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## Health Quality Subcommittee

Wednesday, November 8, 2017  
8:00 AM - 10:00 AM  
Mashburn Hall (306 HOB)

# Committee Meeting Notice

## HOUSE OF REPRESENTATIVES

### Health Quality Subcommittee

**Start Date and Time:** Wednesday, November 08, 2017 08:00 am  
**End Date and Time:** Wednesday, November 08, 2017 10:00 am  
**Location:** Mashburn Hall (306 HOB)  
**Duration:** 2.00 hrs

Briefing on the opioid crisis:

Presentation on drug overdose deaths by the Medical Examiners Commission:

Dr. Bruce A. Goldberger, Director, Division of Forensic Medicine, University of Florida  
Dr. Russell S. Vega, District 12 Medical Examiner, Desoto, Manatee, & Sarasota Counties

Presentation on the Prescription Drug Monitoring Program, by Rebecca R. Poston, PDMP Program Director,  
Department of Health

**NOTICE FINALIZED on 11/01/2017 2:57PM by Iseminger.Bobbye**



# Drugs Identified in Deceased Persons by Florida Medical Examiners



## 2016 Interim Report

Bruce A. Goldberger, Ph.D.  
Chief, Division of Forensic Medicine  
Department of Pathology  
University of Florida, College of Medicine

Russell S. Vega, M.D.  
District 12 Medical Examiner  
DeSoto, Manatee, & Sarasota counties



## Data were collected on the following drugs:

### Amphetamines

- Amphetamine
- Methamphetamine

### Benzodiazepines

- Alprazolam
- Chlordiazepoxide
- Clonazepam
- Diazepam
- Estazolam
- Flunitrazepam
- Flurazepam
- Lorazepam
- Midazolam
- Nordiazepam
- Oxazepam
- Temazepam
- Triazolam

### Ethanol

- Ethyl Alcohol

### Hallucinogenics

- Phencyclidine (PCP)
- PCP Analogs
- Phenethylamines/  
Piperazines
- Tryptamines

### Inhalants

- Halogenated
- Helium
- Hydrocarbon
- Nitrous Oxide

### Opioids

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

### Other

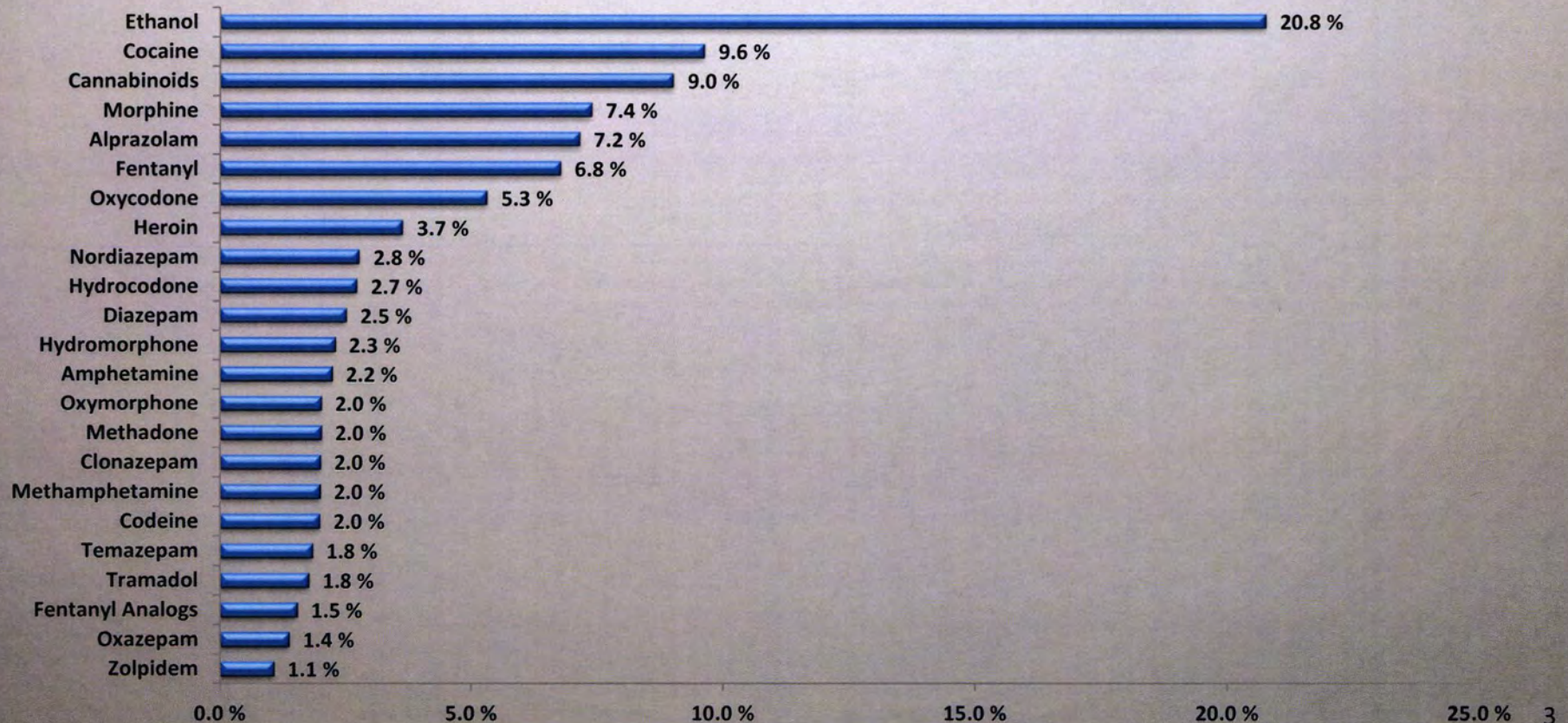
- Cannabinoids
- Carisoprodol/  
Meprobamate
- Cathinones
- Cocaine
- GHB
- Ketamine
- Sympathomimetic Amines
- Synthetic Cannabinoids
- Zolpidem



## General Statewide Trends (January – June 2016)

- Total drug-related deaths increased by 13.9% (658 more) when compared with the first six months of 2015.
- 3,044 individuals (466 more deaths than the first half of 2015) died with one or more prescription drugs in their system. The drugs were identified as both the cause of death and present in the decedent. These drugs may have also been mixed with illicit drugs and/or alcohol.
- 1,616 individuals (440 more deaths than the first half of 2015) died with at least one prescription drug in their system that was identified as the cause of death. These drugs may have been mixed with other prescription drugs, illicit drugs, and/or alcohol.

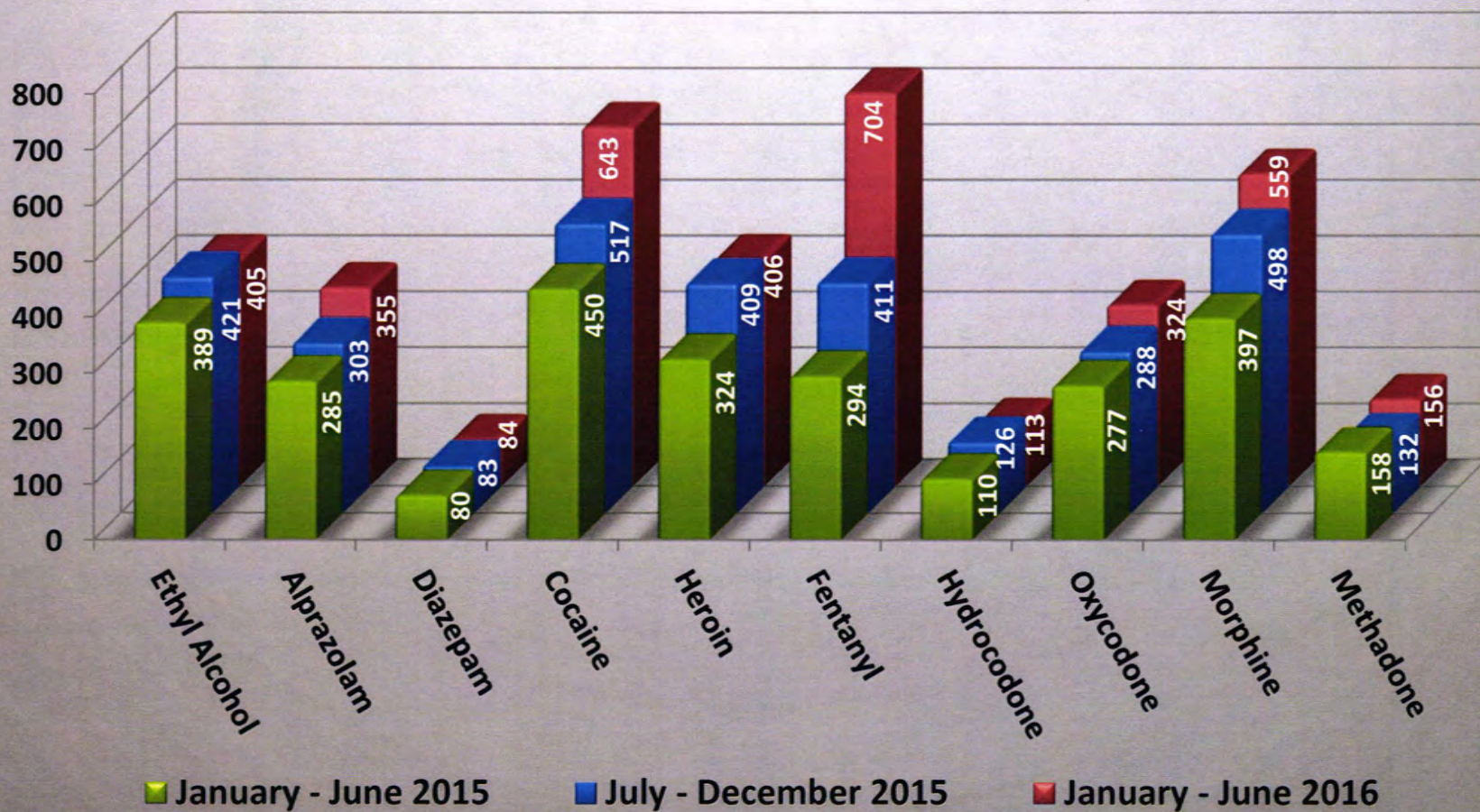
### Frequency of Occurrence of Drugs in Decedents





# Drug-Caused Deaths

January 2015 – June 2016

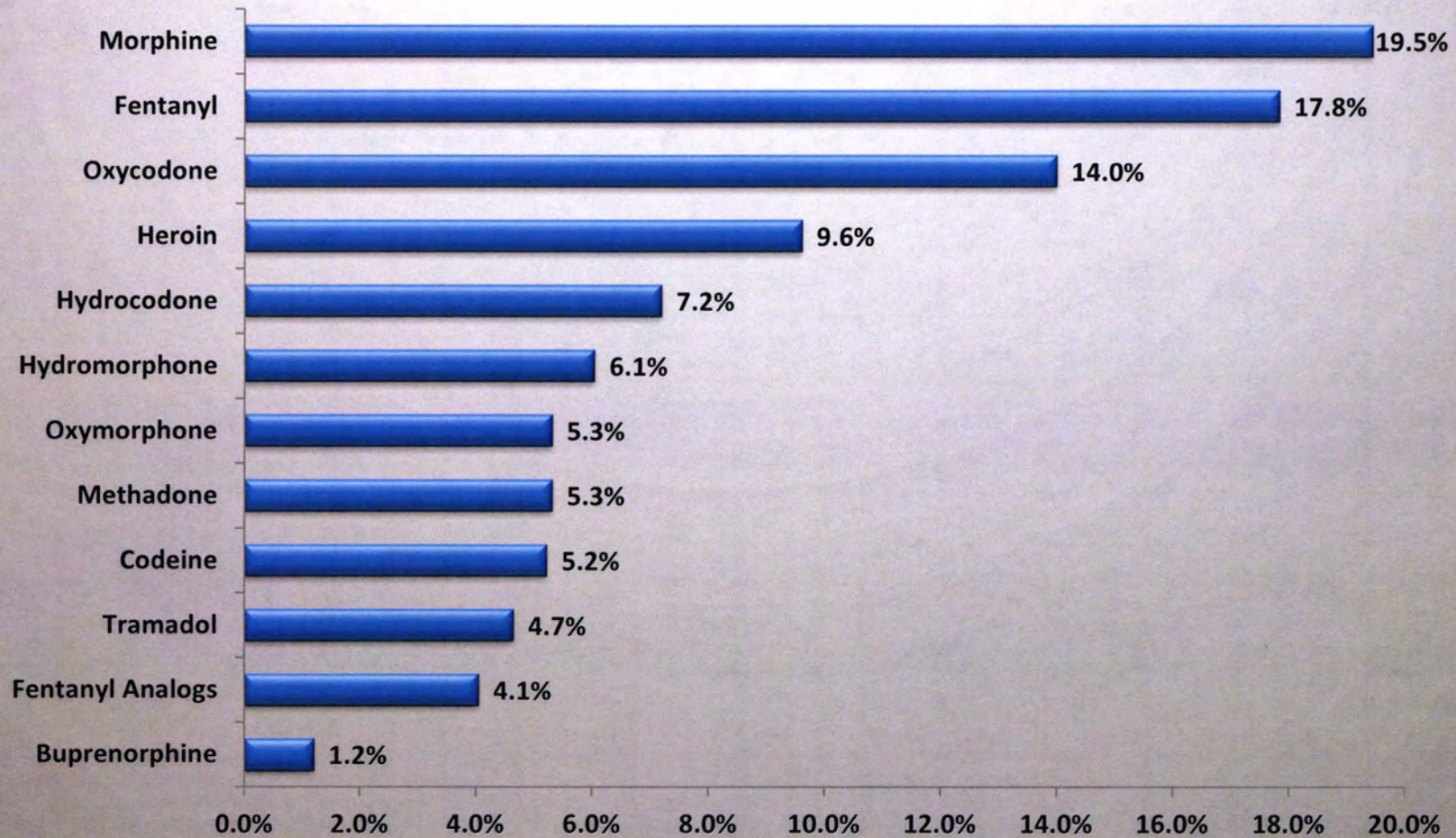


Note: Not all drugs are included in the above chart.



# Frequency of Occurrence of Opioid Presence at Death

January – June 2016



*Oxycodone is metabolized to oxymorphone, and thus, occurrences of oxymorphone may represent oxycodone ingestion rather than oxymorphone ingestion.*

*Heroin is metabolized to morphine, and thus, occurrences of morphine may represent heroin ingestion rather than morphine ingestion.*

*Codeine is frequently present in heroin, and thus, codeine occurrences may represent heroin ingestion rather than codeine ingestion.*

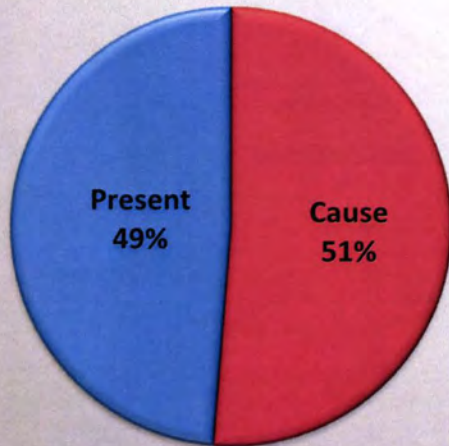


# Oxycodone Deaths – 632 Occurrences

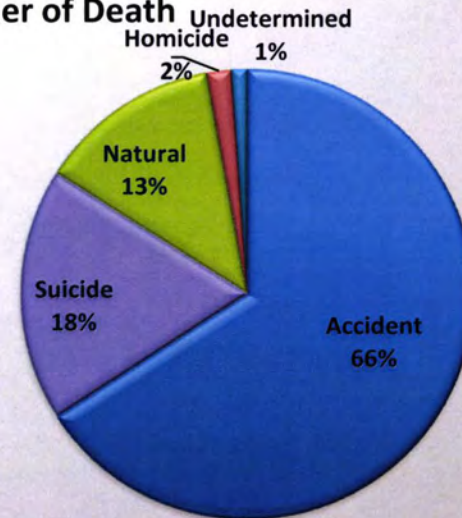
January – June 2016

Increase of 19.7% and deaths caused by oxycodone increased by 17%

Cause vs. Presence



Manner of Death

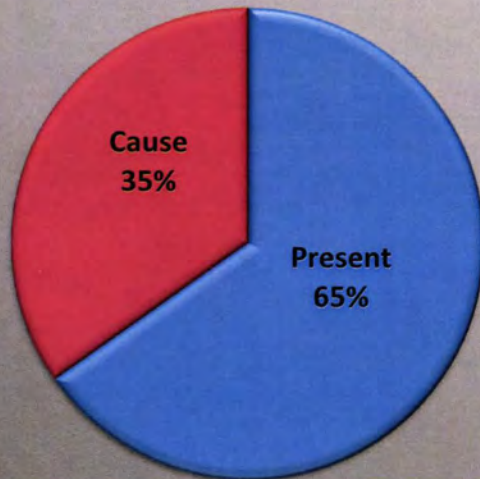


# Hydrocodone Deaths – 325 Occurrences

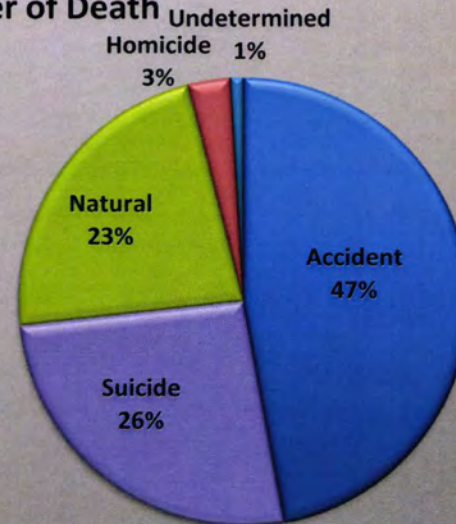
January – June 2016

Decrease of 9% and deaths caused by hydrocodone increased by 2.7%

Cause vs. Presence



Manner of Death



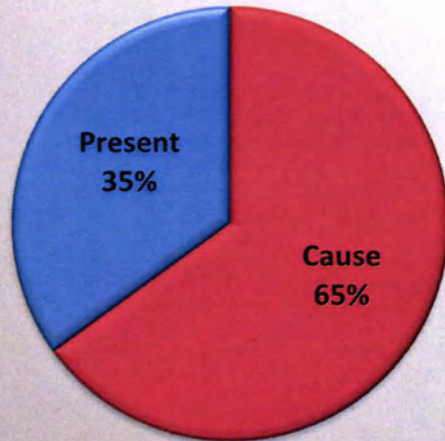


# Methadone Deaths – 240 Occurrences

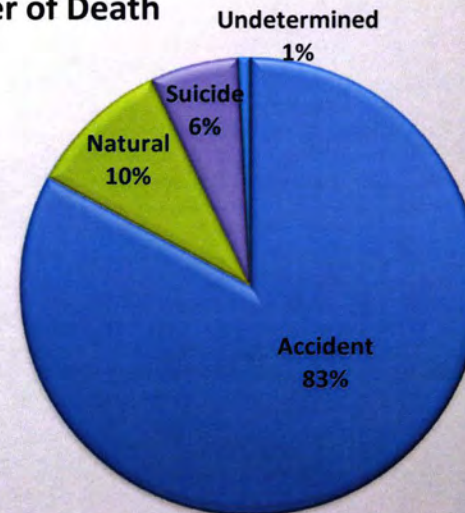
January – June 2016

Occurrences of methadone remained the same and deaths caused by methadone decreased by 1.3%

### Cause vs. Presence



### Manner of Death



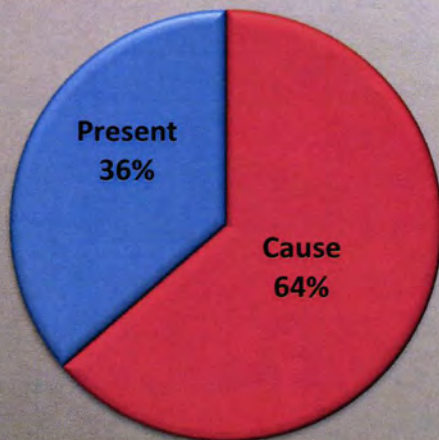
Note: No methadone deaths classified as homicides.

# Morphine Deaths

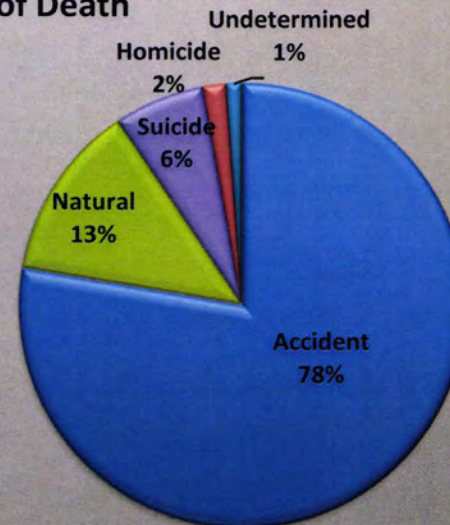
January – June 2016

Morphine was the most frequently occurring opioid with 878 occurrences, a 28.6% increase.

### Cause vs. Presence



### Manner of Death



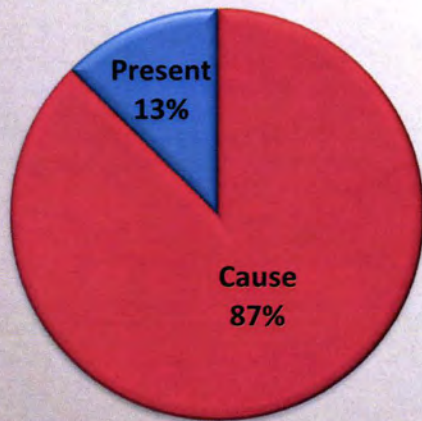


# Fentanyl Deaths – 805 Occurrences

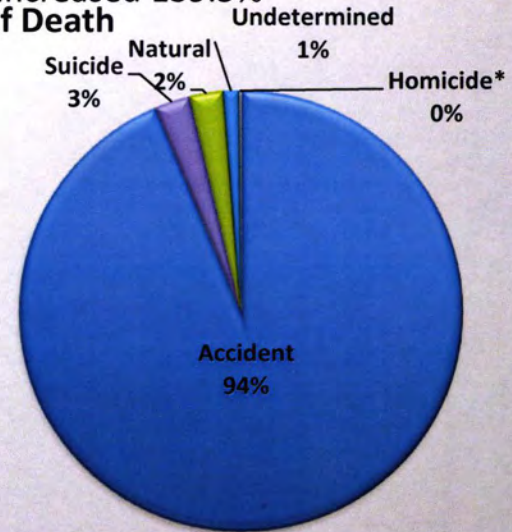
January – June 2016

Increase of 98.8% and deaths caused by fentanyl increased 139.5%

Cause vs. Presence



Manner of Death

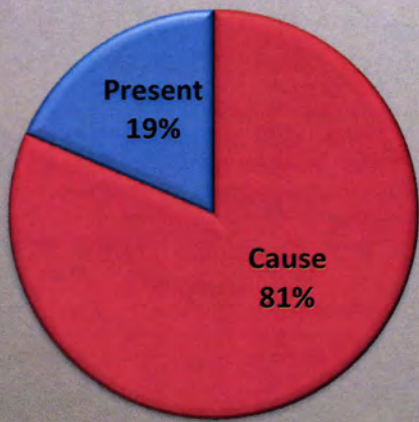


\*One fentanyl death classified as homicide.

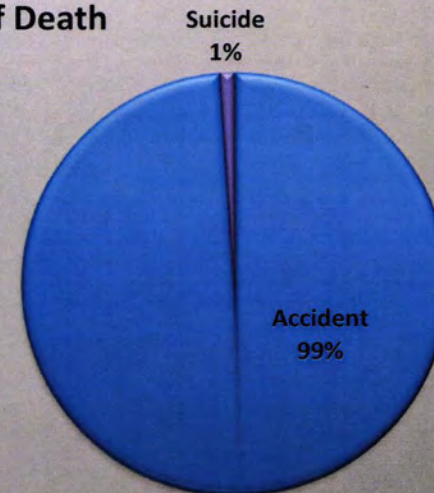
# Fentanyl Analog Deaths – 183 Occurrences

January – June 2016

Cause vs. Present



Manner of Death

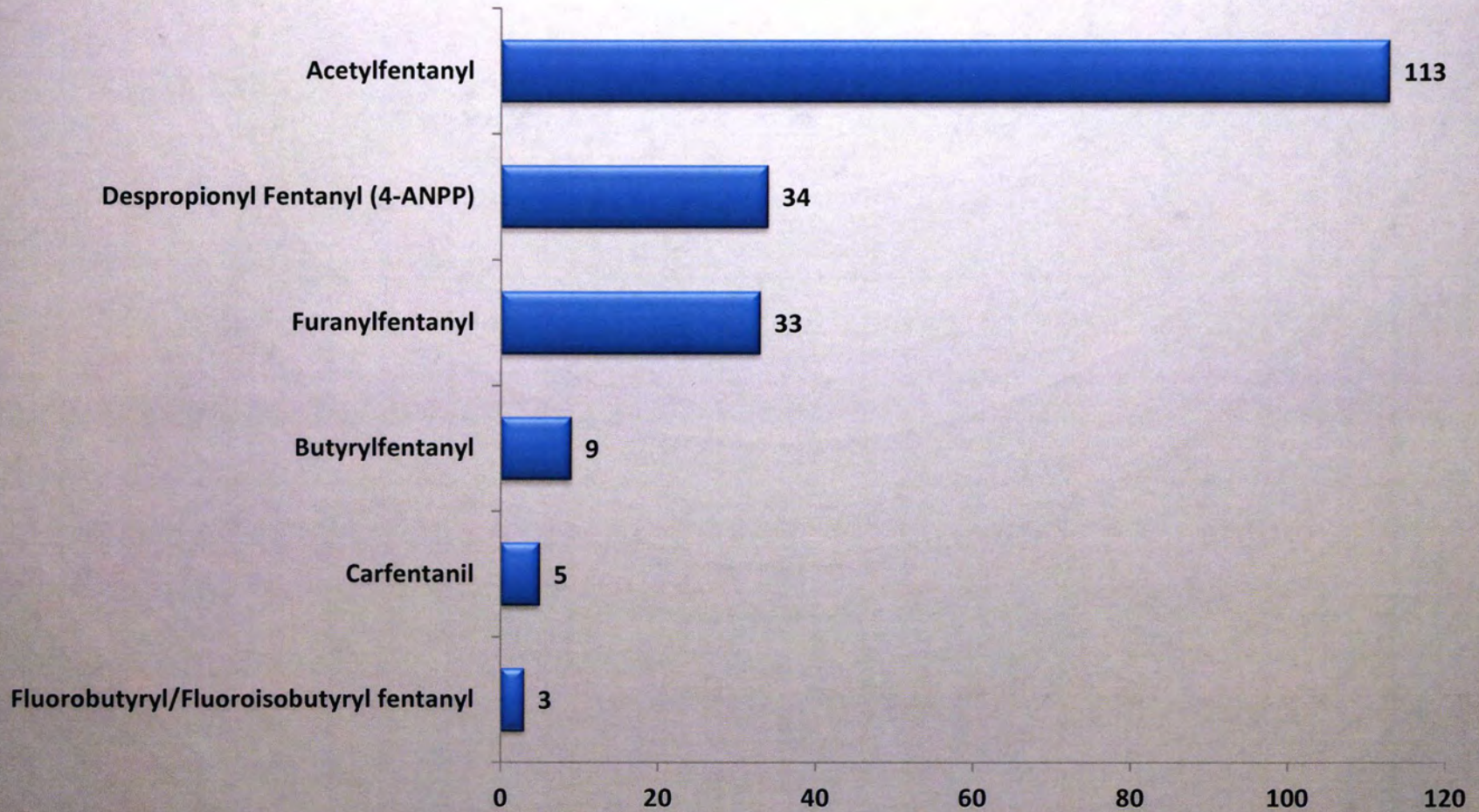


Note: Fentanyl analog deaths reported were classified as accident or suicide.



# Frequency of Occurrence of Fentanyl Analogs

January – June 2016



*Note: Some of the deaths had occurrences of multiple fentanyl analogs.*

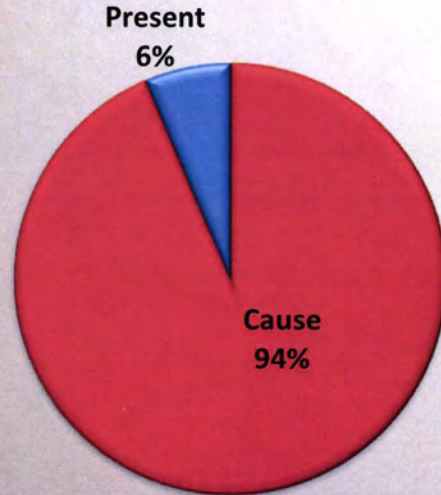


# Heroin Deaths – 434 Occurrences

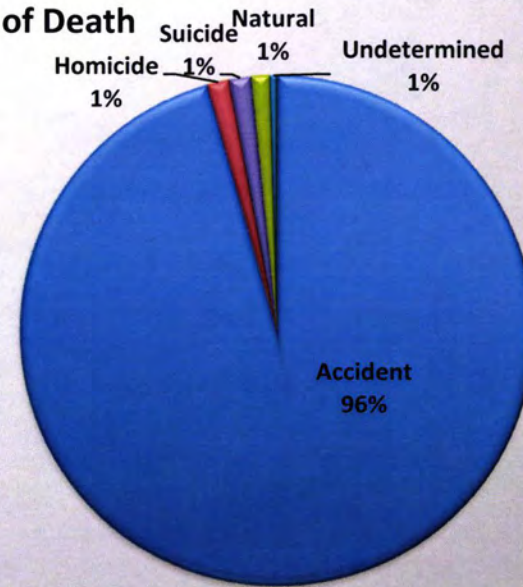
January – June 2016

Increase of 25.1% and deaths caused by heroin increased by 25.3%

### Cause vs. Presence



### Manner of Death

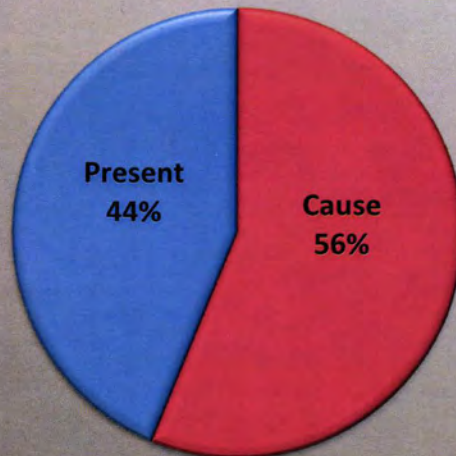


# Cocaine Deaths – 1,144 Occurrences

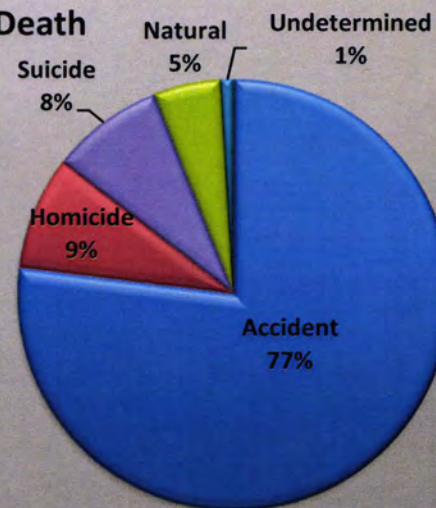
January – June 2016

Increase of 34.1% and deaths caused by cocaine increased by 42.9%

### Cause vs. Presence



### Manner of Death





## Comparison of Heroin, Fentanyl and Carfentanil



Comparing the size of lethal doses of heroin, fentanyl, and carfentanil. The vials here contain an artificial sweetener for illustration. (New Hampshire State Police Forensic Laboratory)



## Toxicology - Challenges

- Laboratories must develop and validate new analytical assays
- Many new assays require the utilization of upgraded and costly analytical instrumentation (LC-MS/MS)
- Reference material (drug standards) often not immediately available
- Increased demands upon the laboratory including workload and meeting turn-around-time requirements
- In the state of Florida (and U.S.), no standardization among government and private reference toxicology laboratories

## Medical Examiner - Challenges

- Increased demands upon the medical examiner community including increased workload, budget and reporting
- Interpretation of complex analytical findings
- Coordination with law enforcement agencies and local, state and federal prosecutors
- Reporting of autopsy, toxicology and other findings to MEC, DOH, etc.







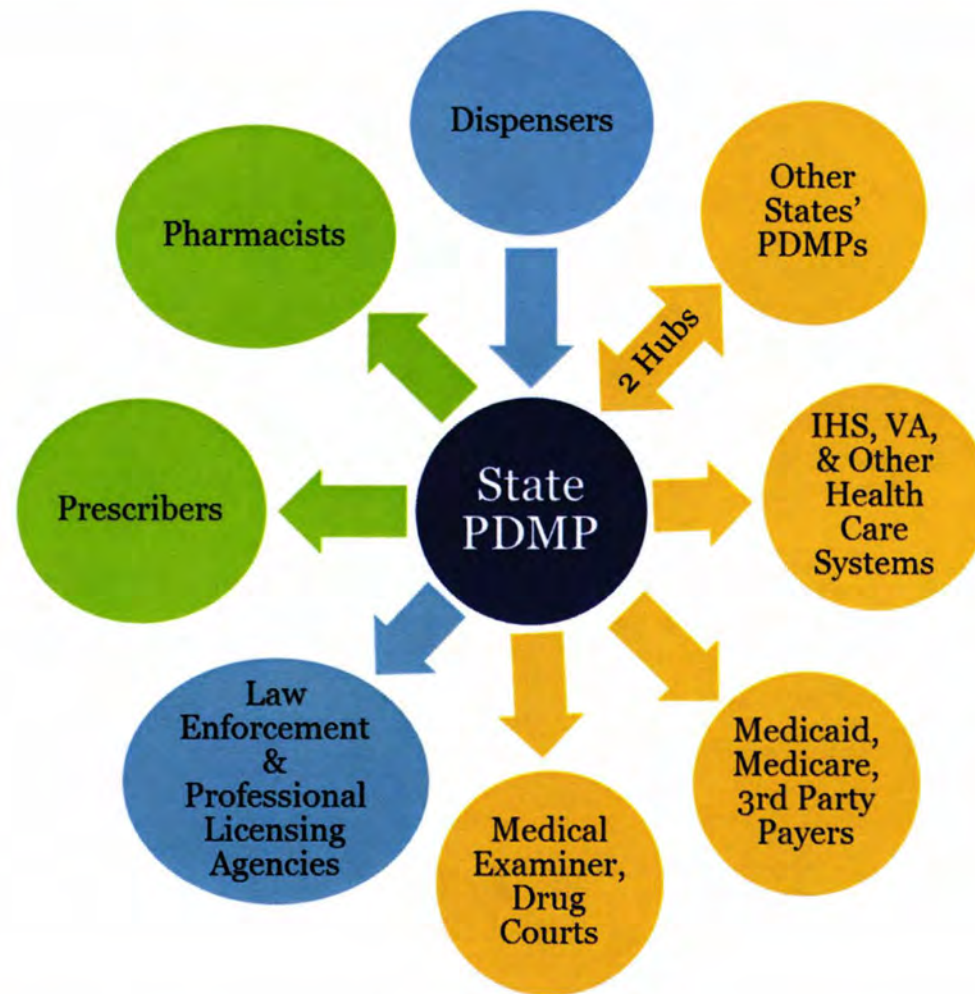
# Florida's Prescription Drug Monitoring Program Update

November 8, 2017  
Health Quality Subcommittee  
Rebecca R. Poston, BPharm, MHL  
PDMP Program Manager





# PDMPs: Generations I, II, and III



KEY: ● Generation 1 ● Generation 2 ● Generation 3



# Information Reported

- Patient
  - Name, Address, Date of Birth, Prescription Information, Payment Type, Telephone Number
- Prescriber
  - Name, Address, DEA Number
- Pharmacy
  - Name, Address, DEA Number



# Information Not Reported to the Database

- If ***administered*** directly to a patient
- If ***administered*** or ***dispensed*** to a patient less than 16 years of age;
- If ***administered*** or ***dispensed*** in the health care system of the Department of Corrections;
- If ***dispensed*** by a Department of Defense facility



# How is the information used?

- Prescribers and pharmacists use to improve patient care outcomes
- Enforcement agencies use to assist active investigations involving diversion, abuse and health care fraud
- Impaired practitioner consultants use to assist in monitoring treatment

# Registration and Utilization

License Type	Total Licensees (No.)	Registered Users (No.)	Registered Users (%)	Users who have Queried (No.)	Users who have Queried (%)	RY2017 Queries (No.)
ARNP	23,442	3,314	14.1%	2,389	72.1%	993,302
Dentist	13,402	1,064	7.9%	651	61.2%	27,962
MD	73,085	15,034	20.6%	10,601	70.5%	11,653,724
DO	8,217	3,185	38.8%	2,496	78.4%	2,607,733
PA	7,846	2,108	26.9%	1,672	79.3%	699,277
Pharmacist	30,247	17,852	59.0%	16,174	90.6%	19,757,284
<b>TOTAL</b>	<b>156,239</b>	<b>42,557</b>	<b>27.2%</b>	<b>33,983</b>	<b>79.8%</b>	<b>35,739,282</b>



# PDMP Data Characteristics

- Contains over 232 million records
- 7.3 million unique individuals in database with 6.9 million living in Florida
- 207,712 unique prescribers (67,835 are in-state, 139,877 out of state)
- Number of prescriptions per patient 5.08
- Number of prescriptions per prescriber 178.98

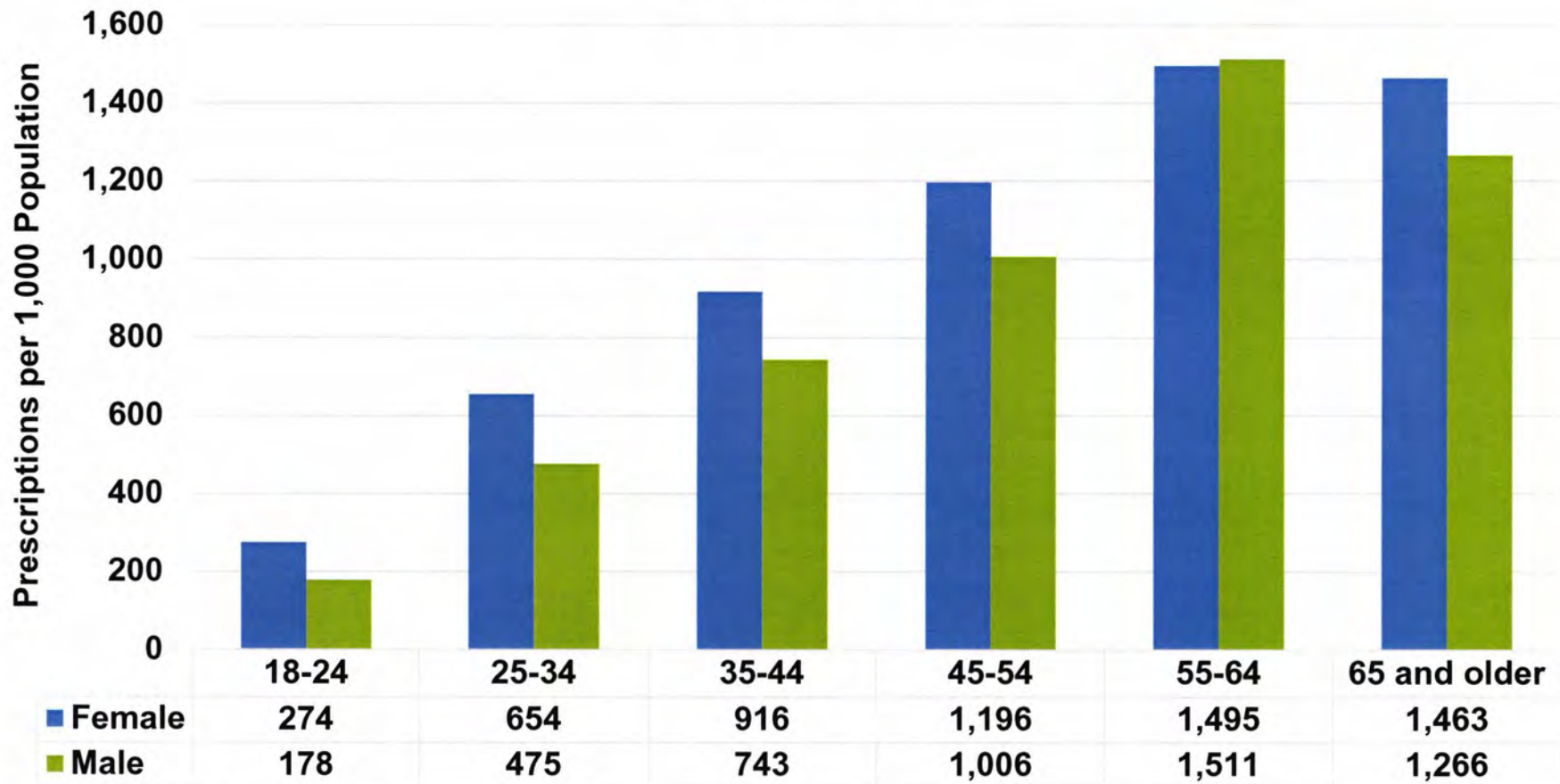
# Opioid prescriptions reported by dispensers for report year July 1, 2013 - June 30, 2016 by drug

DRUG NAME	RY2013	RY2014	RY2015	RY2016
<b>Total Opioid Prescriptions</b>	<b>13,090,880</b>	<b>12,885,546</b>	<b>15,200,301</b>	<b>15,372,742</b>
HYDROCODONE SA	6,120,956	6,014,557	5,359,325	5,123,070
OXYCODONE SA	3,742,288	3,673,917	3,963,049	4,263,901
TRAMADOL SA	142	60,510	2,598,803	2,763,302
CODEINE	600,912	575,211	639,786	669,405
MORPHINE LA	599,938	609,239	647,047	559,817
FENTANYL LA	357,271	380,150	401,024	414,103
HYDROMORPHONE	458,931	438,920	416,100	409,305
MORPHINE SA	305,209	305,238	319,744	324,894
OXYCODONE LA	318,413	298,995	300,974	311,492
METHADONE	371,659	329,083	304,460	288,369



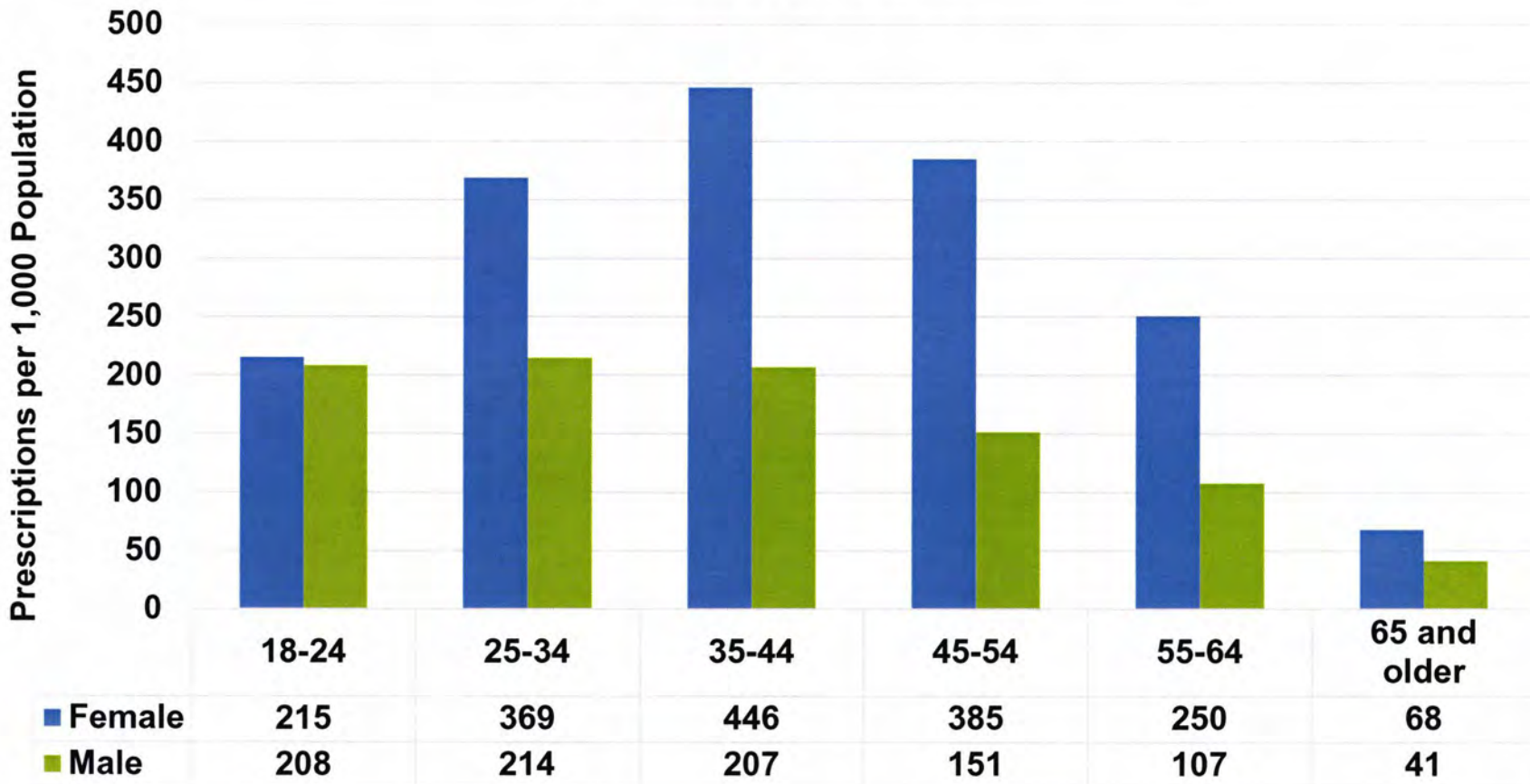
# Prescription rates by drug class, sex and age group, Florida residents, CY2016

## Opioids



# Prescription rates by drug class, sex and age group, Florida residents, CY2016

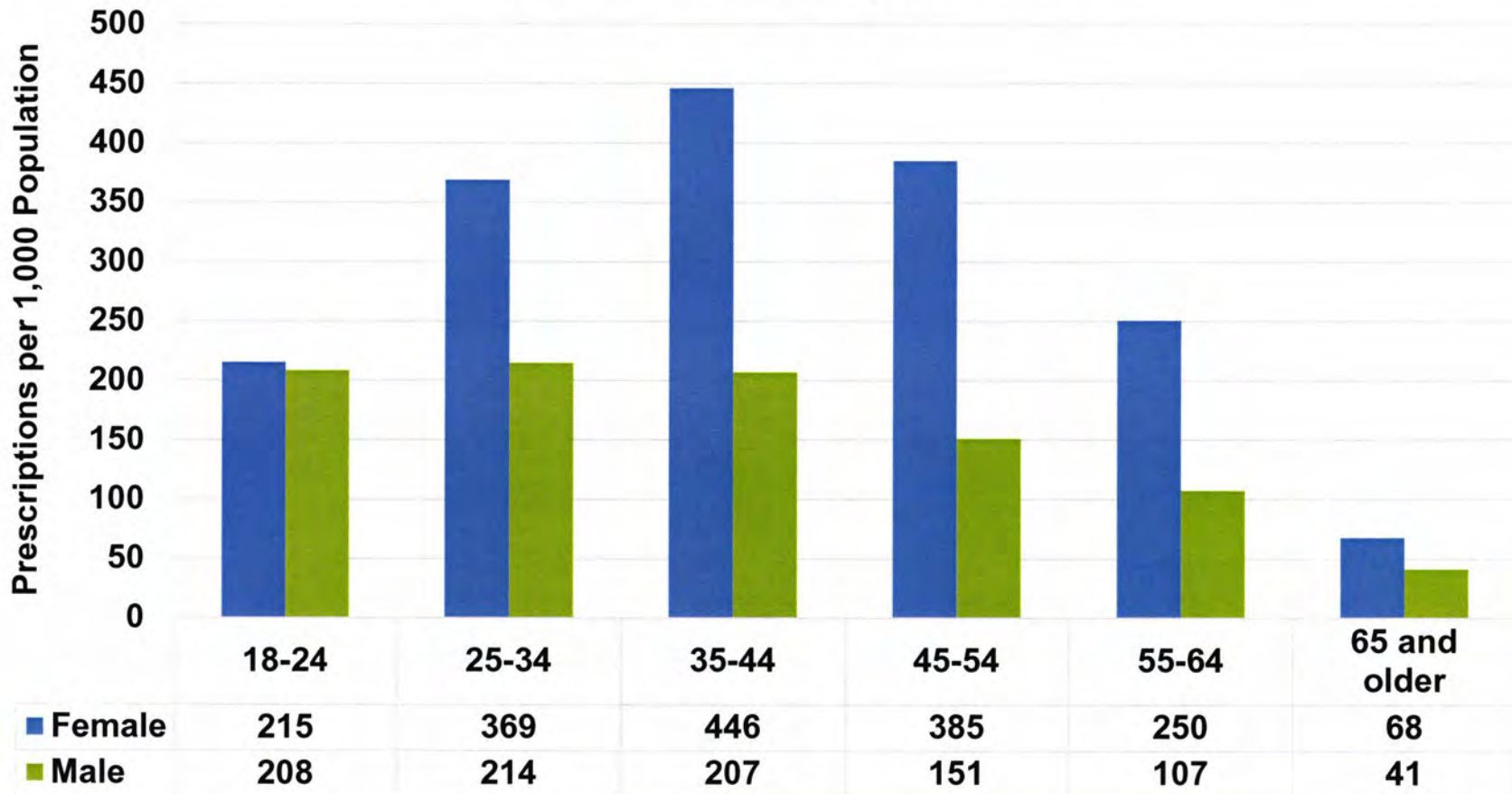
## Stimulants



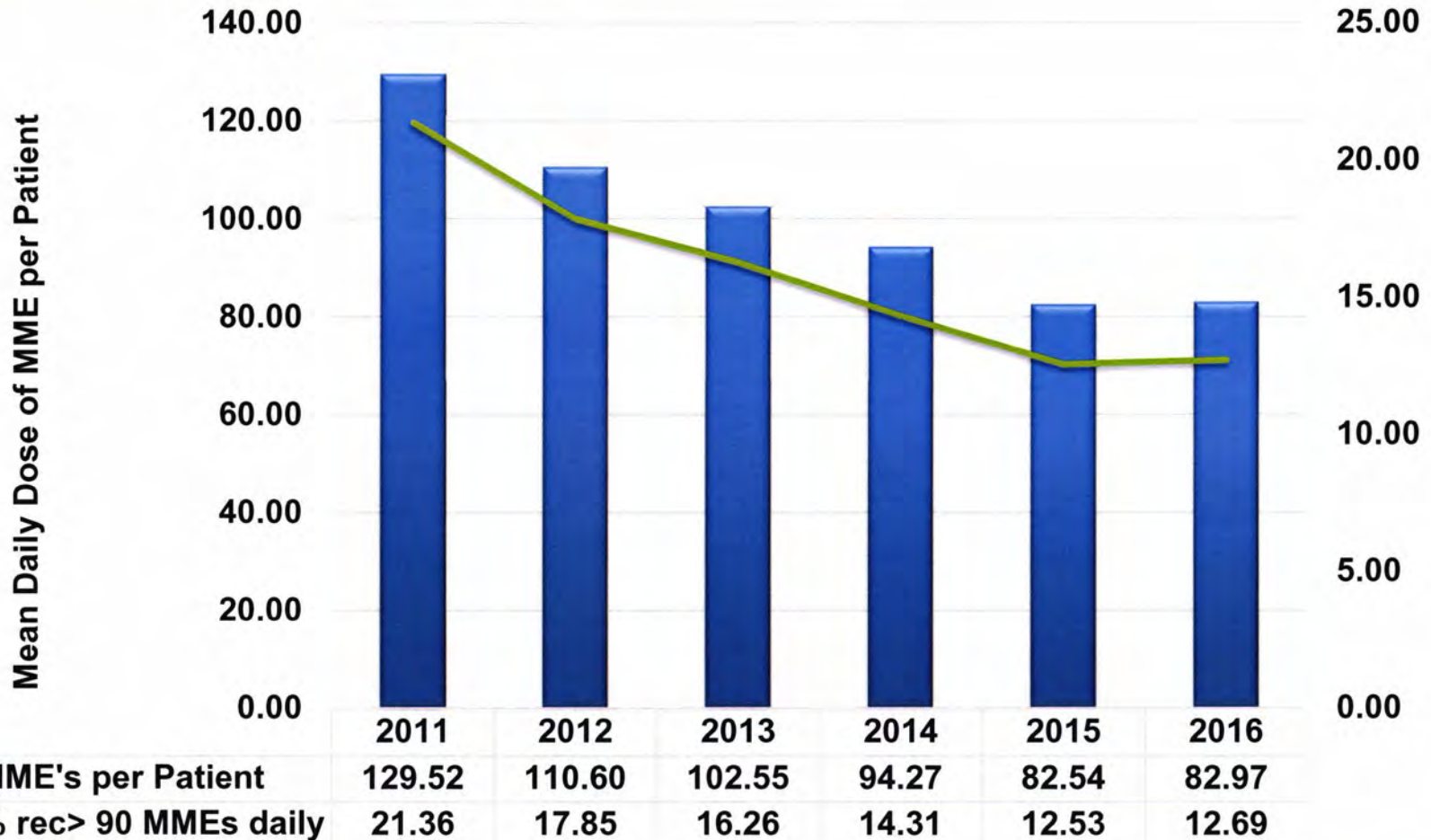


# Prescription rates by drug class, sex and age group, Florida residents, CY2016

## Benzodiazepines



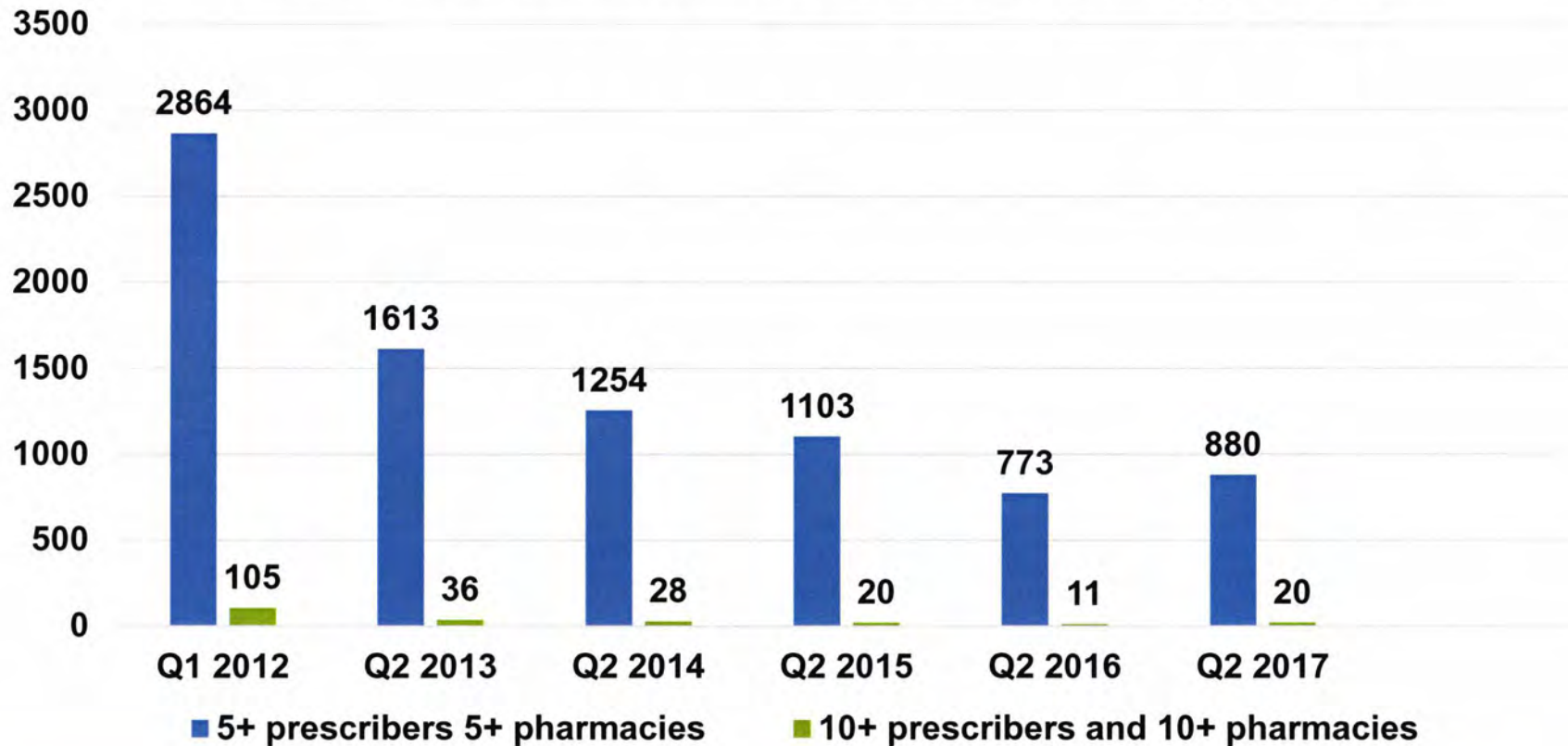
# Mean daily dosage per patient in morphine milligram equivalents (MMEs) and the percentage of patients on opioids receiving dosage >90 MMEs.





# Multiprovider Episode Reduction

## 69 % Decrease in Doctor Shopping



# Key Legislative Components for Successful PDMP's

- Enrollment conditions
- Query conditions
- Use of delegates
- Training
- Data collection frequency
- Interstate data sharing
- Integration into electronic health systems



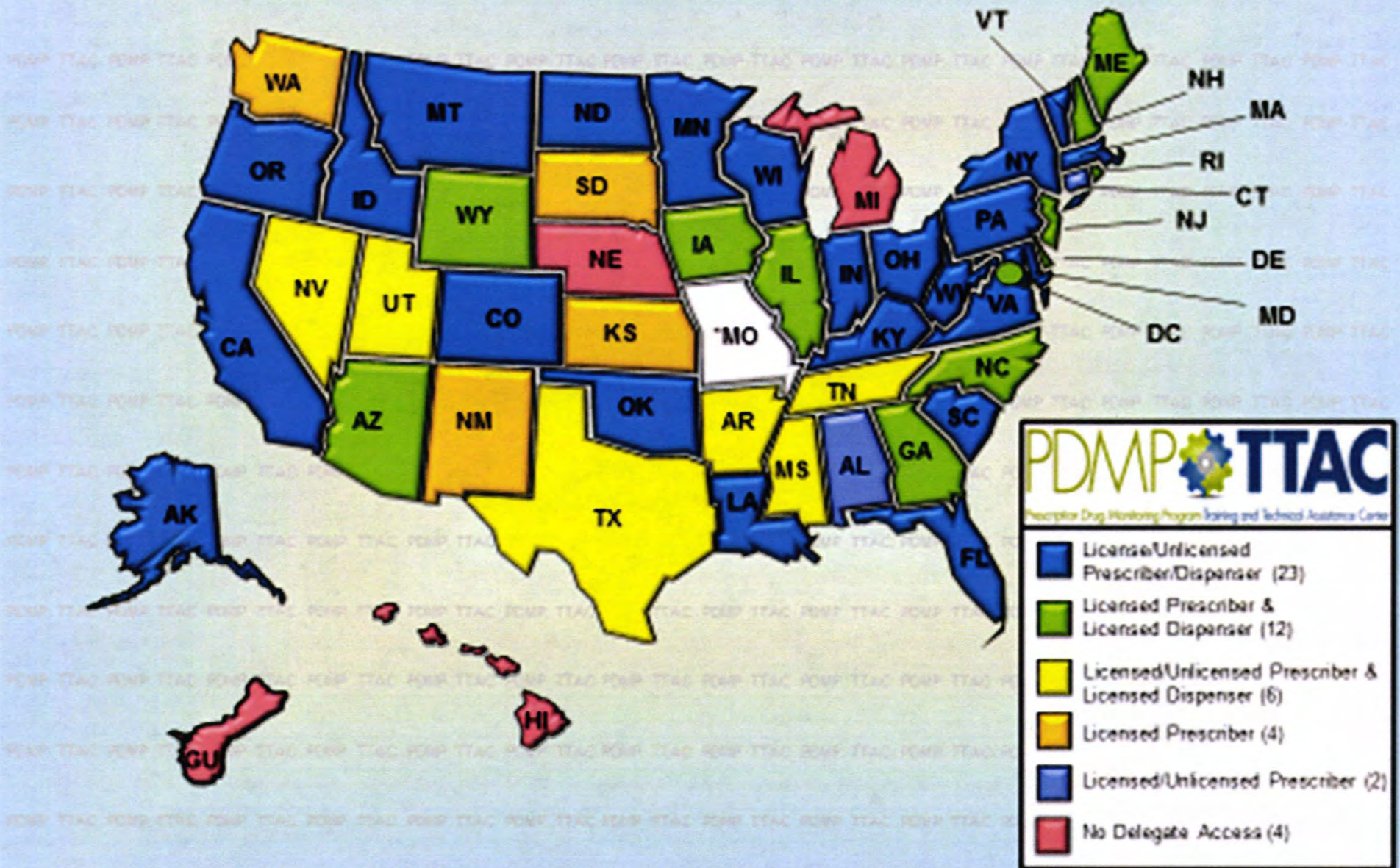








# Delegate (Prescriber/Dispenser - Licensed/Unlicensed) Access to PDMP

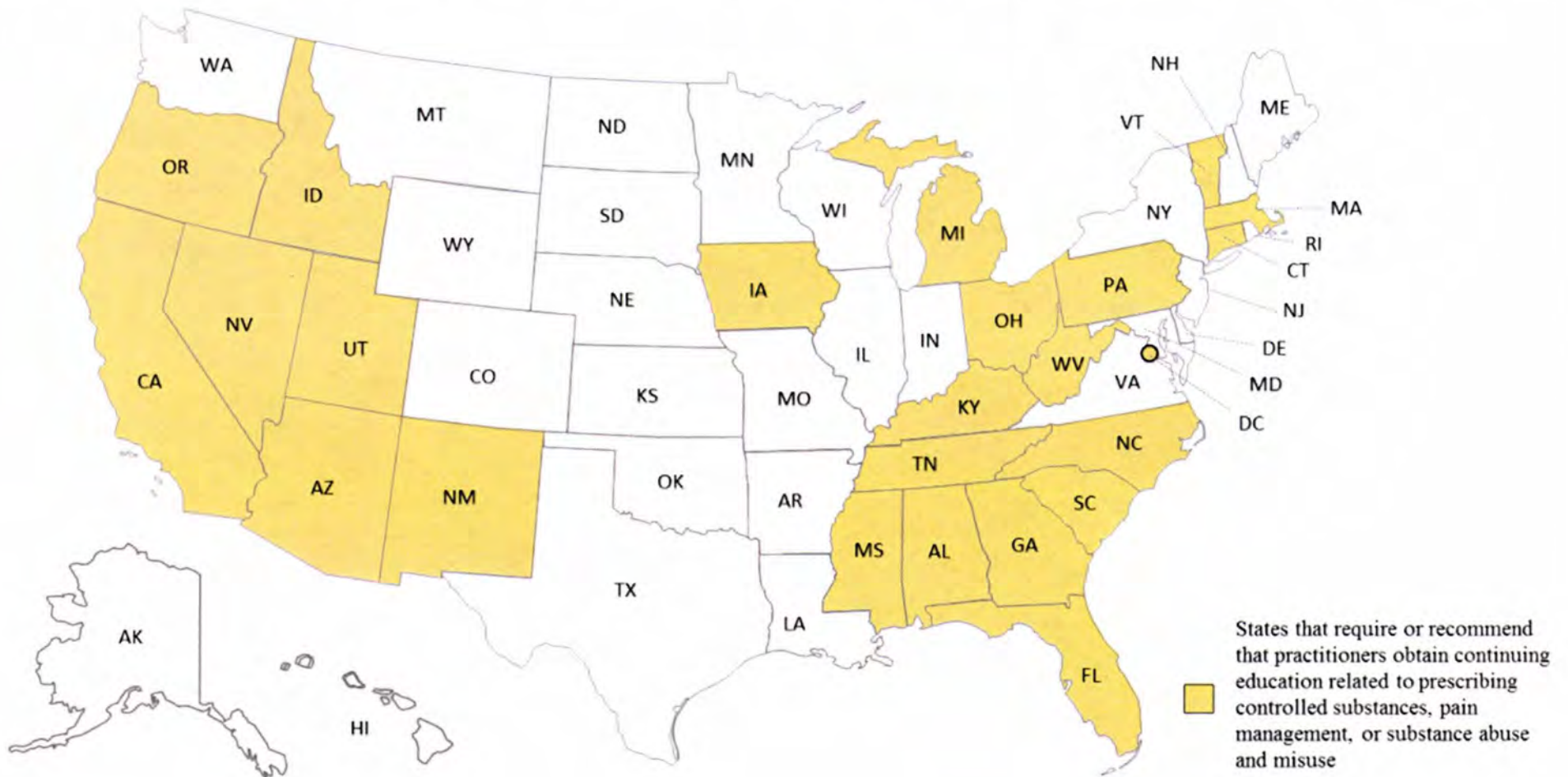


Research is current as of February 20, 2017

\*Missouri does not have PDMP legislation



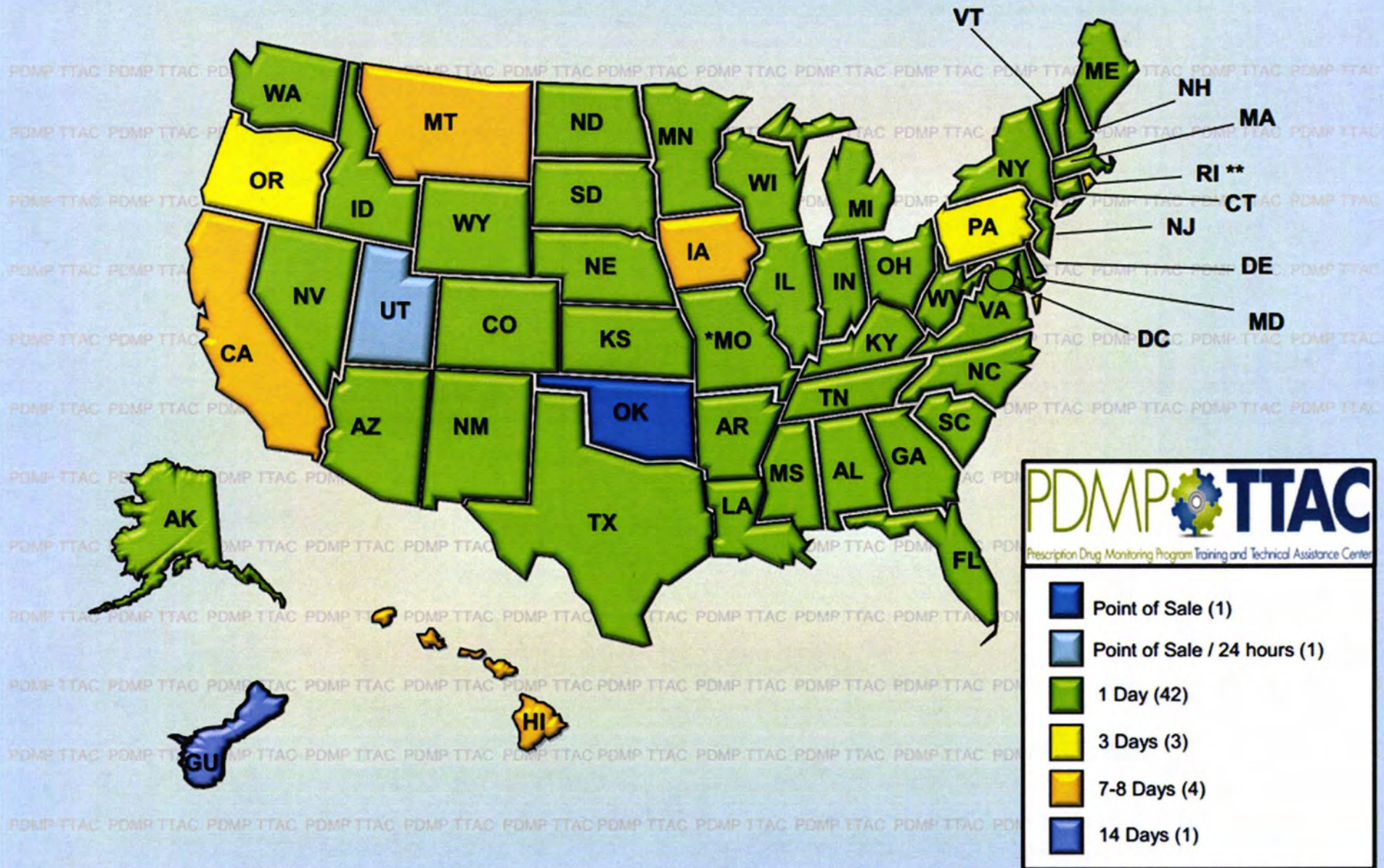
## States that Require or Recommend that Practitioners Obtain Continuing Education Related to Prescribing Controlled Substances, Pain Management, or Substance Abuse and Misuse



© 2016 Research is current as of January 2016. In order to ensure that the information contained herein is as current as possible, research is conducted using both nationwide legal database software and individual state legislative and regulatory board websites. Please contact Heather Gray at (703) 836-6100, ext. 114 or [hgray@namsdl.org](mailto:hgray@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 420 Park Street, Charlottesville, VA 22902.



# PDMP Data Collection Frequency



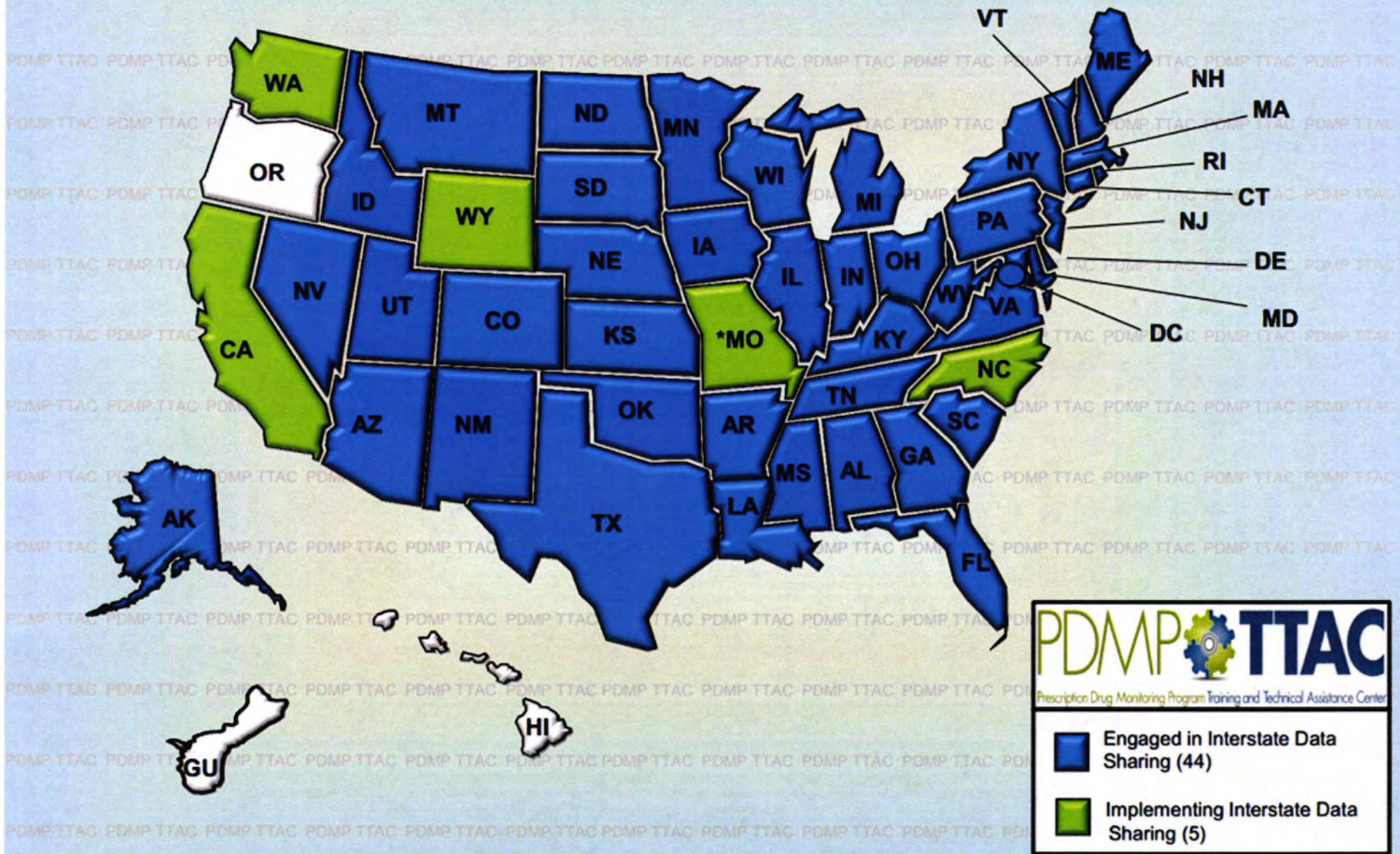
Research is current as of October 1, 2017

\*Missouri does not have a state-wide PDMP

\*\*Rhode Island – Daily transmission for opioid prescriptions



# Interstate Data Sharing

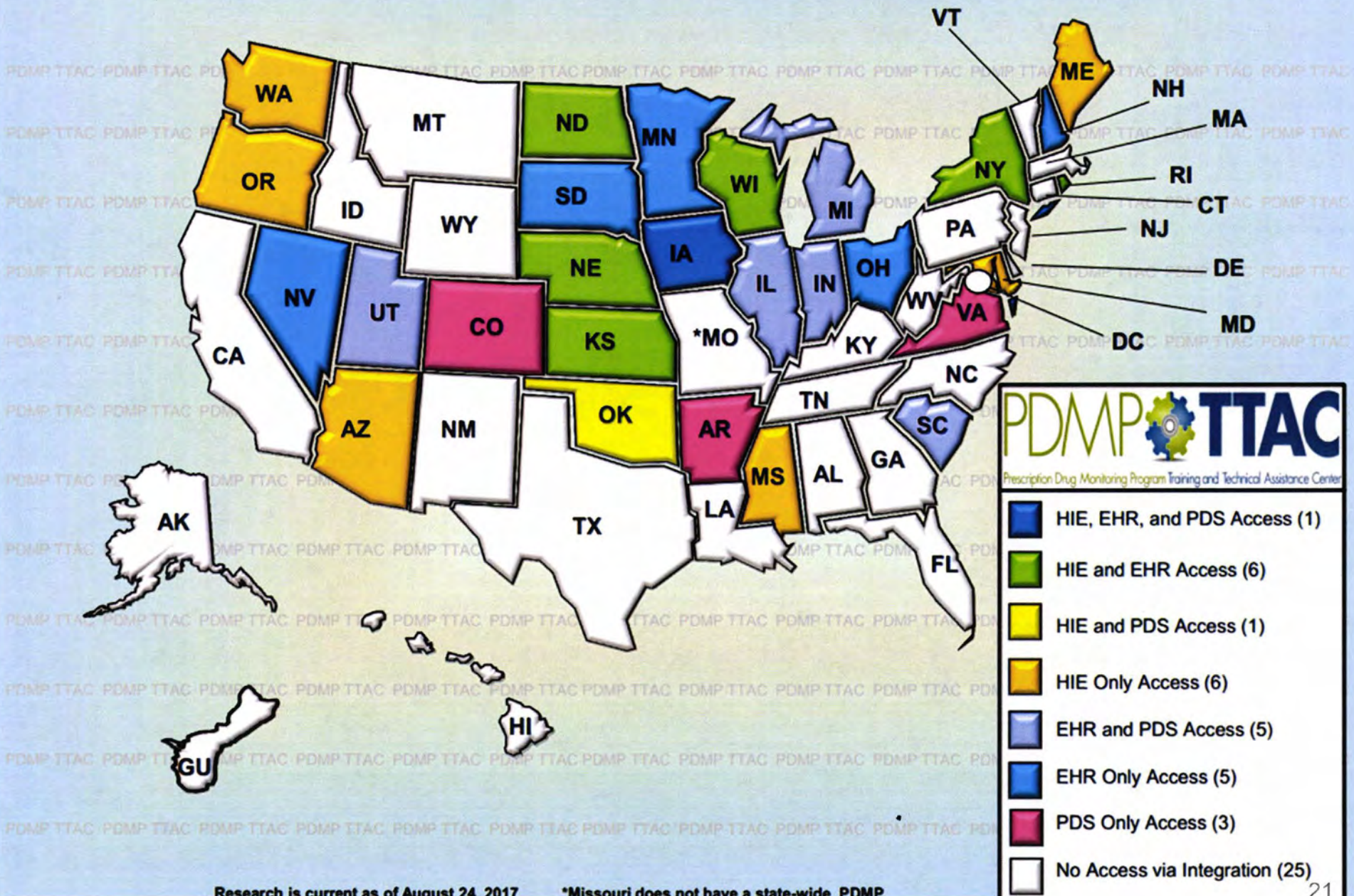


Research is current as of September 20, 2017

\*Missouri does not have a state-wide PDMP



# Access to PDMP Data via Health Information Exchanges (HIE), Electronic Health Records (EHR), & Pharmacy Dispensing Systems (PDS) Integration



Research is current as of August 24, 2017

\*Missouri does not have a state-wide PDMP



# Florida's Successes

- Increased reporting frequency
- Reduced morphine milligram equivalent dosing prescribed
- Reduced the number of individuals having multiple provider episodes
- Expanded access to delegates and Veteran's Administration prescribers



# System Improvements

- Integrate dispensing information into the prescriber and dispenser workflow
- Enact and implement interstate data sharing
- Provide prescriber report feature
- Provide prescribing alert feature



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# Acknowledgements

Grant No. 2015-PM-BX-0009 awarded by the Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice supports the 2015-2016 Prescription Drug Monitoring Program Annual Report. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Justice.

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Brandeis University, Prescription Drug Monitoring Program Training and Technical Assistance Center  
<http://www.pdmpassist.org/content/pdmp-maps-and-tables>