needs of their area. Ultimately, only a balanced approach - attacking both the supply side, driven by a flood of diverted pharmaceuticals, and the demand side, driven by pharmaceutical drug abuse and addiction - will reduce a still growing prescription drug diversion epidemic, which is - at its roots - an intertwined public health and law enforcement problem.

As President Dwight D. Eisenhower once said, "Plans are nothing; planning is everything." To that end, this *Roadmap* embodies lessons learned from previous statewide drug control efforts, reflects an understanding of our current environment, and anticipates potentially positive developments that will create less diversion and abuse of prescription drugs. Ending Florida's reign as the epicenter of the national prescription drug epidemic will take the implementation of a concerted statewide effort based on both supply and demand reduction policies working in tandem. Florida's *Roadmap* therefore outlines specific tactics that should be utilized, and provides direction for state and local operations. This will not be a simple undertaking, but is one that must be embraced by federal, state and local leaders if Florida is to create more productive, drug-free communities.

CHAPTER 1

PILL MILLS: FLORIDA'S HEALTH AND PUBLIC SAFETY EMERGENCY

Introduction

Florida is the national epicenter for illicitly diverted prescription drugs.² Florida's failure to effectively and comprehensively react sooner to the explosion in prescription drug diversion and abuse has contributed to a national public health crisis. The Centers for Disease Control and Prevention has declared prescription drug abuse an epidemic in America; in Florida, pharmaceutical drug diversion translates to more than seven dead a day to prescription drug overdose, and many additional lives either lost to or impacted by addiction, drug-fueled crime, and increasingly unsustainable costs to Florida for drug treatment, emergency medical care and even Medicaid fraud. Prescription drug abuse and its related crime now permeates every corner of our state, impacting rich and poor, educated and uneducated, young and old.

What is fueling this epidemic? The National Institute of Drug Abuse (NIDA) reports that the enormous jump in prescription drug abuse over the past decade was no accident. Rather, it exploded for a variety of reasons, to include: introduction of a powerful new class of time-released opiates – what some addiction specialists have dubbed “heroin in a pill” – which can be tampered with in such a way as to defeat the time-release mechanism and provide the abuser a fast-acting yet enduring “high;” aggressive marketing strategies by the pharmaceutical industry to promote the widespread use of these new time-released opiates; greater social acceptability for medicating a growing number of conditions; and, of course, a flood of diverted pills made possible by the illicit activities of many, including unscrupulous and greedy members of the medical community.³ Yet other contributing factors include a segment of our population, which perceives abusing prescription drugs as inherently less harmful than use of per se illegal drugs like cocaine, meth and heroin.⁴

Little more than a decade ago, the use of pharmaceuticals to treat nonmalignant pain was not prevalent. Traditionally, most physician offices would measure a patient's blood pressure, pulse, temperature, and breathing - the four vital signs. But starting around 2000, the Joint Commission on Accreditation of Healthcare Organizations began touting “pain as a fifth vital sign” and proceeded to develop new standards for treating acute pain. Patients were now encouraged to voice their degree of pain to hospital or physician's office staff. Physicians now measure a patient's level of pain by using a Numeric Rating Scale (NRS), having patients describe their pain on a range from 0 to 10.⁵

A major effect of adding pain as a fifth vital sign has been to boost the pharmaceutical industry's push to create new pain relievers, especially Opioid based drugs. Billions have also been spent on marketing these new drugs. But virtually no money was initially spent on guidelines for appropriate prescribing, risk management tools for prescribers, or medicine addiction education. None of these important preventative tools were therefore available when this powerful new class of pain relievers became available for widespread physician use.

How did Florida become the epicenter of pharmaceutical drug diversion? Pain clinics exploded throughout the state because of a lack of sound pain management regulations. Both local law enforcement and drug treatment and prevention experts embedded in Florida's communities were the first to come into contact with the rise of prescription drug abuse, and they were the first to sound the alarm. Unfortunately, while this epidemic grew, Florida failed to legislatively enact new standards of practice for pain management, and delayed implementing a statewide prescription drug monitoring program that 35 other states were already routinely using to help safeguard the integrity of their prescription drug delivery system. These key factors, as well as others, combined to make Florida the “prescription drug tourism” destination of choice. One popular illustration of how bad it eventually became in Florida is the oft cited statistic that by 2009 there were far more pill mill clinics in populous Broward County than McDonalds restaurants.

Pharmaceutical Diversion

The intricacies of illicit prescription drug diversion are complex. Despite regulations for dispensing Schedule II, III and IV controlled substances, prescription drugs, especially pain relievers, are routinely acquired illegally in any number of ways. Nevertheless, despite the severity of the problem, *Florida's Prescription Drug Diversion and Abuse Roadmap* deliberately works to mitigate the harm done by prescription drug diversion without detracting from the sanctity of the doctor-patient relationship, privacy rights, and the benefits that pharmaceuticals – properly prescribed, dispensed and taken – routinely bring to our citizens in pain.

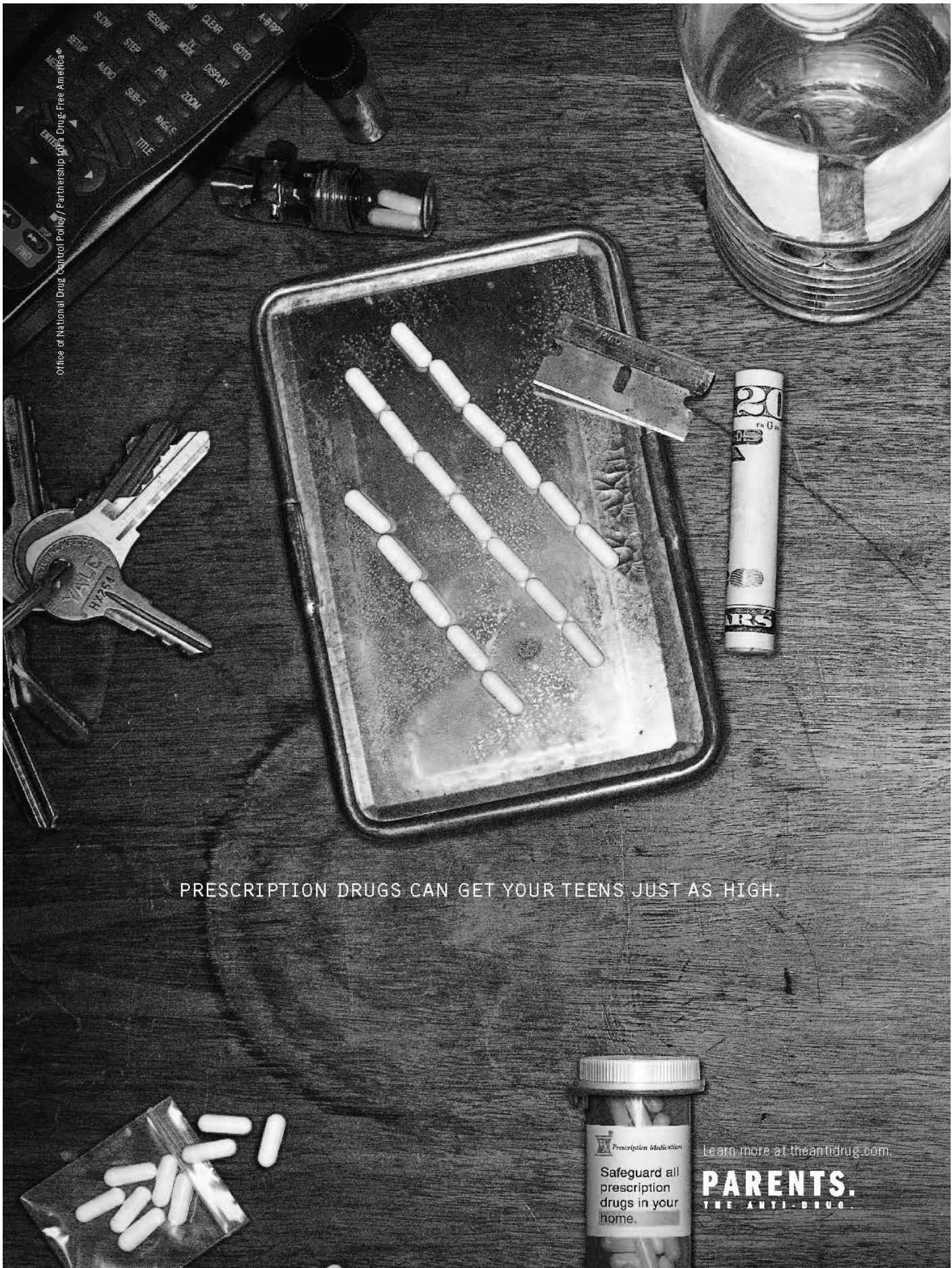
Prescription drug diversion can be defined as the channeling of licit pharmaceuticals for illegal purposes or abuse. Prescription drug diversion typically involves a series of elements that can work together or separately from one another. These elements of diversion include: individuals who doctor-shop and forge prescriptions; corrupt physicians who sell prescriptions to street drug dealers or users that come to them for the drugs; unscrupulous pharmacists who falsify records and subsequently sell the drugs; employees who steal from inventory; executives who falsify orders to cover illicit sales; individuals who commit burglaries or robberies of pharmacies; and individuals who purchase prescription drugs from rogue Internet pharmacies. Prescription drug diversion also occurs when a person takes drugs, not prescribed for themselves, from a friend or a family medicine cabinet.

There is a medical fine line between under-prescribing and inappropriate over-prescribing of pain relievers. The risk of becoming addicted to prescription pain medication is typically low for individuals who are treated on a short-term basis. But pain management treatment beyond a short-term basis is more problematic: the National Institute on Drug Abuse states that much research is still needed on the risk for addiction in patients with chronic pain, who often legitimately rely on prescribed pharmaceuticals just to function. The fact that doctors are prescribing these drugs legitimately - and with increasing frequency - to treat a variety of ailments, often fosters for far too many, a misguided and dangerous conclusion that their nonmedical use should be safe enough.

Precisely because certain classes of prescription drugs are subject to abuse, these particular drugs have been increasingly subjected to legal controls, such as the Federal Controlled Substances Act (CSA), the goal of which is to ensure that these “controlled substances” are readily available for medical use, while preventing their distribution for illicit sale and abuse. The CSA regulates the distribution and use of prescription drugs by classifying controlled substances under one of five schedules according to their potential for abuse, their use in accepted medical treatment, and their potential for physical or psychological dependence. All businesses that manufacture or distribute prescription drugs, all health professionals entitled to dispense or prescribe, and all pharmacies entitled to fill prescriptions must comply with the CSA, and state regulations. This also includes registering with the Drug Enforcement Administration (DEA) and complying with a series of requirements related to drug security and records accountability.

DEA estimates that in any given year, fewer than 1 in 10,000 physicians (0.01%) lose their DEA registration based on a DEA investigation for improper prescribing.⁶ This statistic could well create an impression that with so few doctors losing their DEA registration this problem is limited in scope. But even supposing that DEA and law enforcement are not missing large numbers of unscrupulous health care practitioners, even this small subset of identified physicians who do prescribe prescription drugs outside the course of professional practice, divert massive quantities of drugs, creating a disproportionate and immensely negative impact on the public's health. For example, previously, the Drug Enforcement Administration's Automation of Reports and Consolidated Orders System (ARCOS) reported that some Florida physicians were dispensing five times more oxycodone than the national average of dispensing physicians. Newer ARCOS data shows that Florida physicians – who are the biggest prescribers by volume – *dispensed more oxycodone than all other states combined* during the first six months of 2010.⁷

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One growing challenge is the proliferation of clinics operating under the guise of providing “pain management,” but whose real activities are outside the scope of legitimate medical practice. These “pill mills” are defined by the *Roadmap* as a doctor’s office, clinic, or health care facility that routinely conspires in the unlawful prescribing and dispensing of controlled substances outside the scope of the prevailing standards of medical practice. Florida Statutes defines a *pain management clinic* as a privately owned clinic, facility or office which advertises in any medium for any type of pain management services, or employs a practitioner who is primarily engaged in the treatment of pain.⁸ *Primarily engaged in the treatment of pain* means the majority of the patients seen are prescribed or dispensed controlled substance medications for the treatment of chronic nonmalignant pain.⁹ The Department of Health (DOH) is the state agency responsible for the investigation and prosecution of complaints involving physicians licensed to practice medicine in Florida, while the Board of Medicine is the entity responsible for regulating the practice of medicine and for imposing penalties on physicians found to have violated state law.

The Florida Legislature has for the past two years strengthened regulatory authority for the Department of Health, which regulates pain clinics that are owned by a medical and osteopathic physician, and the Agency for Health Care Administration (AHCA), which regulates pain clinics that are not fully owned by medical and osteopathic physicians. Senate Bill 2272, which passed during the 2010 Legislative Session, provided legal authority for the Department of Health to shut down pain clinics in violation of the law, and includes improved standards of care that must occur at registered clinics. These critical steps toward enforcement will be an important part of Florida’s strategy to reduce the diversion of pharmaceuticals to the illicit market.

Rogue Pharmacies

A rogue pharmacy is defined as one that does not follow federal and state laws and regulations, and contains a pharmacist and/or staff who knowingly engage in fraud by dispensing controlled substances they should reasonably believe to have no legitimate medical purpose - their belief being determined based on a totality of circumstances test to include, but not be limited to: the frequency of visits by a particular patient, the source and nature of the script, and the medically unbelievable amounts of drugs in scripts routinely provided. Also, rogue pharmacies will typically collude with a prescribing doctor, often sharing the same floor space or at least be co-located within the same strip mall. Until recently, rogue online pharmacies were considered the most dangerous form of prescription drug diverter because they were not required to generate a prescription to dispense medication.¹⁰

Online pharmacies have become a contributing factor to the nationwide increase of prescription drug diversion, with the growing number of Internet websites that sell or aid in the sale of controlled substances.¹¹ While “pill mills” are still a major source of diversion, the arrival of rogue Internet sites, whose criminal operators utilize the Internet’s anonymity to generate illegal sales of controlled substances, has led to sales that surpass those of some pill mills.¹²

The Ryan Haight Online Pharmacy Protection Act was passed by the U.S. Congress in 2008 to combat the problem that rogue pharmacies pose, as well as the increasing need for better regulation of online pharmacies. This bill amended the existing Controlled Substance Act of 1970, making it illegal under federal law to dispense, distribute, or deliver a controlled substance of all schedules over the Internet, apart from what is authorized by the Controlled Substance Act. In addition, the Act does the following: (1) requires an in-person medical evaluation before a prescription can be given, (2) requires a modified DEA endorsement, (3) requires relevant contact information to be posted, (4) increases the penalties for the distribution of certain drugs, (5) generates a civil cause of action for a state’s attorney general, and (6) prohibits the advertisement of illegal drug sales. Put into effect in April of 2009, the Act gives both the DEA and Food and Drug Administration (FDA) the responsibility for regulating online pharmacies.

However, there are many issues that the Ryan Haight Act fails to address, including requirements regarding foreign pharmacies, non-controlled substances, search engines, and perhaps most importantly, patient

privacy.¹³ For example, imported medication from foreign pharmacies is still unregulated. Furthermore, though the advertisement of illegal drug sales is prohibited, the Act fails to regulate search engines, which can lead consumers to rogue pharmacies. The Act does not create any type of medical or financial record requirement for these websites.¹⁴ Thus, patient privacy, fraud, and identity theft are some major concerns when online transactions occur.

In order to strengthen the Ryan Haight Act, federal and state legislatures should take note of the issues that the Act fails to address as well as try to strengthen the regulations that are already in place. Various associations are assisting in this effort. The National Associations of Boards of Pharmacy (NABP) developed the Verified Internet Pharmacy Practice Sites (VIPPS) program in order to help the public discern a safe online pharmacy from an unsafe one by displaying the VIPPS seal.¹⁵ In order for a pharmacy to be VIPPS accredited, it must abide by the inspection and licensing requirements of the state they are located in as well as for each state in which pharmaceuticals are dispensed. The growing use of the Internet and the increase in U.S. online pharmacy drug sales (from \$160 million to \$3.2 billion between 1999 and 2003), demonstrates that this growing market is not going away and rogue pharmacies will continue to try to take advantage of it.¹⁶ Our *Roadmap* will seek ways to strengthen safety and create awareness of online pharmacy risks.

Outline of Florida's Roadmap

Florida's Prescription Drug Diversion and Abuse Roadmap will coordinate aggressive action, codified in the preceding goals and objectives, to reduce prescription drug abuse. The *Roadmap* is built upon the premise that sound federal, state and local coordination is necessary to defeat an adaptive opponent who will use any means necessary to keep their illegal profits high, while using our laws to evade prosecution and punishment. Florida's approach must therefore be balanced, and our efforts sustained, in order to achieve our desired end state of shutting down "pill mills" and reducing prescription drug diversion and abuse.

Goals & Objectives

The *Roadmap's* goals define the direction in which we want to go, while their supporting objectives define the necessary actions we need to take in order to achieve our desired goals. Fighting prescription drug diversion and abuse is more than just a law enforcement issue – it is a serious public health challenge. Prescription drug diversion and abuse now affects all sectors of our society, and is a particular threat to the thousands of youth who abuse these drugs each year. To that end, *Florida's Prescription Drug Diversion and Abuse Roadmap* has three main goals:

- GOAL 1: Reduce the supply of diverted prescription drugs.**
- GOAL 2: Reduce the demand for diverted prescription drugs.**
- GOAL 3: Protect patient's privacy rights and their legitimate access to scheduled prescription drugs.**

These three goals will focus Florida's efforts to shut down "pill mills" and reduce prescription drug abuse. We are resolute that only by a sustained effort can we hope to achieve the outcome of ending Florida as the epicenter of the prescription drug problem. Moreover, success will come only with a balanced, evidence-based approach that addresses all aspects of pharmaceutical diversion and abuse. Those seeking to flood our communities with illicit pharmaceuticals will be forced to adapt to our actions as we become successful in shutting down "pill mills." That is why our state-level response must be flexible and adaptive to the needs of each local jurisdiction.

These goals are too broad to offer detailed guidance for this *Roadmap*. Each goal must therefore be supported by specific objectives in order to develop policies and programs supported with the necessary resources to affect their outcome. The following section repeats the goals and places with them the specific objectives we aim to accomplish.

GOAL 1: Reduce the supply of illegally diverted prescription drugs.

- Objective 1: Coordinate federal, state and local law enforcement efforts to decrease the supply of illegally diverted prescription drugs.
- Objective 2: Eliminate “pill mills” and take away the medical licenses of professionals that do not follow appropriate prescription practices.
- Objective 3: Organize “prescription drug take-back” programs and support safe, secure, everyday disposal of expired or unused controlled substances.
- Objective 4: Disrupt “pill mill” money laundering operations and seize their criminal assets.
- Objective 5: Eliminate rogue pharmacies.

GOAL 2: Reduce the demand for diverted prescription drugs.

- Objective 1: Change the culture of prescription drug abuse by instituting a series of prevention programs.
- Objective 2: Increase community coalitions, and faith-based organizations’ participation with law enforcement and public health communities to increase education and awareness.
- Objective 3: Build upon Florida’s strong drug court system to divert non-violent offenders into treatment and reduce recidivism.
- Objective 4: Ensure expectant mothers are aware of the dangers of prescription drug use during pregnancy in order to reduce neonatal withdrawal syndrome.

GOAL 3: Protect patient’s privacy rights and their legitimate access to scheduled prescription drugs.

- Objective 1: Implement and maintain the state’s HIPAA compliant Prescription Drug Monitoring Program (PDMP) in accordance to F.S. 893.055.
- Objective 2: Institute new pain management standards for physicians and other prescribers to ensure the safe treatment of chronic pain.
- Objective 3: Train and equip healthcare providers, and first responders in recognizing and managing prescription drug overdoses.

A Balanced Approach: Enforcement, Prevention & Treatment through Drug Courts

Florida must adopt a holistic approach to reduce the number of diverted pharmaceuticals, and to improve patient standard of care for pain management. *Florida’s Prescription Drug Diversion and Abuse Roadmap* is built upon the establishment of sound law enforcement, evidence-based prevention, and treatment through Florida’s drug courts for those involved in the criminal justice system addicted to prescription drugs. Each Goal and its objectives build upon the success of the other, creating a strong, pro-active response to the prescription drug epidemic.

The creation of the statewide Drug Enforcement Strike Force is essential to this holistic effort. The seven regional Strike Forces pull various local and state law enforcement agencies together to share resources and leverage intelligence analysis. This high degree of interagency cooperation is required because enforcement operations that shut down “pill mills” are no easy task. Regional Strike Forces work together on intelligence sharing because gathering intelligence is a painstaking process requiring analysts to patch together information to build cases against corrupt physicians or rogue pharmacies. While some information comes in direct, actionable form, the majority of timely intelligence information does not become apparent for weeks or months. Strike Forces must therefore rely on a range of intelligence gathering tools to disrupt pharmaceutical drug trafficking. The *Roadmap* remains flexible in the face of unscrupulous pain management owners, doctors and pharmacists attempting to evade our enhanced enforcement operations.

More information regarding Florida's Drug Enforcement Strike Forces is detailed in Chapter 3.

Federal, state and local teamwork is necessary to shutdown "pill mills" through a combination of administrative, civil and criminal sanctions. Part of this enforcement work must be determining what clinics are either unlicensed or improperly operated. The Florida Department of Health, through its Division of Medical Quality Assurance (MQA), determines whether healthcare practitioners meet minimum licensure requirements. MQA evaluates the credentials of pain management clinics for licensure, issues licenses, analyzes and investigates complaints, inspects facilities, assists in prosecuting practice act violations, combats unlicensed activity, and provides credentials and discipline history about licensees to the public.¹⁷ A Medical Doctor (MD) or Osteopathic Medical Doctor (DO) is subject to discipline if they practice in a pain management clinic that is required to register with the Department of Health and has failed to register. As part of Department of Health's enforcement process, MQA can issue emergency orders against pain management clinics to shut them down.

Of course, the most cost-effective way to fight prescription drug abuse is to prevent it from happening in the first place. Since addiction is a preventable disease, countering widespread lack of awareness as to the dangers of prescription drug abuse must be a priority. Early, evidence-based programs in middle and high school can assist in preventing misuse and abuse of prescription drugs before it starts. Healthcare providers, physicians, pharmacists, and patients must also play an important role in identifying and preventing prescription drug abuse. Therefore, our *Roadmap* calls for all public safety agencies to work with state and local officials in coordinating with schools, doctors and pharmacists to disseminate drug abuse prevention programming and materials that will better educate Floridians of the dangers of prescription drug abuse and begin to impact the sub-cultures that engage in prescription drug abuse.

There will always be those for whom prevention does not work, and whose actions lead them to become addicted to prescription drugs. Often times, addiction feeds criminal activity. A balanced strategy must therefore take into account prescription drug abusers who are arrested for non-violent crimes. Indeed, when successful enforcement operations and prevention messaging truly begin to take hold, we can expect an upsurge of users who will try by any means necessary to acquire diverted prescription drugs. Already, law enforcement agencies throughout Florida have reported increased numbers of arrests for crimes associated with prescription drug diversion. Since many of these arrestees are non-violent offenders whose conviction will have them supervised in the community as part of their probation sentence, we need to ensure that during these periods of community supervision as many of these non-violent offenders benefit from Florida's drug court program model as possible.

Well-regarded research demonstrates that drug courts reduce recidivism. Drug courts work by taking drug offenders, who end up in county jails or on state probation, and linking them to treatment and recovery support programming. The drug court model has paved the way for the latest criminal justice innovation that understands that all forms of punishment have costs, and that crime control programs must be created that hold offenders accountable through swift and certain community sanctions. Expanding Florida's drug courts to accept and incorporate more offenders whose criminal nexus involves addiction to prescription drugs is absolutely essential to lowering overall rates of pharmaceutical drug abuse, and controlling addiction-driven crime via rational supply reduction policies.

CHAPTER 2

EXTENT OF THE PROBLEM

Introduction

Prescription drug overdoses kill on average seven Floridians every single day—a tragic number five times greater than deaths caused by all illicit drugs *combined*.¹⁸ Prescription drug abuse is now the number one public health and safety problem in Florida - not just because of its increasingly lethal outcomes, but because of its steady and seemingly unstoppable year-on-year growth during the past decade. In short, the danger to users has grown in tandem with the growth in the size and scope of the problem. While this daily loss of life is devastating in and of itself, our communities suffer additional negative consequences from prescription drug abuse. For every 1 overdose death there are 9 treatment admissions, 35 emergency room visits for misuse or abuse, 161 people with abuse and/or dependence issues and a staggering 461 nonmedical users of prescription drugs.¹⁹

A detailed evaluation of this number one health and criminal justice problem must be conducted in order to enact the most effective prescription drug diversion control strategy. This will ensure the creation of clear objectives which will, when attained, destroy the center of gravity for prescription drug diversion. *Center of gravity* is a military term used to signal the primary source of an enemy's strength. *Florida's Prescription Drug Diversion and Abuse Roadmap* posits that pharmaceutical drug diversion's center of gravity are "pill mills" and the addict doctor-shoppers, who together combine to flood our communities with vast quantities of diverted prescription drugs. Shut down the illicit supply of diverted pharmaceuticals through strong supply reduction operations, while reducing our citizen's demand for diverted pharmaceuticals through evidenced-based prevention, and "pill mills" and doctor-shoppers will either be neutralized or will simply close down their operations due to diminished financial gains.

Extent of the Problem

An increasing percentage of Florida law enforcement agencies report that pharmaceutical diversion and abuse now pose the greatest drug threat in their jurisdictions. Increases in prescription drug addiction are fueling increases in drug related crimes, and, alarmingly, there is growing gang involvement in prescription drug trafficking.²⁰ Among young people, diverted prescription drugs are now second only to marijuana as the most abused illegal drug.²¹ Teens perceive prescription drugs as safer to abuse than illegal drugs, and parents are unaware of the problem.²² According to the 2009 *National Survey on Drug Use and Health* (NSDUH), there were 7.0 million (2.8 percent) persons aged 12 or older who used prescription type psychotherapeutic drugs non-medically within the past month, and these estimates were higher than in 2007 and 2008.²³

The NSDUH study is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH defines "nonmedical use" as the use of prescription-type psychotherapeutic drugs *not prescribed* for the respondent by a physician or *used only for the experience or feeling they caused*. The specific illicit drugs that had the highest levels of past year abuse were marijuana (4.3 million), pain relievers (1.9 million), and cocaine (1.1 million). The number of persons with marijuana dependence or abuse has not changed in a decade, but the number with pain reliever dependence or abuse has increased from 1.5 million to 1.9 million Americans.²⁴

Crime, Emergency Room Visits and Rising Public Welfare Costs

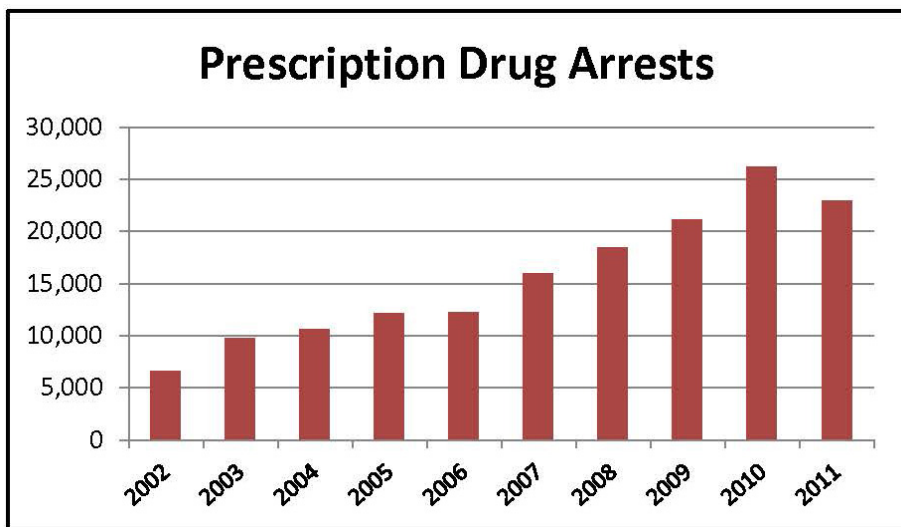
Prescription drug abuse is driving increased crime, a sharp rise in emergency rooms visits and rising healthcare costs. Abuse and neglect of children is one of the most insidious ways prescription drug addiction - oftentimes beginning with a legitimate prescription - affects our communities. Child welfare specialists are reporting fewer cases of parental abuse and neglect due to illegal drugs but more cases of

parental abuse due to prescription drugs like oxycodone, hydrocodone and anti-anxiety drugs like Xanax.²⁵ Sadly, most prescription drug crimes and overdose deaths are eminently preventable, with multiple missed intervention opportunities to get these users drug treatment before their behaviors become overly burdensome to society.

Increased Prescription Drug Arrests

Drug arrests for diverted prescription drugs have increased in each of the past nine years. Data from selected counties show even more alarming data. In Orange County, for example, the number of cases with hydrocodone and oxycodone trafficking charges, filed by prosecutors, has increased from 18 cases in 2005 to 136 cases in 2009.²⁶ Also in Orange County, the number of prescription drug arrests has increased 32 percent since 2007.

During 2011, 732 people were arrested in Sarasota County on charges related to prescription drugs, a 287 percent increase over the last five years. Pinellas County has had a 73 percent increase in prescription drug arrests over the same time period.²⁷ While the sheer number of arrests is troubling, what is even more alarming is the number of out-of-state residents who visit Florida’s “pill mills” and then stay and commit crimes. The costs on law enforcement, prosecutors, jail administration is difficult to quantify, but the toll on local criminal judicial systems is significant and is costing Florida taxpayers.²⁸



Traffickers in diverted pharmaceuticals must receive swift and certain punishment for their crimes. However, hundreds of Floridians’, arrested each month for simple possession of pharmaceutical drugs without a valid prescription, should be afforded an opportunity for drug treatment and rehabilitation when they process through the criminal justice system. Otherwise, we will face far higher recurring criminal justice costs over time as their addictions devolve into more arrests and worse anti-social behavior. To better resolve these

increases in prescription drug arrests, and to lower Florida’s recidivism rate, *Florida’s Prescription Drug Diversion and Abuse Roadmap* supports the continuous funding and gradual expansion of drug courts. Drug courts are an effective way to address an individual’s substance abuse addiction and are a cost-effective method of improving public safety. Chapter 5 outlines plans for supporting Florida’s drug courts.

Increased Emergency Room Visits

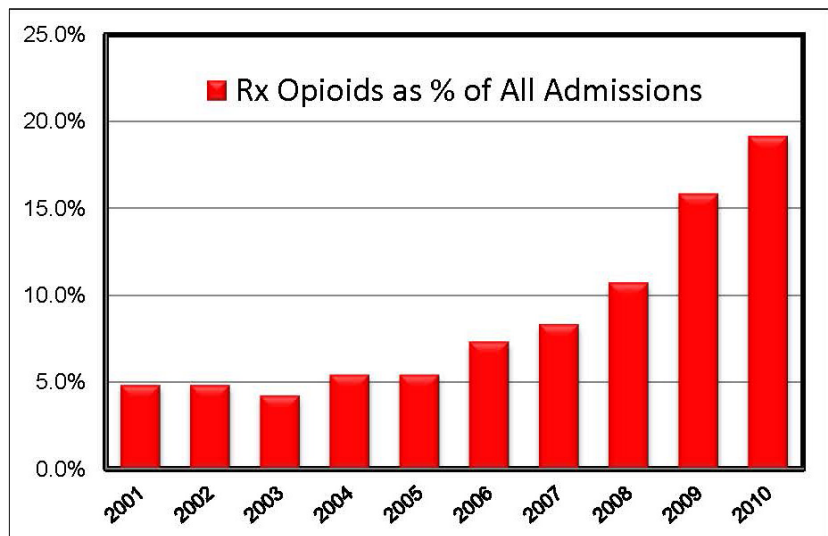
The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related hospital emergency department visits and drug-related deaths to track the impact of drug use, misuse, and abuse. According to DAWN data, visits by individuals to hospital emergency rooms involving the misuse or abuse of pharmaceutical drugs have doubled over the past five years and, for the third year in a row, exceeded the number of visits involving illicit drugs. Hospitals in the United States handled a total of 113 million emergency department (ED) visits and DAWN estimates that 1,742,887 (or 1.5 percent) of these ED visits were associated with drug misuse or abuse. Of these visits, DAWN estimates that 741,425 (or 42.5 percent) involved the nonmedical use of prescription or over the counter pharmaceuticals.²⁹ When factoring in alcohol abuse, nearly one-third (30.5%) of alcohol-related emergency department visits made by underage youth and young adults also involved illicit or pharmaceutical drugs.³⁰ Nearly two-thirds

(64.4%) of these emergency department visits that involved other drugs did not receive any follow-up care. Again, this is a missed opportunity to intervene early and thereby reduce drug abuse by either a referral to a detoxification program or substance abuse treatment. Efforts such as the federal Screening, Brief Intervention, and Referral to Treatment (SBIRT) are therefore especially important. SBIRT is a public health approach to delivering early intervention to anyone who uses alcohol and/or drugs in unhealthy ways. Additional information about SBIRT is detailed in Chapter 5.

Increased Treatment Episodes

The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic and substance abuse characteristics of admissions to publicly financed substance abuse treatment in the United States. Nationally, the number of treatment admissions with prescription opioids as the primary reported drug of abuse increased 71 percent from 2003 to 2007.³¹ During this same time period, heroin treatment admissions steadily decreased by 10 percent. In 2004, the number of Americans reporting abuse of prescription medications was higher than the combined total of those reporting abuse of cocaine, hallucinogens, inhalants, and heroin.³² The upward trend also held true among admissions for medication-assisted opioid therapies. Since 1998, the proportion of medication-assisted therapy admission involving prescription pain reliever abuse tripled from 6.8 percent to 26.5 percent.³³

In 2009, there were 12,609 treatment admissions for other opiate drugs.³⁴ The majority of these admissions were for adults between the ages of 21-30. In Florida, there has been a substantial increase in admissions to treatment centers for prescription opiates. In 2010, 19.1 percent of all substance abuse treatment admissions were primarily for prescription opioids. This is almost a 400 percent increase when compared to treatment admissions during the span of years from 2001-2005.³⁵



Prescription Pain Medications and Newborns

States plagued by prescription drug abuse have reported drastic increases in the number of newborns being treated for neonatal withdrawal syndrome. For example, treatment for neonatal withdrawal syndrome in Maine's largest hospitals jumped from 70 in 2005 to 276 in 2010. Florida and Ohio have experienced remarkably similar increases. In 2010, 1,374 babies were born in Florida with withdrawal symptoms from drug abuse, a fourfold increase from 2003.³⁶ The problem of expectant mothers abusing pain medication has become so prevalent that All Children's Hospital in Tampa estimates that at any given time there are at least 10 newborns being treated for prescription drug withdrawal.³⁷ These numbers may, in fact, be much higher than reported because many pregnant women are neither tested for drug use, nor admit to using prescription drugs during pregnancy.³⁸

Neonatal intensive care unit (NICU) costs are the most significant contributor to total costs for treatment of drug-exposed women and their infants.³⁹ Neonatal withdrawal syndrome is a collection of problems that will occur in a newborn that has been exposed to addictive illicit or prescription drugs while in the womb. Withdrawal symptoms include fever, seizures, blotchy skin, incessant shrill cries, respiratory problems, and extreme sensitivity to sound and light.⁴⁰ Prescription drug abuse among pregnant women is so disturbing, not just because of each precious life affected, but because this tragedy

is being repeated with ever more frequency as the numbers of addicted pregnant women have grown so dramatically in Florida over the past several years. Since pregnant women addicted to prescription medications cannot quit cold turkey because a full-blown drug withdrawal could endanger the fetus, serious discussions about how to alleviate both illicit and licit drug abuse problems must begin with how we can change the way society treats pregnant women who are more inclined to abuse such drugs.⁴¹

Current research supports the policy of providing comprehensive drug treatment and obstetrical care services for drug abusing pregnant women. This strategy is associated with substantial cost savings in the care and treatment of the infants born to this high-risk population of women. However, debate over how to properly treat pregnant women and newborn babies addicted to prescription medications continues without clear consensus.

More research must be conducted in order to determine the best way to help expectant mothers break their addiction to opiate painkillers, while preserving the health of the baby both in-utero and after birth. For newborns, withdrawal symptoms take from three weeks to two months to pass. But because neonatal prescription drug addiction is so new, the ultimate health and developmental effects on these babies will not be discernible until years from now.⁴² To achieve a reduction in neonatal withdrawal syndrome Florida's *Roadmap* advocates a strong two-pronged approach: first, create and expand drug prevention materials educating women about the impact of prescription medications on their pregnancy; and second, support new federal science research to determine the best ways to treat both pregnant women and those newborn babies addicted to prescription medications.

The passage of legislation during the 2012 session creating a *Statewide Task Force on Prescription Drug Abuse and Newborns (SB 402/HB 227)* will assist in these efforts. The task force will be charged with examining the scope of neonatal withdrawal syndrome, the costs associated with caring for babies, the long term effects of, and strategies for preventing prescription drug abuse by expectant mothers. A preliminary report of policy recommendations is due to the Florid Legislature in 2013.

CHAPTER 3

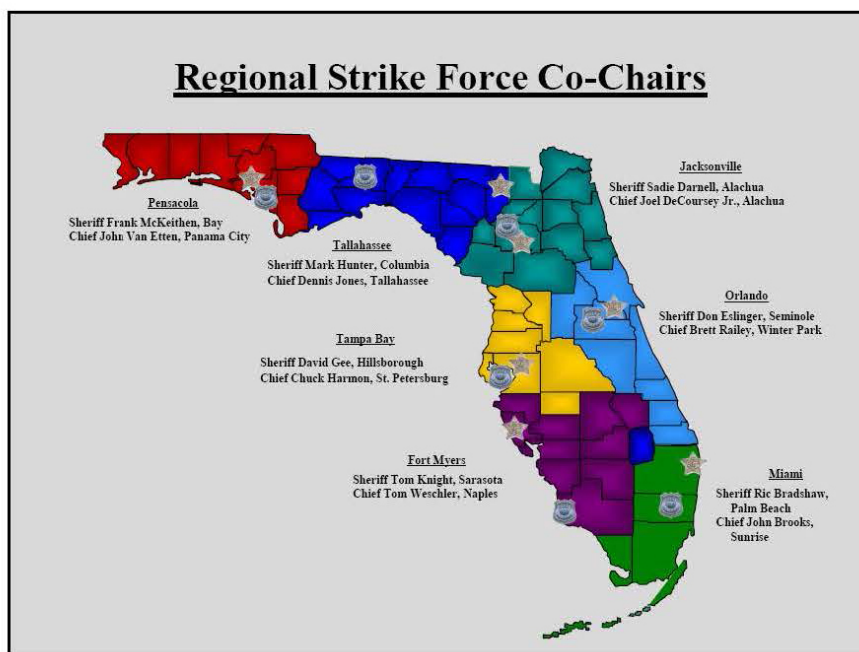
DIVERSION SUPPLY REDUCTION: DISMANTLING FLORIDA'S PILL MILLS

Introduction

Florida's Prescription Drug Diversion and Abuse Roadmap is focused on attacking “pill mills” in order to significantly reduce prescription drug diversion in Florida. Pill Mills masquerade as pain management clinics and are the focal point for inundating Florida with Schedule II-IV controlled substances. Our *Roadmap* supports a strong supply reduction policy through the use of a combination of criminal, civil and administrative sanctions combining the efforts of federal, state and local law enforcement with health care professionals and an alliance with the pharmaceutical industry to significantly reduce the supply and demand for diverted prescription drugs.

Need for Statewide Law Enforcement Operations

In March 2011, Governor Rick Scott and Attorney General Pam Bondi created a statewide Drug Enforcement Strike Force (“Strike Force”) to eliminate Florida’s “pill mills.” This Strike Force is now operating in each of the seven Florida Department of Law Enforcement (FDLE) administrative regions for the state. The *Prescription Drug Diversion and Abuse Roadmap* seeks to ensure the fusion of counter-drug intelligence with the interdiction resources brought to bear by the statewide Strike Force in order to maximize the state’s anti-pill mill campaign.



The efforts of these regional Strike Forces are systematic and sustained. Surprisingly, cash-only, “fly-by-night” pain clinics are tough to shut down, because, quite simply, on the surface everything is prima facie legal, and pill mill affiliated doctors can simply claim they are practicing medicine as they see fit. It is this presumption of innocence accorded to pain clinics and their doctors that puts a premium on federal, state, and local law enforcement agencies working together to prove that a “pill mill” doctor is violating a medical standard of care.

In order to reduce the supply of diverted prescription drugs, it is imperative that we continue to strengthen and fund collaborative law enforcement efforts because these coordinated, multi-agency initiatives effectively disrupt and dismantle pill mills. Furthermore, when these enforcement initiatives succeed, they advance our prevention and treatment efforts by making diverted pharmaceuticals more scarce and, therefore, more expensive. Although these multi-jurisdictional law enforcement operations are expensive, ultimately the benefits greatly outweigh the up-front expenses, thereby providing much greater future cost savings for Florida’s criminal justice and health care system.

Regional Drug Enforcement Strike Forces – Key to Enforcement Success

Keys to Strike Force success rest upon:

- Regional target identification
- Use of a “systems of systems” approach for inter-regional intelligence sharing
- Changing cultural attitudes towards prescription drug abuse
 - Use of a Prescription Drug Monitoring Program
 - Industry Cooperation

Regional Target Identification: The Strike Force effort focuses on large pharmaceutical drug diverters, including organizations such as healthcare practitioners, organized groups of pill seeking “patients”, pain management clinics, Internet pharmacies, and increasingly traditional drug-trafficking organizations. The seven regional Strike Forces will get state, local and regionally based federal law enforcement agencies to combine their efforts with local regulatory and health care administrative functions to comprehensively pursue pharmaceutical diversion.

Critical to any long term sustained success in such a broad multi-agency effort is the development of agreements between partners that include plans for partnership roles, asset sharing & investigative reimbursement. Illustrating this cooperation, FDLE is heading up pharmaceutical drug diversion investigations in each of their seven Florida regions. FDLE also provides sworn, analytical and administrative personnel to strengthen intelligence gathering capabilities as well as encourage assignment of other state agency assets in support of Strike Force operations. The Florida Department of Health (DOH) is providing investigators and attorneys to conduct administrative investigations for their professional licensing boards, the Board of Pharmacy and the Board of Medicine.

Florida’s Prescription Drug Monitoring Program (PDMP) will be an effective tool over time for Strike Force operations. While the PDMP was not designed – nor intended – to be a means to target individuals, it can be an outstanding forensic tool to assist ongoing criminal investigations into diversion and doctor shopping. Indeed, the U.S. Government Accounting Office (GAO) stated that PDMPs have aided investigators and helped to reduce “doctor shopping” by providing state health care licensing and regulatory agencies, and law enforcement, quick access to comprehensive information on the prescribing, dispensing, and purchasing of controlled substances that are most likely to be targets for diversion. For example, Kentucky’s state drug control investigators took an average of 156 days to complete the investigation of an alleged doctor shopper prior to the implementation of the state’s PDMP; after establishment of their PDMP average investigation time dropped to 16 days.⁴³

In addition to managing Florida’s PDMP, the Florida Department of Health is doing its part to discipline physicians for prescribing violations. Florida’s Surgeon General has been aggressively suspending practitioners’ licenses soon after their alleged transgressions, instead of following the traditional practice of letting these suspect medical practitioners continue to see patients. The Surgeon General is also asking the Board of Medicine and the Board of Pharmacy to be as tough as possible when violations are reported.⁴⁴ Board sanctions can range from imposition of fines to probation or suspension of a medical license.

A “System of Systems” approach to shutting down Florida’s Pill Mills: Cooperation in the use of operational intelligence is vital to combat pharmaceutical diversion. Florida’s counter-drug task forces embodied in the new regional Strike Forces must face few bureaucratic impediments in the accomplishment of their mission. To maximize their success, the Strike Forces must utilize cutting edge information technologies to form a rapid response network capable of generating and sharing actionable intelligence. Several ongoing efforts in Florida outlined immediately below exemplify the ideal qualities of collaborative, multi-jurisdictional intelligence-driven operations. The *Roadmap* seeks to strengthen these efforts and enmesh these efforts within the regional Strike Forces.

- Florida’s seven regions need a channel to funnel information between each region – that channel should be InSite and the Florida Fusion Center.
- InSite can be used to coordinate intelligence, perform statewide target de-confliction – prioritization. The key is coordination between law enforcement agencies and between jurisdictions.
- High Intensity Drug Trafficking Areas (HIDTA) and Organized Crime Drug Enforcement Task Force (OCDETF) (both federal funding mechanisms) provide a model of effective multi-agency cooperation; these task forces should tie their efforts in with the regional Strike Forces whenever feasible.

InSite: *InSite* is a statewide, FDLE administered database which facilitates the sharing of intelligence between all Florida law enforcement agencies. Even more importantly, it is an investigative tool for complex criminal investigations; for instance, *InSite* feeds into the national pointer index thereby allowing law enforcement to know whether a particular individual is under investigation at a national level. *InSite* is available to all law enforcement, but is contributed to on a voluntary basis. This *Roadmap* supports increased “pill mill” investigative intelligence gathering training - both to enhance and expand data input by local Florida law enforcement into *InSite*, as well as more utilization by local law enforcement of investigative analysis derived from this valuable database.

The Florida Fusion Center: Fusion Centers represent one of the most important recent developments in U.S. law enforcement. A fusion center processes a wide range of information and intelligence from disparate sources and agencies and then fuses this raw data through a single point for evaluation, analysis, and dissemination back to the field. Fusion centers leverage information technologies to better manage the huge flood of data generated daily and which always threatens to inundate already overworked local law enforcement agencies.

The Florida Fusion Center (FFC), located at FDLE, is a relatively recent state and federal multi-agency initiative charged with protecting Florida’s citizens and critical infrastructures. The FFC is a collaborative effort of FDLE and 16 other state and federal agencies, ranging from the Florida Department of Agriculture to the U.S. Attorney’s Office for the Northern District of Florida. Participants provide resources, expertise, and intelligence to the FFC, which is located at FDLE Headquarters in Tallahassee. The FFC maximizes the ability to detect, prevent, apprehend and respond to criminal and terrorist activity by utilizing an “all crimes/ all hazards” approach via enhanced intelligence and information sharing capabilities.

The FFC unifies broad categories of federal, state and local drug intelligence and thereby plays a pivotal role in facilitating the production of Florida’s first *Statewide Prescription Drug Threat Assessment*. Working in conjunction with the Florida National Guard, the FFC coordinates with the three Florida HIDTA’s and other state and federal partners to produce a comprehensive *Statewide Prescription Drug Threat Assessment*. Florida’s three regional HIDTAs already provide a drug threat analysis for the 21 counties they encompass. The *Statewide Prescription Drug Threat Assessment* has expanded the HIDTA drug threat analysis methodology to the other 46 Florida counties not designated as part of a HIDTA.

The Organized Crime Drug Enforcement Task Force (OCDETF) & High Intensity Drug Trafficking Areas (HIDTA): OCDETF is the primary weapon against the highest-level drug trafficking organizations operating within the United States, importing drugs into the United States, or laundering drug trafficking proceeds. OCDETF often works in conjunction with High Intensity Drug Trafficking Areas (HIDTA). The HIDTA program is a federal funding mechanism integrating federal, state and local enforcement resources “to facilitate investigations, information sharing and operational coordination, and to promote special strategic initiatives” within a defined geographic region.⁴⁵

Local, state and locally assigned federal law enforcement officers represent their participating agencies collaborating within the HIDTAs to assess drug trafficking problems and design specific initiatives to reduce or eliminate the production, manufacturing, transportation, distribution, and chronic use of illegal drugs and

money laundering.⁴⁶ The U.S. Office of National Drug Control Policy funds 32 HIDTAs nationally and three in Florida. The three HIDTAs in Florida – South, Central and North - encompass 21 of Florida’s 67 counties, stretching intermittently from Duval County to Monroe County.

Each Florida HIDTA funds multi-jurisdictional task forces charged with overseeing a broad region. Florida’s HIDTAs also produce drug intelligence reports and threat analyses that are used to prioritize targets and develop special operations. It is estimated that every \$1 invested in the HIDTA program yields \$63 in drugs and assets removed from the market.⁴⁷ Continued aid for the HIDTA program is critical to disrupt prescription drug trafficking in Florida.

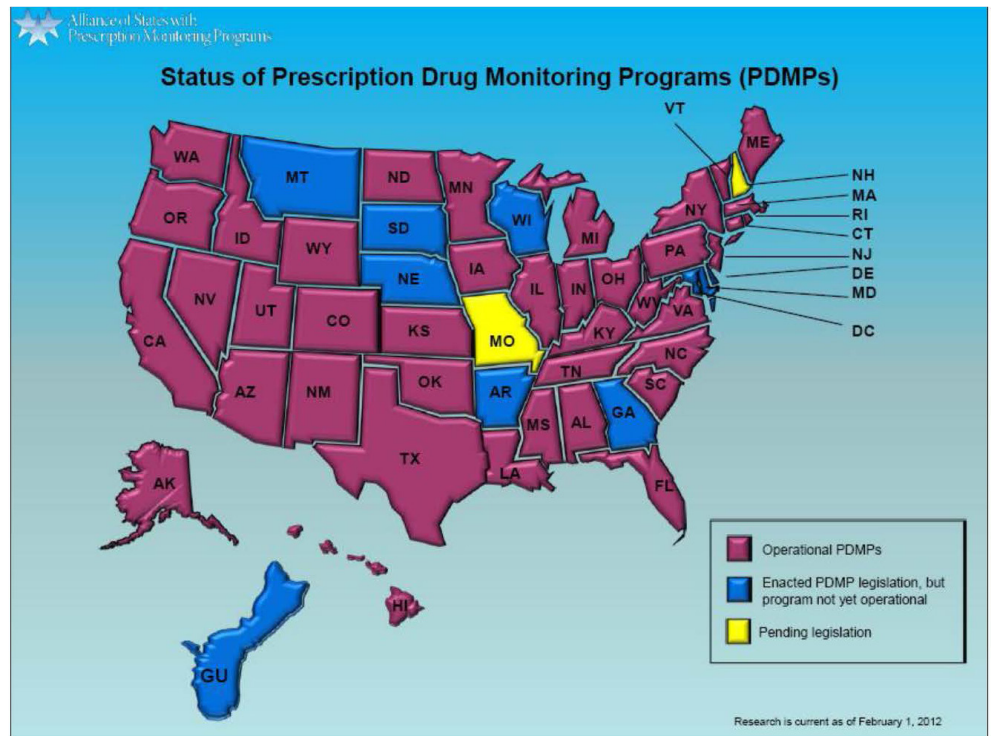
Changing the Culture of Prescription Drug Abuse

Key tenets to changing the culture include:

- Prescription Drug Monitoring Program will enable the Department of Health and law enforcement to better control both Doctors grossly overprescribing and patients “doctor shopping” and “pharmacy hopping.”
- Citizens need to understand the role their own medicine cabinets play in fueling prescription drug abuse – expired meds need to be routinely turned in or properly disposed of.
- Citizens need to understand that prescription meds should only be “taken as directed.”

Prescription Drug Monitoring Programs:

Florida’s PDMP allows prescribers and dispensers to input and receive accurate and timely prescription history information, while also ensuring patients have access to the medical care that they need. As of February 2012, forty states had operational prescription monitoring programs with eight states having legislation in place for the establishment of a PDMP.⁴⁸ Perhaps one way of viewing their effectiveness is by the fact that criminal organizations have established a thriving business of transporting individuals from states with strong PDMPs to Florida, a state that previously lacked a PDMP.⁴⁹



The National Alliance for Model State Drug Laws identifies various benefits of a PDMP:

- protecting access to legitimate medical use of controlled substances
- deterring or preventing drug diversion and abuse
- facilitating the identification, intervention and treatment of persons addicted to prescription drugs; and
- providing data on use and abuse trends for public health initiatives.

E-FORCSE (Florida's PDMP)

Section 893.055, Florida Statutes, creates Florida's PDMP, the Electronic Florida Online Reporting of Controlled Substances Evaluation (E-FORCSE) program. E-FORCSE collects and stores prescribing and dispensing data for controlled substances in Schedules II, III, and IV. Health care practitioners are required to report to E-FORCSE each time a controlled substance is dispensed to an individual. This information is to be reported only on individuals 16 years and older through the electronic system as soon as possible, but not more than 7 days after dispensing. In addition, this same information will be used to establish a Patient Advisory Report (PAR), which will be used by practitioners to alert them of patients who are possibly doctor shopping. All information received and sent through E-FORCSE will meet all the security requirements required of the Federal Health Insurance Portability and Accountability Act (HIPAA) and the Florida Department of Health.

E-FORCSE provides safeguards to protect patient safety and confidentiality. Any person who willfully and knowingly violates the confidentiality or has unauthorized access commits a felony of the third degree. The information within the database can only be accessed indirectly by six entities (Office of the Attorney General, health care regulatory boards, law enforcement, Department of Health, PDMP Implementation and Oversight Task Force, and patients to verify their prescription history). Lastly, in order to access the PDMP database one of these six entities must request any information from a PDMP program manager before being privy to the information within.

It is important to note that Floridian's prescription histories – to include all prescription drugs, not just Schedule II-IV drugs - are already housed in private sector databases and are easily accessible. For example, prescription drug information can often be found in a local pharmacy's computer database, the pharmacy's regional headquarters database, and the pharmacy's national headquarters database. Health insurance companies and their agents who pay for medications typically maintain the same information in their databases. Quite simply, Florida's PDMP mandates more stringent controls on prescription history, and imposes greater penalties for unauthorized disclosures than currently exist for any potential breach of the various private sector databases housing Floridian's prescription histories.

Most notably, PDMPs have repeatedly been proven to reduce “doctor shopping” by limiting a pill seeker's ability to go from pharmacy to pharmacy to fill scripts, and perhaps more significantly, by aiding diversion investigations.⁵⁰

Florida's PDMP will be a state-level resource that will help to both improve patient standard of care, over time, as well as assist local law enforcement in their active criminal investigations of pharmaceutical diversion. Important to note is the ongoing discussion concerning individual privacy rights versus the states' ability to effectively deter and police. Florida's PDMP has been specifically designed to not allow law enforcement to obtain information from the PDMP without direct reference to an active criminal investigation. Upon a valid law enforcement request, the Florida Department of Health's PDMP Program Manager – the only individual with actual physical access to prescription histories within the PDMP – then “curates” the information and forwards the prescription drug data to the vetted law enforcement requestor.

Prescription Drug Monitoring Programs are a vital tool for preventing and reducing prescription drug diversion and abuse. PDMP's are not however a “silver bullet” that will reduce all diversion and abuse of prescription drugs. Rather, a prescription drug database is simply an important and integral part of the coordinated plan that Florida needs to implement in order to curtail and eventually eliminate the scourge of “pill mills.”

Industry Cooperation: Industry cooperation is a critical strategic tool to stop prescription drug diversion. Pharmaceutical companies need to collaborate with government agencies, health care groups and medical organizations to create viable options to ensure those in need have access to care, as well as assist in ending the reckless diversion that floods communities. Industry cooperation should include supporting

public awareness campaigns, providing information for policy makers to stay ahead of future problems, as well as collaborating whenever and wherever possible to combat new forms of diversion and abuse.

Industry cooperation has started to take root with enhanced awareness and outreach campaigns. An example of this cooperative effort is the Drug Enforcement Administration's “Take-Back” campaign. This operation is ongoing, and consists of federal, state and local law enforcement working with prevention coalitions and pharmacies collecting potentially dangerous, expired, unused, and unwanted prescription drugs for safe disposal.

The first campaign in 2010 had more than 4,000 take back sites in all 50 states, and was an achievement that showed how various government and private entities can cooperate to lower the availability of diverted drugs.⁵¹

Other industry efforts include the “Lock Your Meds” multi-media campaign, and Sarasota County’s “2011 Safe Rx” Campaign. These campaigns seek to educate and notify adults about diverted prescription drugs and how to prevent diversion. Adults are encouraged and educated on how to lock-up their medication, properly dispose of it when no longer needed, educate their children of the dangers of taking another person’s medication, and even setting clear boundaries and rules for their children.



The “Lock Your Meds” campaign is targeted to adult family members and was created by National Family Partnership. This campaign has an informative website which allows adults to view recent news concerning prescription medication, read tips on how to safely dispose of their medication, and learn why they should spread the word on the dangers of prescription drug abuse. The site has useful resources for parents, such as defining slang-terms their children might use in reference to prescription drugs, and a section titled “MEDucation” which seeks to inform parents on young adult abuse of pharmaceuticals. In this section, adults can learn of prescription abuse statistics in adolescents, where they are getting the drugs, reasons adolescents are abusing

the medication, and information about prescription drugs, including the most commonly abused drugs.⁵²

These industry-led awareness campaigns are starting to expand toward a wider audience which will, in turn, strengthen the state’s efforts to reduce prescription drug abuse. In 2011, twelve CEO’s from hospitals in Charlotte, Desoto, Manatee, and Sarasota counties banded together to create a multi-faceted awareness campaign to promote responsible prescription drug use. The goal was to ensure that health care providers and dispensers of prescription medication had the tools and education necessary to prescribe responsibly, and knew how to connect addicted patients to appropriate community drug treatment resources.

Florida’s Prescription Drug Diversion and Abuse Roadmap supports federal, state and local efforts to bring together pharmaceutical companies, pharmacies and those in the medical community that want to be a part of the solution. It’s important to note that pharmaceutical industry outreach has only begun in the past few years, and if Florida wants to effectively resolve the problem of pharmaceutical drug diversion and addiction, it must continue to reach out to, and work with, responsible actors in the pharmaceutical industry. Ultimately, because there are plenty of good stewards within Florida’s medical community, it will be these good practitioner’s guidance, support and actions - in conjunction with concerned citizens, law enforcement agencies, vigilant state regulatory agencies and key elements of the pharmaceutical industry - which will together drive unscrupulous medical practitioners out of the prescription diversion business.

Conclusion

The prescription drug epidemic is certainly not confined to Florida. States with the best successes fighting pharmaceutical drug diversion have paired multi-agency and multi-jurisdictional law enforcement operations with the routine use of some form of a Prescription Drug Monitoring Program to fight the supply side of the equation, while state leadership cooperatively engages with the pharmaceutical industry to work in tandem with the public health community to change cultural norms regarding pharmaceutical drug use, thereby attacking the demand side of the equation. Thanks to the leadership of the Governor, the Attorney General and Florida’s law enforcement and public health care communities, our state is now bringing to bear such a broad based strategy for fighting prescription drug trafficking and abuse.

CHAPTER 4

PREVENTION: A COMPREHENSIVE, COST EFFECTIVE APPROACH

Introduction

Reducing prescription drug abuse poses unique challenges. Prevention strategies must walk the fine line that informs people of the benefits of properly prescribed controlled substances, while at the same time instilling the message that when prescription drugs are misused or abused the consequences can be costly. Early prevention programs that focus on education and awareness of the risks of prescription drug abuse can be life-saving, and cost-effective. Current research demonstrates that for every dollar invested in research-based prevention, ten dollars is saved in treatment costs alone.⁵³ Thus, prevention strategies aimed at reducing the risk factors associated with using prescription medications inappropriately is a proven method to resolving prescription drug misuse or abuse.

This complex issue requires the coordination of a broad range of efforts that focuses on different aspects of the prescription drug epidemic. Our comprehensive plan to tackle Florida's high rates of prescription drug overdose, injuries, and associated crimes will therefore entail multiple types of intervention, including regulatory compliance practices, criminal enforcement, and substance abuse-related treatment services. However, prevention strategies remain our linchpin because prevention efforts more efficaciously intervene at earlier points of risk for individuals, families, and communities.

Prevention Framework

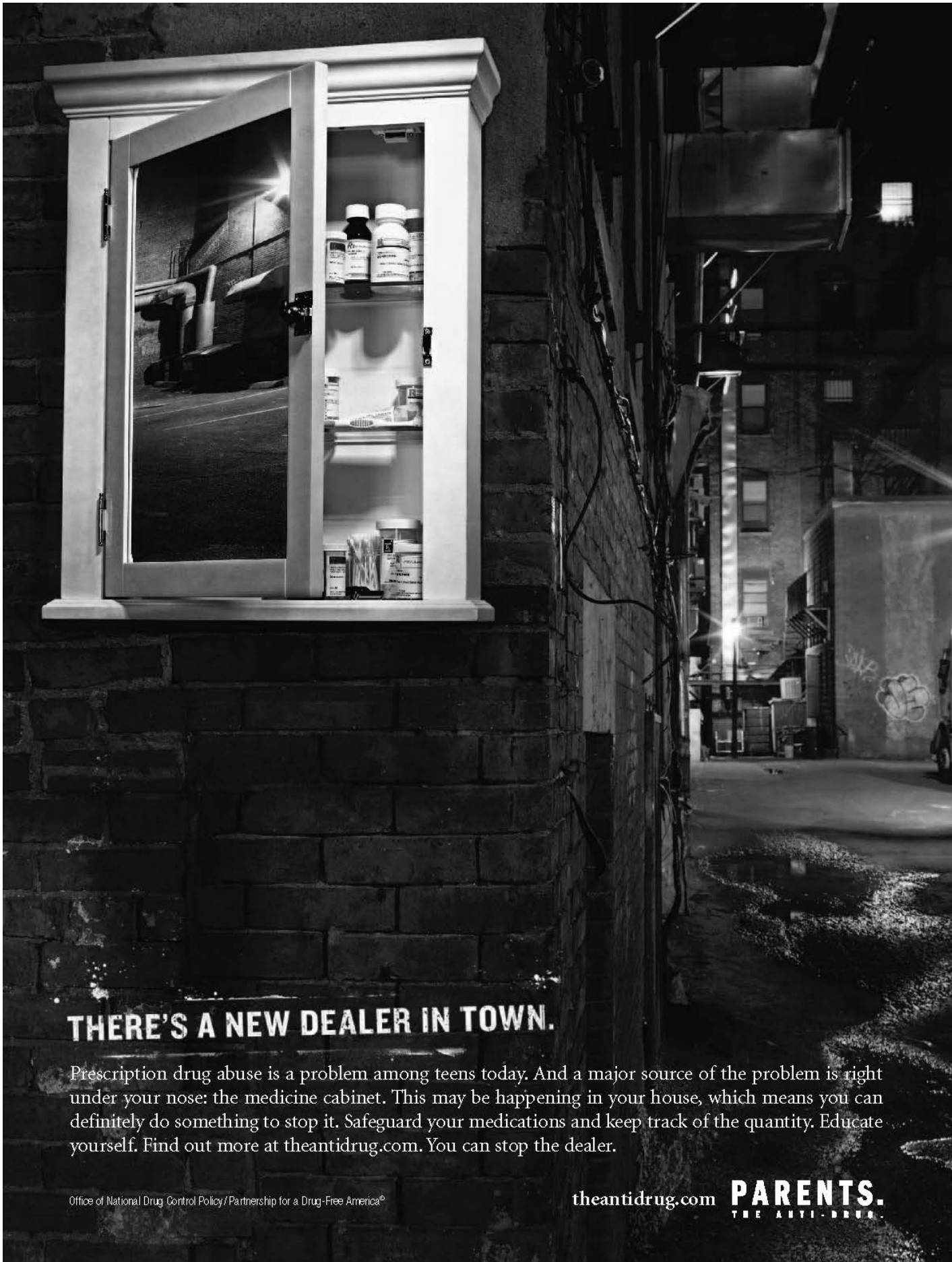
During the previous decade substance abuse prevention has progressed into a science. Prevention strategies now focus not only on changing individual behaviors, but also on affecting community-wide attitudes, beliefs, and institutional practices. The pain and suffering associated with prescription drug abuse is felt by individuals *and* their families. Because the scope of these devastating problems associated with abuse has this rippling impact, prevention strategies must focus on both individual and population level changes. With regards to prescription drug diversion and abuse, the overall goal of prevention is two-fold: (1) to increase the lawful and medically appropriate compliance to prescription drug use by patients and physicians, and (2) to reduce the abuse of prescription drugs and their negative consequences.

Since Florida's communities face various levels of affliction in this prescription drug epidemic, prevention strategies must be calibrated to the specific needs of a given community. Our prevention strategy begins by understanding the targeted substance abuse behavior in order to choose the most appropriate evidence-based response. In other words, deciding what types of interventions will work best begins with the examination of what is present in a given community that contributes to the prevalence of prescription drug diversion and abuse.

The success of preventative measures depends, in part, on the level of assessed risk. For the general population, prevention measures aim to minimize the potential for initiation of abusive and illicit behaviors in the first place. For those who are at-risk for abuse, appropriate preventions aim to eliminate early patterns of misuse or abuse. For the highest risk populations, prevention measures seek to reduce the negative consequences such as overdose deaths, drug-impaired driving injuries, and newborn withdrawal syndrome associated with established behaviors of abuse.

Prevention Strategies:

- *Primary prevention strategies aim to prevent nonmedical use, abuse, and diversion of prescription drugs in the first place.*
- *Secondary prevention strategies focus on eliminating early experimentation with nonmedical use and diversion of prescription drugs.*
- *Tertiary prevention strategies seek to reduce the established behaviors of prescription drug abuse and diversion.*



THERE'S A NEW DEALER IN TOWN.

Prescription drug abuse is a problem among teens today. And a major source of the problem is right under your nose: the medicine cabinet. This may be happening in your house, which means you can definitely do something to stop it. Safeguard your medications and keep track of the quantity. Educate yourself. Find out more at theantidrug.com. You can stop the dealer.

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Risk Factors for Prevention

There are specific risk factors associated with the nonmedical use of prescription drugs. Abusers of prescription drugs have significantly poorer mental and physical health compared to national norms.⁵⁴ Several studies have noted that the use of tobacco, alcohol, marijuana, ecstasy, cocaine, and/or other substances were all predictors of the nonmedical use of prescription drugs. Researchers have also found seven characteristics that were independently associated with prescription drug abuse. These include: time spent in jail, a family history of substance use disorders, cigarette smoking, post-traumatic stress disorder, being a non-Hispanic white male, and/or having a high degree of pain-related limitations.⁵⁵

While males are more likely to abuse, there is a rapidly growing female population of prescription drug abusers. Females have a significantly greater psychopathology and can have poorer general health than males.⁵⁶ Overall, pain is oftentimes the motivating factor to initiate the nonmedical use of prescription drugs. A small subset of users however reports other motivating factors, such as the desire for euphoria and even simple experimentation.⁵⁷

Among men, seeking euphoria tends to be the main motivating factor, while numbing or avoiding pain tends to be the main motivating factor for females in abusing prescription drugs.⁵⁸

According to the National Survey on Drug Use and Health data, about three-fourths of the new users of prescription opioids are under the age of 25 and about 38 percent are under 18 years of age.⁵⁹ Among adolescents, risk factors associated with prescription drug abuse include: poor academic performance, past year depression, impulsiveness, sensation-seeking behaviors and higher risk-taking levels. Earlier misuse of prescription drugs increases the risk for the development of abuse or dependence later on, with a 5 percent drop in risk every year that misuse is delayed.⁶⁰

Therefore, adolescence is a critical developmental period for shaping perceptions and the motives driving the misuse and abuse of prescription drugs. Surprisingly, perhaps, is also the fact that the largest number of those who initiate prescription drug misuse start without their own legal prescription. One study, which conducted 700 interviews of individuals between the ages of 12 to 44, found that

Tamper-Resistant Technology & the Risk Evaluation and Mitigation Strategy

The diversion of prescription drugs can be achieved in various illicit approaches. Oftentimes diverted pain medication will be crushed, snorted or injected in order to amplify the high, which then increases the likelihood of a fatal occurrence. To combat this abuse it is critical to have abuse-deterrent formulations. The Risk Evaluation and Mitigation Strategy (REMS) play a central role to ensure benefits of new extended release opioids analgesics outweigh the risk.

The Food and Drug Administration (FDA) approves new formulations of controlled release drugs, like OxyContin.

In evaluating the risk and benefits of pain relieving medications, the FDA announced that it plans to implement a REMS requirement for all extended-release opioid analgesics.

The REMS plan is driving current research and development efforts and may ultimately encourage prescribing of newer tamper-resistant extended-release opioids.

Elements of REMS include:

- a medication guide (a document written for patients providing essential safety information about the drug)
- a communication plan (educating healthcare professionals on the safe and appropriate use of the drug)
- Elements to Assure Safe Use (EASU) systems (physician certification to prescribe the drugs and restrictions on the distribution of the drug to specific pharmacies)
- an implementation plan (how the EASU will be effectively practiced),
- a timetable for submission of assessments (mandates assessments of the drugs at 18 months, 3 years, and 7 years after its release)

Requiring regular assessments is a significant step toward producing and prescribing safer opioid pain medications. The national prescription drug plan from the Office of National Drug Control Policy supports REMS, and the education it provides to patients and physicians on opioid pain relievers.

23 percent reported having loaned their medications, while another 27 percent reported that they had borrowed another person's prescription medication.⁶¹ The *National Survey on Drug Use and Health* reports that among people age 12 or older who reported using pain relievers non-medically in the past year, 55 percent got the drug they most recently abused from a friend or relative for free.⁶²

Florida's *Prescription Drug Diversion and Abuse Roadmap* recognizes that identifying the risk factors and motivations associated with the nonmedical use of prescription drugs is an important part in strengthening our prevention strategy. The misuse of prescription drugs represents a dangerous health threat and some doctors are unintentionally serving as one major source of abused prescription opioids. Therefore, our *Roadmap* believes that it is important to educate the health care community about substance abuse, and the necessity of monitoring patients that receive pain medications. It is important for health care providers to communicate with patients about the safety and health risks associated with diverted prescription drugs, as well as the legal risk of diverting their own medications.⁶³ Furthermore, health care providers should educate parents about the potential for diversion and abuse of prescription drugs and urge parents to discuss with their children the addictive potential these medications possess.

Six Prevention Framework Strategies

Effective prevention is not as simple as making educational materials available. Understanding prevention as a spectrum of strategies that bring about desired change provides a foundation to coordinate a comprehensive approach to reducing prescription drug abuse. The following prevention strategies are organized around six types of activities which enable various stakeholders to share in the responsibilities of addressing the epidemic. These strategies are a set of tools that can help us move beyond a primarily educational approach to achieve broad community goals with approaches that include a specific array of targeted activities.

The six prevention framework strategies are as follows:

1) strengthen individuals' knowledge and skills; 2) promote community education; 3) educate providers; 4) foster coalitions and networks; 5) change organizational policies and practices; 6) influence policy and legislation.⁶⁴

1. Strengthen individuals' knowledge and skills

Currently, there is a widespread lack of awareness by much of the public as to the dangers of misusing prescription drugs. Early prevention programs that educate about the risks of drug abuse and overdose are cost-effective and can save lives. With state-level leadership, Florida's strong prevention coalitions can create resources that help parents become better informed about the real danger of prescription drug abuse. Research demonstrates that children who learn about the risks of drugs from their parents or caregivers are up to 50 percent less likely to use drugs.⁶⁵ If children make it to adulthood without experimenting with drugs, they become far less likely to start using later in life.⁶⁶

For example, the advice provided by a physician has been associated with reductions in morbidity, mortality, risk behaviors, risk factors, and an increase in healthy behaviors.⁶⁷ A doctor or pharmacist can hold a great level of influence, and their sound guidance can have both a positive and negative impact. Unscrupulous physicians who prescribe large amounts of pain killing medicine beyond the standard practice of care are sending the dangerous message that dosage levels or quantities have no effect. However, a reputable physician who treats pain in a manner that is both safe and humane has the ability to send the message to their patients that prescription drugs are to be used as directed, and are not to be diverted to other family members or friends.

Preventing and Reducing Overdoses

The gap between the number in need of treatment and the number in treatment is a continuing policy concern. Most people with problematic substance use probably will never receive specialized addiction treatment services, and it should not take a person to be involved in the criminal justice system to finally receive substance abuse treatment. Earlier interventions are necessary. About 70 percent of Americans visit a health care provider, such as a primary care physician, at least once every 2 years.¹ This interaction puts health care providers in a unique position not only to prescribe the appropriate amount of medications, but also to identify prescription drug abuse when it exists.

Efforts such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) are therefore especially important. SBIRT is a public health approach to delivering early intervention to anyone who uses alcohol and/or drugs in unhealthy ways. Research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to reduce healthcare costs¹, and decrease the frequency and severity of drug and alcohol use.¹

Overdoses, particularly from opiates, are a growing crisis, and healthcare providers need to be able to recognize and intervene in overdose emergencies. The goal of such interventions must be not only to avert the immediate crisis, but also to link the patient to addiction treatment.

Florida's Prescription Drug Diversion and Abuse Roadmap seeks to expand the number of physicians, nurses, emergency medical technicians, and law enforcement professionals who are trained in recognizing an overdose and who further know how to administer life-saving techniques and overdose reversal medications such as Naloxone. This initiative must be pursued through continuing education programs and through work with the Florida Department of Health, the Board of Medicine, the Florida Medical Association, the Florida Sheriff's Association, and the Florida Police Chief's Association.

risk of prescription drug abuse. Providers can identify and intervene in cases of abuse. However, in order for this to be achieved, efforts must be continually made to educate physicians, pharmacists, and other healthcare professionals about the problems associated with prescription drug diversion and abuse. Medical professionals must be trained in safe prescribing habits and ways to identify and prevent misuse or abuse. The Risk Evaluation and Mitigation Strategy (REMS) that the Food and Drug Administration will be implementing will be a step toward ensuring medical professionals are trained in the risks of prescribing extended-release opioid analgesics. (See sidebar regarding REMS)

4. Foster Coalitions and Networks

Local communities experience prescription drug abuse first hand: it is local health care systems, law enforcement agencies and families that suffer from these illicit activities every day. Local community

2. Promote Community Education

Many local communities have brought much needed attention to the issue of prescription drug abuse. Recommendations to bring the issue of prescription drug diversion and abuse to everyone's attention must, in part, build upon these grassroots efforts. To drive home a powerful anti-abuse message, local prevention coalitions and law enforcement agencies must generate extensive media coverage about the dangerous consequences of prescription drug abuse, with the aim of reaching a broad audience. The use of mass media and social marketing techniques that get the message out, such as "Use Only as Directed" or "Don't Share or Borrow Prescription Drugs," can have a profound impact if delivered in the right context.

Effective community education not only alerts individuals to new information, but also builds a larger community of support for behaviors that will create safer, healthier communities. On the state-level, the Office of the Attorney General, in conjunction with the Department of Children and Families (DCF), will work to identify potential networks, partners, and funding sources for a statewide prevention campaign. In addition, the work of law enforcement through the statewide Drug Enforcement Strike Forces will increase visibility of criminal enforcement, and convey the message that there will be swift and certain punishment for diverting controlled substances.

3. Train Medical Professionals and Healthcare Industry Professionals

As noted with strengthening individuals' knowledge, healthcare professionals are key advocates for promoting changes in prescription drug use behaviors. They have a unique opportunity to encourage the adoption of a "Use Only as Directed" normative behavior in their patients. Direct service health professionals have regular contact with a wide variety of people, including those at

coalitions and expanded partnerships must be the prescription drug keystone, because we will only deal with the prescription drug epidemic by pooling our limited resources, and playing to the strengths of a community-based prevention approach.

This collaboration starts by seeking input from a wide variety of disciplines, such as the pharmaceutical industry, medical practitioners, pharmacists, law enforcement, and treatment providers (to name just a few), creating a broad depth of expertise available within our communities capable of first understanding the problem, then recommending solutions and actively working to bring together the necessary elements and resources to reduce this epidemic one neighborhood, one street, one family at a time. Increasing the number of community stakeholders (youth, parents, older adults, physicians, law enforcement, teachers, and business leaders) engaged with prescription drug prevention efforts is also a critical element in this approach. Holding town hall meetings, prescription drug take back programs, supporting “pill mill” moratoriums, lobbying elected officials, and other forms of advocacy can all work together to provide a sustainable platform for the sharing of best practices that will guide local communities in developing their own comprehensive prevention initiatives.

5. Change Organizational Policies and Practices

Organizational policies and practices are usually the least understood and most frequently ignored component, yet efforts made at this level have enormous capability for dramatically improving the health and safety of our communities. Two strategic initiatives aimed at changing policies and practices at both a community and statewide level include (1) the use of Florida’s Prescription Drug Monitoring Program (PDMP), (2) increasing methods for proper disposal of unused prescription medications, such as expanded “Drug Take Back” programs.

Florida’s PDMP is an essential tool in the effort to curb major sources of prescription drug diversion by expediting investigations and greatly reducing investigation time.⁶⁸ Florida’s PDMP can also be used as a prevention tool by examining patterns of questionable activity and then identifying areas where prevention resources would be effective. Having doctors and pharmacists review the PDMP before prescribing or dispensing is important to reduce diversion, and continual efforts will be made by state and local leaders to encourage the everyday use of the PDMP by Florida medical practitioners.

Almost three-fourths of teens abusing prescription drugs obtain them from family and friends, with the family medicine cabinet being a major source.⁶⁹ However, disposing of such medications in a fashion that is simple, legal, and environmentally responsible is a challenge. Law enforcement professionals and grassroots organizations who host “take back” events are able to generate attention to the issue of prescription drug abuse, and also create ways for adults to safely dispose of unused, unwanted, and expired medicine. Drug take back programs are vital towards limiting social accessibility to prescription drugs and prevent environmental contamination.

In addition to periodic “take back” events, Florida must create routine ways to safely dispose of expired medicine. Possible ways could include secure drop boxes at local sheriff’s offices, police stations, and even secure law enforcement-approved lock boxes conveniently located at sites where the public obtains their prescriptions. In order to facilitate such programs, the Secure and Responsible Drug Disposal Act of 2010 allows individuals who obtained prescription medications in a lawful manner to safely dispose of them through long-term drug take back facilities.⁷⁰ With a greater state-wide and national effort, prescription drug take back programs can effectively reduce the amount of diverted prescription drugs through public education and proper disposal.

6. Influence Policy and Legislation

For our statewide effort, strengthening prescription drug control legislation is a significant step to combat prescription drug diversion and abuse. Major efforts have already been achieved in this arena. In 2011, the Florida Legislature, in cooperation with the Office of the Attorney General, passed House Bill 7095 which was then signed into law by Governor Scott. This seminal legislation (detailed in the Executive Summary) sets the foundation for significant reductions in prescription drug diversion and abuse.

While many laws and policies already exist to reduce misuse or abuse, additional changes in law will be necessary to ensure success. As we progress with our strategy to reduce abuse, we must always be looking for opportunities to support and assist with the passage of legislation that can strengthen our work. Elected officials must be continually updated on the consequences of prescription drug diversion, and how abuse is impacting public safety in their community. These updates provide elected officials, and their staffs, insights about how the epidemic is evolving, and will allow them an opportunity to offer further solutions.

Conclusion

The fundamental goal of prevention education must be to shift people's perceptions and attitudes regarding the harm that comes from misusing prescription drugs. Our prescription drug prevention efforts will therefore focus on dispelling the myth that misusing prescription drugs is somehow safer for the user than "traditional" illegal street drugs, while increasing the public's general knowledge of the negative consequences of prescription drug diversion and abuse.

CHAPTER 5

REDUCING PRESCRIPTION DRUG ABUSE THROUGH FLORIDA'S DRUG COURTS

Introduction

Drug treatment for non-violent habitual offenders is a cost-effective way to reduce drug use and crime while lowering the taxpayers' burden for the criminal justice system.⁷¹ Within the criminal justice system, drug courts seek to end the cycle of persistent drug abuse and prison sentences by effectively treating non-violent drug offenders. Indeed, drug courts are the centerpiece for reducing substance abuse and crime, having been appropriately labeled as the "crown jewel" of Florida's treatment system. Drug courts work by first assessing offenders, linking them to appropriate drug treatment, and then holding each of these offenders accountable at every turn through graduated judicial sanctions. The drug court success story originated in Miami-Dade County in 1989; today, more than 2,500 drug courts across the country deal daily with over 120,000 offenders.⁷²

Florida's Prescription Drug Diversion and Abuse Roadmap recognizes the strength of our existing drug courts, and places them front-and-center in the multi-faceted fight against prescription drug abuse. First, Florida must expand drug courts across the state to admit more non-violent prescription drug offenders. Doing so not only increases overall savings to the state's budget because fewer offenders would be sentenced to costly prison time, but also decreases crime rates overall by effectively shortening a non-violent offender's nascent criminal history by intervening earlier with effective drug treatment consisting, in part, of swift and certain sanctions.⁷³

Second, Florida must ensure reliable screening processes are established to capture those offenders whose crimes are grounded in prescription drug abuse, and who would benefit from a comprehensive treatment program. Finally, drug courts must be sustained with reliable funding. Currently, 67 percent of states report that their budgets fail to meet the demand for drug court services.⁷⁴ Florida is no different: we must put drug courts on a sustained funding path if we hope to resolve the flood of new prescription drug arrests; otherwise growing and unsustainable social welfare costs will put the state budget under far greater stress in coming years than what it would cost to adequately fund the state drug court system today.

Why Drug Courts are Effective

Drug courts reduce drug seeking behaviors by treating the underlying addiction of the non-violent offender, thereby offering a greater chance of breaking the cycle of drug abuse, crime, and incarceration.⁷⁵ More broadly, criminal justice agencies work closely with the substance abuse treatment community to design and run effective drug court treatment programs.⁷⁶ Eligible participants for the drug court program are identified and assessed early, and then placed into a treatment program. During their time in treatment, offenders are given random drug screening tests, and are required to appear frequently in front of a judge for progress evaluations.

Drug court participants may be rewarded for remaining abstinent and attending meetings. Following successful completion of the drug court's treatment program, the court may, for example, offer participants a lesser penalty, set aside or reduce their sentence, dismiss the original charge, or a combination of these.⁷⁷ However, participants may also be sanctioned for violating the program's regulations by being removed from the program and given their original sentence.⁷⁸ In some drug courts, participants are also provided ancillary services, such as mental health treatment, family therapy, and job training to increase their probability for success.⁷⁹

It is estimated that every \$1 spent on drug courts results in costs savings of anywhere from \$1.74 to \$6.32 per participant.⁸⁰ On average, drug courts cost \$4,333 per client, but they save \$4,705 for taxpayers and \$4,395 for potential victims.⁸¹ But even these costs are minimal compared to the costs of incarceration, which are, on average, \$19,469 per inmate per year.⁸² A 2005 Government Accountability Office report showed

lower percentages of drug court program participants were rearrested or reconvicted. Drug court program participants also generally had longer times to first arrest or conviction than comparison group members.⁸³ When comparing the results of treatment through drug courts, and results from standard punishment, it becomes apparent that drug courts are highly effective in reducing crime and consequently taxpayer expense.⁸⁴

Criminal Nexus: Drug Abuse & Crime

A strong nexus exists between crime and drug abuse. If prescription drug abuse is left untreated, users will typically engage in repeated drug theft, shoplifting, prescription fraud, burglary, and a myriad of other criminal activities. Law enforcement is reporting that prescription drug abuse is especially fueling increases in property crimes as criminals seek to acquire powerful pain medications by breaking into pharmacies and homes in order to both consume and sell pills on the black market.⁸⁵

An indication of the impact prescription drug abuse has had on Florida's criminal justice system is the increasing number of new prison admissions for prescription drug-related crimes. For instance, during fiscal year 2000-01, the criminal charge of "*Trafficking in Heroin, etc., at least 4 but under 14 grams*" had only 60 new prison commitments (ranking #62 in overall offenses). In fiscal year 2010-11, there were 849 new prison commitments under this criminal charge (moving it up to #10 in overall offenses).⁸⁶ This equates to a 14-fold increase.

Our focus on treating prescription drug addiction in the criminal justice system reflects the scientific understanding that addiction is a result of brain changes caused by repeated drug use. The United States makes up roughly 5 percent of the world's population, but consumes 80 percent of its opioids, as well as 99 percent of the world's hydrocodone.⁸⁷ It is unclear how much of this consumption is legitimate and how much is diverted for abuse. Regardless, reducing the supply and demand for diverted pharmaceuticals is essential. Drug courts remain the most effective means we have for reducing diverted prescription drug demand by addicts in our criminal justice system.

Prescription Drug Abuse & Florida Drug Courts

Florida was the catalyst in creating the first drug court, and it will be the catalyst once again in supporting drug courts that combat the prescription drug abuse epidemic. There are currently 108 Florida drug courts in operation, which includes 48 adult, 5 adult Misdemeanor, 28 juvenile, 1 juvenile re-entry, 22 family dependency, and 4 DUI drug courts.⁸⁸ Unlike offenders who enter drug courts due to cocaine or heroin

FAIR Probation: Strengthening Drug Courts

Offenders under some form of criminal justice jurisdiction account for about 40 percent of new felony arrests, and barely half of all felony probationers' successfully complete supervision. Long delays in resolving a probation violation, high caseloads, and a current sanctions process that puts large demands on the time of probation officers and judges leaves the impression that a probation sentence represents something less than actual punishment. A comprehensive supervision program that enables offenders to resolve their dependency issues through a coerced abstinence-style program that is built upon swift and certain sanctions could address these concerns. Current research demonstrates that delivering relatively modest sanctions swiftly and consistently can be more effective than sporadically invoking harsh penalties.

The Florida Accountability Initiative for Responsible (FAIR) Probation is a collaborative partnership between the courts, corrections and sheriff's/law enforcement officials aimed at reducing both drug use and recidivism among offenders on probation. FAIR Probation benefits Florida's drug courts and treatment providers by drug testing offenders and screening out those offenders who are able to end their substance abuse via "coerced abstinence" (aims directly at reduced drug consumption). This "behavioral triage model" substitutes self-reported assessment with an offender's observed behavior under frequent random drug testing.

Offenders who can cease drug use under FAIR Probation conditions are not forced to undergo formal treatment, conserving treatment resources for those with more severe drug dependence. Those who fail to cease use under FAIR Probation conditions have demonstrated their need for a referral to drug court and the need to receive treatment. The keystone of the initiative is to support the effectiveness of drug courts with the ability to improve the completion rates, which for some drug court programs remain unacceptably low. Poor completion rates are not the fault of the dedicated and hard-working individuals who work in drugs courts, but can be attributed to unwarranted placements in the program that waste valuable resources that could be used for more suitable offenders. Completion rates can be turned around quickly when evidence-based screening and assessment tools are utilized. FAIR Probation can be the catalyst and support mechanism to strengthen current drug court operations for prescription drug abusing offenders.

charges, which are illegal substances, there are offenders who are entering drug courts for possessing diverted controlled substances that have medical value. A new specialty court is not necessarily required to address prescription drug abuse, but court personnel will need support and training to take on these unique cases.

Court personnel and county jails must be able to adapt drug court operations to effectively screen for prescription drug abuse. Screening determines eligibility, and this usually occurs soon after an arrest. For Florida's drug courts to accept a larger population of offenders whose involvement in the criminal justice system is tied to prescription drug abuse, a reliable screening tool is essential. The Texas Christian University (TCU) Drug Screen II is one example of a freely available, evidence-based tool that can be used to effectively assess an offender's willingness for admittance into a drug court program. This screening tool consists of a questionnaire that evaluates the extent to which an individual is addicted to particular drugs, including prescription drugs.⁸⁹

A full assessment determines suitability for specific types of services, and usually occurs after an offender is admitted into a drug court program.⁹⁰ Once an offender has been screened, they can then be placed into a drug court program.⁹¹ These detailed screenings and assessments are necessary in order to conclude if an individual can in fact succeed in a drug court program. Through proper screening and assessment, drug courts can avoid wasting precious time and resources on those who cannot or will not successfully complete treatment.

Conclusion

Combating prescription drug abuse requires drug courts to alter their screenings and adjust treatment referrals to shunt prescription drug abusers to those treatment providers capable of addressing prescription opioid drug addiction. While Florida's drug courts do not require any major overhauls in order to address prescription drug abusers, these courts do need sustained and even increased support if they are to effectively treat the large number of non-violent offenders flooding into Florida's criminal justice system. Ultimately, recovery from prescription opioid dependence is likely best achieved through a combination of pharmacotherapy (treatment using drugs) and counseling. In order to more rapidly and effectively adjust to changing trends in prescription drug abuse, partnerships between drug courts, community-based organizations, and public agencies must be fostered and sustained. Forming such coalitions enhances drug court effectiveness by increasing the number of services available to those offenders in the drug court programs.⁹²

CHAPTER 6

ESTABLISHING MEASURES OF SUCCESS

Introduction

Simply having a plan and setting clear goals will not guarantee success in ending Florida's prescription drug abuse epidemic. Because conditions in our communities constantly change, pertinent metrics must be used which are capable of assessing whether the *Roadmap's* tactics are working and progress is being made. The key is to use a few critical measures of effectiveness that directly address the crux of the problem, and which are understandable to both stakeholders and the public. The measures of effectiveness metrics we use must help us better prevent abuse, and detect and prosecute prescription drug diversion.

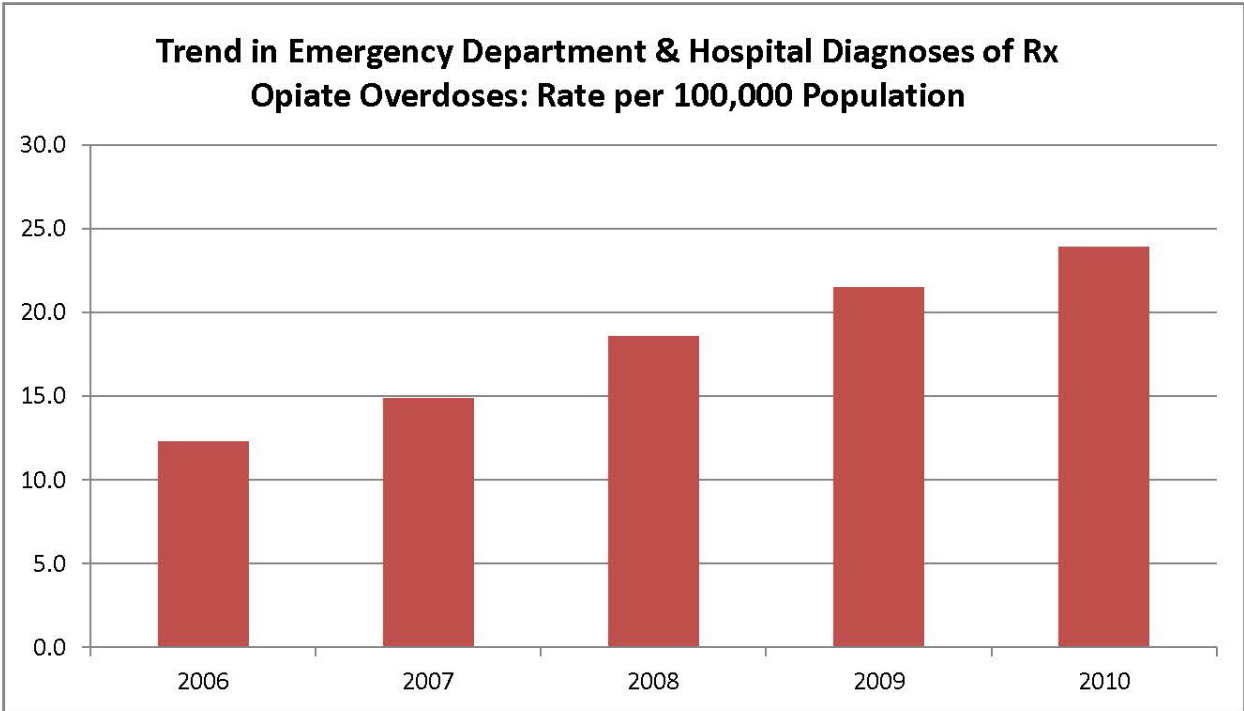
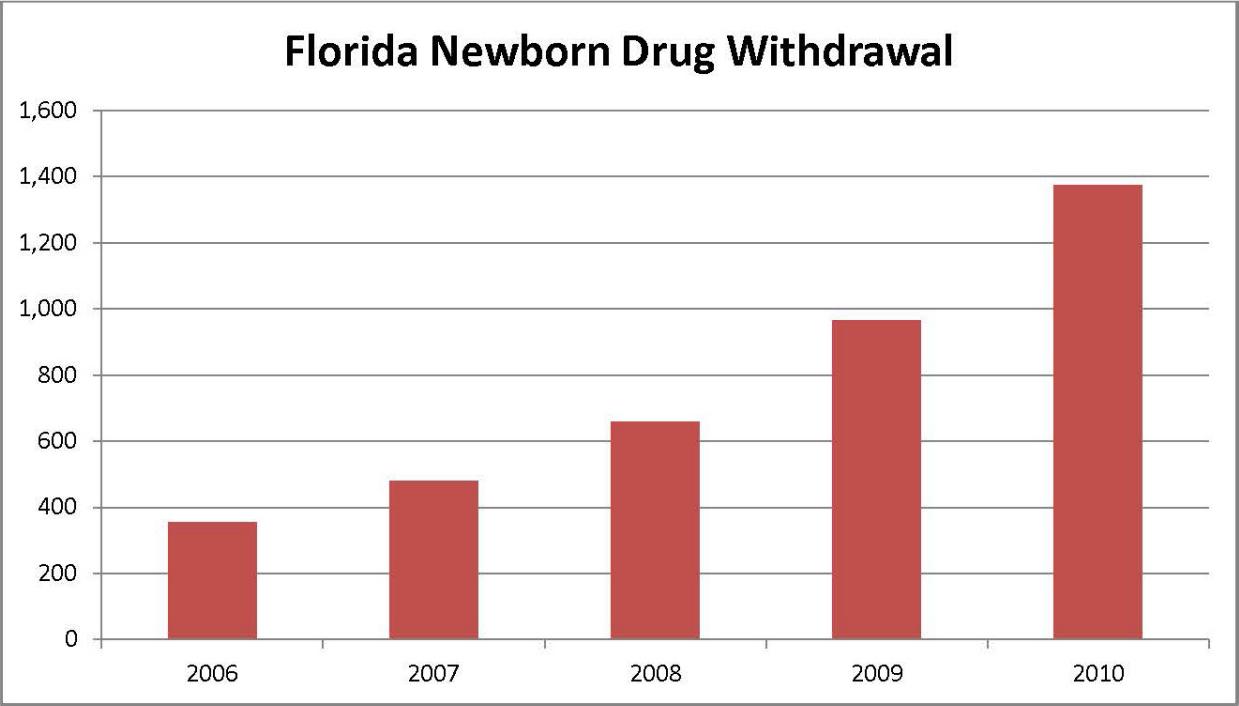
Our Roadmap's Metrics

Florida's *Prescription Drug Diversion and Abuse Roadmap* will use the following four main performance measures:

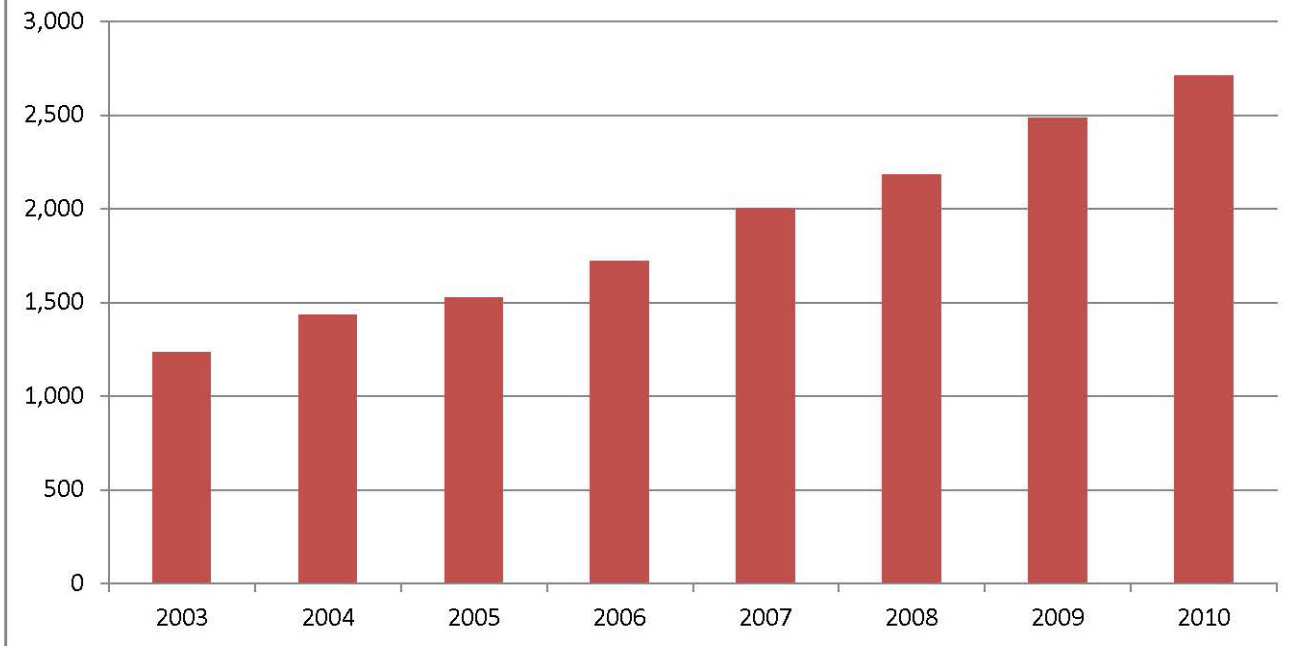
- Reducing the number of newborns withdrawing from drugs
- Reducing the number of prescription drug overdoses at Florida hospitals
- Increasing the usage rate of Florida's PDMP by the medical community
- Reducing the number of prescription drug deaths

These four performance measures will be the metrics used by state leaders in determining if progress is being achieved. While these metrics encompass Florida, we must remember that the foundation of our statewide plan is built on local law enforcement, prevention officials, medical professionals and court personnel who labor each and every day to end this epidemic; results will also inevitably vary by region.

The Regional Drug Enforcement Strike Forces, and Florida's local drug prevention coalitions, are encouraged to develop their own unique and germane performance measures to determine if their actions are having the desired impact in their jurisdictions. Our *Roadmap* sets forth specific steps that must be achieved, but nonetheless relies on regional implementation. If local jurisdictions take the key tenets of the *Roadmap* and adapt it in a way that addresses their unique problems, then ultimately we will realize success in dramatically reducing the burden prescription drug diversion and abuse currently imposes on our state.



Prescription Drug Deaths



APPENDIX A

Roadmap Acronyms

ADHD:	Attention Deficit Hyperactivity Disorder
AHCA:	Agency for Health Care Administration
ARCOS:	Automation of Reports and Consolidated Orders System
CNS:	Central Nervous System
CSA:	Controlled Substances Act
DAWN:	Drug Abuse Warning Network
DCF:	Department of Children and Families
DEA:	Drug Enforcement Administration
DOH:	Department of Health
EASO:	Elements to Assure Safe Use
ED:	Emergency Department
FAIR:	Florida Accountability Initiative for Responsible Probation
FDA:	Food and Drug Administration
FDLE:	Florida Department of Law Enforcement
FFC:	Florida Fusion Center
GAO:	Government Accountability Office
HIDTA:	High Intensity Drug Trafficking Areas
JCAHO:	Joint Commission on Accreditation of Healthcare Organizations
MD:	Medical Doctor
MQA:	Department of Health's Division of Medical Quality Assurance
NABP:	National Association of Boards of Pharmacy
NRS:	Numeric Rating Scale
NSDUH:	National Survey on Drug Use and Health
OCDETF:	Organized Crime Drug Enforcement Task Force
OD:	Osteopathic Medical Doctor
PDMP:	Prescription Drug Monitoring Program
REMS:	Risk Evaluation and Mitigation Strategy
SAMHSA:	Substance Abuse and Mental Health Services Administration
SBIRT:	Screening, Brief Intervention, and Referral to Treatment
TEDS:	Treatment Episode Data Set
VIPPS:	Verified Internet Pharmacy Practice Sites

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