Florida: Category 6 update

Chris Delcher, PhD, Yanning Wang, MS
University of Kentucky, College of Pharmacy
Institute of Pharmaceutical Outcomes and Policy
June 27, 2019
Objective #1: Expand the FROST system and its technology to
• enhance public safety and public health collaboration & strategic
decision-making in Florida;
• provide county-level prescribing indicators, using the FROST
platform, generated by PBSS for Florida & California.
Note: Multiple provider episode rate is defined as use of 5 or more prescribers and 5 or more pharmacies within 3 months. A person is counted in a given quarter if they had a prescription in that quarter and a multiple provider episode in any of the four quarters (Schedule II-IV drugs). Reported by quarter and year per 100,000 state residents.

Source: Prescription Behavior Surveillance System
http://www.pbmassist.org/content/prescription-behavior-surveillance-system
Florida: Stimulant Prescribing & Fatal Poisonings involving Psychostimulants
FL County-level clustering (animated)

Prescribing Rates per 1,000 Population

Drug-Related Death Rates per 100,000 Population

Year: 2012

Stimulant

Methamphetamine

Cocaine

FL County-level clustering (picture)

Prescribing Rates per 1,000 Population

Drug-Related Death Rates per 100,000 Population

Stimulant

2012

2017

Methamphetamine

2012

2017

Cocaine

2012

2017

Objective #2: Evaluate synthetic opioid-related deaths by establishing a case fatality review team in the Sarasota Medical Examiner Office Region.
Carfentanil-related submissions

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Submissions (No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January - June 2016</td>
<td>0</td>
</tr>
<tr>
<td>July - December 2016</td>
<td>1,251</td>
</tr>
<tr>
<td>January - June 2017</td>
<td>2,268</td>
</tr>
<tr>
<td>July - December 2017</td>
<td>3,945</td>
</tr>
<tr>
<td>January - June 2018</td>
<td>661</td>
</tr>
</tbody>
</table>

Source: National Forensic Laboratory Information System (author's analysis)
Objective #3: Evaluate the impact of national prescribing guidelines on high-risk prescribing associated with negative public health & safety outcomes in two large states, Florida & California
Figure 1. Overall prescribing rate and dosage-related outcomes before and after release of the CDC’s Guideline for Prescribing Opioids for Chronic Pain in March 2016.

Denominators in panels A to C are based on total U.S. population size. Dashed vertical lines represent the month of CDC guideline implementation (March 2016). CDC = Centers for Disease Control and Prevention; MME = morphine milligram equivalents. A. Count of all opioid prescriptions dispensed in a month, per 100,000 persons. B. Number of opioid prescriptions dispensed in a month to total a daily dosage >90 MME, per 100,000 persons. C. Total of all MME dispensed in a month, per person. D. Average daily dosage (in MME) per prescription, for all opioid prescriptions written in a month.

* Change in slope (i.e., rate of decline per month) from before to after the CDC guideline release was statistically significant at P < 0.001.
“Holy Trinity” Prescribing in Florida
Source: Wang Y, Delcher C, Li, Yan, Goldberger BA, Reisfield GM. Characteristics associated with overlapping prescriptions of opioids, benzodiazepines, and carisoprodol: “Holy Trinity” prescribing behaviors in Florida. *DRUG AND ALCOHOL DEPENDENCE (under review).*