



Florida: Category 6 update

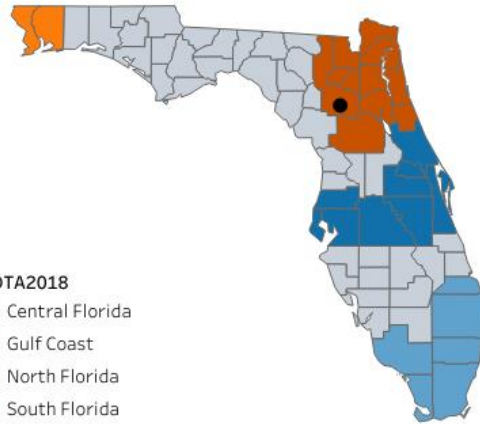
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Institute of Pharmaceutical Outcomes and Policy
June 27, 2019

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.

Choose an Indicator
Multiple provider episode rates

Choose a County to Highlight
Alachua



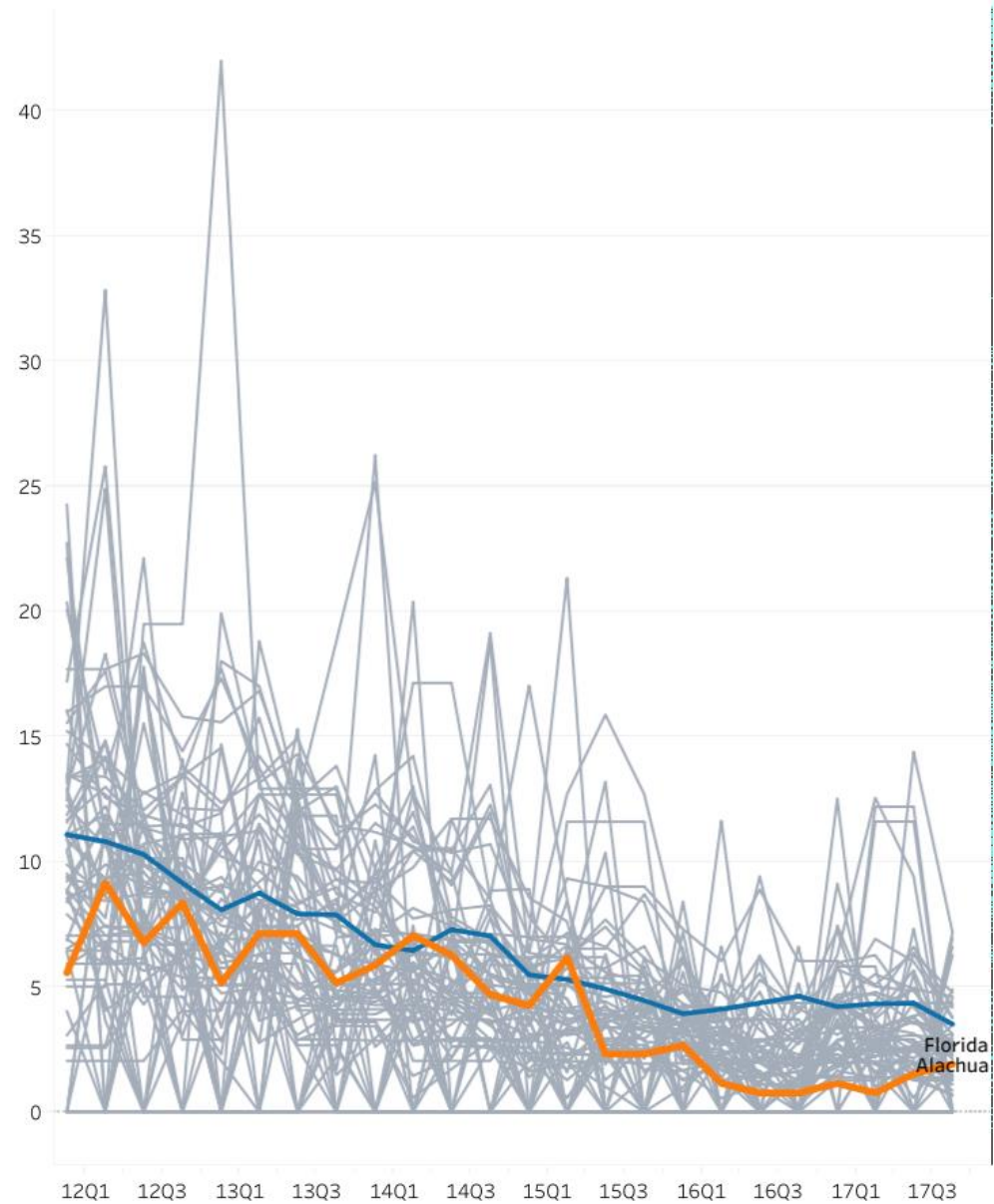
HIDTA2018
Central Florida
Gulf Coast
North Florida
South Florida
Non-HIDTA

© Mapbox © OSM

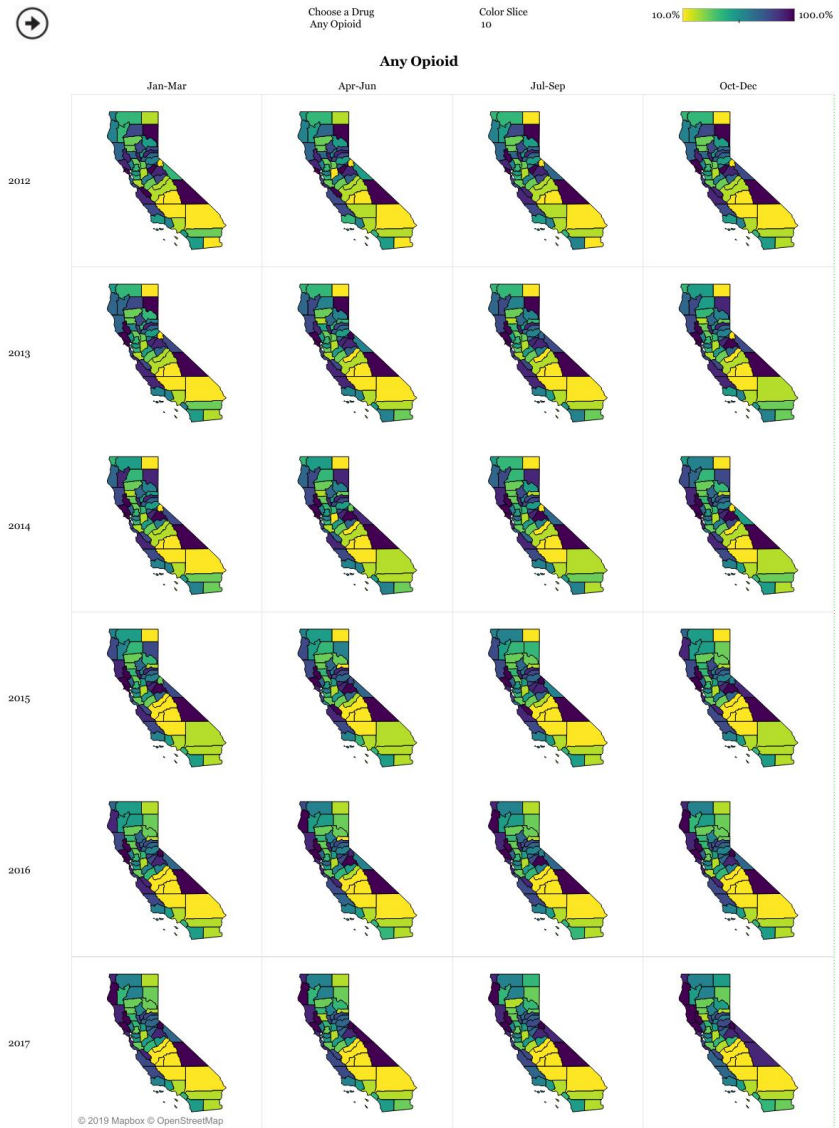
Note: Multiple provider episode rate is defined as use of 5 or more prescribers and 5 or more pharmacies within 3 months. A person is counted in a given quarter if they had a prescription in that quarter and a multiple provider episode in any of the four quarters (Schedule II-IV drugs). Reported by quarter and year per 100,000 state residents.

Source: Prescription Behavior Surveillance System
<http://www.pdmpassist.org/content/prescription-behavior-surveillance-system>

Multiple provider episode rates



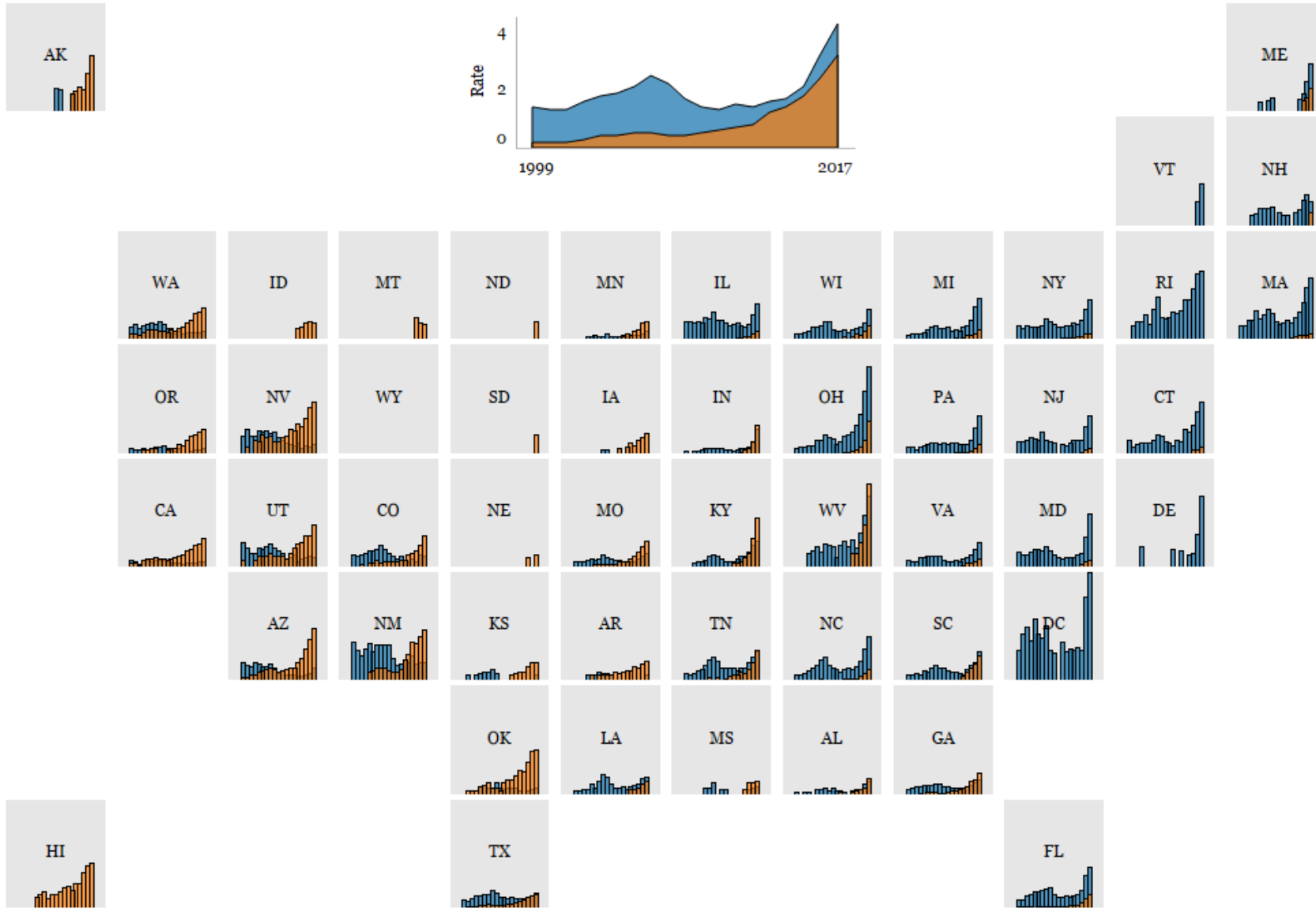
The Mean Opioid Daily Dosages Per Patient in Morphine Milligram Equivalent California 2012-2017



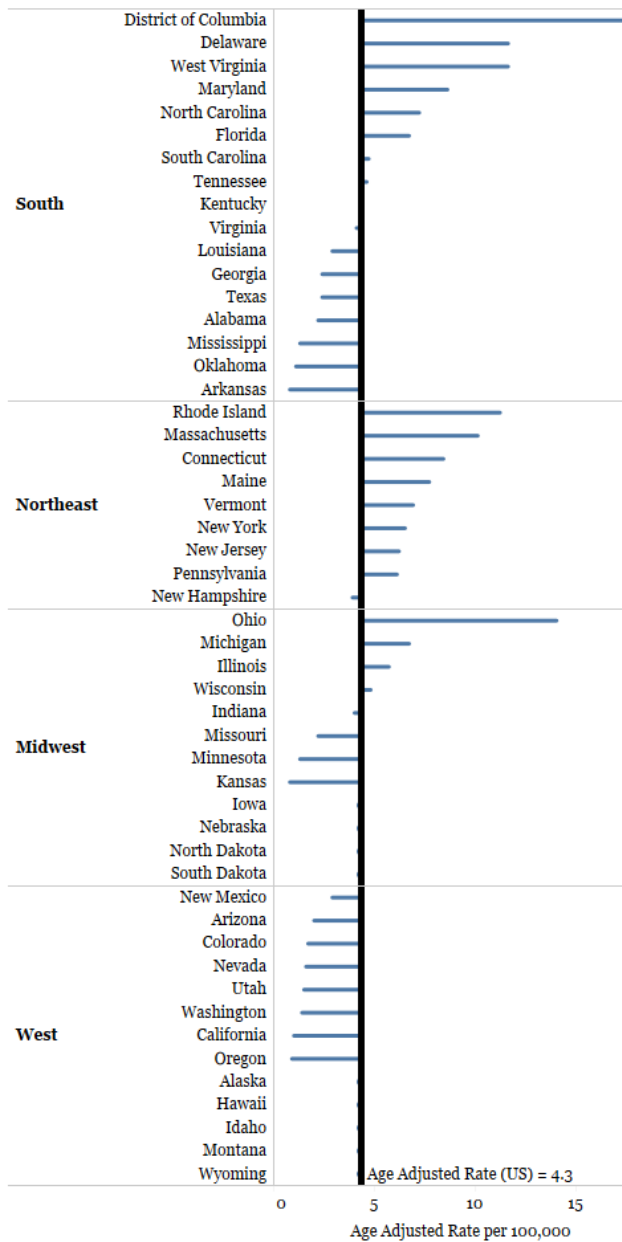
Source: California Prescription Behavior Surveillance System

#VizForPublicHealth
@YanningWang

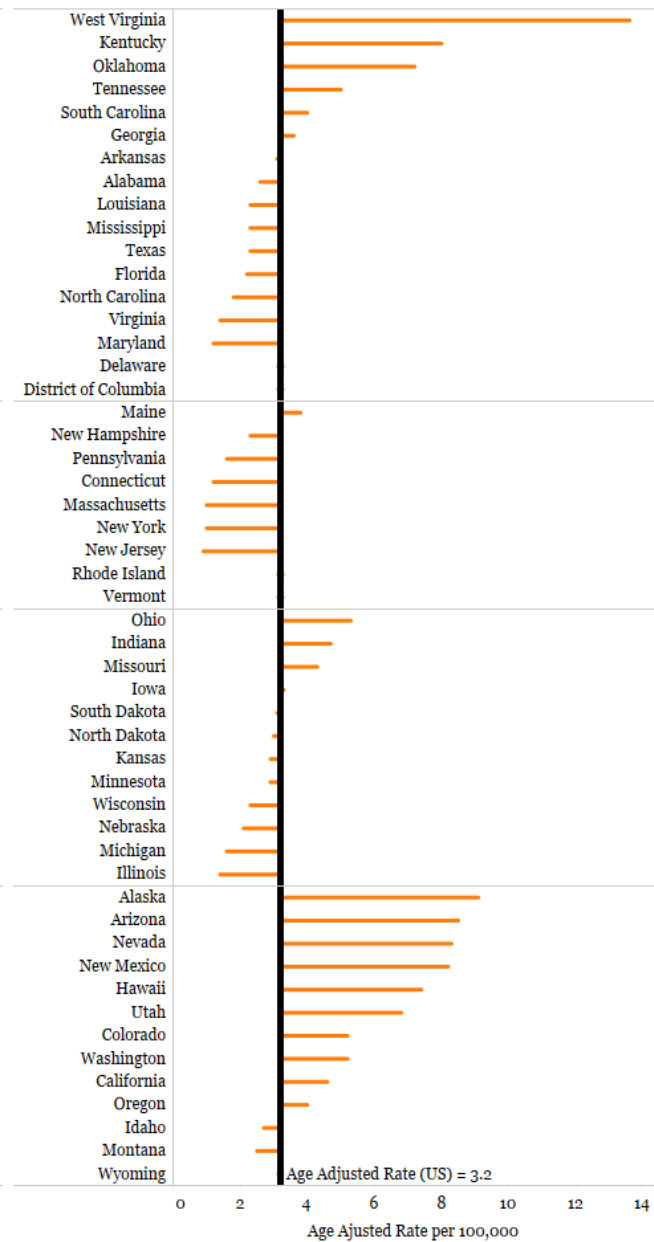
Overdose Deaths Involving Cocaine and Psychostimulants in the US, 1999-2017



Cocaine-involved overdose deaths in 2017



Psychostimulants-involved overdose deaths in 2017



Florida:

Stimulant Prescribing & Fatal Poisonings involving
Psychostimulants

FL County-level clustering (animated)

Prescribing Rates per 1,000 Population

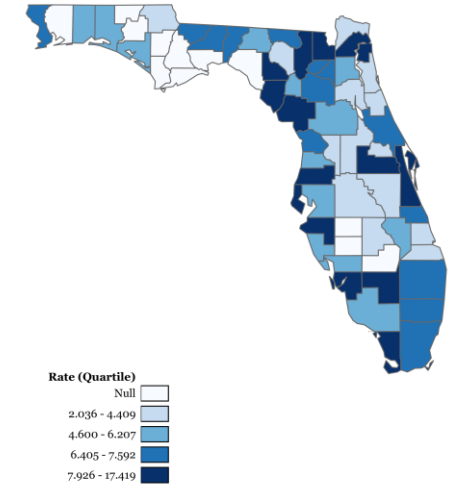
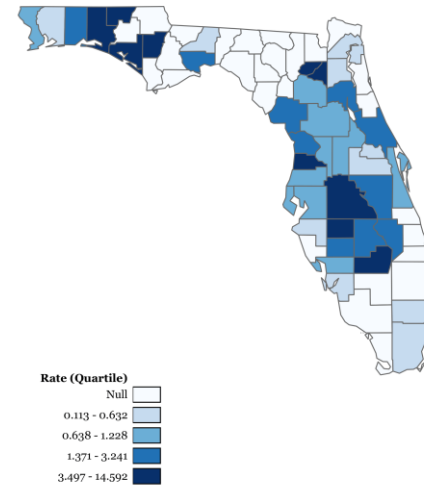
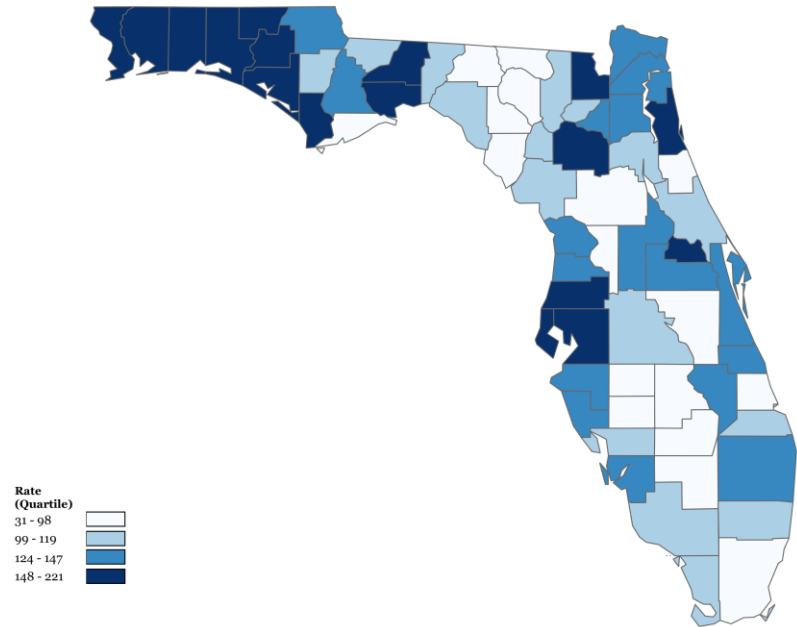
Drug-Related Death Rates per 100,000 Population

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

Methamphetamine

Cocaine

2012

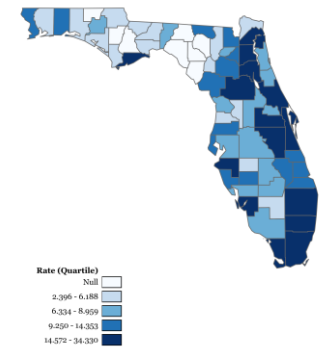
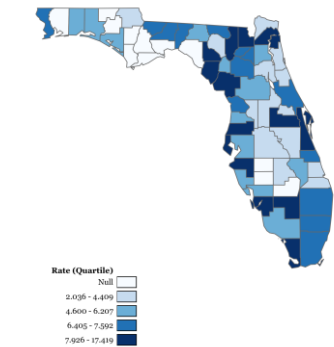
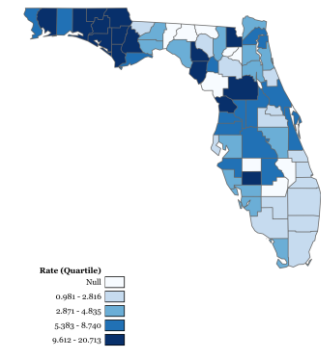
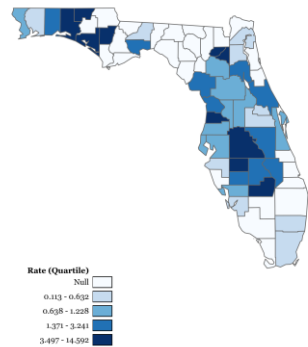
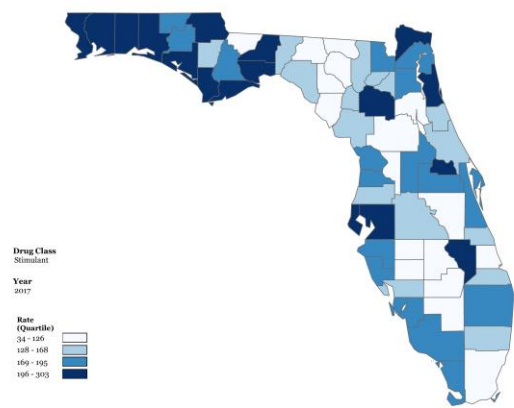
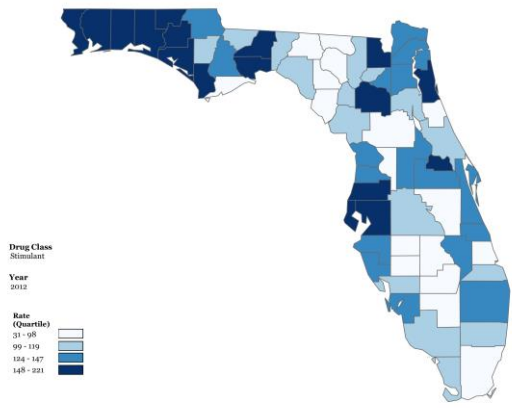
2017

2012

2017

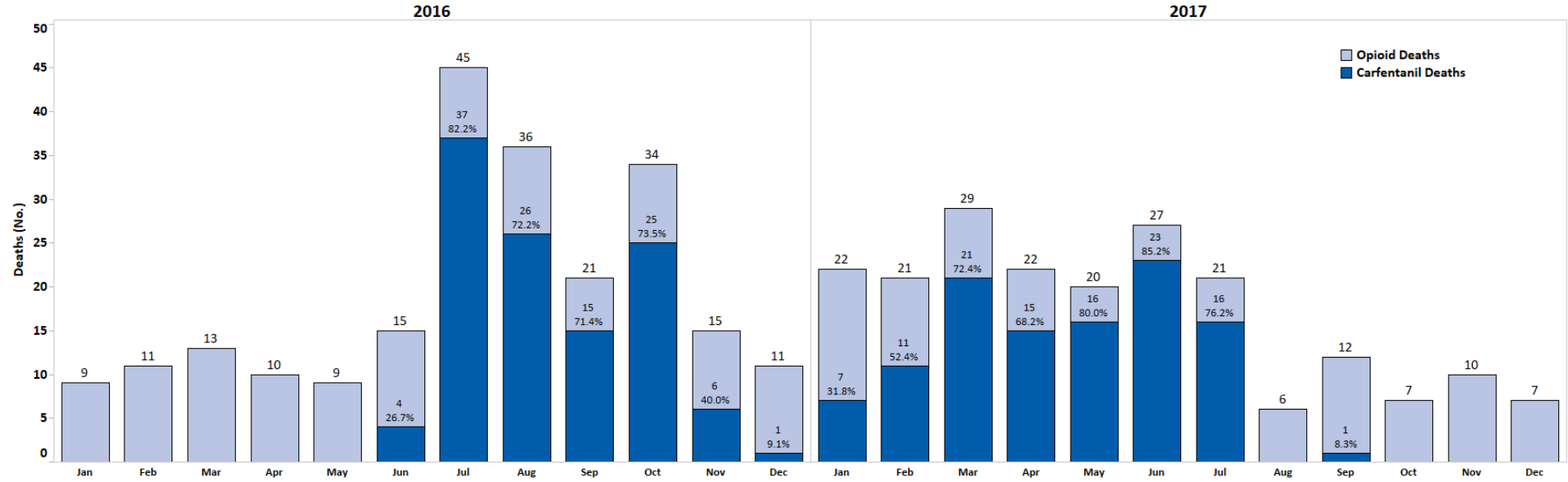
2012

2017

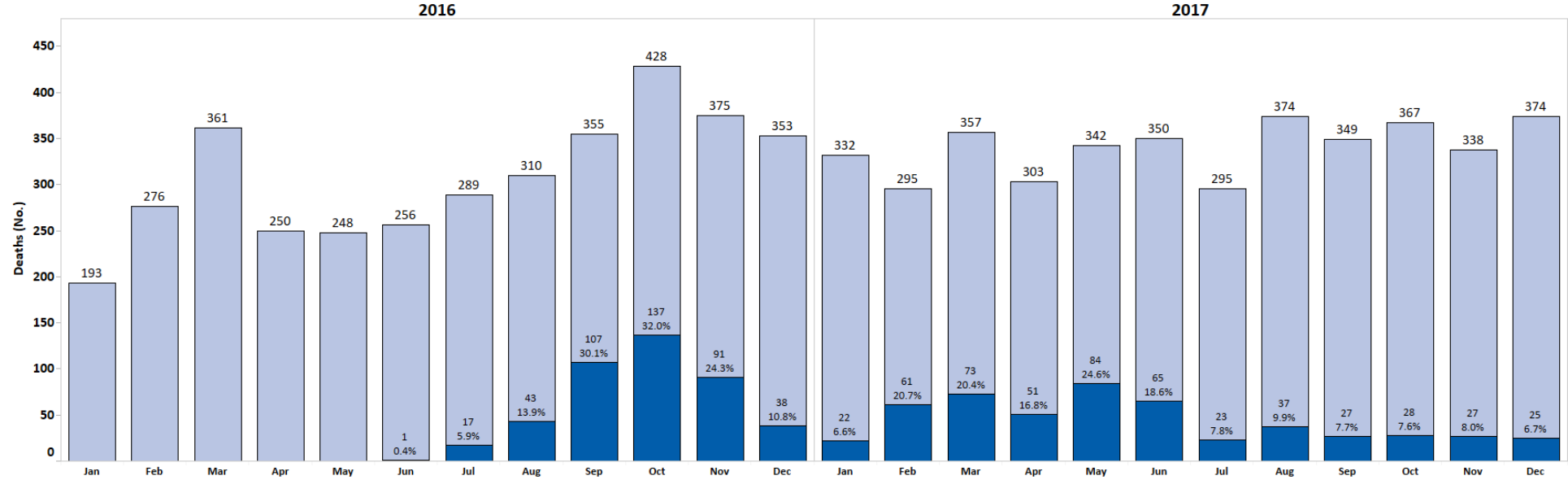


Objective #2: Evaluate synthetic opioid-related deaths by establishing a case fatality review team in the Sarasota Medical Examiner Office Region.

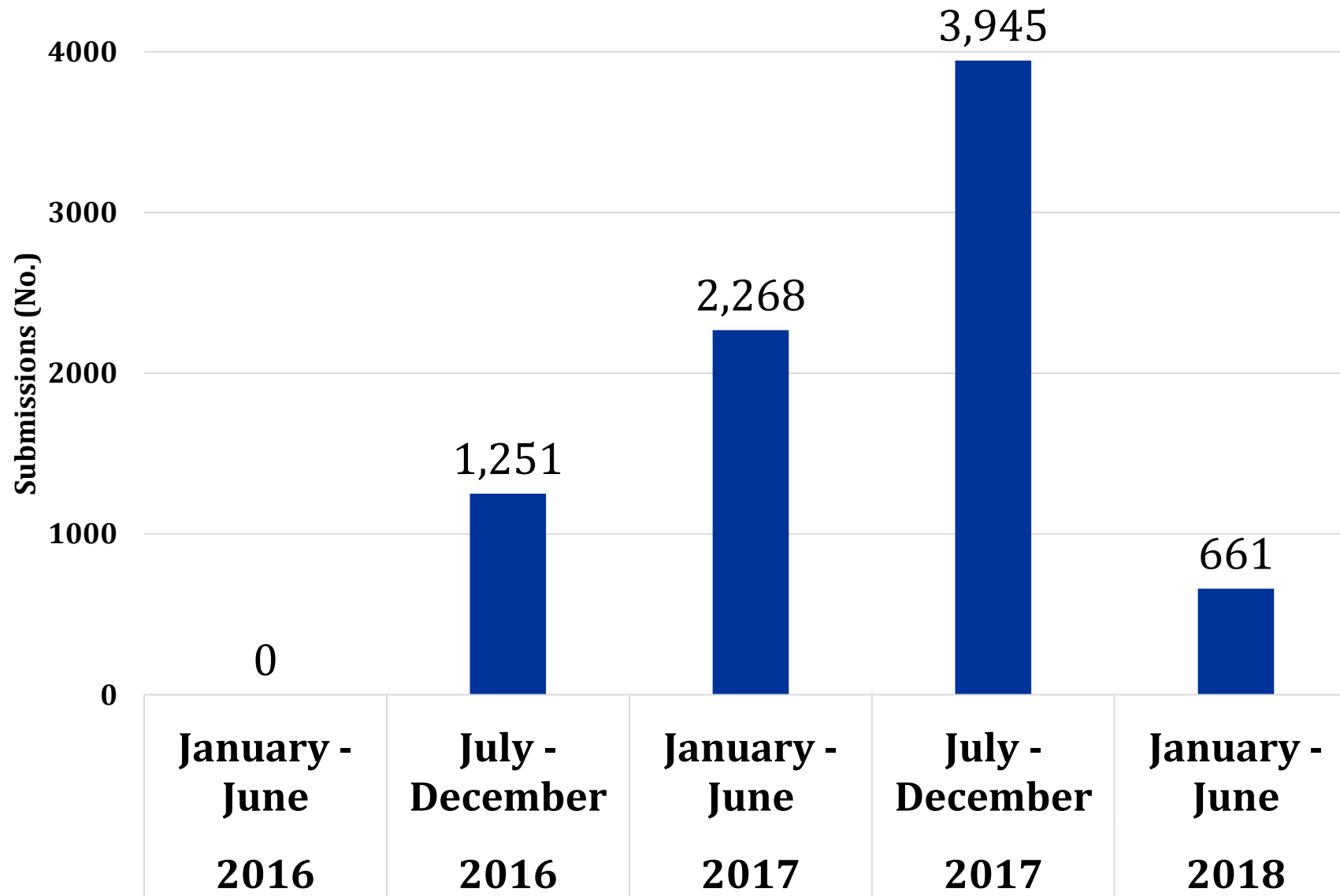
Sarasota Area

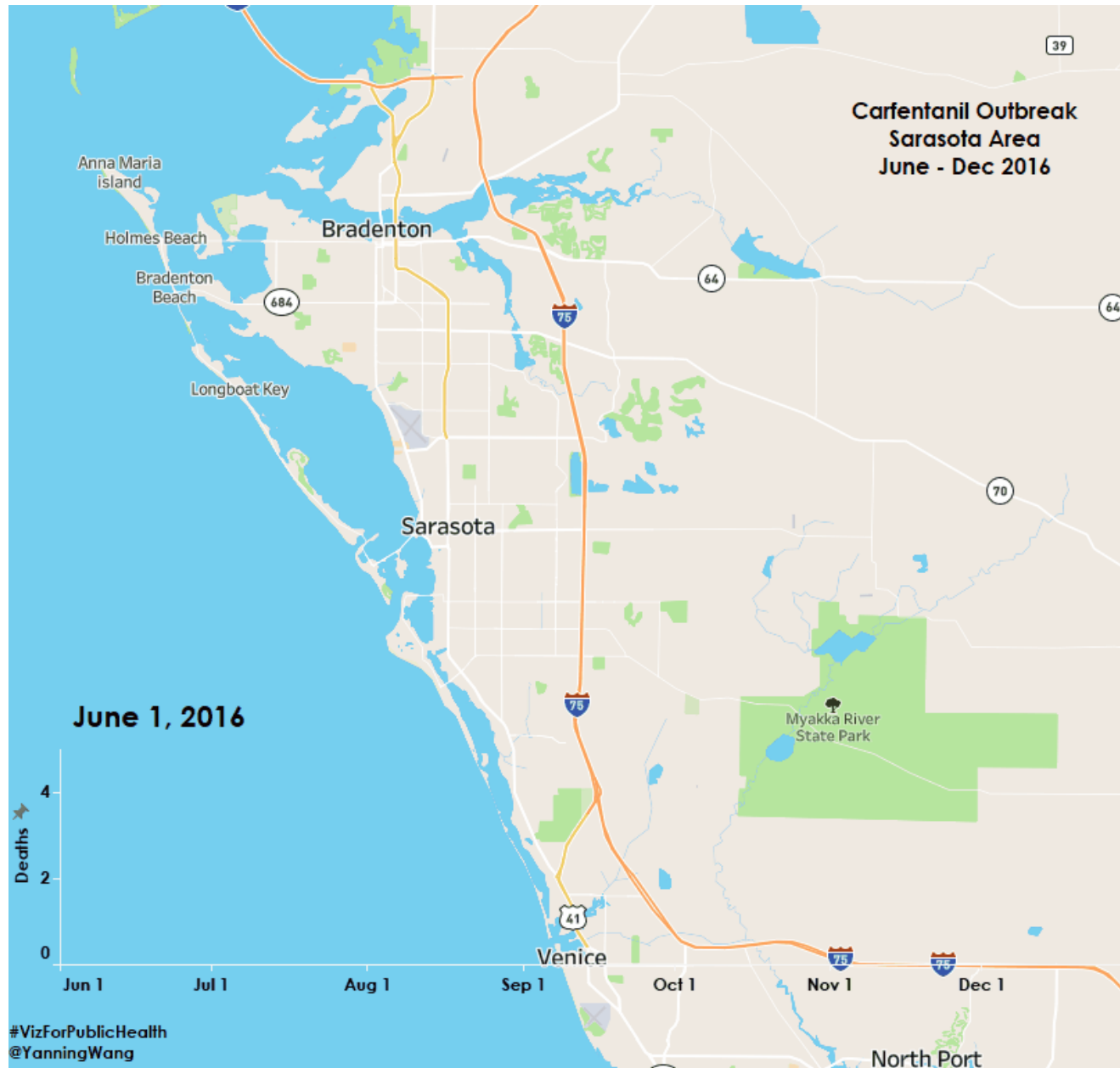


Rest of Florida



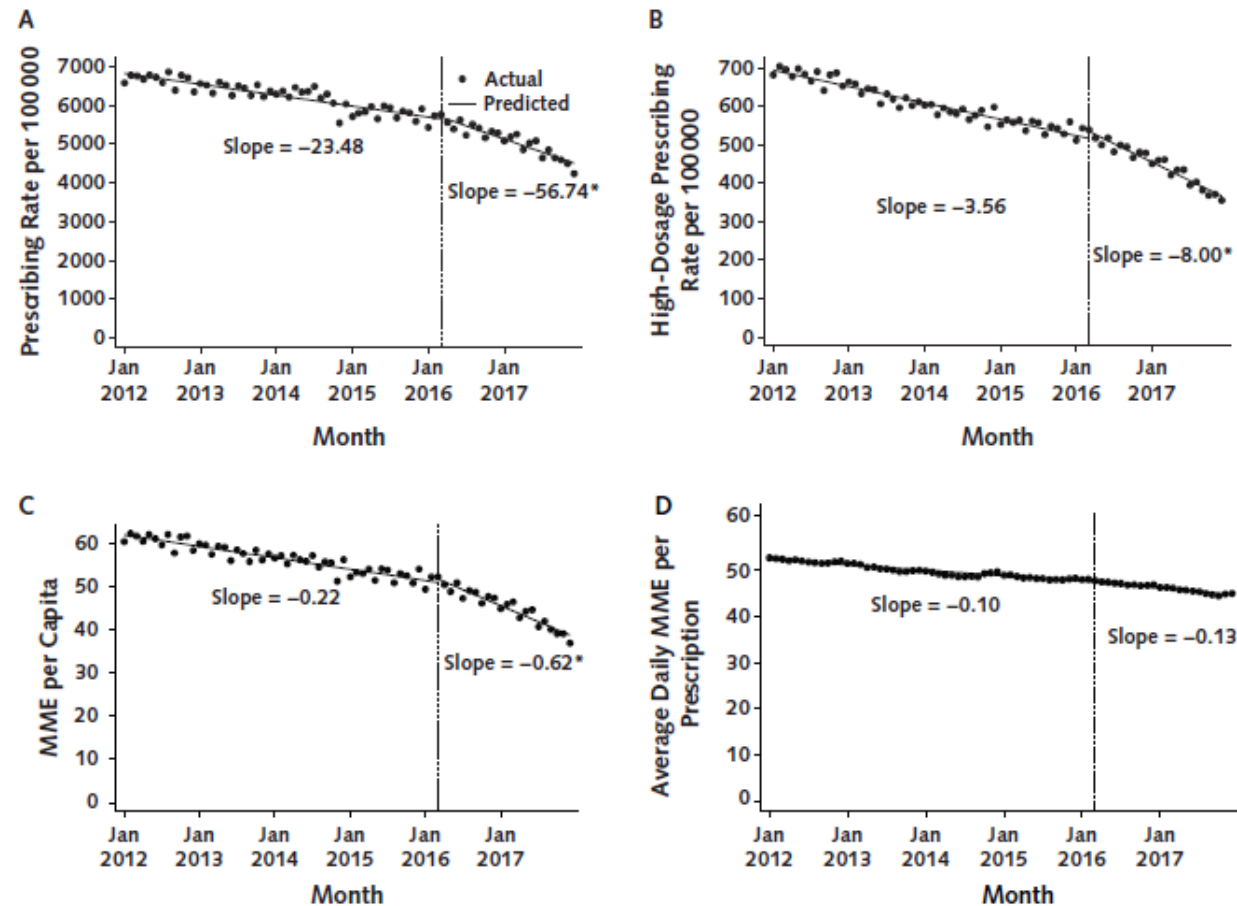
Carfentanil-related submissions





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.

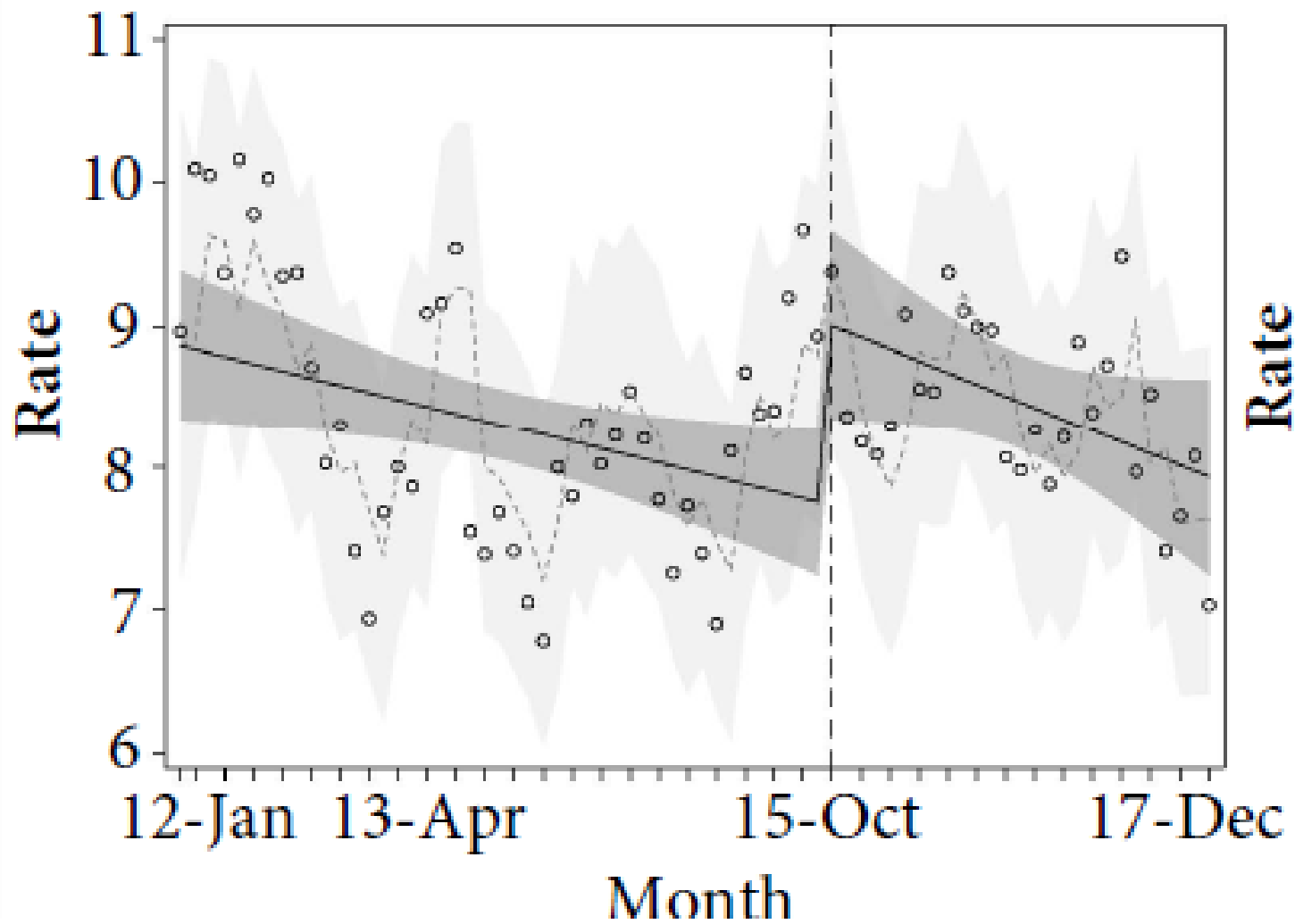


Denominators in panels A to C are based on total U.S. population size. Dashed vertical lines represent the month of CDC guideline implementation (March 2016). CDC = Centers for Disease Control and Prevention; MME = morphine milligram equivalents. **A.** Count of all opioid prescriptions dispensed in 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.

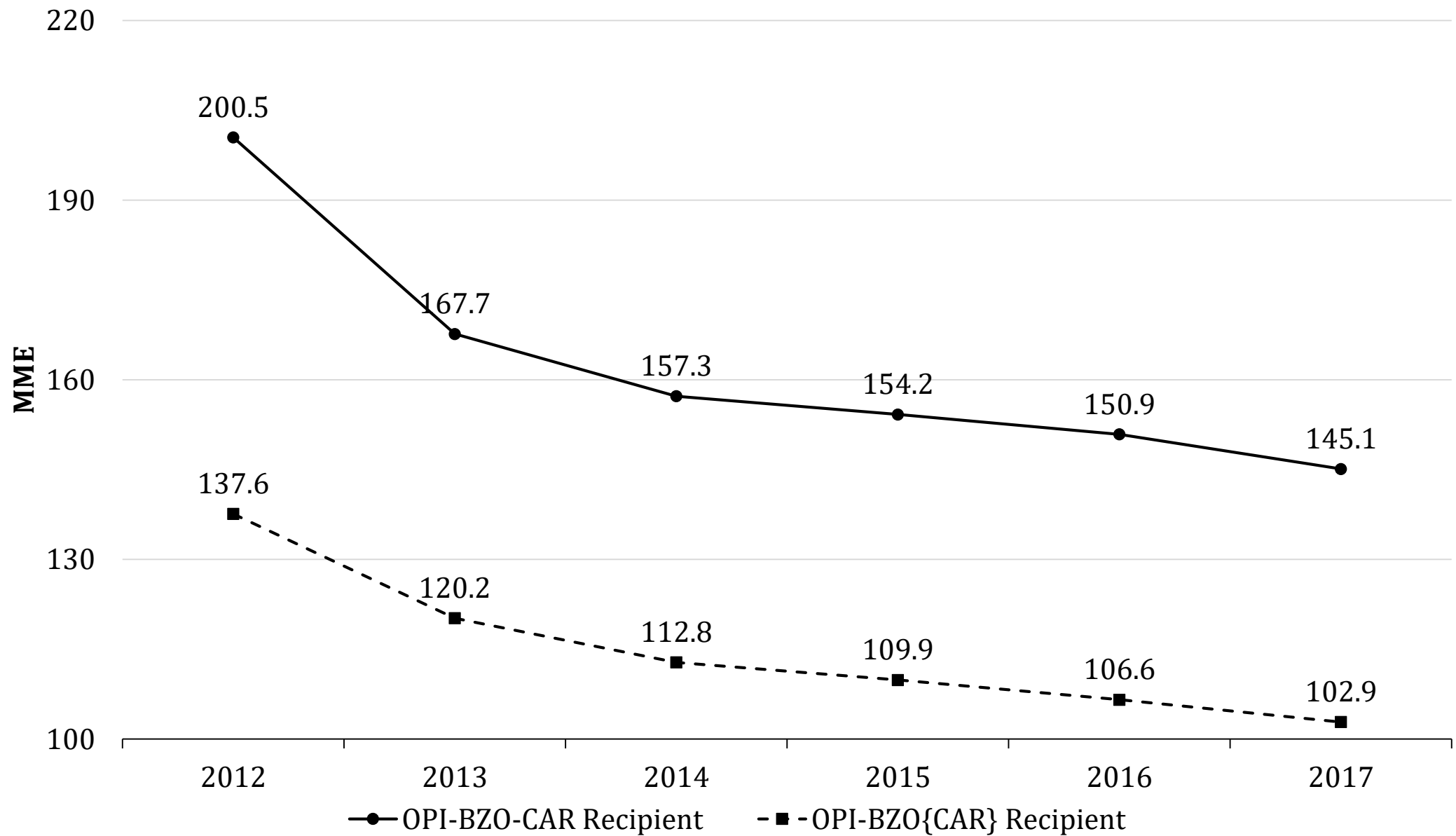
* Change in slope (i.e., rate of decline per month) from before to after the CDC guideline release was statistically significant at $P < 0.001$.

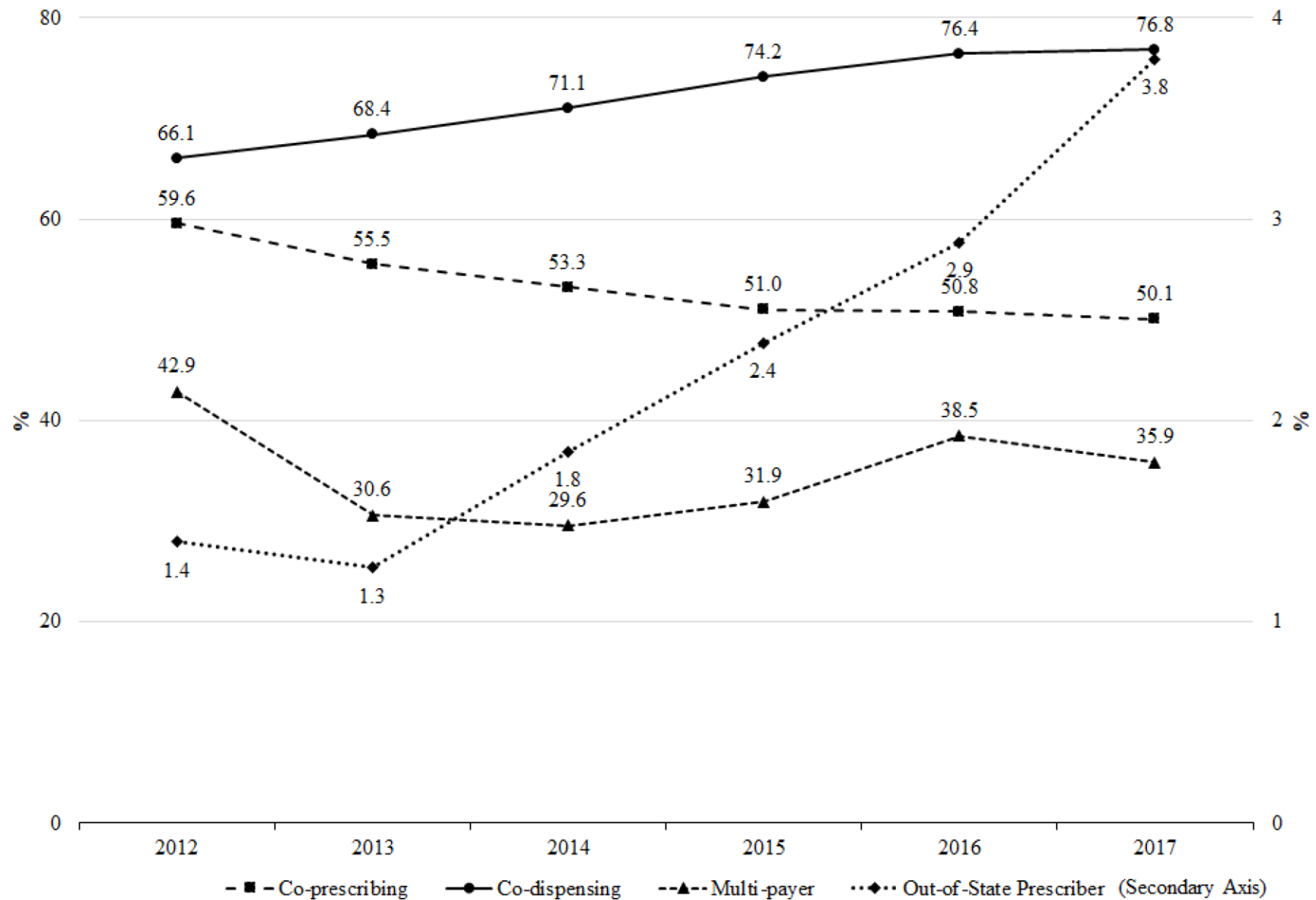
A**1**

Poisoning



“Holy Trinity” Prescribing in Florida







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