

# Opioid Crisis in Florida: DOH Efforts



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# Executive Order & Public Health Emergency

On May 3, 2017, Gov. Scott signed an Executive Order directing action by each agency (extended on Oct. 27, 2017).

State Surgeon General declared a public health emergency and issued a [standing order for naloxone](#) for emergency responders

# DOH Initiatives – DPAC

## Statewide Drug Policy Advisory Council (DPAC)

- Created by the Florida Legislature in 1999
- Made up of 9 policy leaders from applicable state agencies as well as 7 members of the public with expertise in the field
- Tasked with comprehensively analyzing the problems of substance abuse in the state and making recommendations to the Governor and Legislature for the implementation of a state drug control strategy

# DOH Initiatives—DPAC Continued

In its annual report that was provided to the Governor, Senate President and Speaker of the House in December 2017, the Council recommended several effective responses to the opioid epidemic including:

- **Reducing the supply** of drugs by encouraging pharmacies to establish take back programs
- **Reducing the demand** for drugs by prescribers completing CE courses on prescribing controlled substances, expanded use of the PDMP, increasing public awareness, increasing engagement with stakeholders to improve understanding of addiction.
- **Reducing harmful consequences** of addiction by increasing access to treatment, expanding needle exchange programs and requiring health plans to cover treatment and medication used in treatment.

# DOH Initiatives—PDMP/E-FORCSE

## Prescription Drug Monitoring Program (PDMP)

- **National best practice** for supporting sound clinical prescribing, dispensing and use of controlled substances
- Provides prescription history to health care practitioners to guide decisions in prescribing and dispensing
- HB 557 (2017) requires dispenser to upload controlled substance dispensing information into PDMP by close of business the day following dispensing; expands access to the PDMP to employees of the Department of Veterans Affairs

# DOH Initiatives—HB 249

HB 249 (2017) improves collection and availability of data on overdoses

DOH modifying data reporting in order to be to be more efficient and nimble in state's response

Once fully implemented, data collected through [Emergency Medical Services Tracking and Reporting System \(EMSTARS\)](#) will be made available within 120 hours to:

- Law enforcement
- Public health officials
- EMS
- Fire rescue

# DOH Initiatives – Partnerships

Working with Council of Medical School Deans to assess and update medical student education on pain and addiction.

More than 30 county health departments participate in local community taskforces that are addressing this crisis on the ground.



*Photos from recent meeting with Council of Medical School Deans*

# DOH Initiatives—Provider Outreach

Multi-board Workgroup: Members from the Boards of Medicine, Osteopathic Medicine, Dentistry, Pharmacy and Nursing have been meeting to discuss proactive steps we can take as clinicians to protect our patients.

DOH has also participated in opioid summits hosted by the [Florida Medical Association](#) and the [Florida Hospital Association](#).



# DOH Initiatives – NAS Workgroup

The Neonatal Abstinence Syndrome (NAS) Workgroup is led by Dr. Wells and includes representatives from DCF, AHCA, the AG's Office and the University of South Florida

The first several meetings have focused on analysis of current NAS projects and a discussion of issues related to the collection and sharing of data

A sub-workgroup has been established to determine a clinical definition for NAS. This workgroup, led by Dr. Carina Blackmore, is making progress on the NAS case definition and defining the data that will be reported by hospitals in the future

# DOH Initiatives – Early Steps

Effective January 1, 2018, the **Early Steps Program** began serving children with evidence of clinical symptoms of Neonatal Abstinence Syndrome.

Initial data through end of Feb. indicate that there were 12 NAS referrals to the Local Early Steps Programs and 4 of the referrals were deemed at-risk eligible at the time of the data run.

Further data for the at-risk categories will become available after the 2018 first quarter reporting period.

# 2018 Legislation

2018 Legislation: (passed by Legislature, pending Governor action)

- Requires prescriber participation in PDMP
- Interoperability of PDMP between states to create new opportunities for federal grant funding
- Additional reforms to fight unlicensed pain management clinics
- Required CE courses
- Places prescribing limits on opioids

THANK YOU

