

# Substance Abuse Trends **Alert!**

**FADAA**  
FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION  
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## Opioids and Cocaine: Rapidly Evolving Epidemics in Florida

### Severity and Background

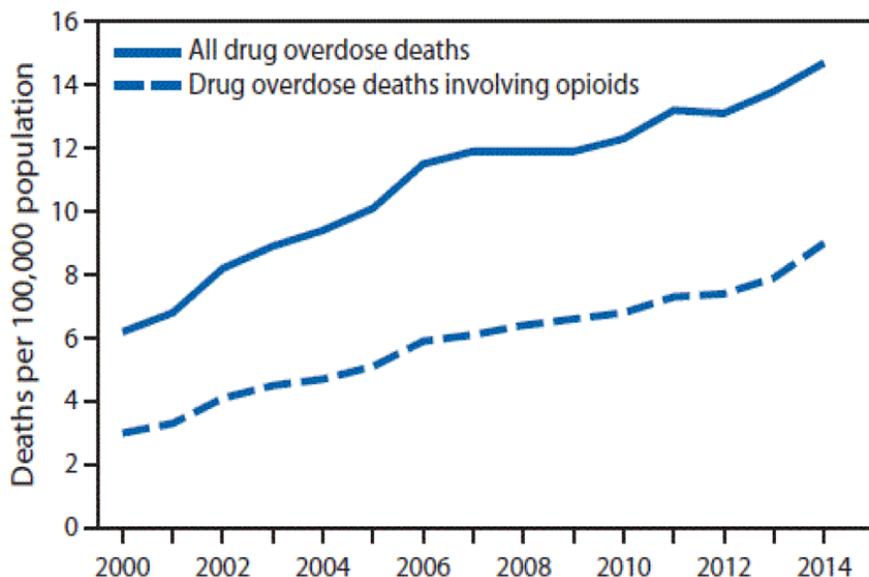
**Opioids:** During the first eleven months of 2017, poison control centers in Florida received 2,721 opioid-related calls, third highest in the nation ([National Drug Early Warning System, 2017](#)). The Florida Medical Examiners Commission reported that deaths attributed to heroin increased by 30% in 2016 and deaths attributed to fentanyl increased 97% compared to 2015 ([Florida Medical Examiners Commission 2016 Annual Report](#)). Whites are markedly overrepresented among Florida's overdose deaths with an age-adjusted death rate in 2015 of 15.0 per 100,000 versus 2.2 per 100,000 for Blacks and 4.2 per 100,000 for Hispanics ([Kaiser Family Foundation, 2017](#)).

American Pain Society's 1996 introduction of the phrase pain as the "fifth vital sign." Many individuals who became medically addicted transitioned to illicit opioids including diverted prescription medications, heroin, and synthetic opioids. The uncertain potency and composition of illicit opioids increase the chance of overdose deaths.

Figure 1 shows national trends demonstrating that the increase in all drug overdose deaths nationally since 2001 has been driven considerably by increases in opioid overdose deaths.

**Cocaine:** Cocaine has been a notorious drug of abuse in Florida for decades. Florida Medical Examiners Commission reports show that cocaine-related deaths grew slowly from around 821 in 1993 to 1,023 in 2002 then rose rapidly until 2007. Thereafter, a multi-year decline occurred. However, since 2013 cocaine-related deaths have been rising: The Florida Medical Examiners Commission reported 1,834 cocaine-related deaths in 2015 and 2,882 such deaths in 2016, a 57.1% increase ([Florida Medical Examiners Commission 2016 Annual Report](#)). In 1,769 of these deaths, cocaine was considered the cause of death. Deaths caused by both cocaine and opiates showed major increases in Florida between 2015 and 2016. (Figure 2)

Figure 1: Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014



Source – Centers for Disease Control and Prevention, [Morbidity and Mortality Weekly Report](#) (Dec. 30, 2016)

Medical prescription of opioids began increasing between 1991 and 1997 probably due to advocacy work by pain experts ([Joint Commission, 2017](#)). Such prescriptions expanded dramatically after 2001 as more clinicians and agencies responded to the

Anticipated Challenges  
**Opioids:** The Drug Enforcement Administration's (DEA's) aggregate production quota (APQ) for 2017 reduced allowable manufacturing of oxycodone, hydrocodone, fentanyl, hydromorphone, morphine, and other opioid medications. This was done to reduce those drugs' diversion to street use. Still, demand for opioids may produce a classic "waterbed phenomenon" in which reducing availability of one type increases the demand for others. Florida's data

suggest that tighter control of prescription opioids may increase the availability of illicit synthetic opioids and new opioid cocktails. Fentanyl and at least 16 fentanyl analogs such as acetyl fentanyl and carfentanil have recently made opiate addiction more lethal. Illicitly-produced, non-pharmaceutical fentanyl (primarily imported from Mexico) and fentanyl analogs (primarily products of China) are often mixed with or presented as white powder heroin that can be snorted or injected. These combinations are responsible for many overdose deaths, including some incorrectly attributed to heroin (NDEWS, 2015).

This year, Southeast Florida encountered new street drugs that mix heroin, synthetic opioids and other illicit drugs. Street names like “Grey Death” describe mixtures of opioids: heroin, fentanyl, carfentanil, and other synthetic opioids that may vary in combination and potency from locale to locale. Illicit production of synthetic opioids continues to evolve as producers strive to create new analogs that are not covered by controlled substance laws. The extreme potency of these substances poses a severe risk not only to users but also to first responders and those involved in drug interdiction.

**Cocaine:** Cocaine presents a different set of challenges because production, distribution, and initiation of use are almost entirely illicit. During the past two years, huge production increases have occurred in Colombia, which supplies roughly 90% of Florida’s cocaine. Experts predict that cocaine will become cheaper and more available. Users are combining cocaine and other stimulants with opioids in potentially lethal ways.

## Efforts to Address These Epidemics

Multiple approaches are being advocated and used to address the increasing rates of opioid and cocaine deaths. The Food and Drug Administration (FDA) is considering various packaging innovations

to limit the number of pills dispensed and to make it easier to track doses that have been taken (FDA, 2017). In a 2017 Medscape survey, 74% of physicians and 82% of pharmacists said that concern about the opioid epidemic had changed their prescribing or filling of prescriptions for opioids (Ault 2017). Florida’s efforts to combat the opioid crisis include funding evidence-based medication-assisted treatment (MAT) in combination with behavioral therapies, MAT prescriber mentoring, technical assistance and training, and overdose prevention and education. Legislative proposals initiated in 2017 include: limits on prescribed opioids;

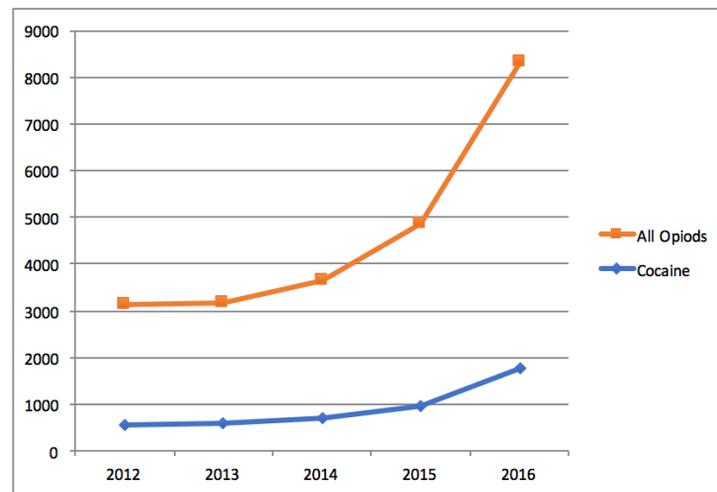
mandatory participation in Florida Prescription Drug Monitoring Program; additional funding for substance use treatment services; and requiring continuing education courses on responsibly prescribing opioids. The November 2017 President’s Commission on Combating Drug Addiction and the Opioid Crisis report recommended removing pain as a vital sign and removing pain control questions from

quality of care surveys. It also recommended instituting incentives to steer prescribers toward nonopioid alternatives such as non-opioid prescription drugs, chiropractic adjustment, corticosteroids, medical devices, nonsteroidal anti-inflammatory drugs and other modalities.

## Florida’s Outlook

The nature and potency of opiates available in the state seem likely to move away from diverted prescription opioids and toward heroin and illicit synthetic opioids. Changes in prescribing norms offer some hope for a reduction in the incidence of new addictions. However, the intermingling of cocaine and synthetic opioids portends additional problems. Unless there are major breakthroughs in the pharmaceutical treatment of current opioid addictions and in the interdiction of cocaine, a long-term need for expansion and investment in Florida’s behavioral health treatment system is likely.

Figure 2: Five Year Time Trend in Florida Deaths Caused by Cocaine and Opioids



Sources: Florida Medical Examiner Reports for 2012-2016



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