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SECTION II. PATTERNS AND TRENDS OF SUBS

Patterns and Trends of Substance Use
Within and Across the Regions of Florida

Update June 2018

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SECTION I. INTRODUCTION

This report provides a brief statewide and regional update of the substance abuse issues and trends in Florida most recently addressed in [the 2018 Annual Report](#), Patterns and Trends of Substance Use Within and Across the Regions of Florida . This update is based on information from multiple new sources available as of May 2018. These sources include:

- x the [2017 Medical Examiners Interim Report](#) on drugs identified in deceased persons during the first six months of 2017;
- x newly available online data from the 2017 [Florida Youth Tobacco Survey \(FYTS\)](#); and
- x data for Fiscal Year 2016-2017 substance abuse treatment admissions by primary drug from the Department of Children and Families SAMHIS.

Based on data from the 2017 Medical Examiners Interim Report, half-year numbers (data reported for 6 months) were doubled for yearly projections for some graphs and tables used in this update report. It should be noted that this approach may underestimate data for the entire year when rates are increasing, and overestimate annual data when rates are decreasing.

)ORULGDμV SRSXODWLRQ ZDV HVWLDPDWHG WR EH VOLJ (20,363,867) when inmates are excluded), according to the [Bureau of Economic and Business Research](#) (BEBR). This is an increase of nearly 9% since the 2010 census. Approximately 4.1 million Floridians were born in another country (20%) and even more were born in another U.S. state, according to the [U.S. Census Bureau](#) 7KXV)ORULGD population is a cultural sample of the America and serves as a sentinel site for observing emerging issues and changing patterns of substance abuse.

The Florida Department of Children and Families recognizes six multi-county regions and SURYLGHV EHKDYLRUDO KHDOWK VHUYLFHV WR)ORULGD Managing Entities. Where possible, data have been broken down into geographical regions with separate data for the Broward Managing entity.

Report Highlights

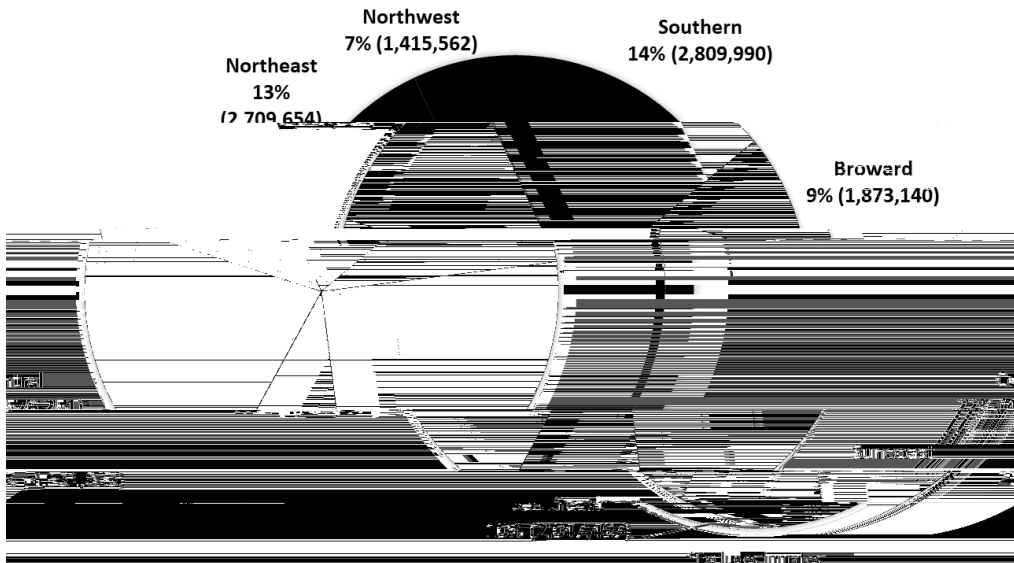
- o In 2017, historic declines in alcohol use, binge drinking, and cigarette smoking among Florida middle and high school students continued mirroring national trends ([Florida Youth Substance Abuse Survey](#), 2017). About one of every thirteen produce an aerosol) during the past 30 days, three times the frequency of cigarette use, but a decline of 1.2% from 2016.
- o Conversely, the opioid epidemic continued to worsen dramatically in Florida and across the nation during 2016 and 2017. The most lethal component of this epidemic has been the rapid spread of illicitly manufactured non-pharmaceutical opioids mostly from foreign clandestine labs, especially fentanyl analogs that often are extraordinarily potent.
- o Concerns have been expressed recently about the potential for a second epidemic of stimulant drugs concurrent with the opioid epidemic. The Drug Enforcement [Intelligence Brief](#) cultivation and cocaine production in 2016 reached the highest levels ever [Medical Examiners 2017 Interim Report](#) released in 2018 showed that stimulant-related deaths have increased rapidly since 2013.
- o Continuing declines in underage alcohol use are confirmed by multiple surveys across all regions of Florida over the past decade. ([National Survey on Drug Use and Health](#), [Youth Risk Behavior Surveillance System](#), [Florida Youth Substance Abuse Survey](#)). However, the 2017 [Monitoring the Future](#) data showed a slight increase in past month alcohol use nationwide among 8th graders. The 2018 FYSAS data, when they become available, can allow insight into whether Florida mirrors this increase.
- o Alcohol continued to be the most frequently observed substance in drug-related deaths in Florida in the first half of 2017. It was determined to be a cause of death for 19% of the decedents in which it was detected. ([Florida Medical Examiners Commission 2017 Interim Report](#))
- o Fentanyl and its analogs fueled the dramatic escalation of deaths related to)ORULGD ¶V RSLD 2016 and the first half of 2017. ([Florida Medical Examiners Commission 2017 Interim](#)

- o Cocaine deaths also increased at a faster rate in 2016 than in previous years. Mid-year data for 2017 suggest a continued rapid rise in these deaths. ([Florida Medical Examiners Commission 2017 Interim Report](#))
- o Methamphetamine-related deaths increased dramatically in Florida in 2016. The 2017 estimate based on mid-year data is for an additional 200 deaths versus 2016. ([Florida Medical Examiners Commission 2017 Interim Report](#))
- o

7KH 'HSDUWPHQW RI &KLOGUHQ DQG)DPLOLHV SURYLGHV E diverse population through its seven Managing Entities as shown on the map below. Numbers on this map indicate circuit court districts. When possible, data in this report has been presented for the seven Managing Entity catchment areas including Broward.



Figure1 - Florida's Managing Entities by Region



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Figure2 - 2017 Estimated Total Populations in Florida's DCF Regions
December 2017 Bureau of Economic and Business Research

The total population of Florida as of April 1, 2017 was estimated to be 20,484,142, an increase of 1,682,810 from the 2010 census. Population estimates for each region used in this report are based on the [Bureau of Economic and Business Research \(BEBR\) estimates](#) published in December 2017. The pie chart of population shows that the Suncoast 5HJLRQ DFFRXQWV IRU WKH ODUJHVW VKDUH RI)ORU Northwest Region, despite its large geographic area, accounts for only 7% of the population.

SECTION II. PATTERNS AND TRENDS OF SUBSTANCE USE

Alcohol

Underage Alcohol Use

Relatively little new information on underage alcohol use has become available since the Annual Report was prepared in December 2017. The [National Survey on Drug Use in Households](#) has made state-level tables available for 2014-2015 and [the Monitoring the Future \(MTF\) report for 2017](#) is now available. Data for Florida youth from the Florida Youth Substance Abuse Survey are collected in schools during the spring semester, so 2018 data will not be available until the autumn.

NSDUH has modified its reporting categories for the 2015-2016 data. Reports currently available online do not provide breakouts for ages 12-20 and 21+. The current estimates published to date instead break use out by ages 12-17 and 18-25. As a result, 2015-2016 data are not comparable with graphs published in previous reports which showed long term trends in alcohol use among persons 12-20.

Among youth ages 12

Adult Alcohol Use and Misuse

BRFSS data for 2017 are not yet available. Consequently, the most current survey data available on adult use and problematic adult use in Florida are those reported in the most recent annual [report](#).

The [Florida Medical Examiners Commission](#) recently reported that in the first six months of 2017 there were 2,594 occurrences of ethanol alcohol detected among drug-related deaths in Florida and, in 490 of these occurrences, alcohol was considered a cause of death. The number of alcohol occurrences in the first half of 2017 represented a slight (2.7%) increase over the same period in 2016 while the number of deaths was a much larger 21% increase over the 405 deaths during the same period in 2016.

According to the most recent [Florida Uniform Crime Reports](#), there were 16,765 arrests in Florida for Driving Under the Influence (DUI) during the first six months of 2017 representing a 3.3% decrease compared to the 17,339 arrests during the same six month period in 2016. Full year data for 2017 had not been released as of May 2018. The substances involved in the DUI arrest are not specified but most are for alcohol intoxication.

Tobacco/Nicotine/Vaping

Youth Tobacco Use

The most significant decline in adolescent drug use nationally and in Florida has been the dramatic reduction in reported [X V H R I F L J D U H W W H V 1 D W L R Q D O , Q V W I](#) Monitoring the Future survey [data for 2017](#) show that nationally each of the age groups that it follows has posted dramatic declines over the past two decades in lifetime cigarette use and that this decline continued into 2017.

Recently reported 2017 data from the [Florida Youth Tobacco Survey](#) (FYTS) show dramatic decreases from 2012 to 201 [L Q 3 H Y H U W U L H G 7 F L J D U H W W H V D](#) current cigarette use (a 59% decrease). Only 2.5% of Floridians ages 12-17 surveyed by the FYTS in 2017 reported current smoking.

For 2016, when county-level da

peaked in 2010 and decreased in 2017 to the lowest level measured in FYSAS surveys. It will be important to scrutinize these trends when 2018 FYSAS results become available.

The [Florida Medical Examiners Commission](#) 2017 Interim Report reported that there were 1,124 occurrences of cannabinoids detected in Florida toxicology studies during the first half of 2017. These were instances in which cannabinoids were determined to be present at the time of death. The number of occurrences in the first six months of 2017 represented a 4.9% increase over the 1071 cases in the same time period in 2016. In 2016 the [Commission](#) identified cannabinoids as the cause of death of only 4 of the people who died in whom a drug was determined to be present at the time of death.

New Psychoactive Substances (NPS)

A critical issue impacting substance abuse in Florida and the U.S. over the past several years has been the emergence of new synthetic drugs of abuse. The [United Nations](#) and major national government agencies have reported that new psychoactive substances (NPS) were reported by medical examiners in the first half of 2017.

During this same time period, phenethylamines/iperazines (BZP or TFMPP) accounted for 21 occurrences and eight deaths according to the [Medical Examiners Commission](#), which is four more occurrences, but three fewer deaths than the prior year.

Reported use of synthetic cannabinoids has decreased dramatically among youth in Florida in recent years according to data from the FYSAS. Nevertheless, adults continued to use these substances and during the first six months of 2017, the [Florida Medical Examiners Commission](#) reports that occurrences of synthetic cannabinoids among decedents that they studied increased by 200 percent (20 more) and deaths caused by synthetic cannabinoids also increased (18 more). The majority of the synthetic cannabinoids reported during the first half of 2017 were 5F-ADB (19 occurrences).

Very recently, injuries and deaths in the Midwest have received much attention from the news media. The [CDC](#) reports that on 05 April 2018, 94 people presented to Emergency Departments (89 in Illinois, 2 in Indiana, 1 in Maryland, 1 in Missouri, and 1 in Wisconsin).

increased by 38 percent (18 more) and deaths caused by cathinones increased by 55 percent (11 more). Figure 3 shows that after a marked drop in early 2016, deaths involving cathinones appear again to be increasing slightly.

Opioids

This broad category of drugs includes those derived directly from opium, often called opiates, (e.g. morphine, codeine) as well as semi-synthetic drugs such as oxycodone and hydrocodone, and completely synthetic drugs like fentanyl and its analogs many of which fit the definition of NPS noted above.

Overall occurrences of every opioid except Methadone increased in Medical Examiners

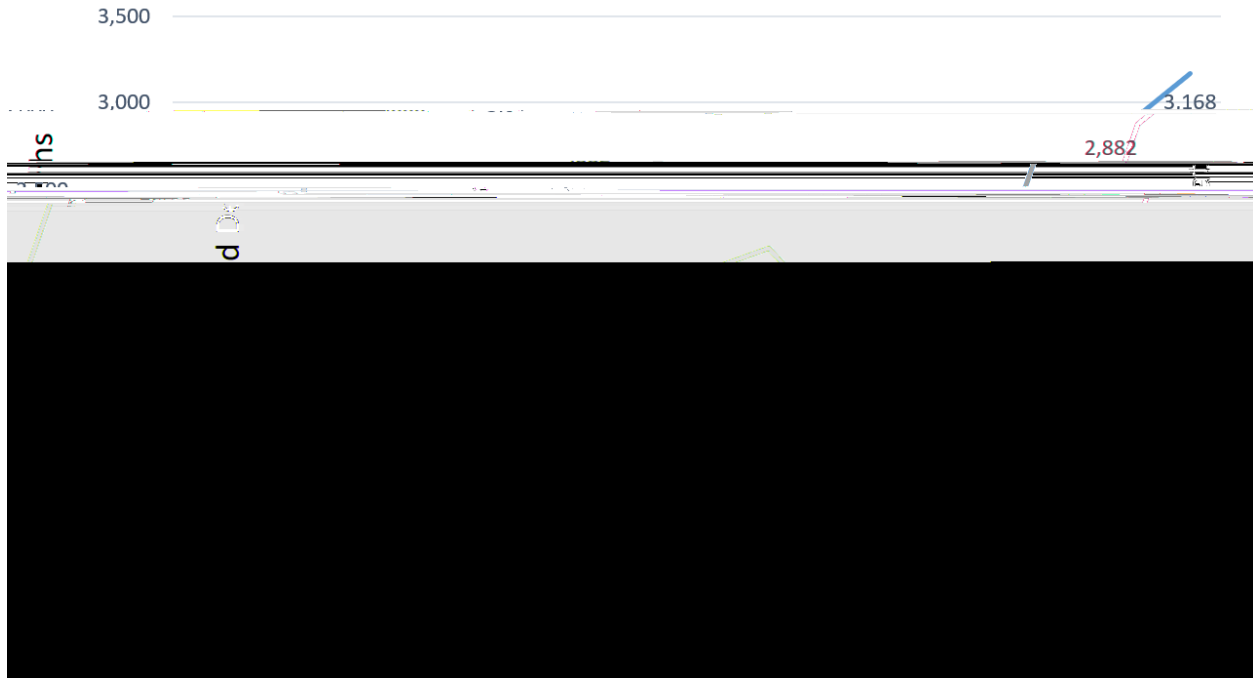
Increased heroin deaths since 2013 appear to be affecting most regions of the state as shown in Figure 9

Table 1 shows statewide data on opioid deaths for five 6-month periods starting with the first six months of 2015. While many of the opioids included in the table show increases, the most striking increases are for fentanyl and fentanyl analogs. Morphine may be detected as a metabolite of other opioids such as heroin or fentanyl.

Table 1. Deaths with Occurrences of Various Opiates

Cocaine

As reflected in Figure 10, [Florida Medical Examiners CommisT Q q 0.0\(m\)3\(mm\)3\(i\)392 RG 0.0028](#)



*Estimated

Figure 9 Total Cocaine Deaths in Florida
 FDLE Total Drugs Identified in Deceased Persons by Florida Medical Examiners 5/2017
 Interim and Annual Reports

This increase in cocaine deaths may be linked to poly-drug use particularly with opioids. Cocaine laced with deadly fentanyl analogs was identified in Florida in 2016 and has become more prevalent in the past year. There were 2,882 cocaine-related deaths in Florida in 2016, an increase of over 1,000 deaths from the preceding year. Projected 2017 deaths, (based on first six months data published in April 2018) are 3,168 with other drugs

According to the [Florida Medical Examiners Commission 2017 Interim Report](#), cocaine was considered the cause of death in 65% of the first six-month 2017 cocaine deaths. Nearly two-thirds of the cocaine deaths (64%) occurred among those aged 35 and older; less than 1% (n=10) of the first-half 2017 cocaine decedents were under 18 years of age.

Based upon Fiscal Year 2016-2017 state-funded treatment admissions data from DCF, primary addiction treatment admissions for cocaine (crack or other) totaled 5,286 patients in Florida - accounting for 7% of all publicly funded admissions. Of those admissions, males accounted for 52% of these clients. Crack cocaine was specified by 61% of all the cocaine patients. Fifty-five or 1% of the admissions were for someone under 18 years of age, 12% were 18-25, 28% were 26-34 and 59% were age 35 or older. Smoking cocaine was the route of administration reported by 54% of the cocaine clients with intranasal sniffing cited by 31% and 5% reported injecting cocaine. The remaining 10% reported oral or other or unknown routes of administration. Again, these numbers reflect individuals admitted to DCF-funded treatment facilities only.

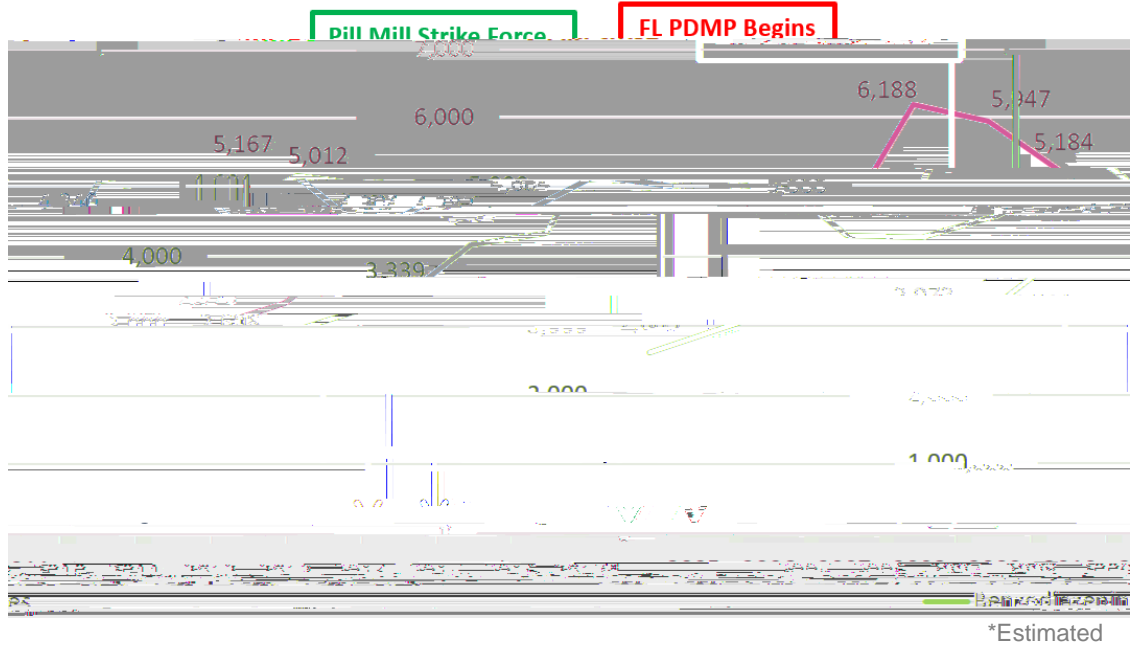
Methamphetamine/Amphetamines

For a decade, the [DEA](#) has reported that most methamphetamine is produced in clandestine laboratories outside the United States, especially in Mexico,

five years. It clearly shows that, with the exception of cathinones, the number of stimulant-caused deaths has increased dramatically.

Benzodiazepines

Benzodiazepines, in general, and specifically alprazolam (Xanax®), continue to pose a



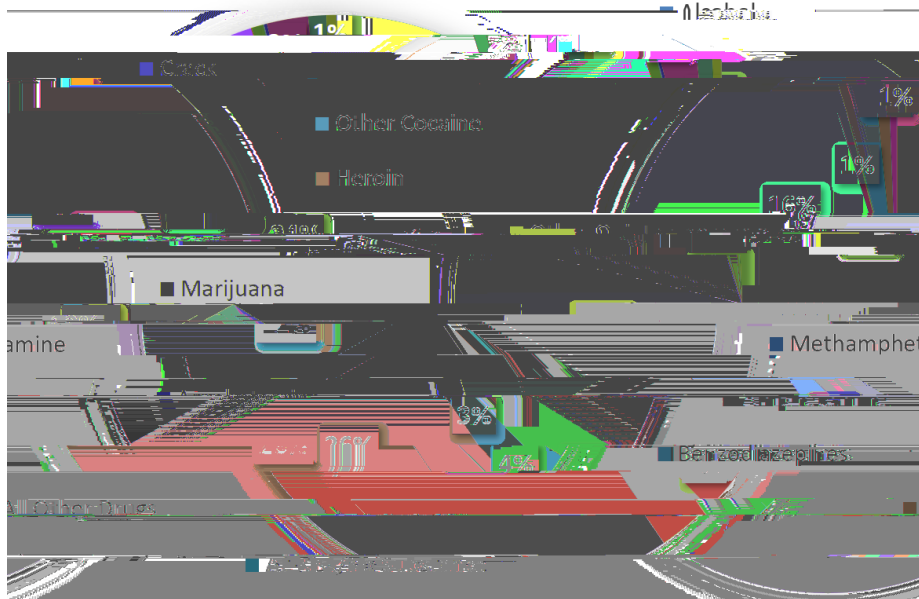
state. Low rates of admission for opioids are consistent with the Medical Examiners data reported in previous sections of this document.

Figure 14 t

11,995 Admissions

In contrast, the Central region (Figure 17) has a very high proportion of opioid admissions,

The Southeast region is notably dominated by treatment for alcohol, opioids, heroin and marijuana, with only a tiny proportion of admissions relating to users of amphetamines (see Figure 19). The contrast between this region and the Northwest Region depicted in Figure 15 is notable.



9,842 Admissions

Figure 17 Southeast Region Primary Admissions to Publicly Funded Treatment 2016-17
 FDLE Drugs Identified in Deceased Persons by Florida Medical Examiner 2017 Interim Report

The Broward district has a larger than typical proportion of admissions related to crack cocaine compared to the state or most other regions. However, the Southern region reports the largest proportion of admissions related to this substance. This region also has the largest proportion of admissions related to other cocaine, but a very small proportion related to heroin or other opiates.



5,153 Admissions

Figure 18 t Broward Region Primary Admissions to Publicly Funded Treatment 2016-17
FDLEt Drugs Identified in Deceased Persons by Florida Medical Examiner 2017 Interim Report



6,286 Admissions

Figure 21 t Southern Region Primary Admissions to Publicly Funded Treatment 2016-17*
FDLEt Drugs Identified in Deceased Persons by Florida Medical Examiner 2017 Interim Report

In summary, treatment admission data support the notion that some drugs impact different regions differentially, with crack and cocaine more prevalent in the southern parts of the peninsula and methamphetamines a larger problem in the western Panhandle. Other drugs such as alcohol and marijuana account for a large proportion of admissions everywhere in the state.

SECTION IV. SUMMARY

In summary, population survey data on youth alcohol and tobacco use and initiation continued to show long-term declines in self-reported lifetime use and current

Substate Estimates from the 2012-2014 National Survey on Drug Use and Health
(N