



# Orange County Heroin Task Force Recommendations



## Law Enforcement Subcommittee

- 1) **Continue Joint Enforcement Details** with the Orange County Sheriff's Office, the Orlando Police Department and state and federal partners to attack the supply side of the heroin market. During the task force, several joint operations have been conducted resulting in the arrest of heroin traffickers to include details such as Operation Snow Plow in December, Deals on Wheels in January and the recent La Compania heroin trafficking operation in February.
- 2) **Increase Bond Amounts for Heroin Trafficking for 1<sup>st</sup> Degree Felony and 2<sup>nd</sup> Degree Felony** charges. A review of the heroin-related arrests and prosecutions in 2015 from Orange County Corrections and the State Attorney's Office indicate 169 arrests for trafficking and 46 cases disposed by the State Attorney's Office. The number of arrests and cases disposed has increased from 2014.
- 3) **Equip Law Enforcement Agencies with Naloxone** should be determined by each individual agency. The subcommittee recommends law enforcement agencies work with their local fire department to collect data on emergency response times on overdose calls to assist in the agency's determination to supply officers/deputies with naloxone. If an agency decides to carry naloxone, the Orange County Medical Director's Office will assist with the training module for law enforcement and supply additional information on the two FDA approved naloxone administration devices for further consideration.
- 4) **Continue to work with the United States Attorney's Office for the Middle District of Florida on Title 21 Violations** & mandatory sentencing for prosecution of heroin-related trafficking/distribution cases that result in death.
- 5) **Advocate for State Rescheduling of Fentanyl from a Controlled Substance to a Trafficking Charge** due to the number of heroin-related arrests and purchases that have found to be pure Fentanyl which can lead to lethal overdoses. According to Florida State Statute Chapter 893.135, the minimum mandatory sentences for trafficking include the following drugs: Cannabis, Cocaine, Oxycodone, Hydrocodone, Morphine and Hydromorphone, Amphetamine and Methamphetamine, and Heroin. The subcommittee recommends Fentanyl be included as a trafficking classification equivalent to heroin in Florida State Statue Chapter 893.135.
- 6) **Continue to Provide Training Opportunities** for local, state and federal agencies in the Orlando region as well as community partners on heroin trends, enforcement operations, court programs, treatment options and prevention initiatives. The subcommittee will work with Valencia College School of Public Safety to enhance drug-related training for police academy recruits focusing on heroin-related overdoses and deaths, lethal doses of Fentanyl sold and information on naloxone. The conference on *Heroin: From the Poppy Plant to Recovery* is an example of a successful joint training initiative to tackle this issue from a collaborative perspective.

7) **Continue to Collect Data** on heroin-related law enforcement arrests and operations, corrections bookings, FDLE lab admissions, overdose calls, and prosecutions on a quarterly basis. The data will be collected to track drug trafficking trends and share information with other subcommittees to effectively tackle the problem with resources available and measure progress on implementation of recommendations.

### **Education and Prevention Subcommittee**

8) **Launch Social Marketing Campaign and Develop Content for Website Heroes Against Heroin** to increase education and awareness about heroin overdoses and related deaths and provide information to prevent heroin use among youth, young adults and families. The campaign materials are geared toward family and friends and community members. The campaign will also include a *Heroes Against Heroin* App to engage the younger generation on a common platform.

9) **Collaboration with Media Outlets** on public services announcements regarding overdose prevention, treatment resources and recovery support services in the community. The subcommittee will also launch a text messaging campaign such as the 211 Heart of Florida United Way and other social media platforms that provide low-cost options to reach young adults and friends with this information.

10) **Implement Comprehensive Community Education Strategy** to inform educators, parents & guardians, faith-based organizations, neighborhood associations, school resource officers, businesses, apartment complex associations and other key stakeholders about the signs and symptoms of heroin use, naloxone and overdose prevention, treatment resources and prevention strategies. The information will be available in a toolkit which will include the following: 1) short and long version presentations regarding the current heroin problem, warning signs of heroin overdose and overdose prevention, 2) facts sheets on naloxone to include cost and availability, 3) information on medication-assisted treatment and resources, 4) copy of the recently released FBI and DEA documentary on *Chasing the Dragon: Life of An Opiate Addict* and discussion guide - this documentary is appropriate for high school students, young adults, family & friends and the community, 5) provide parents with third party drug testing resources, and 6) infused drug education curriculum on opiates and other drugs for first year college courses.

11) **Continue Professional and Community-Based Trainings** with educators, colleges, law enforcement, treatment professionals, courts, corrections, faith-based organizations, prevention professionals, parents and guardians, family and friends. The training would provide the latest research and statistics on heroin use and overdoses, naloxone and overdose prevention, medication-assisted treatment options, and prevention initiatives to combat the problem.

12) **Expand Campus-Based Collegiate Recovery Communities** that provide additional resources for college students in recovery from substance use disorders. Campus-based recovery communities support sobriety by offering the following programs and services: 1) recovery coaching, 2) access to campus-based self-help meetings, 3) recovery-centered academic and career advising, 4) designated space for students in recovery to study, socialize, and support one another, and 5) opportunities to provide campus and community service.

13) **Increase Training and Awareness for Medical Professionals and Clinicians** on heroin use and overdose prevention in collaboration with the Healthcare Subcommittee. The trainings will include Motivational Interviewing and Screening, Brief Intervention and Referral to Treatment (SBIRT) which are both evidence-based programs as well as safe prescribing, education on naloxone and medication-assisted treatment options and resources available in the community.

14) **Continue to Collect Data on Heroin-Related lifetime and past 30-day use by youth and young adults** through the Florida Youth Substance Abuse Survey, Youth Risk Behavioral Survey, CORE Survey, American College Health Assessment, UCF Student Health Services/Sociology Department survey and focus group, Orange County Household Survey and other related surveys on a quarterly/annual basis. The survey information will be used to track trends and share information across multiple disciplines. Data will also be collected on the number of heroin-related presentations and vendor displays conducted by subcommittee members. The information will include the target audience, survey if applicable, participants reached, and the number of materials disseminated.

15) **Create Speaker's Bureau** to train community partners on the heroin toolkit presentations (short and longer version) and develop a list of speakers from various disciplines (educators, treatment professionals, clinicians, law enforcement and prevention professionals) to provide presentations in the county. Information on the Speaker's Bureau will be made available on the *heroesagainstheroin.org* website with a downloadable form to request a speaker.

**Additional Consideration:** Further work needs to be done to explore ways to connect with the Mayor's Youth Mental Health Task Force and the Central Florida Commission on Homelessness as it pertains to education, prevention and training around heroin-related use and overdoses.

### **Healthcare Subcommittee**

16) **Advocate for Increased Access to Naloxone via the Authorization of Standing Order Language** under the Florida Emergency Treatment and Recovery Act. The proposed legislation will allow for expanded access and distribution of naloxone and permit pharmacists to dispense naloxone under a standing order (Request modification to the Emergency Treatment and Recovery Act Florida Statute 381.887).

17) **Initiate Pilot Project to Increase Access and Distribution of Naloxone by Identifying High-Risk Groups** that have been treated at the Emergency Room, admitted into a Treatment Facility or seen in another healthcare setting for heroin addiction. The subcommittee supports providing a naloxone prescription as part of the discharge plan for high-risk patients.

18) **Implement Pilot Program for At-Risk Heroin-Addicted Inmates at Orange County Jail** which includes overdose prevention education and distribution of naloxone for identified inmates at the Orange County Jail and education and screening for the Vivitrol® injection (prescription injectable medication to prevent relapse opioid/heroin dependence after detox) and treatment services in partnership with Florida Alcohol and Drug Abuse Association (FADAA) approved Vivitrol® providers. The pilot program would involve collaboration among Orange County Corrections Health Services, Orange

County Corrections and treatment providers to identify, educate, screen, provide the Vivitrol® injection and prepare the inmate's discharge plan for treatment services to be continued once released. The Community Corrections Division (CCD) will work with FADAA approved Vivitrol® providers on information and educational sessions for clients and family members to learn more about the program. CCD will also work on educational handouts and public service announcements on overdose prevention and information on the administration of naloxone (Recommendation from the Corrections Naloxone Sub-Workgroup).

19) **Advocate for Mandatory Continuing Education Requirement for Physicians and Nurses** on opiate misuse and heroin abuse, naloxone overdose prevention and prescribing and substance abuse. The subcommittee will work with the Florida Board of Medicine and the State Board of Nursing to advocate for a dedicated course on this topic.

20) **Increase Awareness and Education among Physicians and Other Medical Providers** on the current heroin problem, signs and symptoms, medication-assisted treatment, safe prescribing and prescribing naloxone as part of the standard of care for opiate/heroin users. The subcommittee would prepare FAQ's on the Florida Emergency Treatment and Recovery Act, review the civil and criminal immunity when prescribing to a patient or third party and work with the Orange County Medical Society, Florida College of Emergency Physicians, Primary Care and Family Physicians, American College of Physicians and Florida Medical Association on distribution of information and webinars on each of these topics.

21) **Create Informational Handouts and Brief Video on Naloxone** for medical providers and consumers to include: when and how to use naloxone (two FDA approved administration devices), the cost and where it can be purchased. The subcommittee will work with pharmaceutical providers for educational information as it pertains to availability and cost.

22) **Advocate for Appropriate and Adequate Increases in Funding for Detox Beds, Ambulatory Detox and Care and Coordination** for opiate/heroin addicted patients. We need to address the problem at multiple levels such as, where and how we are referring patients to ensure the appropriate level of care and treatment modality (Joint Recommendation Supported by the Treatment Subcommittee).

23) **Increase Communication and Collaboration between Treatment Programs and Obstetric and Pediatric/Neonatal healthcare providers** in order to facilitate therapy for infants at risk of Neonatal Abstinence Syndrome and to connect the family with necessary services after delivery.

24) **Early Referral of New Opiate/Heroin Addicted Patients for medically assisted therapy during pregnancy in order to improve consistency of maternal therapy**, to adjust maternal dosing during pregnancy as needed with the goal of eliminating the use of illicit opiates and to reduce mother's maintenance opiates once she has delivered so that she may be better able to care for the infant.

25) **Advocate for Increased Funding for Data Collection and Provide Quarterly Reports** to track the mortality and morbidity of heroin use and measure the progress of the initiatives implemented. The data collection points would include but not limited to: 1) Emergency Room Admissions (AHCA and Essence), 2) Medical Examiner Heroin-Related Deaths, 3) Treatment Admissions (Public and Private), 4)

Health Department Data, 5) Law Enforcement Arrests for Possession, Trafficking/Distribution, 6) FDLE Lab Admissions, 7) Corrections Heroin-Related Bookings, 8) Corrections Pilot Program on Naloxone and Vivitrol® 9) Neonatal Abstinence Syndrome Admissions, 10) Florida Youth Substance Abuse Survey, 11) Youth Risk Behavioral Survey, and 12) CORE and College Health Assessment Survey.

26) **Launch Town Hall Meeting in Collaboration with the Education and Prevention Subcommittee** to increase education and awareness on the current heroin problem (signs and symptoms), provide information on naloxone (administration, availability, cost) and medication-assisted treatment options and resources in the community, preview the social marketing campaign and review the task force recommendations and action plan. The audience will include but not limited to: parents & guardians, parent associations, families and friends, businesses, apartment complex associations, neighborhood associations, faith-based leaders, educators, medical associations, and college peer educators.

### **Treatment Subcommittee**

27) **Increase Access to Naloxone** by supporting the authorization of standing order under the Florida Emergency Treatment and Recovery Act. This legislation will allow for expanded access and distribution of naloxone and permit pharmacists to dispense naloxone under the standing order (Modification to the Emergency Treatment and Recovery Act Florida Statute 381.887).

28) **Issue a Letter from the Task Force Members** asking treatment agencies to prescribe naloxone at discharge to all heroin dependent clients.

29) **Advocate for Increased Funding for Detox Beds and Ambulatory Detox** for heroin addicted patients. The Department of Children and Families, Orange County and local Providers will work collaboratively to identify additional funding opportunities for detox beds and/or ambulatory detox through federal, state or local funding (Joint Recommendation with Healthcare Subcommittee).

30) **Increase Education for Ambulatory Detox** for medical professionals and clinicians working with heroin addicted patients. The education would include information on what type of patients are appropriate for treatment and what supportive services are required for the safety of the patient and the success of the treatment modality.

31) **Expand Data Collection to include Treatment Admissions** for heroin addicted clients from public and private providers for ongoing analysis and assessment on the number of treatment admissions, utilization of services and the need in the community.

32) **Increase Communication and Access to Medication-Assisted Treatment** options and Naloxone to medical providers and family members for those addicted to heroin. The three FDA approved medications for treatment for those addicted to opiates including heroin are: buprenorphine, methadone and extended-release injectable naltrexone. There are also two FDA approved naloxone administration devices on the market that can reverse the effects of an opiate/heroin overdose when administered promptly and appropriately to an overdose victim which are the auto-injector and nasal spray. Naloxone can also be administered by injection.

33) **Review Capacity for Transitional Housing and Zoning Guidelines in the Central Florida Area** for individuals coming out of a residential treatment setting in the community. It has come to the attention of the subcommittee that individuals on medication-assisted treatment are harder to place in transitional housing as well as lack of funding for transitional housing from federal partners as the Housing First model is implemented. The subcommittee will also look at opportunities with faith-based organizations regarding transitional or permanent housing models for those in recovery.

34) **Create a Comprehensive List of Substance Abuse Providers** (public and private) in Orange County that can be easily accessed by the community via the web, social media, and print format. Ensure the providers list is distributed to the Heart of Florida United Way 211 Call Center for cross-referencing with their database.

35) **Propose Contract Condition for Substance Abuse Treatment Providers to Register with 211** for the Florida Department of Children and Families substance abuse service contracts (effective July 1, 2016 for new contracts) and Orange County Government substance abuse service contracts (effective October 1, 2016 for new contracts). The 211 registration process is a free service for providers that can connect residents to the organization and it is a free and confidential service that operates 24/7 for community members when seeking information or social services in Orange County.

36) **Develop User-Friendly Informational Handouts and Web content** as part of a comprehensive educational strategy on how to access treatment and recovery support services in the community and on college campuses with the Education and Prevention Subcommittee. This should include educating the public about substance abuse to help combat the stigma and include information that addiction is a brain disease and encourage individuals to seek treatment.

37) **Facilitate an Ad Hoc Committee** to “keep the fire burning” beyond the function of the task force through the continued commitment to building relationships within the stakeholder community, and increase communication across programs and jurisdictions. This is an opportunity for any stakeholder to call a meeting when confronted by a systemic and/or consumer based issue for processing and strategizing resolutions through the leveraging of resources, knowledge and spheres of influence.