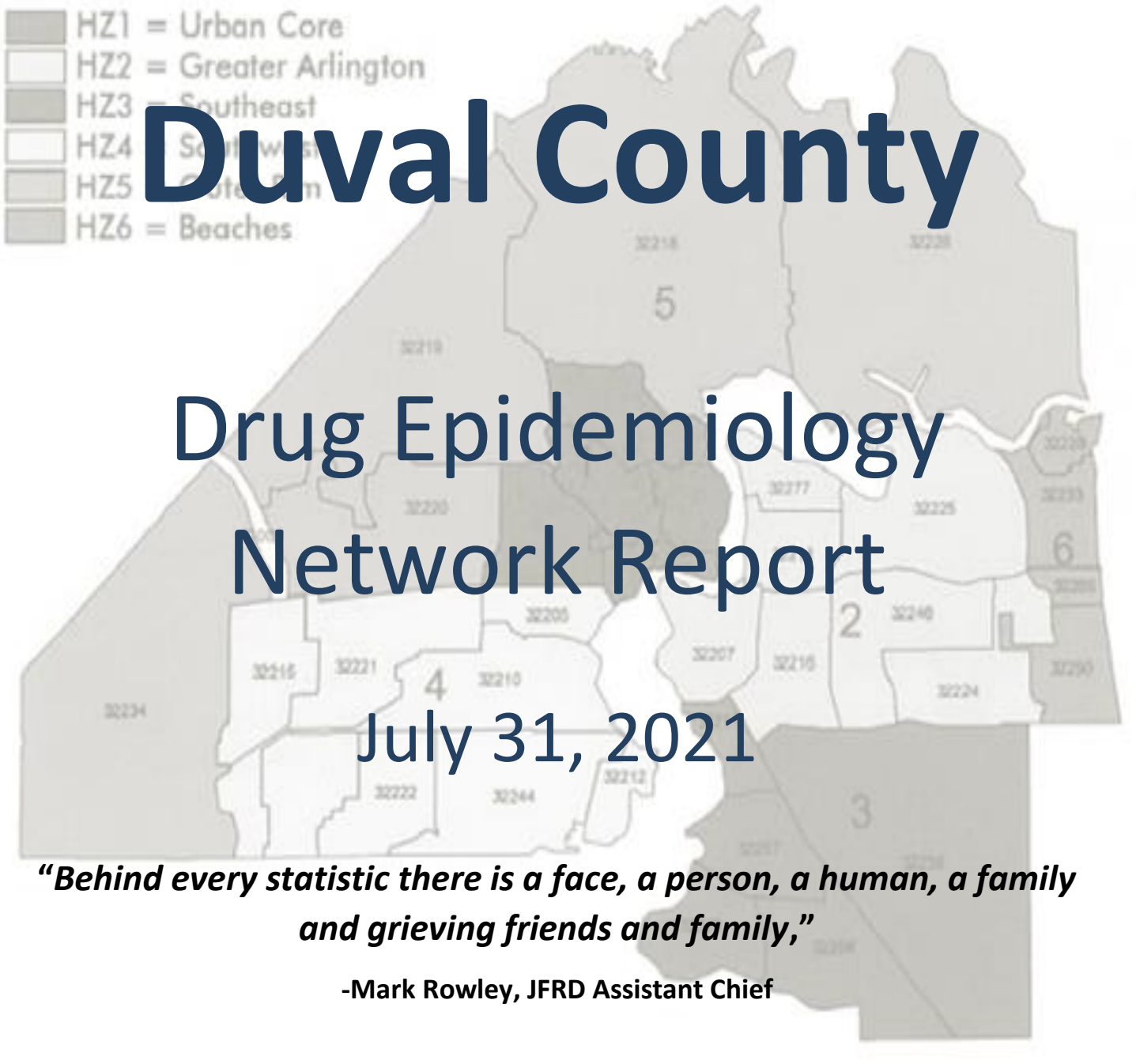
Drug Epidemiology Network Report

Duval County

7/31/2021

Community Coalition Alliance

IN COLLABORATION WITH LUTHERAN SERVICES FLORIDA, DRUG FREE DUVAL, HIDTA, AND DUVAL DEN MEMBERS



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July 31, 2021

"Behind every statistic there is a face, a person, a human, a family and grieving friends and family,"

-Mark Rowley, JFRD Assistant Chief

Prepared by the Community Coalition Alliance (CCA)
through Lutheran Florida Services
funded by the Florida Department of Children and Families
www.ccafl.org

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MISSION:

To serve as the collective voice of community coalitions in the State of Florida while valuing the unique identity of each member of the alliance.

VISION:

A state that is transformed community by community that provides all our residents a healthy, safe environment in which they can thrive.

-

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ACKNOWLEDGEMENTS

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- Drug Free Duval
- Jacksonville Fire and Rescue Department
- UF Health Jacksonville
- Baptist Medical
- St. Vincent's Healthcare
- Northeast Florida Healthy Start
- Inspire to Rise, Inc
- Medical Examiner (District 4)
- Center for Health Equality and Quality Research UF College of Medicine at Jacksonville
- Duval County Public Schools
- Duval Department of Health, OD2A
- Center for Applied Research on Substance Use and Health Disparities Nova Southeastern University
- Poison Control
- High Intensity Drug Trafficking Areas (HIDTA)

A special thank you to Lutheran Services Florida (LSF) Health Systems for supporting the efforts of the CCA coalitions and believing in our ability to reduce and prevent alcohol and other drug use in our communities.

Thank you to our partners at HIDTA for agreeing to serve as the DEN co-chair and support this initiative and its partners.

Thank you to LSF funded treatment providers for providing critical information surrounding treatment services for the Northeast Region to demonstrate need of services.

Lastly, thank you to the Florida Department of Children and Families for your support of prevention efforts in the Northeast Region and across the State of Florida.

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ABOUT US

In Florida, the Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) program office, allocates funding to sub-state Regions who manage contracts for behavioral health services at the regional level. Lutheran Services Florida (LSF) Health Systems oversees and contracts for behavioral health services across the Northeast Region reaching Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia.

LSF Health Systems (LSFHS) is one of seven Managing Entities who work in partnership with the Florida Department of Children and Families in managing behavioral health care for people facing poverty who do not have health insurance.

State-funded behavioral health services help people and families who don't have insurance gain access to much-needed mental health care services. Through this system-wide approach, people at risk for or diagnosed with mental health and/or substance abuse disorders who do not have the financial resources to seek care are able to find the help they need. Services provided through contracted behavioral health care providers include prevention, intervention, treatment and care coordination to support optimal recovery.

In 2008, the Community Coalition Alliance (CCA) was developed in response to a request from a Federal Project Officer to meet as a group and provide mentoring to one another. CCA provides a forum for partnerships, community involvement and participation, and interagency cooperation and collaboration by focusing on the issues with data-driven decision-making, evidence-based strategies, and the risk and protective factors of youth. The group is comprised of members of community coalitions, who are made up of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who mobilize at the local level to make their communities safer, healthier, and drug-free.

Recognized locally and nationally as a prevention coalition (consortium), CCA has an established infrastructure using the Strategic Prevention Framework (SPF) process. This 5-step process, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides CCA with the framework for their method of work. SPF is an on-going process of community assessment (needs and resources), capacity building, planning, implementation, and evaluation, all based on data, while considering cultural differences and sustainability. Florida began implementing the SPF process in 2004, under the Substance Abuse Response Guide (SARG) grant.

Currently, CCA is comprised of members from 15 of the 23 counties served by LSF in the Northeast Region. Below are the 15 counties and the prevention coalitions representing them:

Baker County: Baker Prevention Coalition, Inc. https://www.bakerprevention.org/
Bradford County: Bradford Community Coalition http://www.bradfordcommunitycoalition.org/
Citrus County: Anti-Drug Coalition of Citrus County, Inc. http://www.substancefreecitrus.org
Clay County: Clay Action Coalition http://clayactioncoalition.org/
Dixie County: Dixie County Anti-Drug Coalition https://www.facebook.com/pages/Dixie-County-Anti-Drug-Coalition/140135282730666
Duval County: Safe and Healthy Duval Coalition Inc http://www.drugfreeduval.org/

Flagler County: Focus on Flagler http://www.focusonflagler.org/
Hamilton County: Hamilton County Alcohol and other Drug Prevention Coalition http://www.saynohamco.org/
Hernando County: Hernando County Community Anti Drug Coalition www.hernandocommunitycoalition.org
Lake County: Safe Climate Coalition http://safeclimatecoalition.org
Marion County: Marion County Children's Alliance http://www.mcchildrensalliance.org/
Nassau County: Nassau Alcohol Crime Drug Abatement Coalition http://nacdac.org/
St. Johns County: PACT Prevention Coalition http://www.pactdrugprevention.org/
Sumter County: Sumter Community Action Partnership
Volusia County: One Voice for Volusia http://www.onevoiceforvolusia.org/

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Community Coalition Alliance

EXECUTIVE SUMMARY

The Community Coalition Alliance (CCA) was awarded funds through a current contract with Lutheran Services Florida (LSF) Health Systems to establish and coordinate a local Drug Epidemiology Network (DEN) to address the Opioid Crisis faced in Duval County, Florida. These funds were provided as a result of an initiative coordinated by the Department of Children and Families (DCF) through the Partnership for Success (PFS) grant. This grant is centered on addressing prescription drug misuse and abuse among those ages 12-25 as well as nonmedical opioid use and its consequences for those 26 years of age and older.

Eight communities were identified as focal sites with 5 urban communities (Broward, Duval, Manatee, Hillsborough, and Palm Beach) and 3 rural communities (Franklin, Walton, and Washington). The DEN within each of these communities is tasked with gathering and analyzing data related to consumption, consequence, and contributing factors for opioid misuse and abuse. This surveillance group brings together experts in the field and key stakeholders within a community that have access to these key data point.

The information included within this report provides an update to the data submitted last fiscal year on what the opioid problem looks like within Duval County. It is the intention of this DEN to use the information provided here to identify data gaps and needs as well as additional local data to provide the context for why and how the opioid issue is growing in Duval County. It is important to note here that the information related to law enforcement and naloxone is not included. Duval County has made the decision based on available data and collaboration between the Duval County Sherriff's Office, Emergency Medical Services, and the Jacksonville Fire and Rescue Department that at this time law enforcement will not carry naloxone.

The information below outlines the activities completed to date and the data gathered by the Duval DEN in collaboration with LSF, HIDTA, and Drug Free Duval. Highlighted this fiscal year are zip code level data obtained to identify the areas in need of services and support.

DUVAL DRUG EPIDEMIOLOGY NETWORK (DEN)

The Community Coalition Alliance (CCA) was awarded funds through a current contract with Lutheran Services Florida (LSF) Health Systems to establish and coordinate a local Drug Epidemiology Network (DEN) to address the Opioid Crisis faced. These funds were provided as a result of an initiative coordinated by the Department of Children and Families (DCF) through the Partnership for Success (PFS) grant. The grant is centered on addressing prescription drug misuse and abuse among those ages 12-25 as well as nonmedical opioid use and its consequences for those 26 years of age and older. The Duval DEN includes experts in the field and key stakeholders that have access to these key data point as well as an understanding of substance abuse and its impact on the community.

As a surveillance team, the Duval DEN was brought together to assess drug abuse patterns and trends, not only at the county level but in comparison to the region as well as the State. The data indicators reviewed were compiled from a variety of health and drug abuse sources including:

- Self-reported prevalence data – middle and high school
- Admissions to drug abuse treatment programs by primary substance of abuse or primary reason for treatment admission reported by clients at admission
- Drug-involved emergency department (ED) reports
- Drug Seizure and related data obtained from the Drug Enforcement Agency (DEA)
- Drug-related deaths reported by medical examiner (ME)
- Surveys of drug use
- Drug arrest data
- Poison control center data

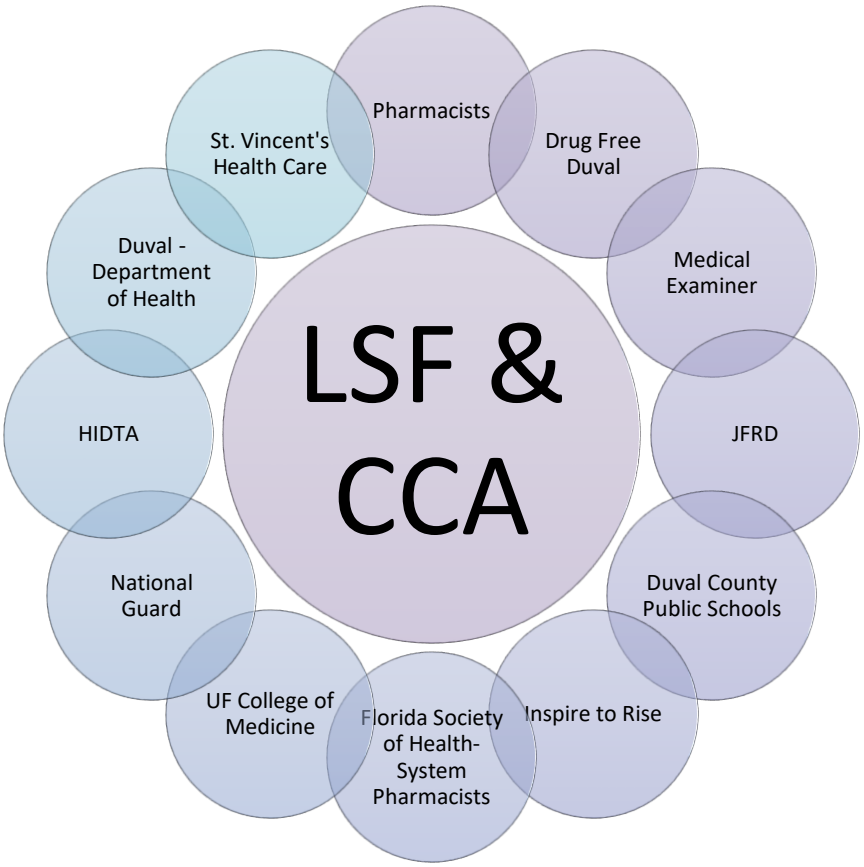
Membership

To ensure the Duval DEN included an array of different perspectives, CCA collaborated with LSF and Drug Free Duval to identify additional partners in working with opioid-related substance abuse treatment and prevention services. Several new partners have been added to the partnership including Inspire to Rise, Inc, a local provider situated within one of our highest-need zip codes and several pharmacists.

It was decided that this surveillance group would be a smaller group in order to be able to have more hands-on discussions with regards to the data. Additionally, with the Opioid Crisis getting the attention of the community, many are already involved either with the Task Force or current community initiatives. Having a smaller working group would allow for greater focus and swifter responses. The diagram below provides a visual of which key partners are involved with the Duval DEN. (See roster in APPENDIX B)

DUVAL DRUG EPIDEMIOLOGY NETWORK (DEN)

Duval DEN Partnerships



Duval DEN Activities

Over the past fiscal year, the members of the Duval DEN worked to look deeper within Jacksonville to identify the areas with highest needs. As a result, many of the indicators of interest were obtained at the zip code level. This information has allowed the partners to identify key activities and strategies to be focused within these areas.

DEN Meetings

Completed: (See PBPS for PPTs):

- July 22, 2020
- August 26, 2020
- September 23, 2020
- October 28, 2020
- November 18, 2020
- January 27, 2021
- February 24, 2021
- March 31, 2021
- April 28, 2021
- May 26, 2021
- June 23, 2021
- July 28, 2021

AREA DESCRIPTION

According to the US Census Bureau, Florida is the fourth most populous state in the nation, and the diversity of its population creates unique challenges. The state is fairly evenly split between males and females and has a large youth and elder population. There is linguistic diversity with large numbers of Spanish speaking and Haitian Creole speaking populations, which tend to cluster regionally. The Northeast Region is comprised of 23 counties:

- **Circuit 4**: Clay, Duval, and Nassau
- **Circuit 3**: Hamilton, Suwannee, Columbia, Lafayette, and Dixie
- **Circuit 8**: Levy, Gilchrist, Alachua, Baker, Bradford, and Union
- **Circuit 5**: Marion, Citrus, Lake, Sumter and Hernando Counties
- **Circuit 7**: Volusia, Flagler, Putnam and St. John's

The following tables and information describe the demographics of the Northeast Region of Florida as well as Duval County. Data was collected from the U.S. Census Bureau and Florida's Office of Economic & Demographic Research. All data is for 2019, as 2020 estimates are not currently being released.

The Northeast Florida population is made up of 3,153,390 residents (23 counties). Duval County makes up nearly a third of the total population for the entire region.

Table 1: 2019 Population Demographics: Race and Ethnicity

	Race and Ethnicity			
	Total Population	White	Black/Other	Hispanic
STATE	21,477,737	16,439,624	3,603,599	5,670,122
Northeast	3,153,390	3,483,299	756,755	459,567
Circuit 3	779,456	600,239	139,418	51,304
Circuit 4	**1,265,632**	**826,412**	**313,018**	**118,417**
Circuit 5	1,089,694	925,112	143,300	140,999
Circuit 7	1,007,558	838,894	89,162	114,853
Circuit 8	401,776	292,642	71,857	33,994
Duval	970,672	591,139	286,348	93,185

The median income in Duval County is $55,807, while the median family income is $67,947. The percent in poverty in Duval County in 2019 was 13.5%, one percentage point higher than the State's average of 12.7%. Moreover, 19.5% of those in poverty are under the age of 18. See more demographics and quality of life characteristics in table on page 14.

According to data collected from the U.S. Census Bureau and Florida's Office of Economic & Demographic Research (2021), Duval County has higher rates of poverty and crime compared to the state. Duval residents were also more likely to have a disability and have moved within the last year. For additional demographics compared to the state see table below.

Table 2: Population Demographics

	Duval County	**Florida**
Median Family Income	$55,807	$67,947
% In Poverty	13.5%	12.7%
% In Poverty (>18 years)	19.5%	18.2%
Crime Rate	3,508.1	2,152.3
Admissions to Prison per 100,000 (Rate)	111.8	98.5
% Insured (>65 years)	85.7%	83.6%
% HS Graduate or Higher	89.8%	88.2%
% Bachelor's Degree or Higher	28.6%	29.9%
Households	338,991	7,736,311
Living in the same house 1 year ago (2015-2019)	80.8%	84.5%
With a disability (>65 years)	9.7%	8.6%
% In civilian labor force (>16 years) (2015-2019)	64.3%	58.5%

The **Table 3** provides a snapshot of the needs within Duval County from July 2020 to July 2021. Data for this table was collected from United Way's (2021) Northeast Florida Counts System. In

Duval County, 44.6% of all requests were for housing and shelter, followed by utilities, employment, food, and transportation assistance.

Table 3: FL211 Duval County Top Request Categories (Count and %)
(July 1, 2020-July 1, 2021)

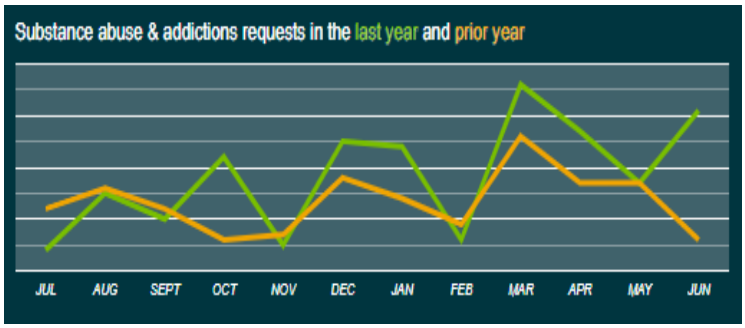
Request Category	Count	Percent
Housing & Shelter	19,278	44.6%
Food	1,763	4.1%
Utilities	8,791	20.3%
Healthcare & COVID-19	1,415	3.3%
Mental Health & Addictions	1,140	2.6%
Employment & Income	5,647	13.1%
Clothing & Household	889	2.1%
Childcare & Parenting	209	<1%
Government & Legal	1,155	2.7%
Transportation Assistance	1,696	3.9%
Education	66	<1%
Disaster	112	<1%
Other	1,091	2.5%

The data also reveals 2.6% of requests made during this timeframe were for mental health and addictions, see further breakdown in next table.

Table 4: FL211 Duval County Request Categories: Mental Health & Addictions (Count and %)
(July 1, 2020-July 1, 2021)

Request Category	Count	Percent	Unmet
Substance Abuse & Addictions	222	19.5%	3%
Marriage & Family	23	2.0%	0%
Crisis Intervention & Suicide	199	17.5%	0%
Mental Health Services	452	39.6%	<1%
Mental Health Facilities	237	20.8%	0%

Of the 2.6% of requests for mental health and addiction services, 19.5% of 225 of these were for substance use and addictions, with 3% being considered unmet at this time. The graph to the right provided by FL211 shows the increase in substance use from 2019 (prior year) and 2020 (last year).

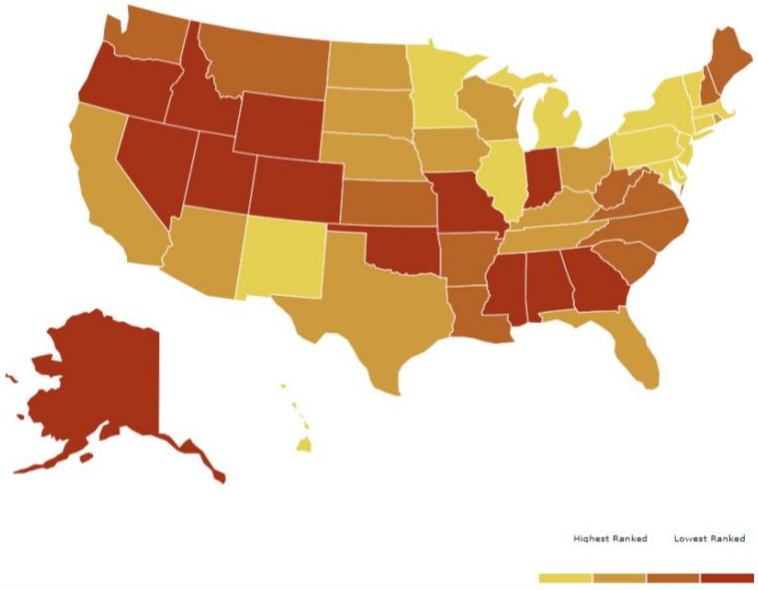


2020 NATIONAL LEVEL DATA

Coronavirus or COVID-19 has continued to fuel substance use and poor mental outcomes across our nation. According to data collected by the U.S. Census Bureau in their Household Pulse Survey (2021), 13% of all adults reported they were initiating or increasing their substance use due to stress. Consequently 25% of young adults also reported initiating or increasing their substance use during the pandemic, almost double all adults category. An additional survey conducted by the Kaiser Family Foundation in July 2020 (2021), found that 59% of households experiencing loss of income or employment experienced at least one of the following adverse effects: difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions. Data collected by the Centers for Disease Control and Prevention (CDC) (2020) during the pandemic revealed individuals between the ages of 18-24 (24.7%), individuals whose ethnic background is Hispanic (21.9%), individuals who made less than >25,000 per year (12.5%), those who were considered essential workers (24.7%), and or individuals who lived in Urban areas (13.5%) were more likely to experience increased substance use.

From January to September of 2020 Mental Health America (MHA) (2021) also collected data from over 1.5 million Americans who took a screening on their website. According to this report 19% of all adults are experiencing a mental illness, this is equivalent to 47 million persons in the U.S.

Figure 1: 2021 MHA U.S. Rankings for Prevalence of Mental Illness and Rates of Access to Care

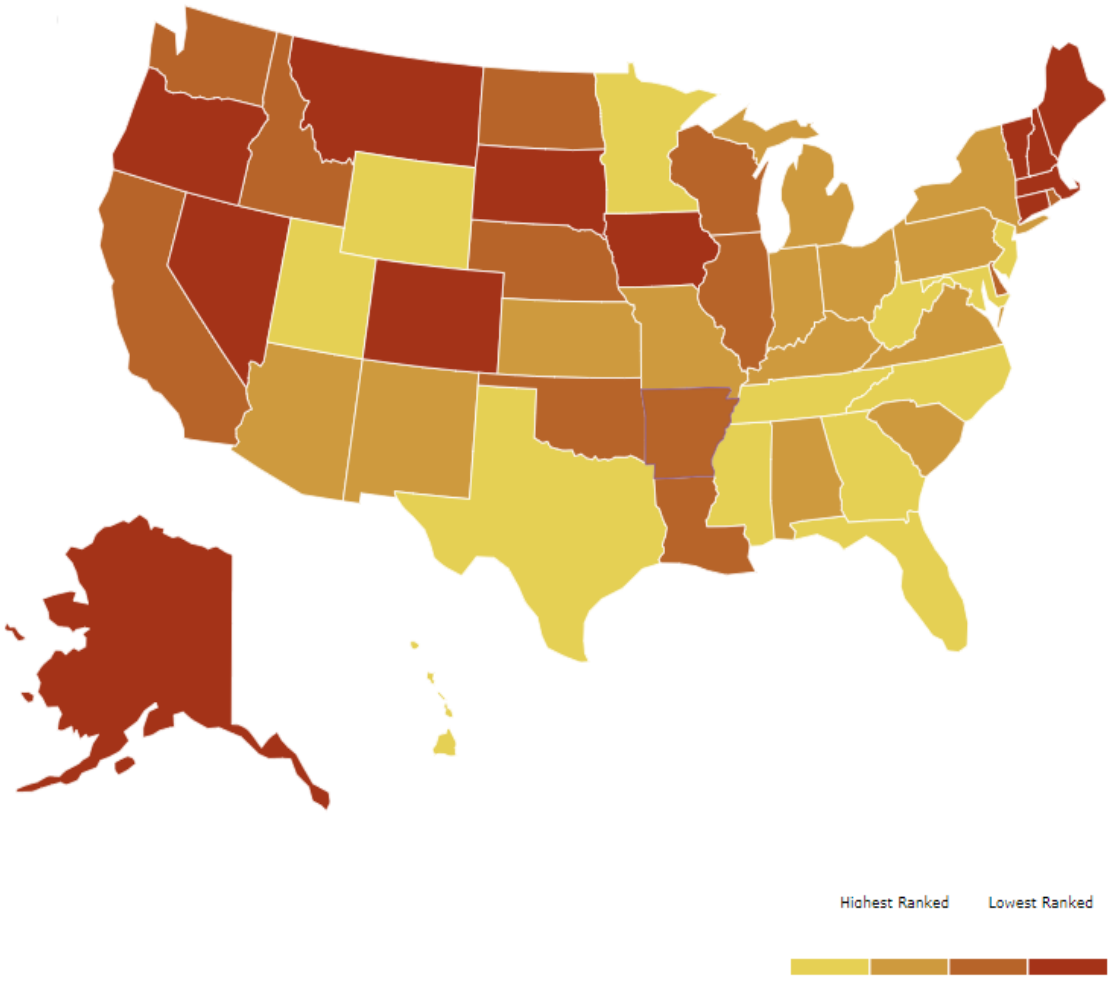


The map to the left represents how the states are ranked by prevalence of mental illness and rates of access to care. **Florida is ranked 25 out of 51 on this list.**

The report also highlighted that Florida is one of the highest ranked states for adults with substance use disorders in the past year (MHA, 2021). According to the data collected 7.67% of adults in the U.S. reported having a substance use disorder in the past year, while 2.87% reported

having an illicit drug use disorder, and 5.74% of adults reported having an alcohol use disorder in the past year. The following figure shows how Florida ranks compared to surrounding states.

Figure 2: 2021 MHA U.S. Rankings for Prevalence of Adult Substance Use Disorder



In 2020 drug overdoses deaths reached an estimated 93,331, an overall 29.4% increase in just one year. Of these deaths approximately 69,710 were directly related to opioids. Fentanyl has also been involved in 70% of cocaine overdose deaths and 50% of methamphetamine overdose deaths (Centers for Disease Control and Prevention, 2021).

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (2021) recently released an update to the *Provisional Drug Overdose Death Counts* through their Vital Statistics Rapid Release System. As depicted below, overdoses have continued to rise since January 2015. From 2015-2017 there were large increases in overdose deaths in the United States, from 2017-2019 the overdoses slowed, and then began rapidly increasing again in early

2020. The same trend can be seen in Florida. See figures 3 and 4 for a visual representation of these trends.

Figure 3: 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

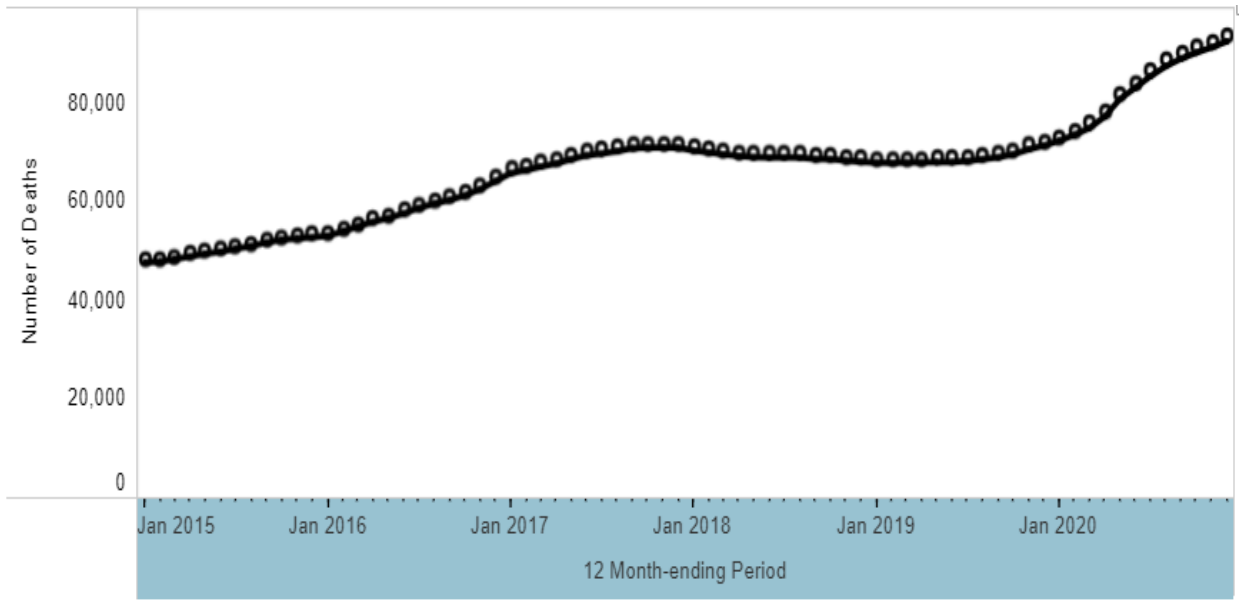
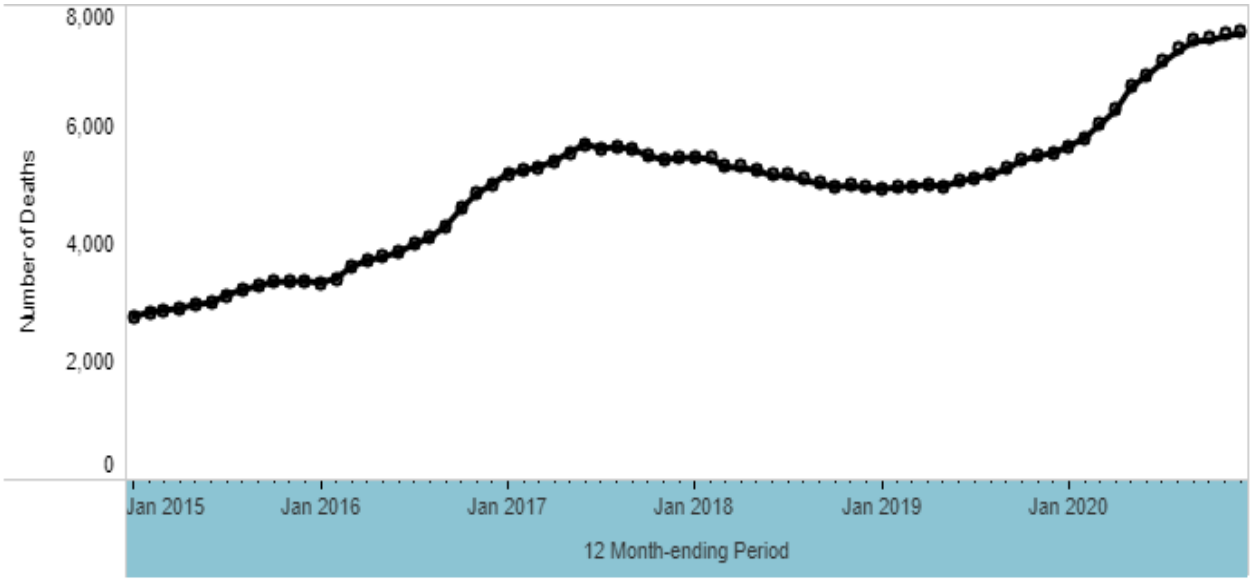
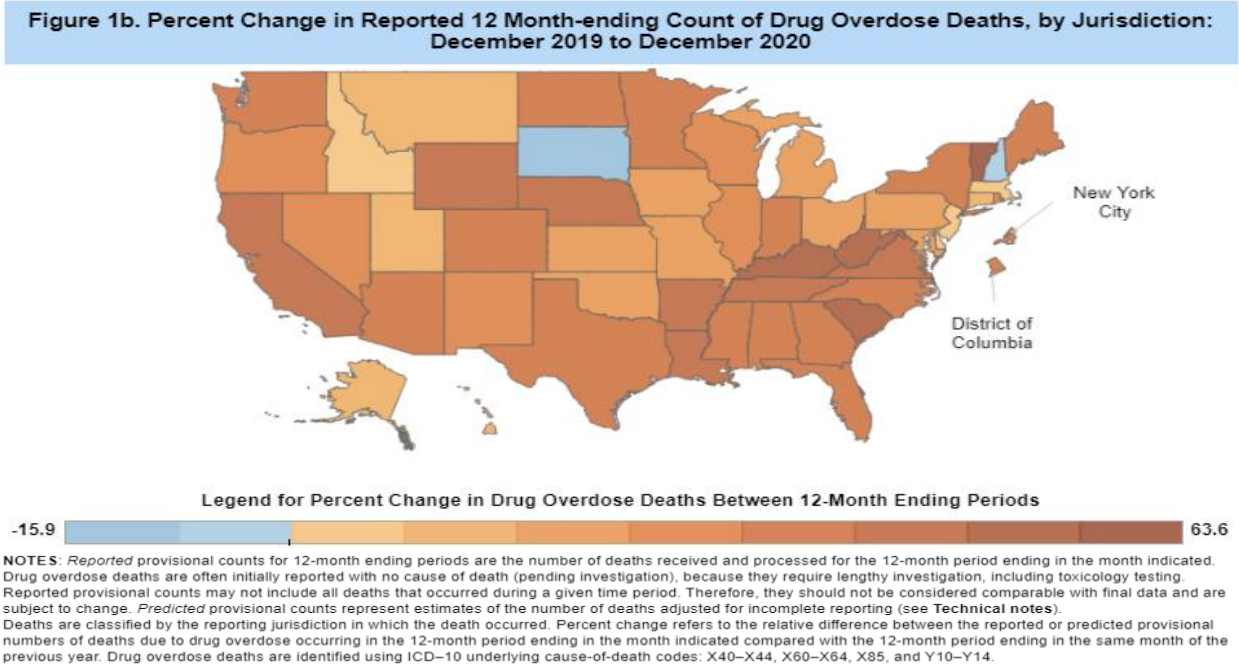


Figure 4: 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States: Florida



In the next figure (Figure 5) the percent change in counts of drug overdose deaths reported during the 12-month period, December 2019 to December 2020, are depicted. During this timeframe there was a 29.6% increase in the United States, as well as a 36.8% increase in Florida.

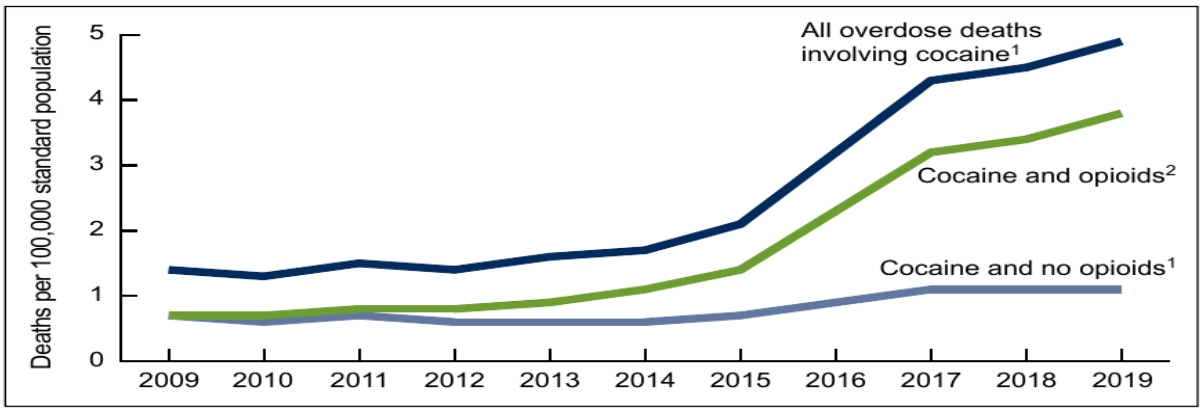
Figure 5: Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction, December 2019 to December 2020



The following figure provided by the CDC's National Center for Health Statistics (2021) represents the age-adjusted rates of overdose deaths involving cocaine, by concurrent involvement of opioids in the United States from 2009-2019. Over the last decade all overdose deaths involving cocaine have increased, specifically those involving opioids.

Figure 6: Age-Adjusted Rates of Overdose Deaths Involving Cocaine (2009-2019)

Figure 1. Age-adjusted rates of overdose deaths involving cocaine, by concurrent involvement of opioids: United States, 2009–2019



[1]Stable trend from 2009 through 2013, then increasing trend from 2013 through 2019, $p < 0.05$.
[2]Increasing trend from 2009 through 2019, $p < 0.05$.
NOTES: Drug overdose deaths involving cocaine were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, or Y10–Y14, with a multiple cause-of-death code T40.5. Deaths with concurrent involvement of opioids also had multiple cause-of-death codes T40.0–T40.4 or T40.6. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Deaths may have involved other drugs in addition to cocaine and opioids. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db406-tables-508.pdf#1.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

STATE AND LOCAL YOUTH DATA

Duval County School Data

The following section describe the demographics of our Duval County middle schoolers and high schoolers from the 2020 – 2021 school year. In addition, we will also cover the student statistics regarding their economic status, English language, and whether they are learning with a disability.

Figure 7 breaks down the middle school race/ethnicity data we received from Duval County for the 20 – 21 school year. Majority of the students in Duval County are African American at 40% and the next highest population being those children that identify as white at 34%.

Figure 7: Duval County Middle School Race/Ethnicity Data from School Year 20 – 21

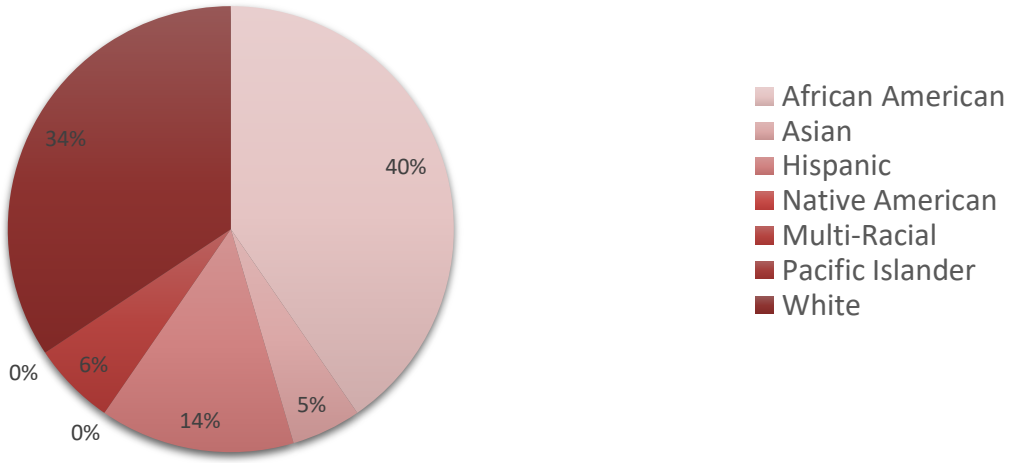


Figure 8 below is the middle school statistics data from the 20 – 21 school year and we can see that exactly 50% of these students are economically challenged in some aspect. 18% of these students have some sort of disability and 5% of them are English learners.

Figure 8: Duval County Middle School Student Statistics Data from School Year 20 – 21

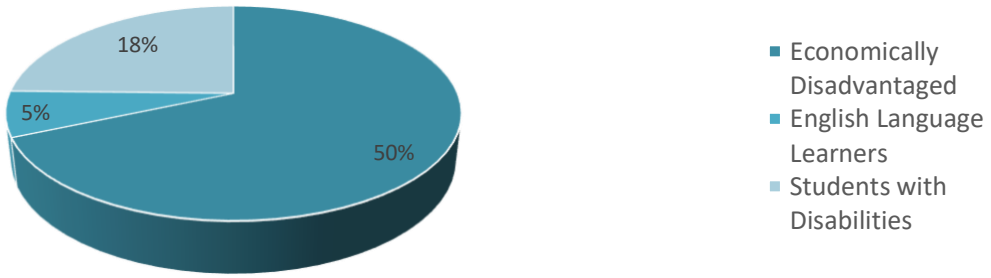


Figure 9 covers the high school race and ethnicity in Duval County for the 20 – 21 school year. Similarly, to our middle school students, majority of our high school students are African American at 46% and 31% are White.

Figure 9: Duval County High School Race/Ethnicity Data from School Year 20 – 21

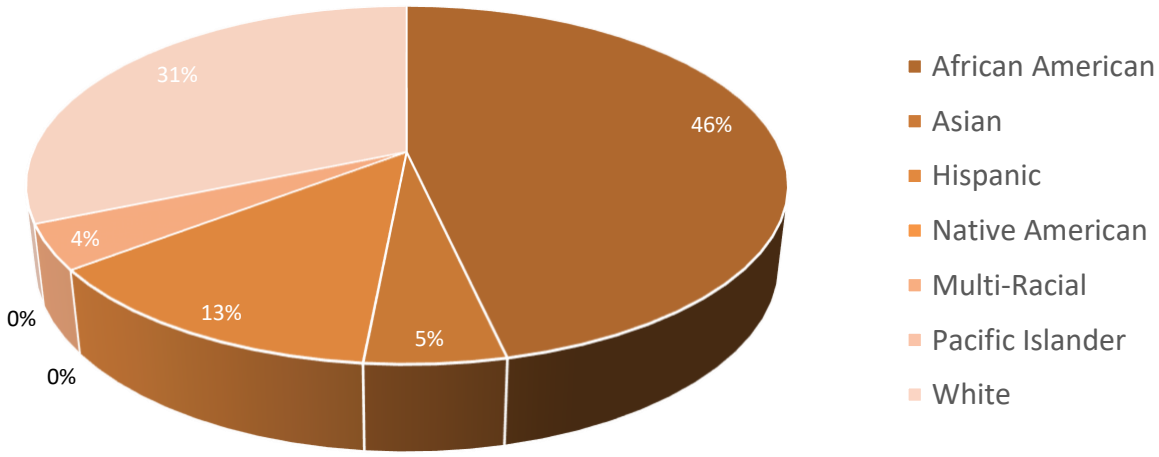
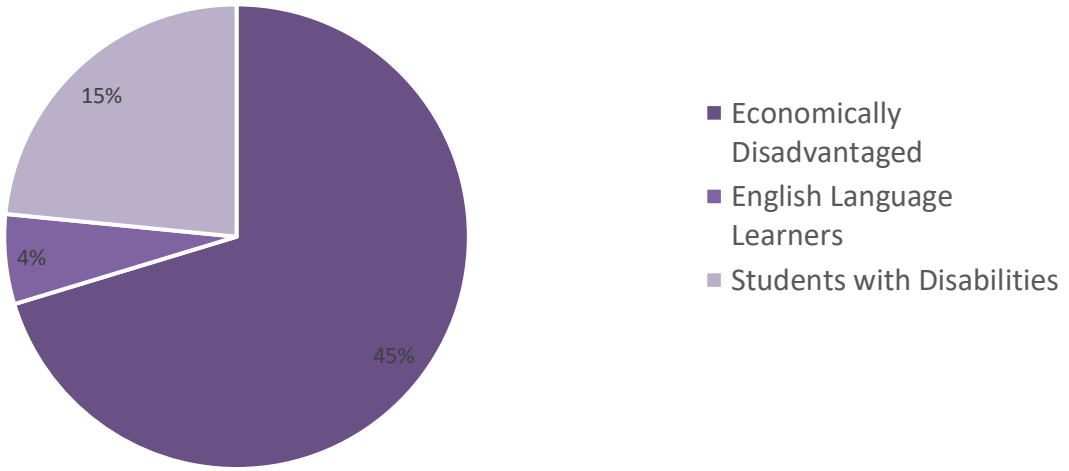


Figure 10 is the percentages of Duval County high school students' statistics from the 20 – 21 school year. Here 45% of our students are economically disadvantaged in some aspect, 15% of these high school students are students with disabilities, and 4% of these students are English language learners.

Figure 10: Duval County High School Student Statistics Data from School Year 20 – 21



FLORIDA YOUTH SUBSTANCE ABUSE SURVEY

The following section provides an overview of the Florida Youth Substance Abuse Survey (FYSAS) and the reported prevalence rates across a number of different substances. Below you will see the findings of the rates of those in middle and high school statewide compared to the region and county reports done in 2020.

Table 5: Duval County Middle School Substance Use

YRBS Category	Middle School %
TOBACCO	
Ever used electronic vapor products	19.8
Current electronic vapor product	10.6
Ever used cigarettes	8.5
Cigarette use before age 11	3.1
Current cigarette use	7.4
Current smokers that usually got their own cigarettes by buying them at a store or gas station	--
ALCOHOL	
Ever used alcohol	23.9
Alcohol use before age 11	9.8
Current alcohol use	7.6
Current binge drinking	5.0
OTHER DRUG USE	
Ever used prescription pain medicine without a doctor's prescription	6.0
Ever used marijuana	8.5
Current marijuana use	--
Marijuana use before age 11	1.7
Ever used synthetic marijuana	--
Inhalant use before age 11	6.4
Ever used cocaine	--
Ever used methamphetamine	1.3
Ever used ecstasy	0.8
Ever used heroin	1.2
Were offered, sold, or given an illegal drug by someone on school property	--
Attend school under the influence of alcohol or other	--
Parents or other adults in their family disapprove of marijuana	--

Table 6: Duval County High School Substance Use

YRBS Category	High School %
TOBACCO	
Ever used electronic vapor products	24.4
Current electronic vapor product	11.5
Ever used cigarettes	16.8
Cigarette use before age 13	5.4
Current cigarette use	1.3
Current smokers that usually got their own cigarettes by buying them at a store or gas station	--
ALCOHOL	
Ever used alcohol	40.2
Alcohol use before age 13	15.3
Current alcohol use	26.1
Current binge drinking	12.4
OTHER DRUG USE	
Ever used prescription pain medicine without a doctor's prescription	13.9
Ever used marijuana	34.5
Current marijuana use	19.6
Marijuana use before age 13	6.0
Ever used synthetic marijuana	1.6
Inhalant use before age 13	--
Ever used cocaine	4.1
Ever used methamphetamine	1.3
Ever used ecstasy	2.5
Ever used heroin	0.6
Were offered, sold, or given an illegal drug by someone on school property	17.6
Attend school under the influence of alcohol or other	--
Parents or other adults in their family disapprove of marijuana	--

Above are the side by side comparisons in **tables 5** and **6** from the 2020 Youth Risk Behavior Survey results of middle and high school students. There are slight differences in some of the questions, hence the side by side. We can see our middle school population, about 20%, has ever taken part in using electronic vapor products and almost 25% of our high school students as well. About half of middle schoolers and high schoolers who have ever tried electronic vapor products continue to use them.

Table 7 and **Figure 6** below highlight that Duval County reports an overall higher prevalence in all categories with the exception of alcohol, vaping nicotine, binge drinking, and prescription depressants. The northeast Florida region is higher than the state in all categories. Alcohol (15.8%), vaping nicotine (12.6%) and marijuana (12.3%) use are of the highest reported in the region. See visual representation in **Figure 11.**

Table 7: 2020 Florida Past 30-Day Use in Grades 6th – 12th

30 Day Youth Consumption	6th – 8th %	9th – 12th %	Duval County % (2020)	NEFL Region % (2020)	State % (2020)
Alcohol	7.6	16.5	12.5	15.8	14.8
Vape Nicotine	5.0	11.5	8.6	12.6	11.4
Marijuana or Hashish	5.5	20.0	13.5	12.3	10.7
Binge Drinking	4.7	8.0	6.5	7.7	6.7
Cigarettes	2.1	2.7	2.4	2.2	1.8
Over-The-Counter Drugs	2.0	2.1	2.1	1.6	1.3
Prescription Depressants	1.2	0.8	1.0	1.2	1.0
LSD, PCP, and Mushrooms	0.5	2.5	1.6	1.1	0.9
Inhalants	2.4	1.6	2.0	2.0	1.9
Prescription Pain Relievers	2.4	1.3	1.8	1.4	1.1
Prescription Amphetamines	1.7	1.1	1.4	1.4	1.1
Synthetic Marijuana	--	1.2	--	--	--
Club Drugs	0.4	0.6	0.5	0.5	0.5
Cocaine or Crack	0.6	0.4	0.5	0.4	0.4
Methamphetamines	0.4	0.8	0.6	0.5	0.4
Heroin	0.7	0.4	0.5	0.3	0.2

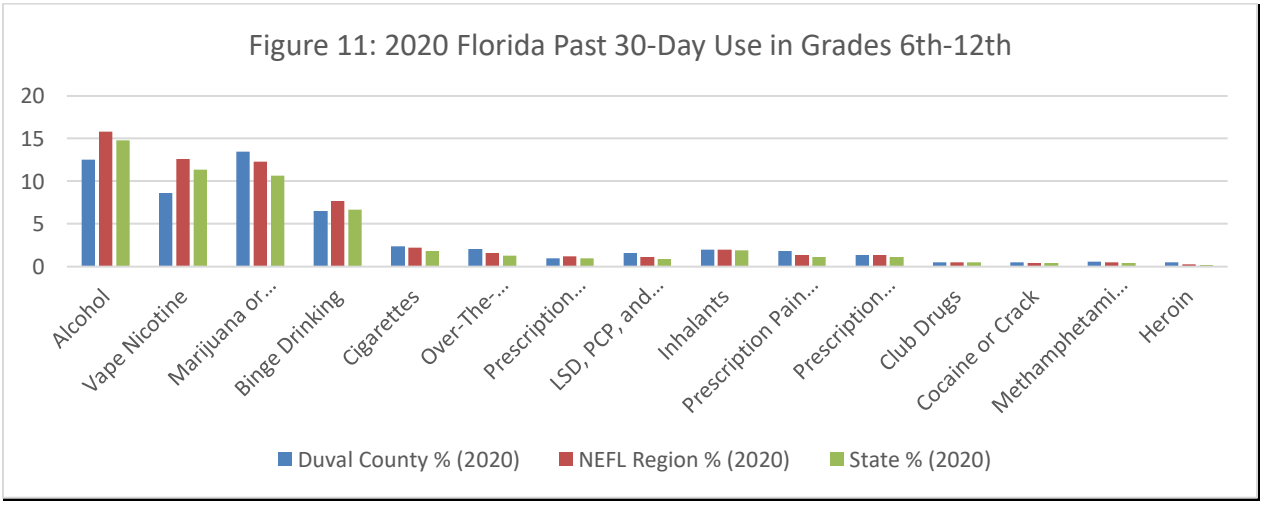


Figure 12 compares middle school and high school student past 30-day use of various drugs. Middle school students report higher rates of use of prescription depressants, prescription pain relievers, prescription amphetamines, inhalants, cocaine or crack, and heroin.

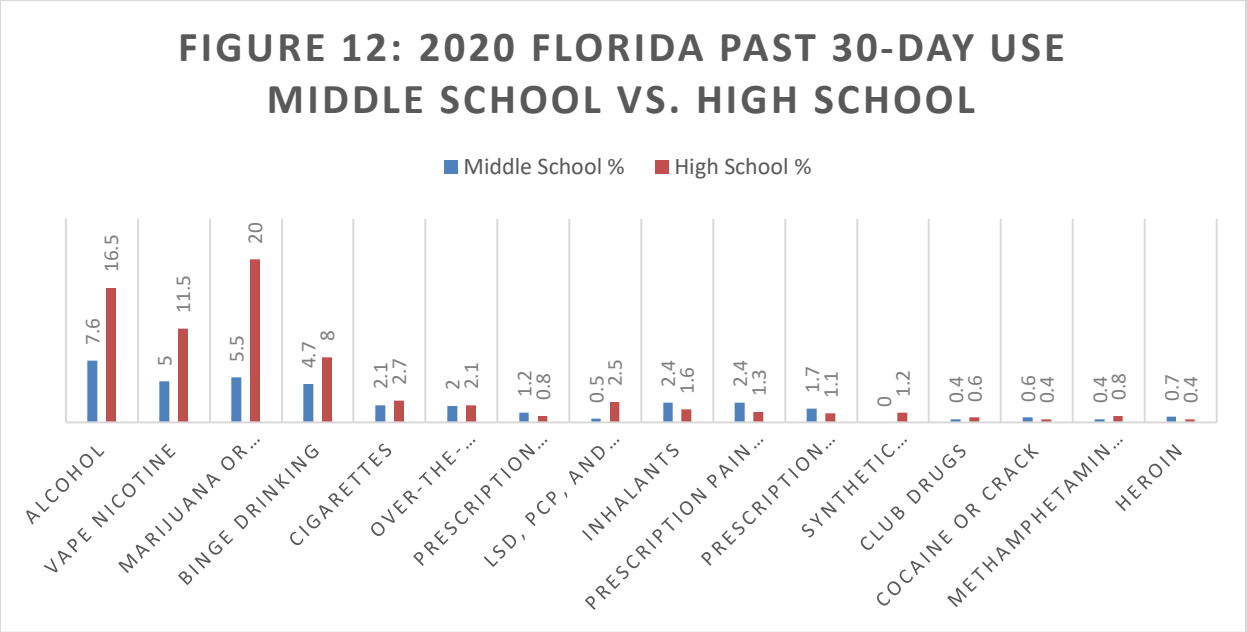
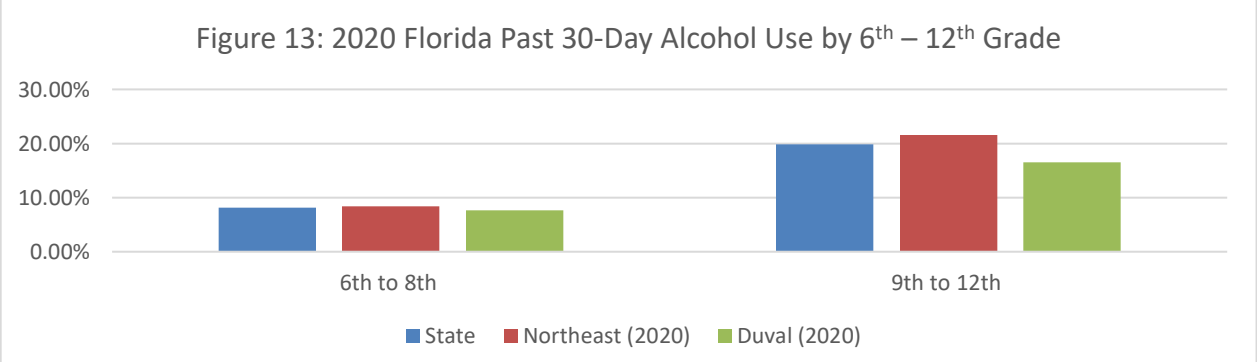


Table 8 and **Figure 13** below compare the percentages of past 30-day alcohol use we can see that, overall, Duval County has a lower percentage in comparison to that of the state and the Northeast region. However, when we compare the 2020 percentage of our 6th to 8th graders, 7.6%, to that of our 2018 responses, 6.7% we can see that there is a slight increase, and we should compare the data for next year to see if the rise continues.

Table 8: 2020 Florida Past 30-Day Alcohol Use by 6th – 12th Grade

Grade	State	Northeast (2020)	Duval (2020)
6th to 8th	8.2%	8.4%	7.6%
9th to 12th	19.9%	21.6%	16.5%



In 2020, past-30-day use increased 1.3 and 1.8 percentage points among 6th and 7th graders, respectively.

Figure 14: 2020 Past 30-Day Prevalence of Alcohol Use by Grade Cohort in the State of Florida

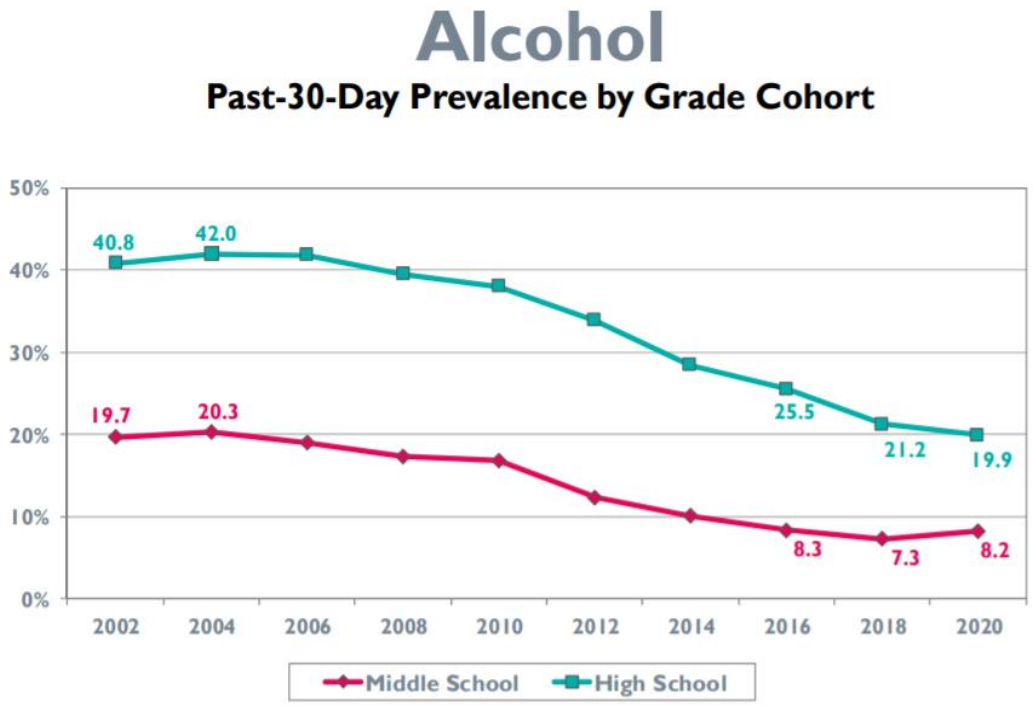


Table 9 compares the past 30-day use of marijuana among our middle and high school population across the state, northeast, and Duval County. We can see that county wide we are experiencing a large percentage of both our middle and high schoolers who are partaking in the use of marijuana when in comparison to Florida and the Northeast. If we look at the data from 2018, we can see that our middle schoolers are at an increase from 4.8%. As well as our high schoolers showing an increase from 2018 data from 18.4%.

Table 9: 2020 Florida Past 30-Day Marijuana Use by 6th – 12th Grade

Grade	State	Northeast (2020)	Duval (2020)
6th to 8th	3.8%	4.7%	5.5%
9th to 12th	15.9%	18.4%	20.0%

Figure 15 shows the past 30-day use of marijuana prevalence by grade cohort in Florida and as we can see there is a slight increase of use among our middle school population, and our high school cohort is showing a slight decrease the greatest being from 2014 at 18.6% to 2020 at 15.9%.

Figure 15: 2020 Past 30-Day Prevalence of Marijuana Use by Grade Cohort in the State of Florida

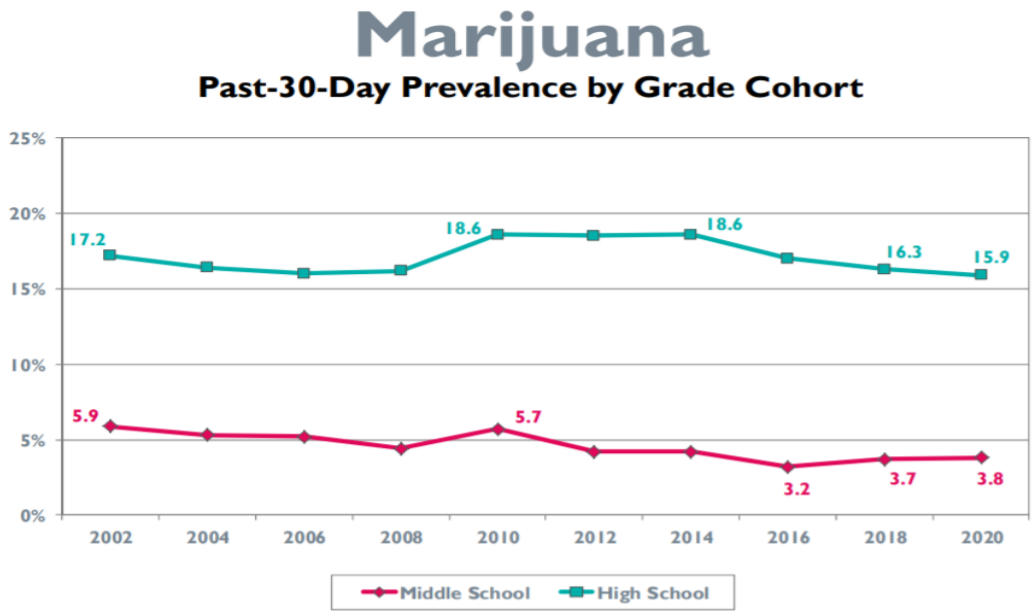


Figure 16: 2020 Past 30-Day Prevalence of Any Vaping Trend among Middle and High School Students in the State of Florida (vaping nicotine or marijuana)

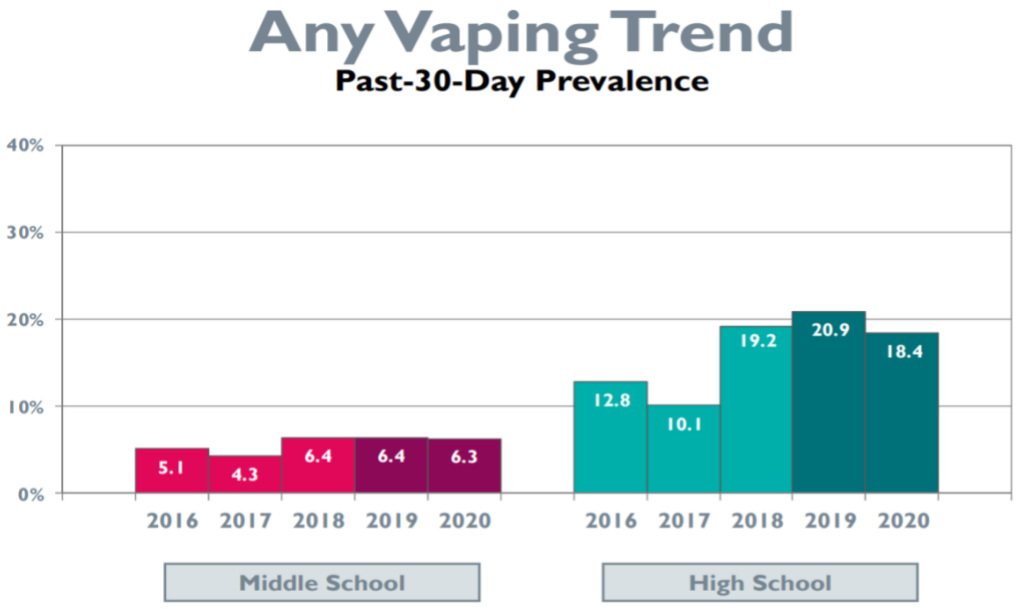


Figure 16 looks at the past 30-day prevalence of any vaping trend (nicotine or marijuana) among the high school and middle school cohorts in Florida from 2016 – 2020. We can see that the vaping epidemic peaked in the year 2018 – 2019 and we have started to see decreases in both grade cohorts from 2019 -2020. According to FYSAS data there is a large overlap between vaping nicotine and vaping marijuana as nearly half of the students who vape do both.

Figure 17 is the overlap of vaping nicotine and vaping marijuana in the past 30 days in Florida. 48.3% of current students who vape nicotine also are vaping marijuana. When looking at current students who vape marijuana it is seen that 75% of them also are vaping nicotine.

Figure 17: 2020 Past 30-Day Prevalence of Vaping Nicotine and Vaping Marijuana in the State of Florida

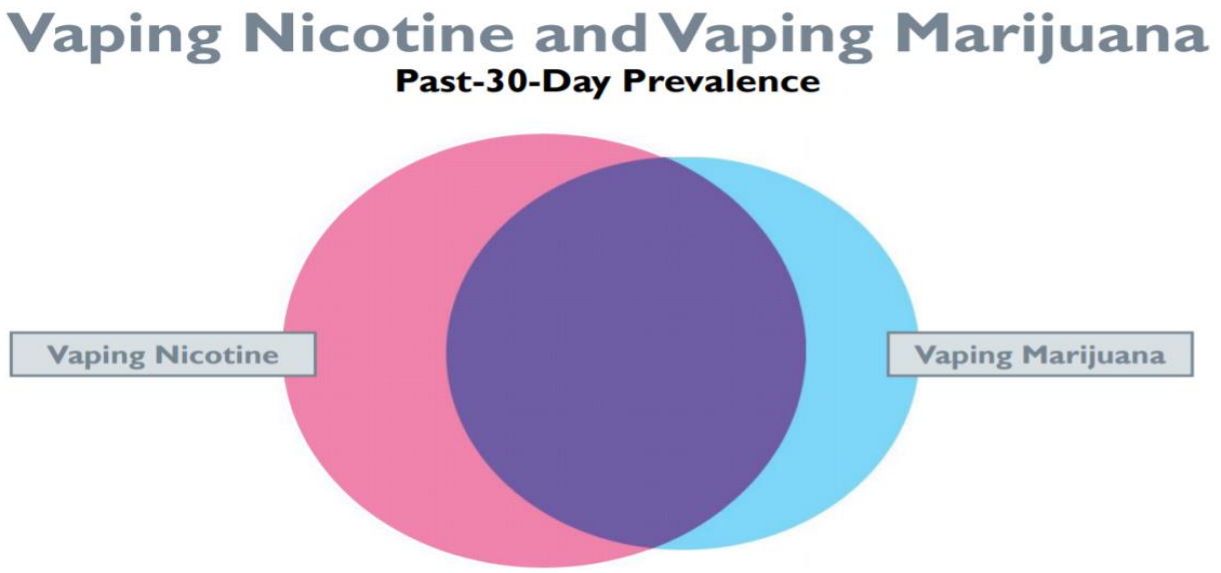


Figure 18 to the right looks at the overlap between those students who are vaping nicotine and those students who also smoke cigarettes in Florida. Only 9.1% of students who are currently vaping nicotine also smoke cigarettes, but when looking at current cigarette smokers 54% of them also vape nicotine.

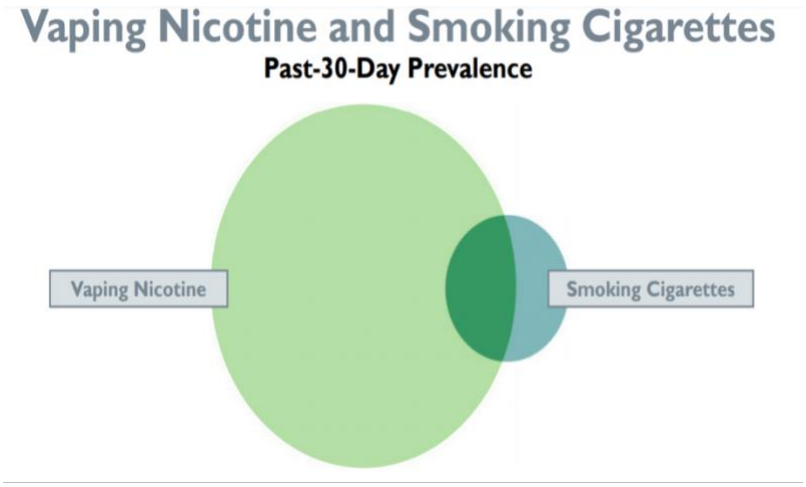


Figure 18: 2020 Past 30-Day Prevalence of Vaping Nicotine and Smoking Cigarettes in the State of Florida

Table 10 compares the past 30-day use of prescription pain relievers among our middle and high school population across the state, northeast, and Duval County. We can see that county wide we are experiencing a higher percentage among our middle schoolers when compared to that of the state and the northeast. If we look at the data from 2018, we can see that our middle schoolers are at an increase from 0.5%; however, our high schoolers have shown a small decrease from 2.0% in 2018.

Table 10: 2020 Florida Past 30-Day Prescription Pain Reliever Use by 6th – 12th Grade

Grade	State	Northeast (2020)	Duval (2020)
6th to 8th	2.3%	1.6%	2.4%
9th to 12th	2.7%	1.3%	1.3%

Figure 19: 2020 Past 30-Day Prevalence of Prescription Pain Reliever Use by Grade Cohort in the State of Florida

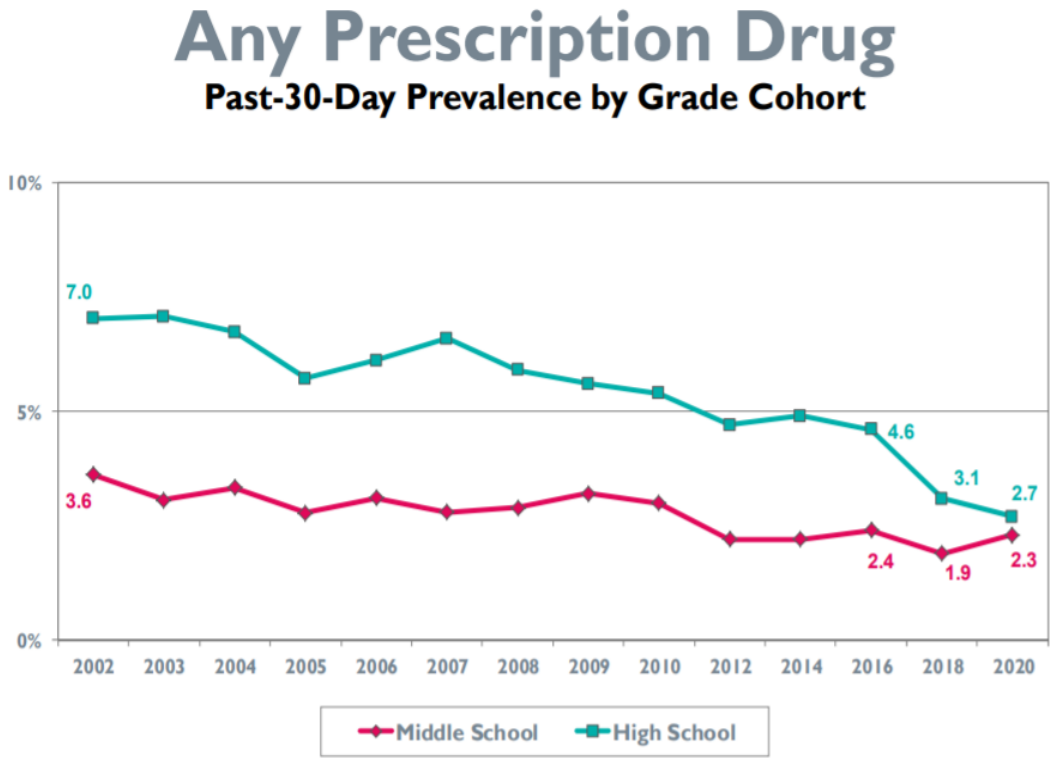


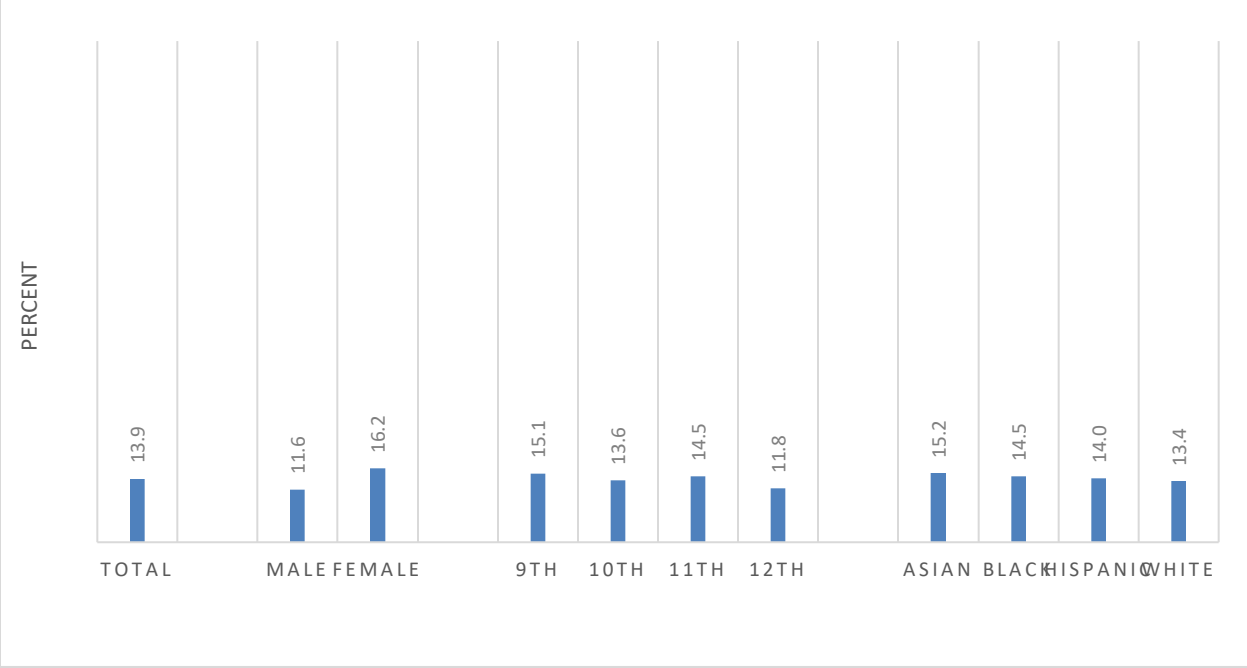
Figure 19 is the prevalence of past 30-day use of any prescription drug among grade cohort in Florida. We can see that our high school cohort has continued in the decline as it has been since

their peak in 2007. However, for the middle school cohort the decline has become more of a slower decline and according to FYSAS data this could be 1 of 3 possibilities. First being a pause in the downward trend line, second could be the bouncing along the bottom, and third could be a possible start of reversal where we start to see our younger Florida students partaking in riskier substance use behaviors.

Figure 20 is exploring the percentages from the Youth Risk Behavior Survey question about whether students have "Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It."

This is broken down by gender, grade, and race. Females are at a higher percentage than males to respond yes to this question at 16.2%. 9th graders have reported a higher percentage of yes on this question than any other grade surveyed at 15.1%, behind that is 11th grade at 14.5%. There is not a huge discrepancy between the races that were survey; however, the Asian population reported a higher percentage of those who answered yes to this question at 15.2%.

Figure 20: Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It (Florida High School YRBS, 2019)



STATE AND LOCAL OVERDOSE DATA

Narcan Administration & Overdose Data

The following figures were provided by Debra Babin, M.P.H., North Florida High Intensity Drug Trafficking Areas (HIDTA) and highlight data in Florida and Duval County related to suspected overdoses, fatal overdoses, and Narcan administrations during the first two quarters of 2020.

Figure 21: Florida

January 1 – June 30, 2020
12,674 Suspected ODs,
771 Fatal ODs,
6,895 Narcan Administrations

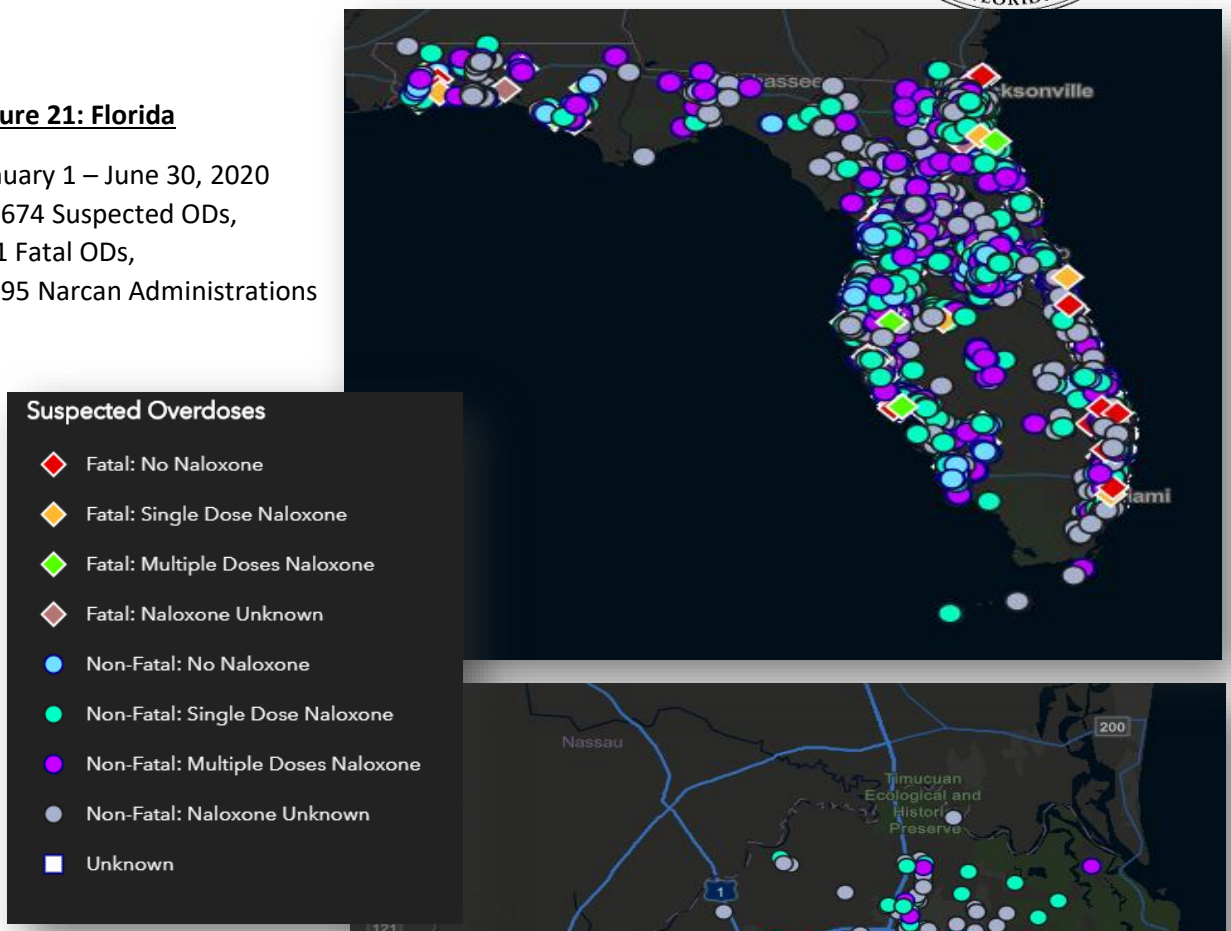
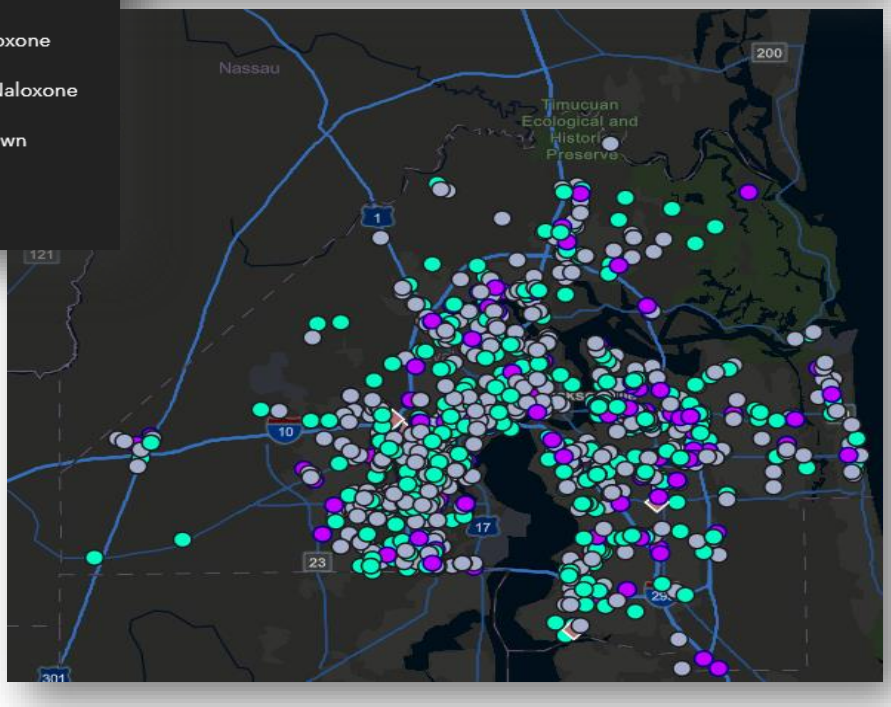


Figure 22: Duval County

January 1 – June 30, 2020
1,185 Suspected ODs,
8 Fatal ODs,
584 Narcan Administrations



Jacksonville Fire & Rescue (JFRD) Department Overdose Data

Data Source

- Jacksonville Fire & Rescue Department, City of Jacksonville, Florida
- Mark E. Rowley, BSN, RN, EMT-P, Assistant Chief of Information Services (with additional analysis and chart/graph development by Laura Viafora Ray, MPH, CPH, Project Director - The Safe and Healthy Neighborhoods Project)

Definitions

Dispatched as Overdose = a 911 call in which the caller stated that the victim was suffering from a known or suspected overdose.

Opioid-Related Overdose = the following type of incidents: naloxone administered and nature of call at scene is "ingestion/poisoning/OD", OR naloxone administered, and clinical impression is "opioid-related", OR overdose reported with the following substances: "Fentanyl, Carfentanil or Heroin", OR overdose reported with naloxone administration.

Naloxone Doses Given = the count of naloxone administered, which may include repeat doses to same patient.

Notes

- A 911 call received as overdose and/or naloxone administration does not necessarily confirm an overdose, opioid use, or opioid misuse
- Each of these definitions and events are independent of the other and are not mutually exclusive

Incident Location Key Highlights

- Smaller proportion of overdoses occurring in residences
  - 76% in 2014, compared to 56% in 2021

- Increase in proportion occurring on "roadways"
  - 4% in 2014, compared to 18% in 2021

- Increase in proportion occurring in hotels
  - 4% in 2018, compared to 9% in 2021

The following graphs were created through data collected by the Jacksonville Fire and Rescue Department (JFRD) and presented at the monthly Duval Drug Epidemiology Network meeting in July 2021. The data represented here shows trends in overdose calls to JFRD over the last few years. The following figure **(Figure 23)** and table **(Table 11)** below show opioid-related overdose calls by month comparing data from January 2018-June 2021.

Figure 23: Opioid-Related Overdose Calls by Month (January 2018-June 2021)

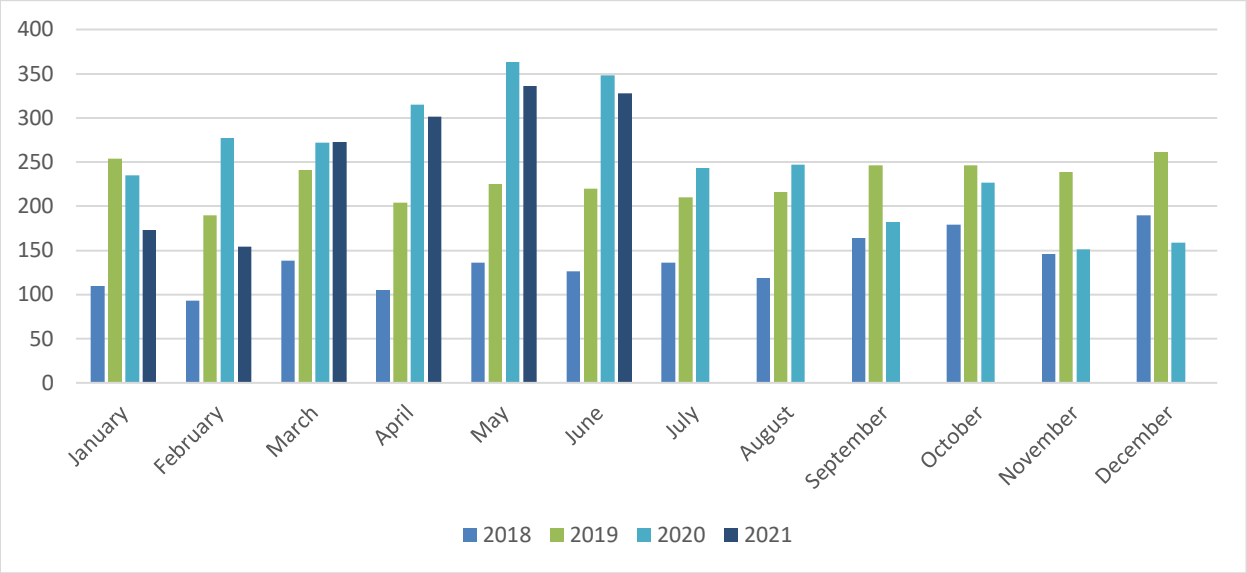


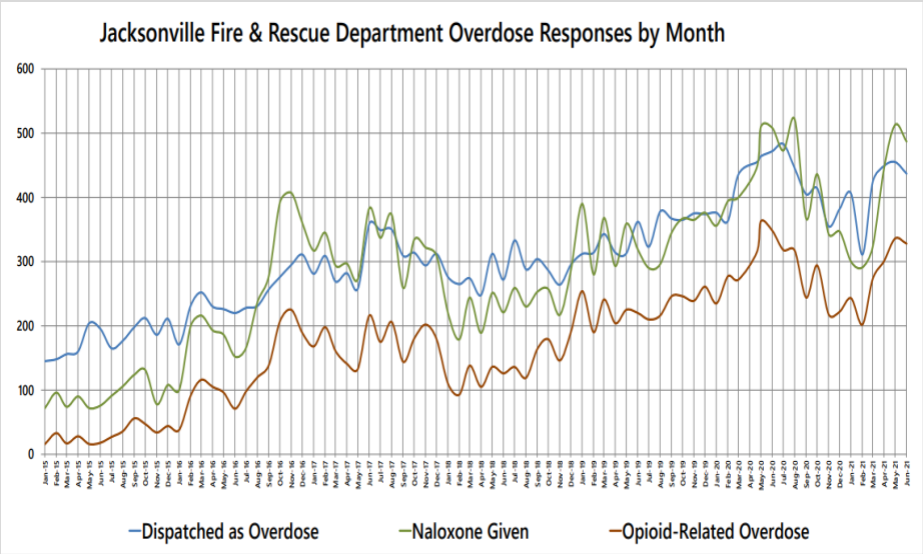
Table 11: Opioid-Related Overdose Calls by Month (January 2018-June 2021)

	2018	2019	2020	2021
January	110	254	235	173
February	93	190	277	154
March	138	241	272	273
April	105	204	315	301
May	136	225	363	336
June	126	220	348	328
July	136	210	243	-
August	119	216	247	-
September	164	246	182	-
October	179	246	227	-
November	146	239	151	-
December	190	261	159	-

Opioid-related overdose calls were higher in February through August of 2020 than in the same time period in both 2018 and 2019. In the above graph a slight decrease can be seen in the months of January to June 2021 as compared to 2020, however, these number are still higher than both 2018 and 2019. May 2021 saw the third highest number of opioid-related overdose calls in the city's history (only May and June 2020 were higher).

In the figure below we see data from January of 2015 to June of 2021. Refer to page 31 for a further explanation of the definitions of dispatched as overdose, opioid-related, and naloxone given. Although COVID-19 helped to fuel the increases seen in 2020 overdoses were already on the rise. Since 2018 alone there has been a 121% increase in opioid-related overdose calls to JFRD within the January-June timeframe when compared to 2021. However, an approximately 14% decrease has been seen from 2020 to 2021 in this timeframe.

Figure 24: All Overdose Responses by Month (January 2015-June 2021)



In light of the measures **"Number of Opioid-Related Overdoses"** and **"Naloxone Doses Given"** over time and as a ratio of calls to doses the question was raised if that could be any indication of the potency of street drugs in a given time frame. **See explanation from JFRD below:**

- JFRD's protocol for dosage of naloxone has changed multiple times over the years, and it depends on patient factors. For example, a patient experiencing cardiac arrest will be given 2 mg of naloxone at a minimum, compared to a range of 0.4 mg to 1.0 mg for a patient not experiencing cardiac arrest.
- Two doses of nasal Narcan will always equal 8 mg, because each plunger contains 4 mg, but two doses of IV naloxone given by JFRD will vary depending on the protocol at the time of the overdose incident and patient factors. In other words, there is not a standard "dose" of naloxone for the purposes of that data point.
- The EMT/firefighter's goal when giving a patient naloxone is for the patient to begin breathing, not necessarily regain consciousness. This is considered compassionate care because giving too high of a dose of naloxone will cause the patient to experience worse withdrawal symptoms. When a community member is giving Narcan, their goal is for the person to wake up, even if this means giving a much higher dose.
- Therefore, these data points cannot be used to make any assessment about potency of street drugs, but this information helps to clarify the data and its limitations.

FL Department of Health Duval County (OD2A) Overdose Data

The following overdose-related emergency department (ED) visit data was provided by the Florida Department of Health in Duval County through the surveillance component of **Overdose Data to Action (OD2A)** Grant. Funded through the Centers for Disease Control and Prevention (CDC), OD2A "supports state, territorial, county, and city health departments in obtaining high quality, more comprehensive, and timely data on overdose morbidity and mortality and using those data to inform prevention and response efforts". In Duval County, OD2A funding has strengthened community partnerships between interdisciplinary stakeholders working to better serve individuals at high risk for overdose and ultimately reduce the high number of overdoses.

Description: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) uses near real-time pre-diagnostic data and statistical tools to detect and characterize unusual activity for further public health investigation. ESSENCE-FL receives data from 99% of Florida's ED, data is also available for stand-alone EDs and urgent care centers.

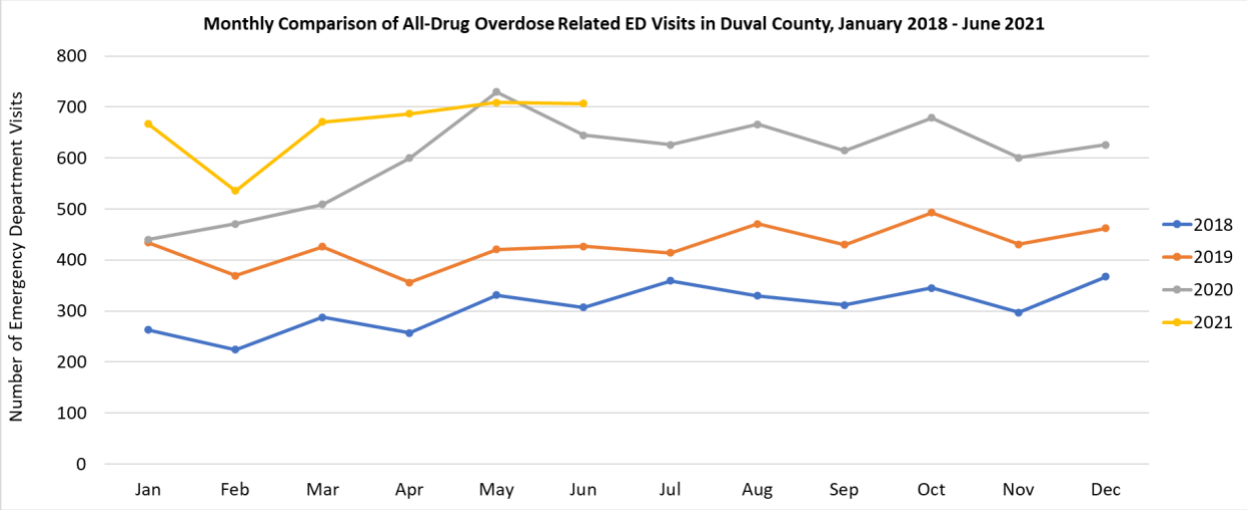
Case Definition: ED visits can be queried using drug overdose chief complaint and discharge diagnosis (CCDD) categories through the query portal in ESSENCE-FL. Currently, there are four CCDD categories used to identify drug-related overdose ED visits—All Drug, Opioid, Heroin, and Stimulants. The queries search the CCDD field for ICD-10 and ICD-9 codes indicating overdose or for a combination of overdose and drug terms.

Advantages and Disadvantages: The data are rapidly available, and for some EDs, data are available in real time. Data are preliminary and may not be as accurate as discharge data. However, ESSENCE-FL ED data provides the timeliest data on drug overdose trends and can help identify drug overdose clusters.

Analysis: The following figures show the full year of data for 2018-2020. However, for 2021, only six months of data is available through June 30, 2021. As such, data for 2021 should not be interpreted as decrease compared to previous years. Comparisons are primarily made between the first half of 2018 to the first half of 2021. Data on percent change is presented as a measure of disparity in one population relative to another population.

Figure 25 presents the number of all-drug overdose related ED visits in Duval County. When comparing data from January through June of 2021 to the same time period in 2018, there has been a 138% increase in number of all-drug overdose related ED visits.

Figure 25: Monthly Comparison of All-Drug Overdose Related ED Visits in Duval County, January 2018-June 2021



The next figure shows the monthly comparison of opioid overdoses related to ED Visits in Duval County from 2018-2021 during the time period of January 2018-June 2021. This figure presents the number of opioid overdose related ED visits in Duval County. When comparing data from January through June of 2021 to the same time period in 2018, there has been a 455% increase in number of opioid overdose related ED visits.

Figure 26: Monthly Comparison of Opioid Overdose Related ED Visits in Duval County, January 2018-June 2021

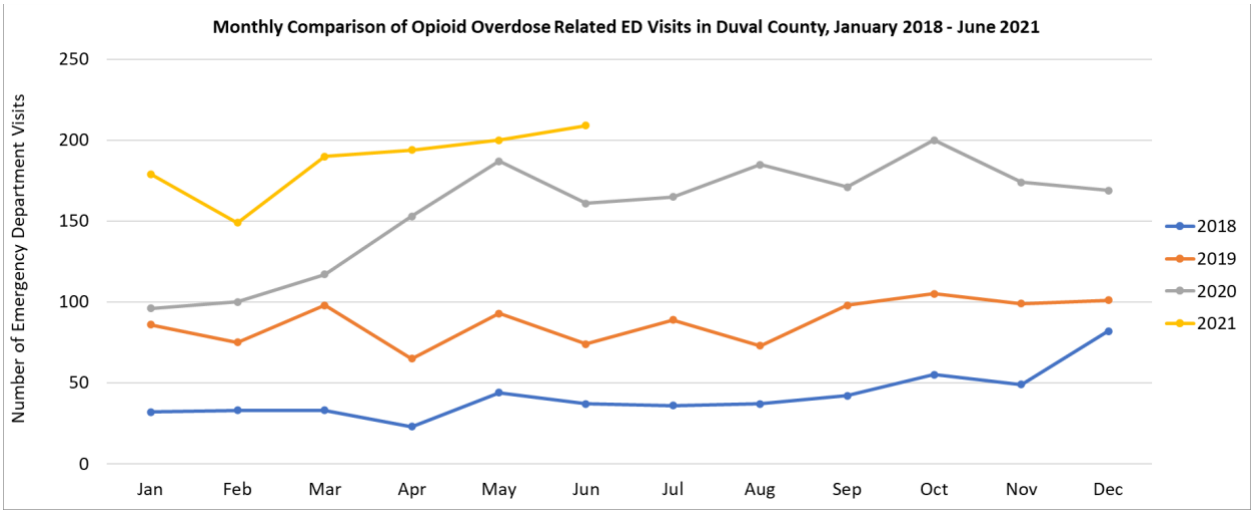


Figure 27 presents the number of heroin overdose related ED visits in Duval County. When comparing data from January through June of 2021 to the same time period in 2018, there has been a 13% increase in number of heroin overdose related ED visits. Of note, when comparing the number of heroin overdose visits in the first half of 2021 to the first half 2020, a large decrease (46%) in the number of heroin overdose related ED visits was observed.

Figure 27: Monthly Comparison of Heroin Overdose Related ED Visits in Duval County, January 2018-June 2021

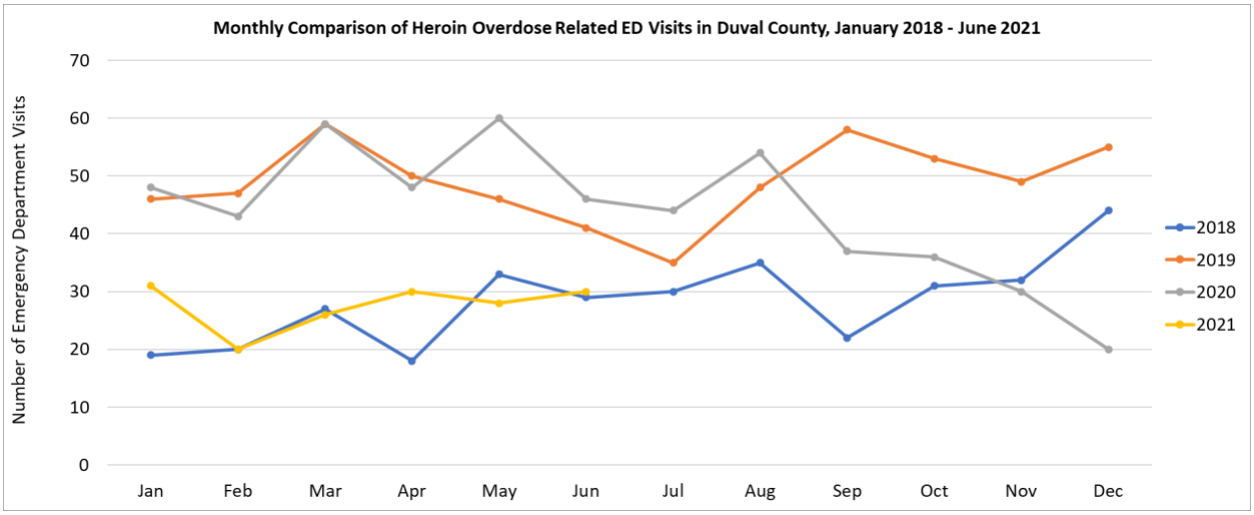


Figure 28 presents the number of stimulant overdose related ED visits in Duval County. When comparing data from January through June of 2021 to the same time period in 2018, there has been a 68% increase in number of stimulant overdose related ED visits.

Figure 28: Monthly Comparison of Stimulant Overdose Related ED Visits in Duval County, January 2018-June 2021

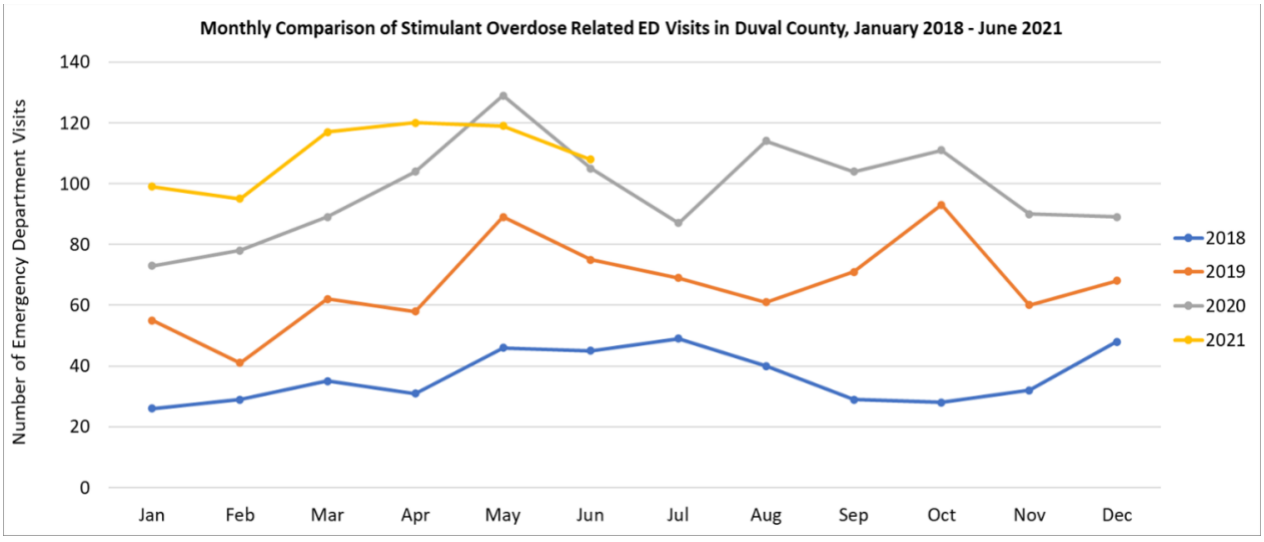
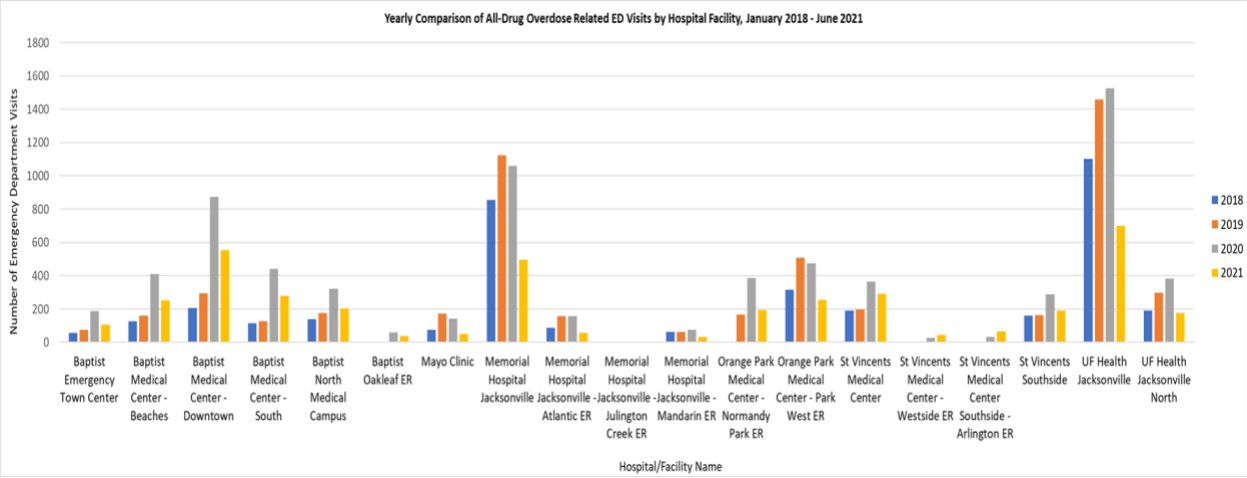


Figure 29 presents the number of all-drug overdose related ED visits organized by facility, for both hospital and standalone ED in Duval County. Among hospitals, UF Health Jacksonville had the highest number of all-drug overdose related ED visits in this time period. Among standalones, Orange Park-West had the highest number of all-drug overdose related ED visits.

Figure 29: Yearly Comparison of All-Drug Overdose Related ED Visits by Hospital Facility, January 2018-June 2021



When comparing data from January through June of 2021 to the same time period in 2018, each hospital facility has seen an increase in all-drug overdose related ED visits. Most notably, there has been a 547% increase in number of all-drug overdose related ED visits at Baptist Medical Center – South, followed by a 463% increase at Baptist Medical Center – Downtown and a 430% increase at Baptist Emergency Town Center.

The below figure presents the number of all-drug overdose related ED visits by resident zip code. When comparing data from January through June of 2021 to the same period in 2018, all-drug overdose related ED visits have more than doubled in 75% of zip codes in Duval County. In 2020, zip codes 32209, 32210, and 32218 had the highest number of all-drug overdose related ED visits.

Figure 30: All-Drug Overdose Related ED Visits by Patient Location, January 2018-June 2021

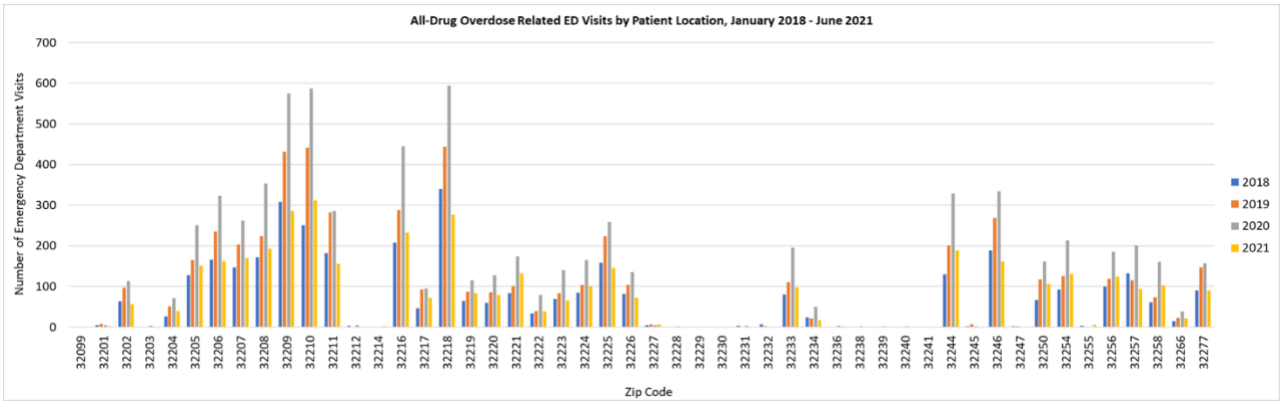
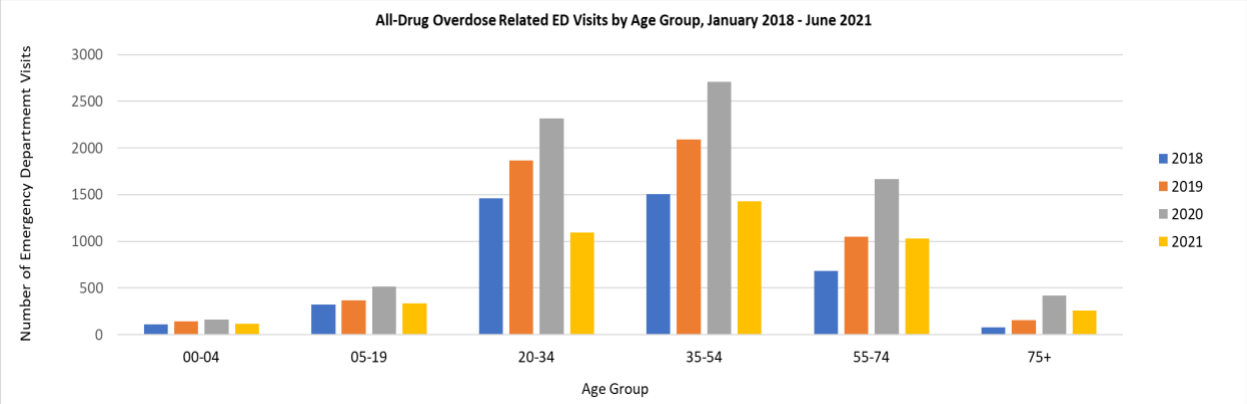


Figure 31 presents the number of all-drug overdose related ED visits by age group. Those who are between the ages of 35 and 54 have consistently had the highest number of all-drug overdose related ED visits each year. When comparing data from January through June of 2021 to the same period in 2018, all-drug overdose related ED visits have doubled for the 05-19 and the 35-54 age groups. There has also been a 290% increase in visits among those who are between the ages of 55 and 74. Furthermore, the number of all-drug overdose related ED visits among those who are 75 years of age and older have increased by 634%. While the 20-34 age group has only seen a 52% increase from the first half of 2018 to the first half of 2021, this group should not be excluded from prevention programming as this age group has the second highest number of all-drug overdose related ED visits.

Figure 31: All-Drug Overdose Related ED Visits by Age Group, January 2018-June 2021



The following figure presents the number of all-drug overdose related ED visits by gender. When comparing data from January through June of 2021 to the same period in 2018, females had a 118% increase in all-drug overdose related ED visits while males had a 158% increase.

Figure 32: All-Drug Overdose Related ED Visits by Gender, January 2018-June 2021

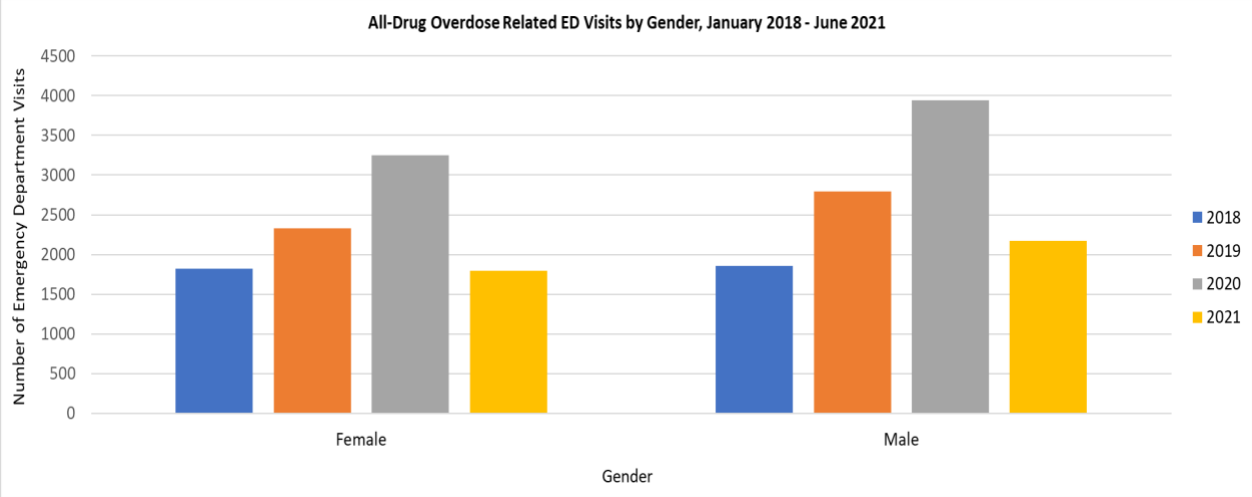
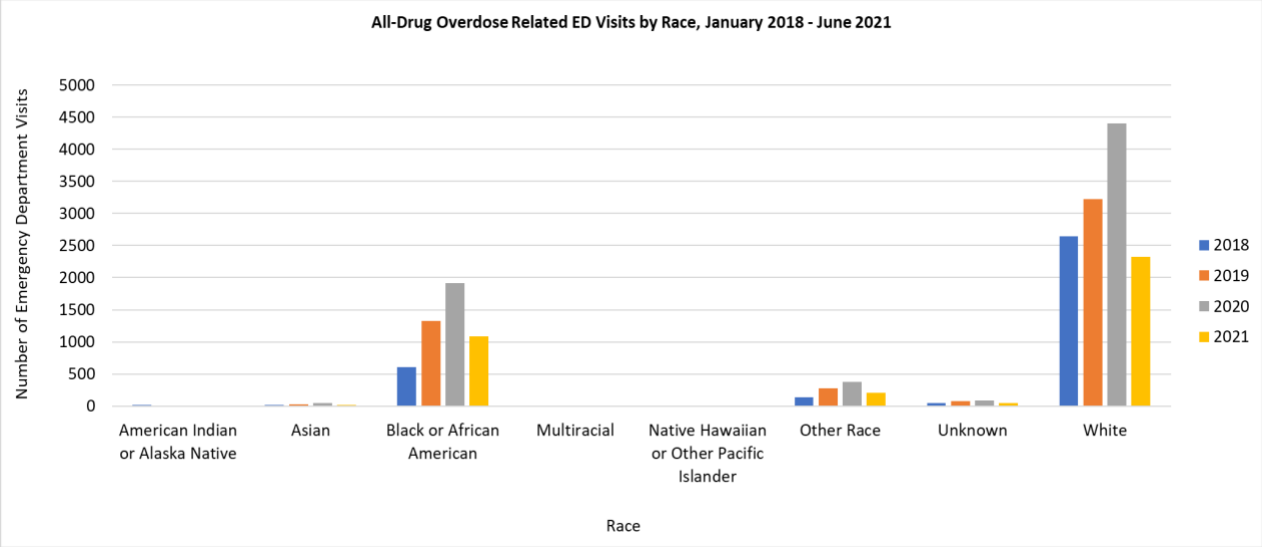


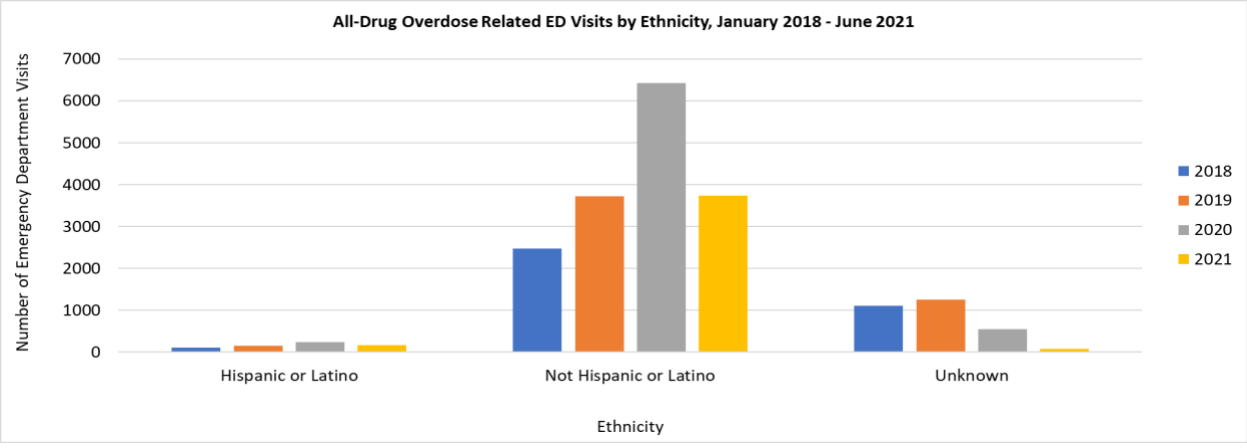
Figure 33 presents the number of all-drug overdose related ED visits by race. This chart shows the full year of data for 2018-2020. When comparing data from January through June of 2021 to the same period in 2018, American Indian and Alaska Natives had a 93% decrease in all-drug overdose related ED visits. Those identifying as Asian had a 150% increase. The Black or African American population experienced a 485% increase in overdose-related ED visits. Native Hawaiian or Other Pacific Islanders had a 200% increase in all-drug overdose related ED visits. Those who identify as White have seen an 80% increase.

Figure 33: All-Drug Overdose Related ED Visits by Race, January 2018-June 2021



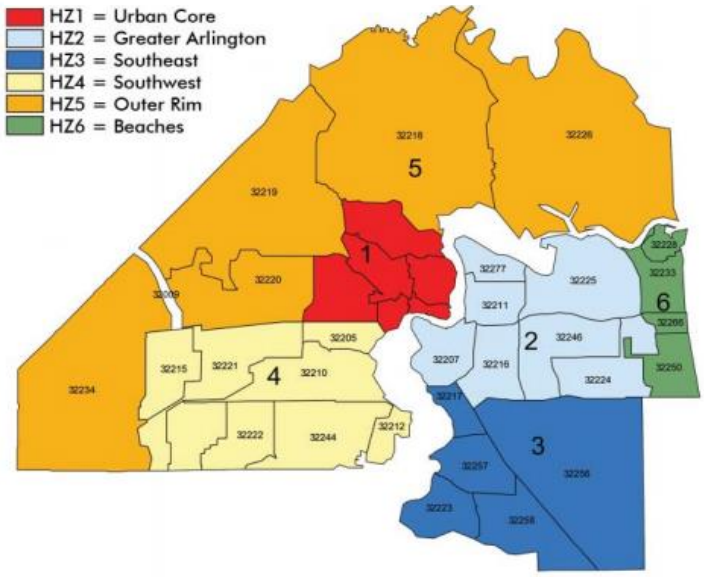
The figure below presents the number of all-drug overdose related ED visits by ethnicity. Those who identify as Hispanic, or Latino have experienced a 220% increase in all-drug overdose related ED visits from January to June 2018 to January to June 2021. During this same time period, the number of all drug overdose related ED visits increased 238% for the not Hispanic or Latino population and decreased 85% decrease among patients of unknown ethnicity.

Figure 34: All-Drug Overdose Related ED Visits by Ethnicity, January 2018-June 2021



The following section looks at zip code level emergency department overdose data over time (longitudinally). The figure to the right **(Figure 35)** is a map of the six health zones in Duval County and their respective zip codes. The current figure has not been updated to include new zip codes that have been zoned in recent years. To account for this, we reviewed the zip codes that have been added and strategically placed them in the health zone that they most closely corresponded to since it would be significantly less accurate to exclude these zip codes.

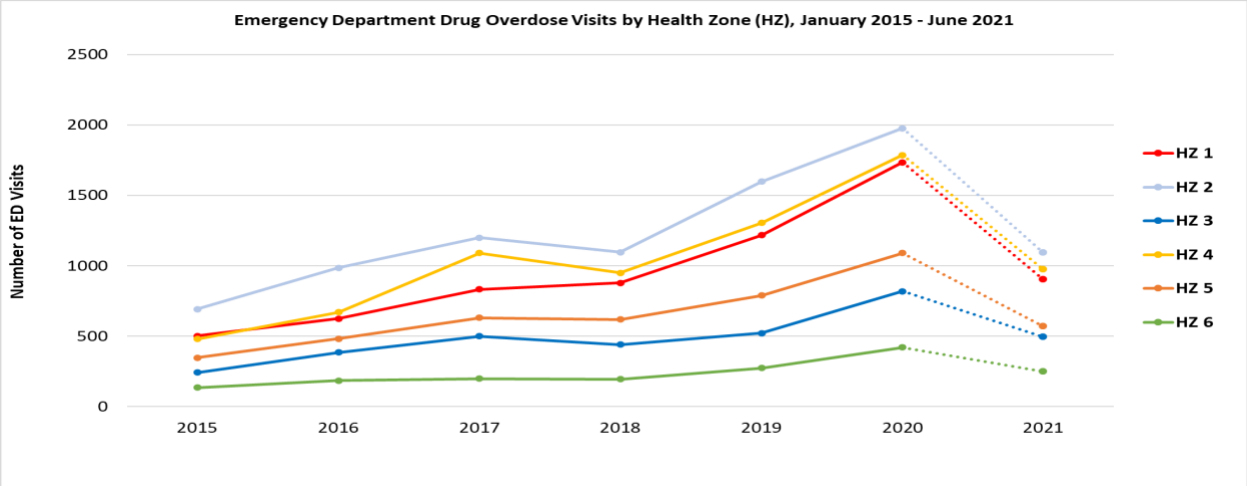
Figure 35: Duval County Health Zones



The below figure shows all-drug overdose related emergency department visits categorized by health zones between January 2015 and June 2021. This graph includes a full year of data for 2015-2020, the dotted line for 2021 is included to signify that only 6 months of data through June 30, 2021, is available at this time. **Due to this it is advised not interpret the dotted lines as a decrease compared to previous years.**

According to **Figure 36** Health Zone 2 had the highest number of ED visits for drug overdose. However, when looking at the numbers by zip code the three zip codes with highest number ED visits for drug overdose are 32210 in HZ 4, 32209 in HZ 1, and 32218 in HZ 5.

Figure 36: Emergency Department Drug Overdose Visits by Health Zone (HZ), January 2015-June 2021



The following graph **(Figure 37)** shows the breakdown of zip codes that are within health zone 1 otherwise known as the Urban Core. Zip code 32209 (navy blue) has the highest number of ED visits for drug overdose across all years. Since 2015 there has been a 242% increase. It seems that there was a steady but slower increase from 2015 to 2018 (which had a percent increase of 82%) and from 2018 to 2020 the percent increase was 88%. Unless we slow the rate of increase, we are on track to match or exceed 2020 OD visits in 32209.

Other zip codes that experienced high rate of increases in 2020 compared to 2018 include: 32254 (128%), 32208 (105%), and 32206 (89%).

Figure 37: Emergency Department Drug Overdose Visits in Health Zone 1, January 2015-June 2021

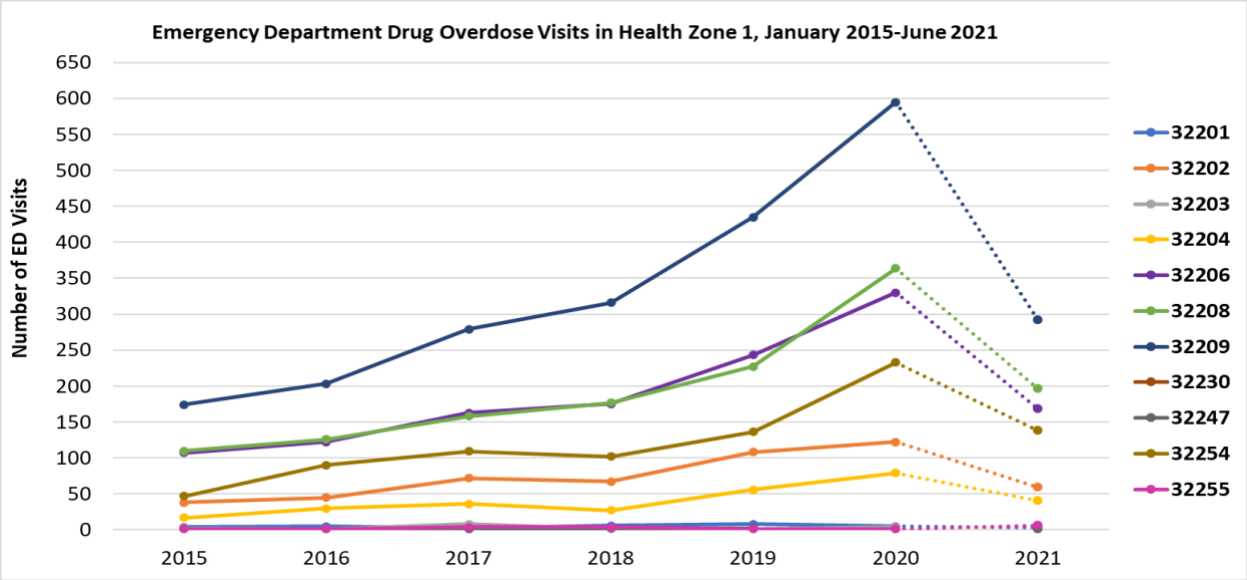
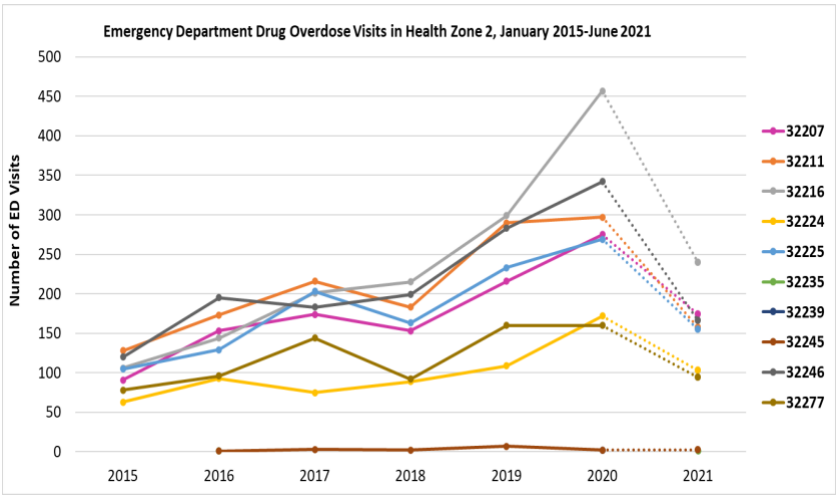


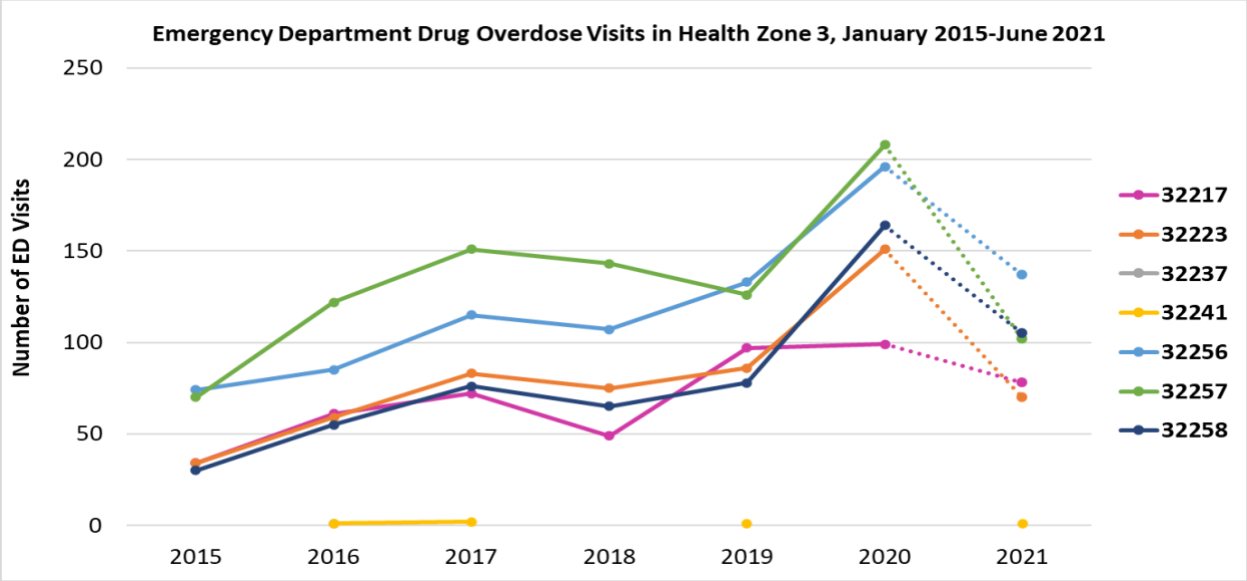
Figure:



In **Figure 38** to the right, we examine health zone 2 which is the Greater Arlington area. Compared to other health zones this one had the highest number of ED visits for drug overdose. Zip code 32216 (grey) has the highest number of ED visits for drug overdose and has the highest percent increase between 2015 and 2020 at 331% (Visits: 2015= 106; 2020=457). Zip codes 32207 (202%), 32246 (185%), 32225 (156%), and 32211 (132%) also had a high rate of change from 2015 to 2020.

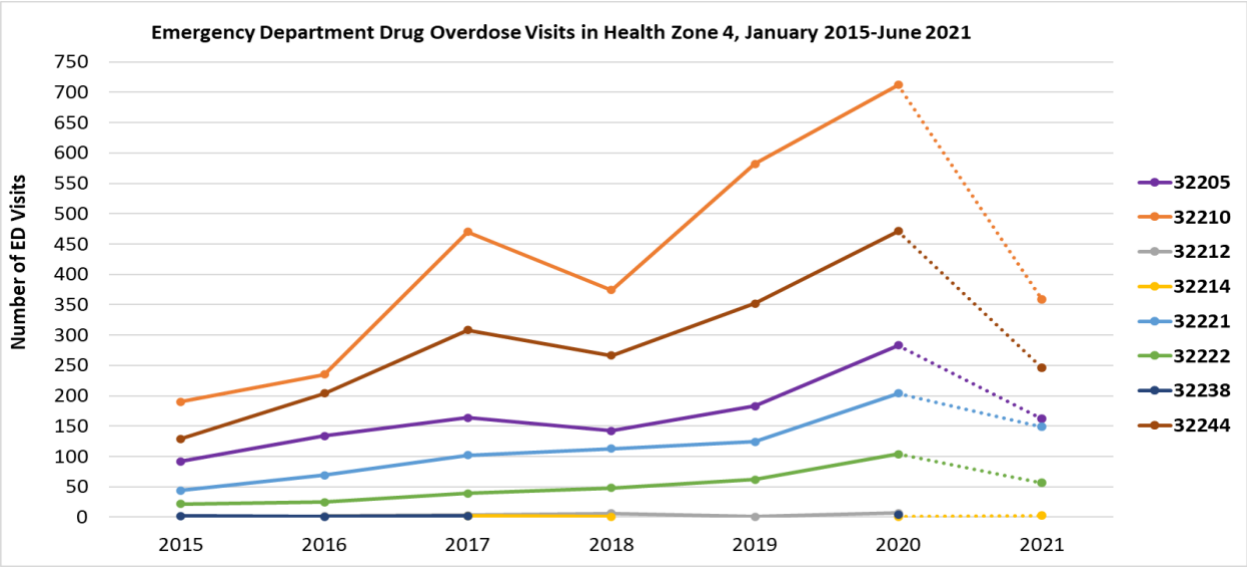
Figure 39 presents data for health zone 3, the Southeast region of Duval County. Zip code 32257 (green) had a 16% decrease from 2017 to 2019 then had a dramatic 65% increase from 2019 to 2020. 32258 (110%) and 32223 (75%) also saw a large increases from 2019-2020. Zip code 32256 has seen a steady (86%) increase since 2018.

Figure 39: Emergency Department Drug Overdose Visits in Health Zone 3, January 2015-June 2021



The following figure **(Figure 40)** presents data for health zone 4, the Southwest region of the county. Zip codes 32210, 32244, and 32205 saw a decrease in ED visits for drug overdose beginning in 2017. However, in 2018 ED visits began to rise again. From 2018-2020, 32210 had a 90% increase, 32244 had a 77% increase, and 32205 had a 99% increase.

Figure 40: Emergency Department Drug Overdose Visits in Health Zone 4, January 2015-June 2021



The following graph **(Figure 41)** shows the breakdown of zip codes that are within health zone 5 otherwise known as the Outer Rim.

Between 2015 and 2017 the number of ED visits for drug overdose in zip code 32218 (orange) rose by 90%. There was a 1% decrease from 2017-2018 and from 2018-2020 there has been a 76% increase.

Figure 41: Emergency Department Drug Overdose Visits in Health Zone 5, January 2015-June 2021

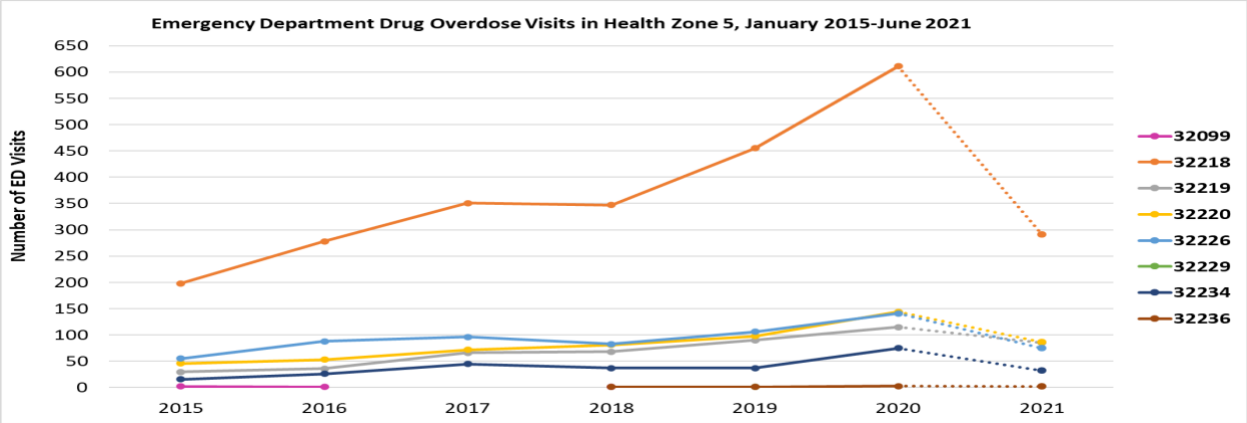
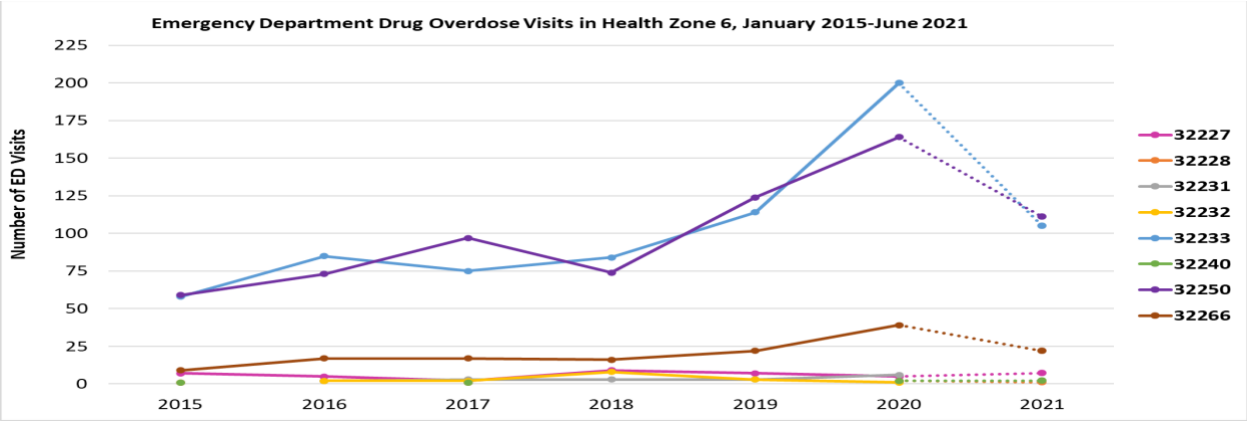


Figure 42 examines health zone 6 which is the Beaches area. Be mindful of the scale of the y-axis. This scale goes up by units of 25 and on previous graphs the scale was in units of 50.

For zip code 32233 (blue) there was a slight (11%) decrease in ED visits for drug overdose between 2016-2017; followed by a 166% increase from 2017-2020. As for zip code 32250 (purple), there was a 64% increase from 2015-2017. Followed by a 23% decrease from 2017-2018 when ED visits returned to what they were in 2016. However, following this decrease, from 2018-2020, a 122% increase has been reported.

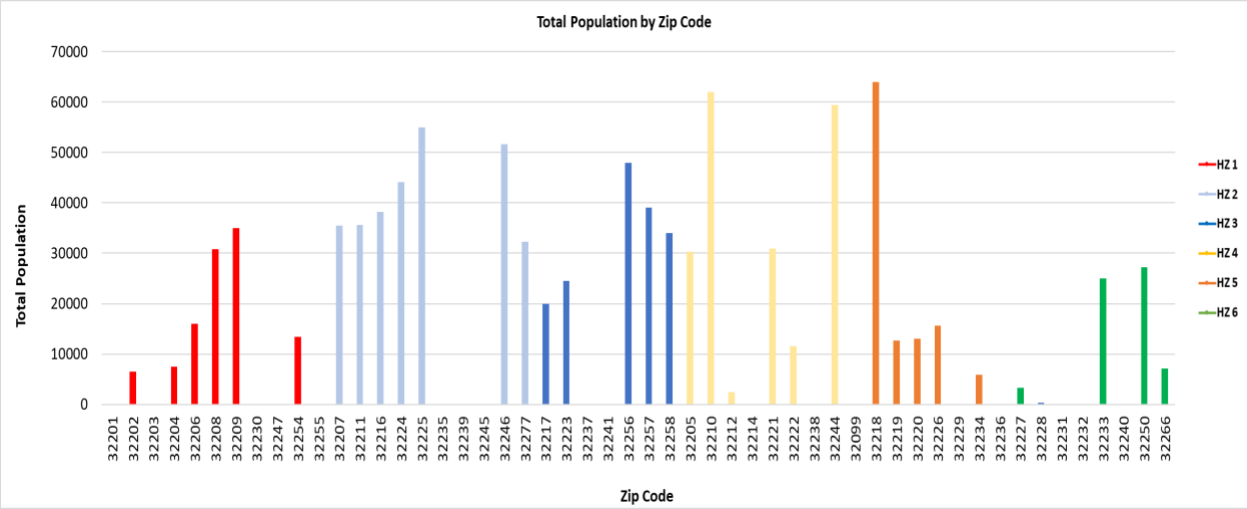
Figure 42: Emergency Department Drug Overdose Visits in Health Zone 6, January 2015-June 2021



Provided in **Figure 43** is the estimated count of total population between 2015-2019 for each zip code in Duval County. The color of the bar corresponds to the health zone they are grouped with.

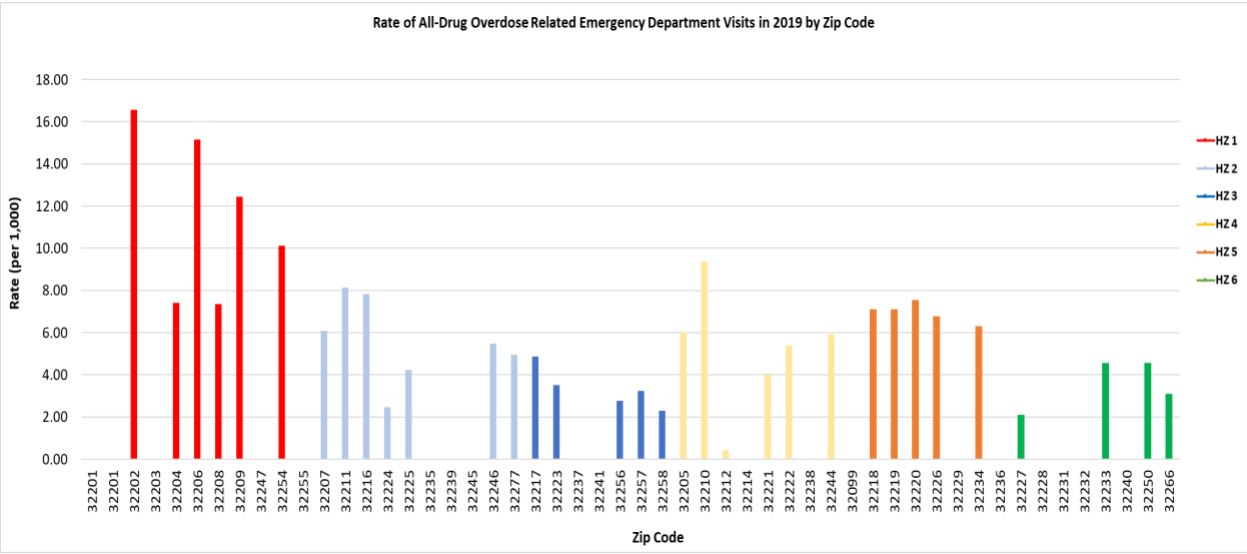
Although population size may drive some of these trends because it can be expected that there would be more emergency department visits in places that have a larger population size. This information is useful for planning since we can have a greater impact when working in locations with the greatest number of cases.

Figure 43: Total Population by Zip Code



The following figure **(Figure 44)** shows the rate of all-drug overdose related ED visits in 2019 per 1,000 people for each zip code categorized by health zone. For example, for 32202, there were 16.56 ED visits for drug overdose per 1000 people in 2019.

Figure 44: Rate of All-Drug Overdose Related Emergency Department Visits in 2019 by Zip Code



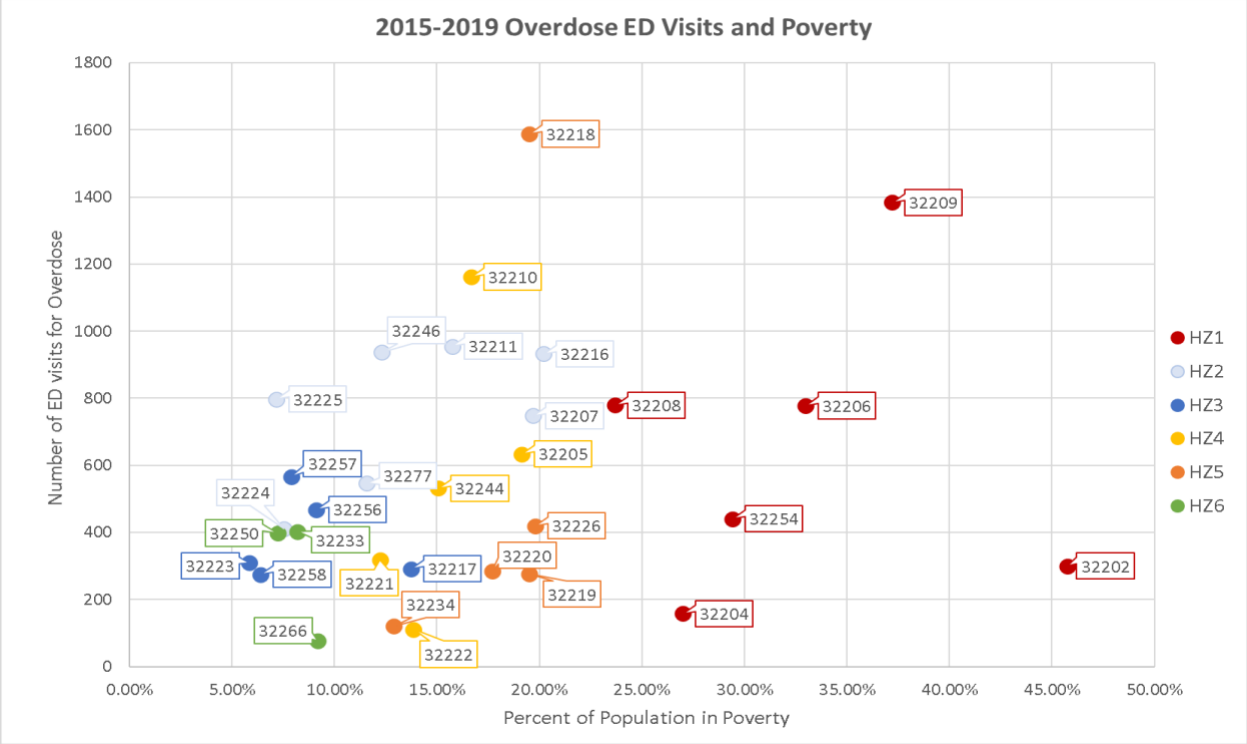
The goal of the OD2A Surveillance Team in looking at this data is to determine if the social determinants correlated with overdose in the literature hold true in Jacksonville. Social determinants can be both risk and protective factors. For example, owning a car can be a protective factor while a risk factor could be experiencing unstable housing.

The graph on this page **(Figure 45)** shows the number of emergency department visits compared with the percentage of people who live in poverty in that zip code.

There is not a clear relationship shown in this graph. This is because we are comparing a number (ED visits) with a percentage (people in poverty). However, it can still show insight into where the greatest numbers of ED visits are coming from. The top three zip codes in terms of numbers are 32218, 32209, and 32210. 32209 not only has the highest number of ED visits for overdose but it is also the second most impoverished zip code.

We want to be cautious in saying that 32202 has a lower burden because it's possible that the poverty in that area influences people to not go to the ED when in crisis.

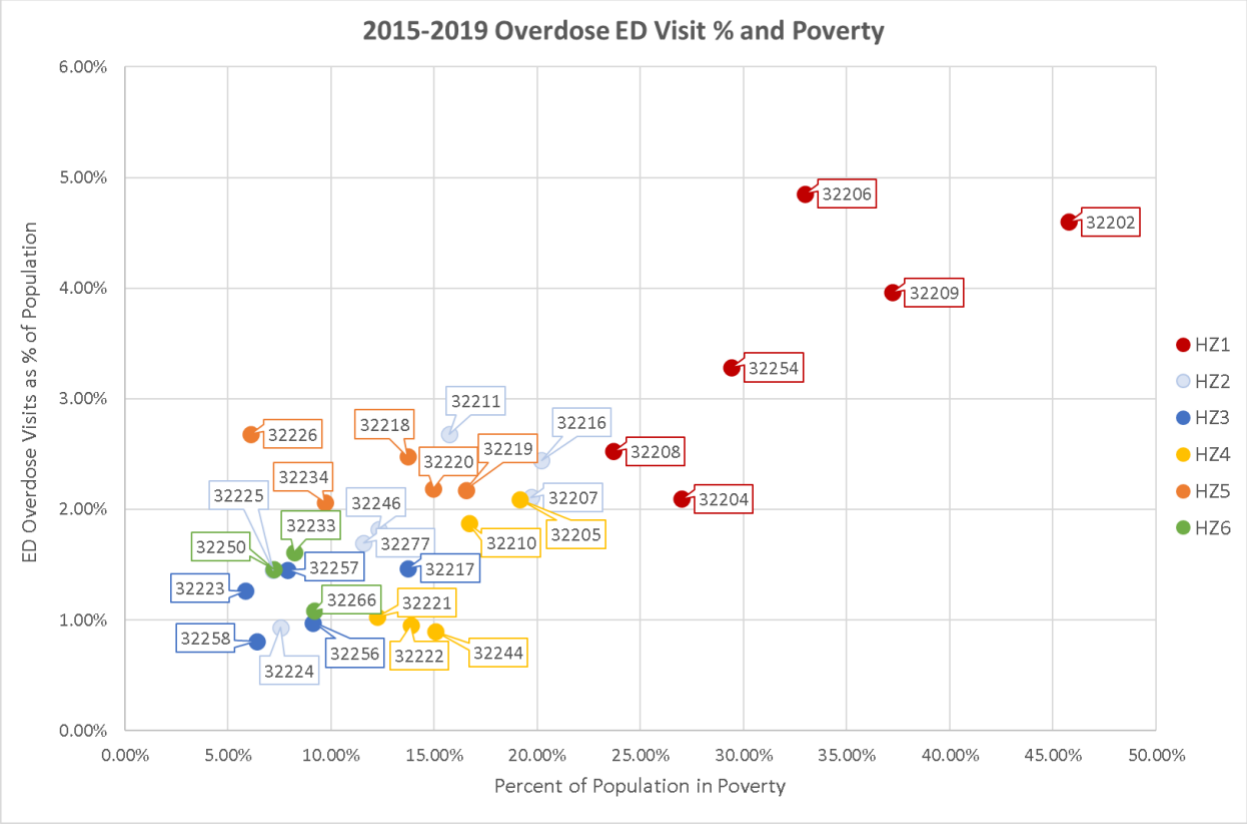
Figure 45: 2015-2019 Overdose ED Visits and Poverty



When we divide the number of emergency department visits by the total population in each zip code, we can express the emergency department visits as a percentage of the population. By doing this we can see which zip codes have the highest rate of emergency department visits. The top three are 32206, 32202, and 32209. While both the raw numbers and rates are important

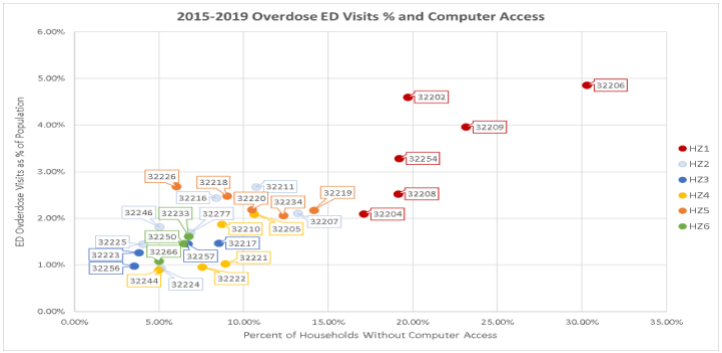
indicators, expressing both ED visits and people in poverty as a percent shows us that there is a relationship between these two variables as depicted in **Figure 46** below. However, please note that correlation does not equal causation. While poverty is clearly associated with overdose ED visits, it is dishonest to say that one causes the other.

Figure 46: 2015-2019 Overdose ED Visit % and Poverty



The final chart created from this data is another social determinant of health compared with the rate of emergency department visits. This chart compares ed visits and the percent of households without computer access.

Figure 47:



We don't often think of access to technology as directly related to a person's health, but it can be the difference between accessing assistance, resources, and information. For households without computers, it can be very difficult for people to access care in an increasingly digital world. This disparity may have been exacerbated by rise in telemedicine services due to COVID-19. We see the same three zip codes having the highest burden as when we were looking at overall poverty.

Summary:

This report highlights key areas for intervention including specific drug types and priority populations. The largest increases in ED visits for overdose are related to opioid drugs, with a 455% increase noted when comparing data from January through June of 2021 to the same time period in 2018. In 2020, zip codes 32209, 32210, and 32218 had the highest number of all-drug overdose related ED visits. Although population size may drive some of these trends because it can be expected that there would be more emergency department visits in places that have a larger population size. This information is still useful for planning since great impact can occur in locations of the highest number of cases.

Those who are between the ages of 35 and 54 have the highest number of ED visits. The 20-34 age group has the second highest number of ED visits. When comparing data from January through June of 2021 to the same period in 2018, visits among those who are 75 years of age and older have increased by 634%. Generally, overdose cases among males (53%) and females (51%) are evenly distributed. While the burden of the overdose epidemic has traditionally been on white males this is not the cases today.

When comparing data from January through June of 2021 to the same period in 2018, the African American population has experienced a 485% increase in overdose-related ED visits. Followed by Native Hawaiian or Other Pacific Islanders with a 200% increase. In addition, those who identify as Hispanic, or Latino have experienced a 220% increase compared to those who are not Hispanic, or Latino have seen a decrease in overdose-related ED visits. It is important that prevention communications be tailored to best reach different populations based on characteristics such as gender, race, age, and ethnicity.

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904-349-3293

POISON CONTROL EXPOSURE DATA

The following data was collected from Florida's Poison Control Centers Database. The following figures represent incoming opioid exposure data in Duval County during the years of 2016-2020.

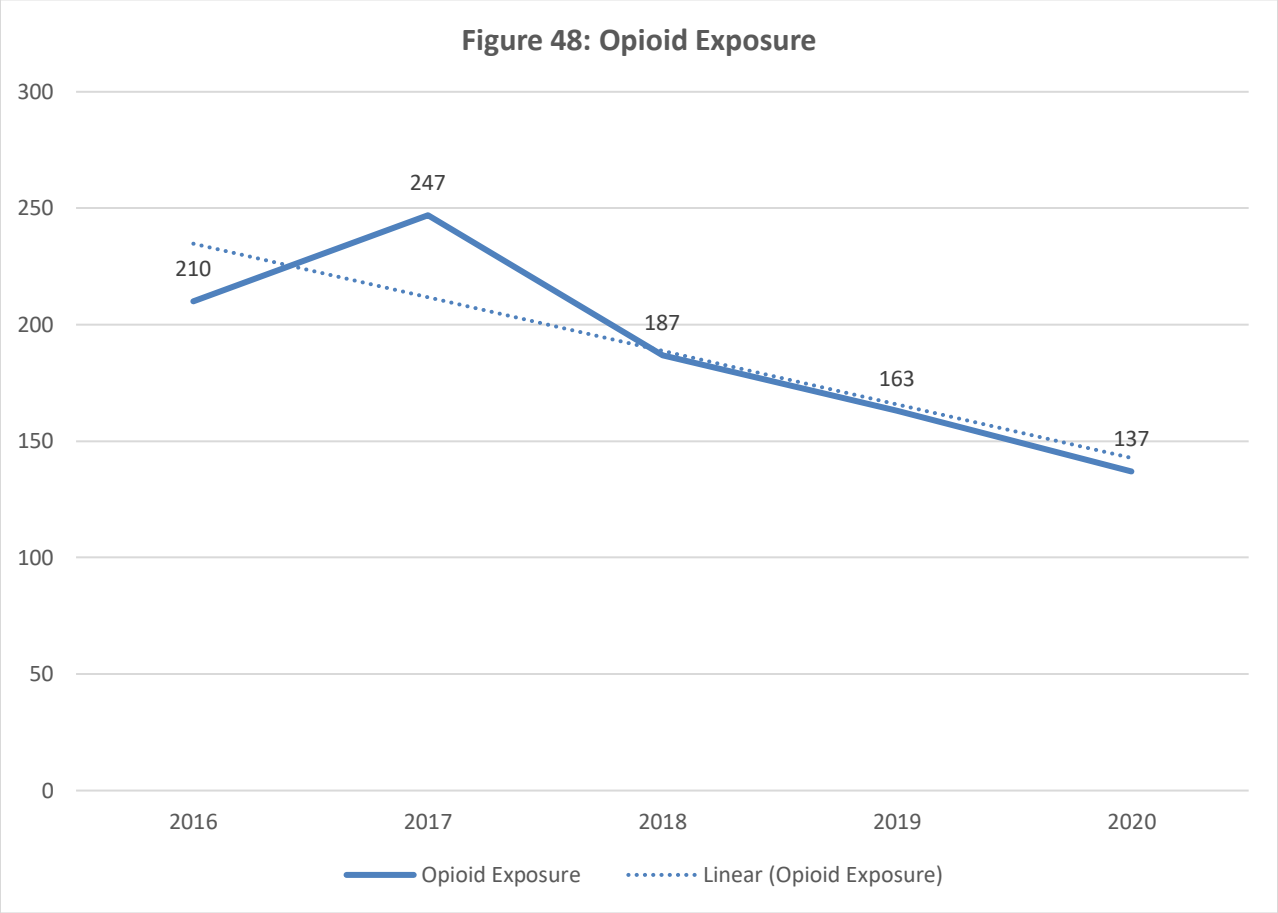


Figure 49: Incoming Opioid Exposure in Duval County in 2016

In 2016, Duval County had an incoming exposure count due to opioids of 210, the highest being 406 in Miami-Dade County. The greatest age distribution of these incoming opioid exposure rates is from those in their 20s; however, we see high rates from those in their 30s, 40s, and 50s as well. The top three exposure categories from 2016 were Acetaminophen with Hydrocodone, Tramadol, and Oxycodone alone or in combination.

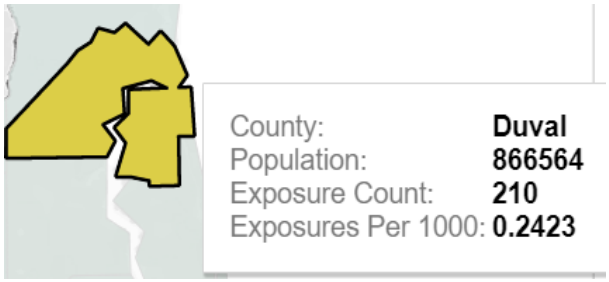
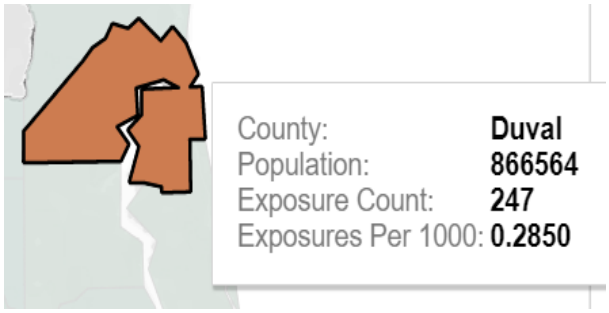
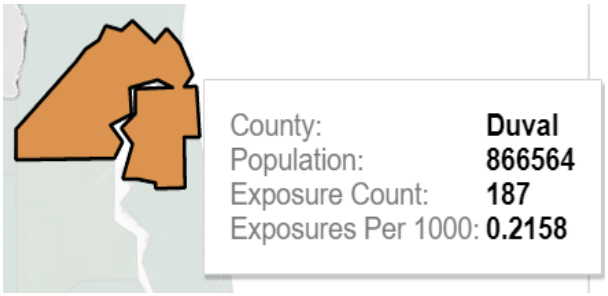


Figure 50: Incoming Opioid Exposure in Duval County in 2017



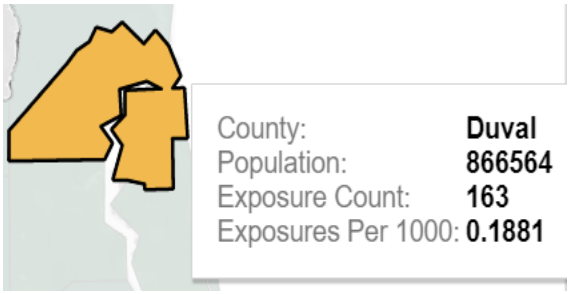
In 2017, Duval County had an incoming exposure count due to opioids of 247, the highest being 260 in Miami-Dade County. The greatest age distribution of these incoming opioid exposure rates is from those in their 30s; however, we see high rates from those in their 20s, 40s, and 50s as well. The top three exposure categories from 2017 were Acetaminophen with Hydrocodone, Heroin, and Acetaminophen with Oxycodone.

Figure 51: Incoming Opioid Exposure in Duval County in 2018



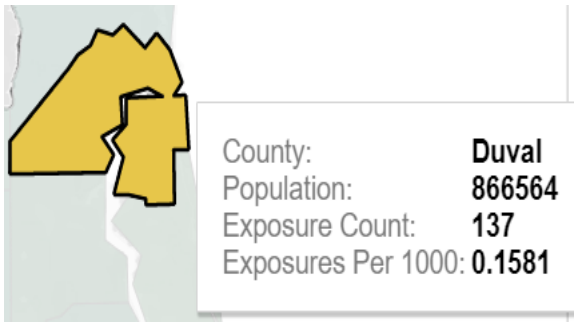
In 2018, Duval County had an incoming exposure count due to opioids of 187, the highest being 213 in Miami-Dade County. The greatest age distribution of these incoming opioid exposure rates is from those in their 20s; however, we see high rates from those in their 30s and 40s as well. The top three exposure categories from 2018 were Acetaminophen with Hydrocodone, Heroin, and Acetaminophen with Oxycodone.

Figure 52: Incoming Opioid Exposure in Duval County in 2019



In 2019, Duval County had an incoming exposure count due to opioids of 163, the highest being 214 in Miami-Dade County. The greatest age distribution of these incoming opioid exposure rates is from those in their 20s and 30s. The top three exposure categories from 2019 were Acetaminophen with Hydrocodone, Heroin, and Acetaminophen with Oxycodone.

Figure 53: Incoming Opioid Exposure in Duval County 2020



In 2020, Duval County had an incoming exposure count due to opioids of 137, the highest being 218 in Hillsborough County. The greatest age distribution of these incoming opioid exposure rates is from those in their 30s and children 5 years or younger. The top three exposure categories from 2020 were Acetaminophen with Oxycodone, Acetaminophen with Hydrocodone, and Tramadol.

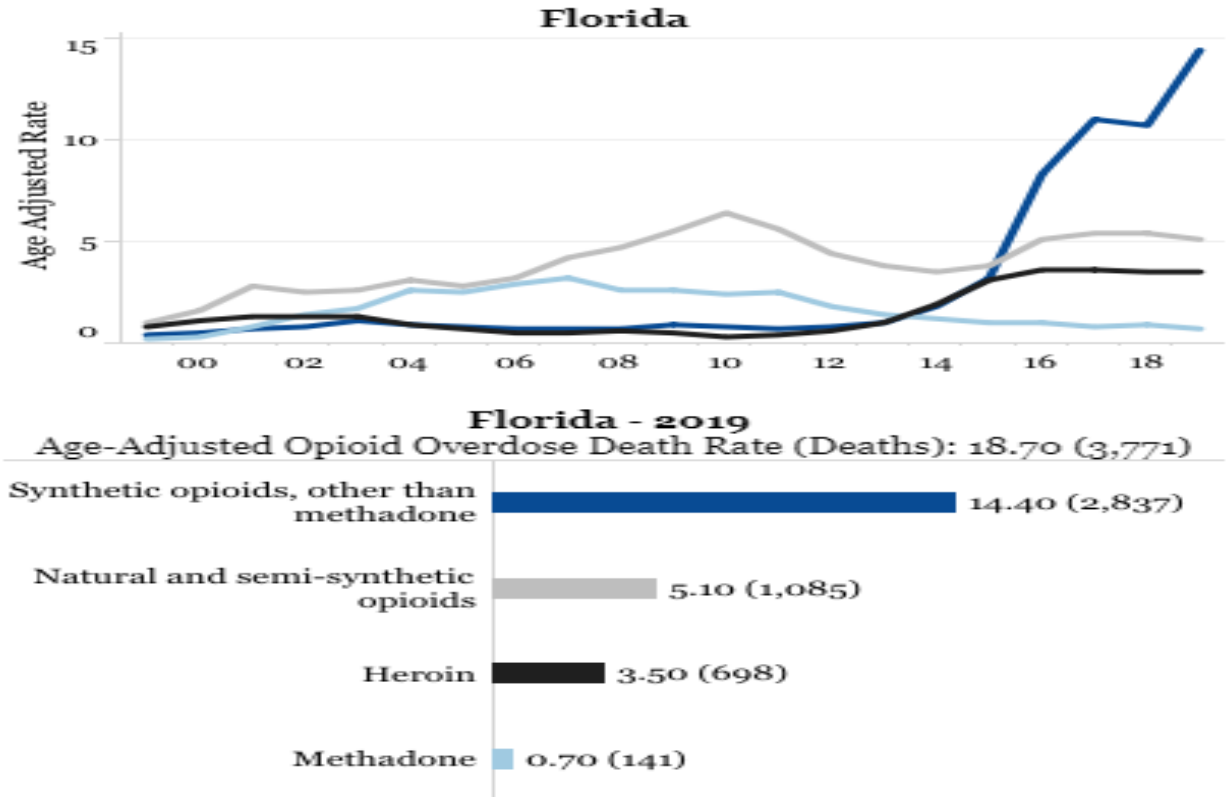
STATE AND LOCAL MORTALITY DATA

Florida Drug-Related Outcomes Surveillance & Tracking (FROST) System Overdose Data

The following figures and charts were collected through analysis using the *Florida Drug-Related Outcomes Surveillance & Tracking* (FROST) *System* developed by the University of Florida's University of Florida Health (UF Health) (2021).

FROST is an interactive, publicly available data dissemination tool for researchers, public health professions and the general public to quickly explore Florida drug-related outcomes.

Figure 54: Age-Adjusted Opioid Overdose Death Rate (Deaths) 1999-2019



The above figure depicts the age-adjusted opioid overdose death rate from 1999-2019. The chart is split up in four different categories: Synthetic opioids, other than methadone, Natural and semi-synthetic opioids, Heroin, and Methadone. Synthetic opioids, other than methadone, had the highest age-adjusted death rate in 2019 (14.40), this rate has been increasing since 2012.

Natural and semi-synthetic opioids, Heroin, and Methadone all saw decreases from 2016-2019. Of these Natural and semi-synthetic opioids have the highest death rate in 2019 (5.10).

Figures 55 and **56** below the death rates related to psychostimulants and cocaine from 1999-2019. Unlike Heroin from 2014-2019 deaths from cocaine continued to rise, the same pattern was seen with psychostimulants. Both substances show an increasing trend since 2011.

Figure 55: Cocaine Death Rate (FL) 1999-2019

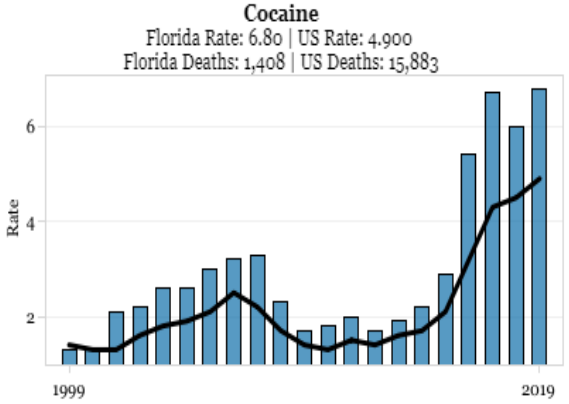
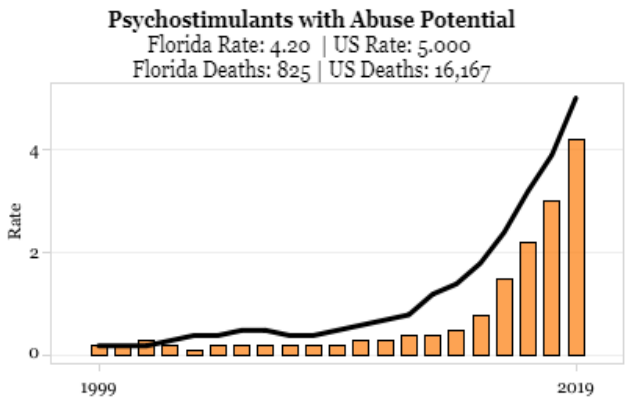


Figure 56: Psychostimulant Death Rate (FL) 1999-2019



In 2019, Florida had a higher rate of cocaine deaths (6.80) as compared to the US (4.90), while the rate for psychostimulant deaths (4.20) was less than the US (5.0) in the same year.

Figure 57 to the right show the trend in deaths in North Florida Counties from Q1 2017 to Q2 2020. The drug represented are Opioids (top left), Fentanyl (top right), Alprazolam (bottom left), and Cocaine (bottom right). Fentanyl had the largest increase during this time period, followed by Opioids and Cocaine. Alprazolam had consistent increases and decreases over this time period, however, in comparison to Q1 2017 the death count decreased.

Figure 57: Death Count in North Florida Counties by Substance (2017 Q1-2020 Q2)

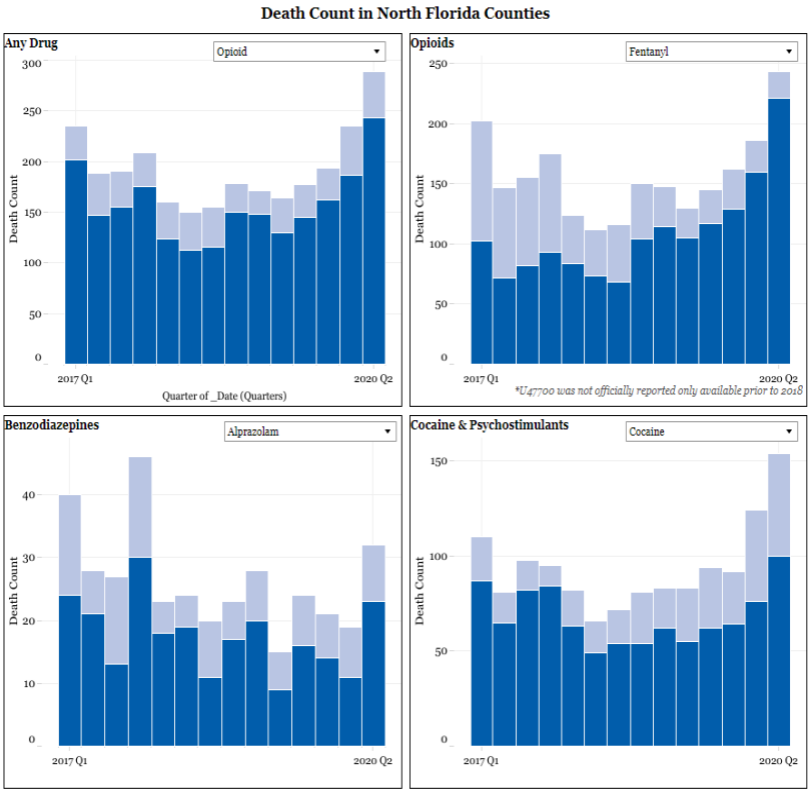
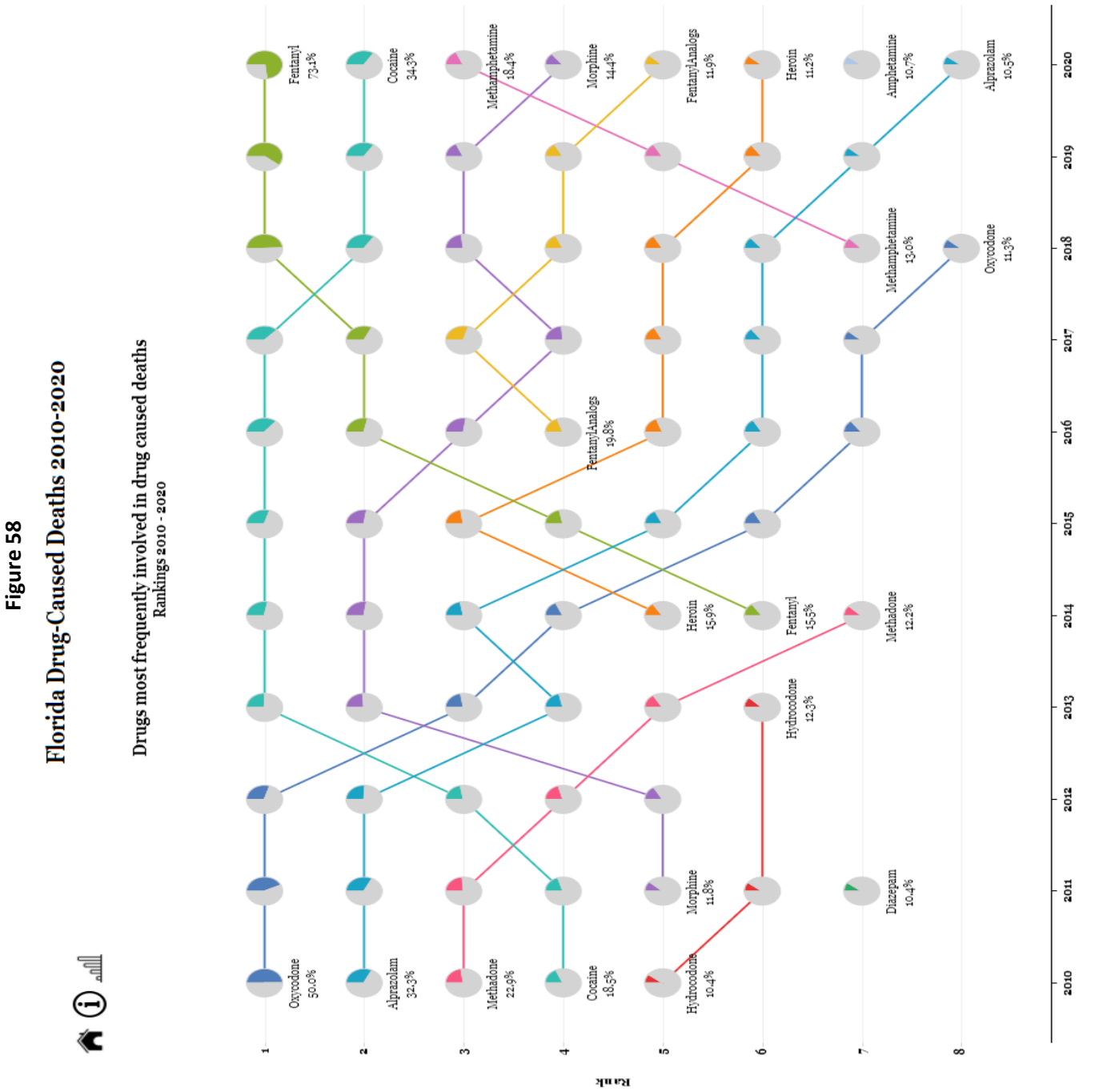


Figure 58 below highlights the trends of different substances involved in drug-caused Florida deaths from 2010-2020. Many of the substances which were listed at the top in the beginning of 2010 are now at the bottom in 2020. In example, Oxycodone and Alprazolam were the top two substances involved in drug caused deaths in 2010, and in 2020 they are listed as the least frequent. Cocaine which was the 4th most frequent in 2010 quickly move to the top from 2011-2013, but was surpassed by Fentanyl, which began its emergence in 2014, in 2018. Methamphetamine has also alarmingly moved from the 2nd least frequent in 2018 to the 3rd most frequent in 2020. Fentanyl Analogs and Heroin involvement both decreased from 2018-2020.



The following figures represent data from the High Intensity Drug Trafficking Area (HIDTA) Surveillance. Duval is include in the North Florida HIDTA surveillance.

From Q1 2017 to Q4 2019 the death rate involving the Any Drug, Opioids, and Cocaine categories had positive upward trends. Although the death rate involving Benzodiazepines did increase this trend was less upward moving compared to the other categories. (See Figure)

From 2016-2019, Duval County had one of the highest opioid death rates, with 2017 leading the death counts during this time period. (See Figure).

Figure 59: Florida High Intensity Drug Trafficking Area (HIDTA) Map

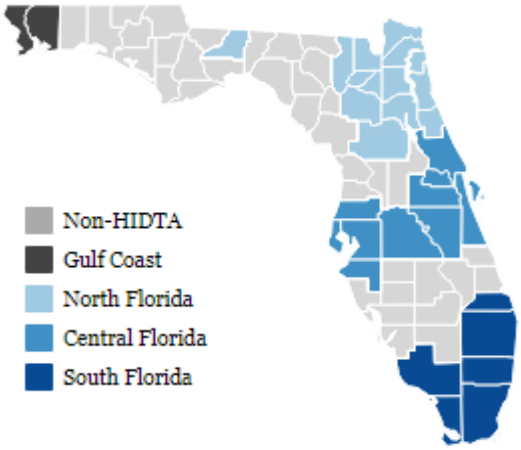


Figure 60: Florida Death Rate by HIDTA Q1 2017-Q4 2019

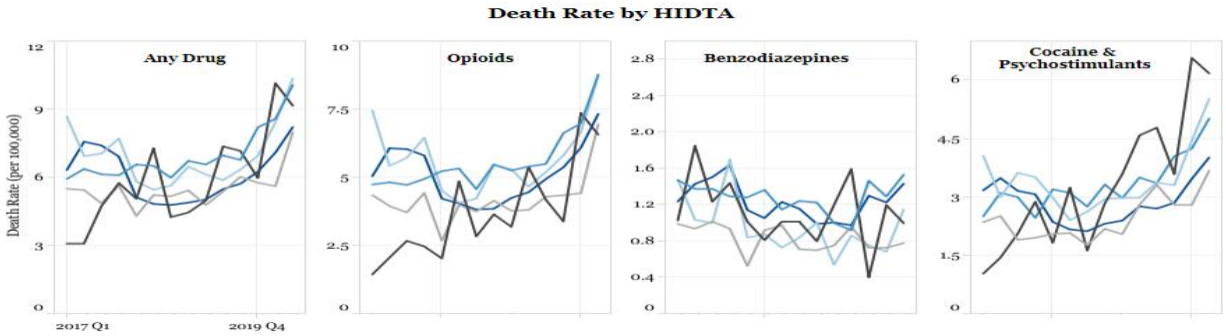
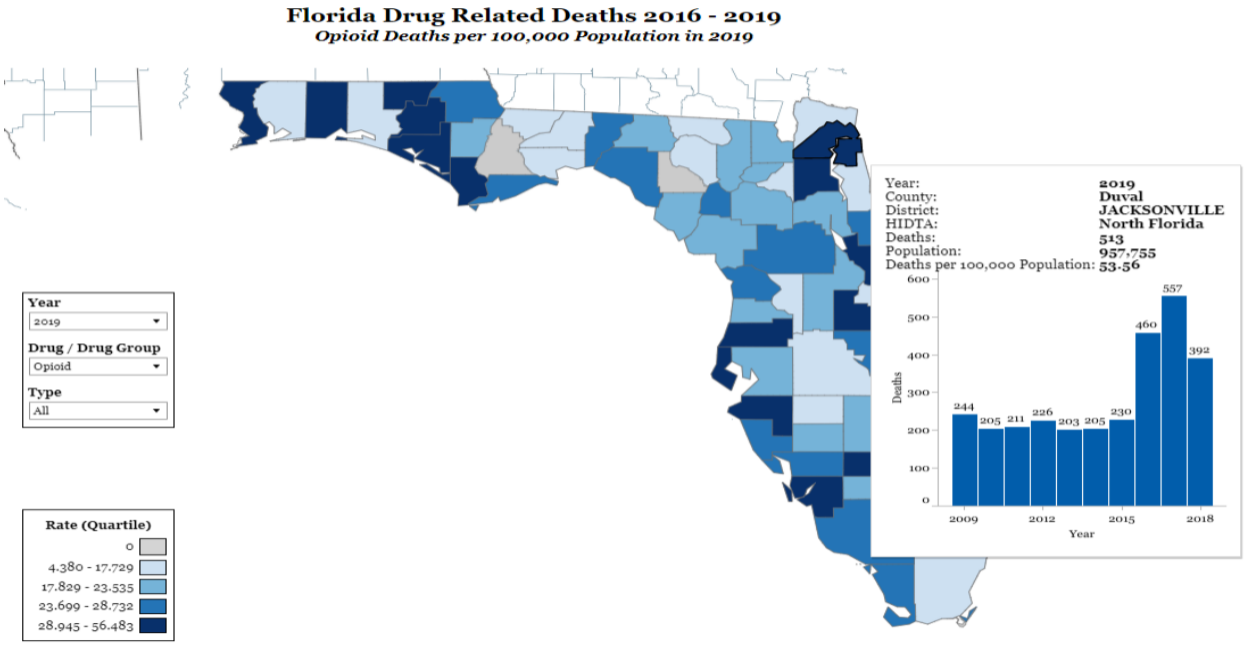
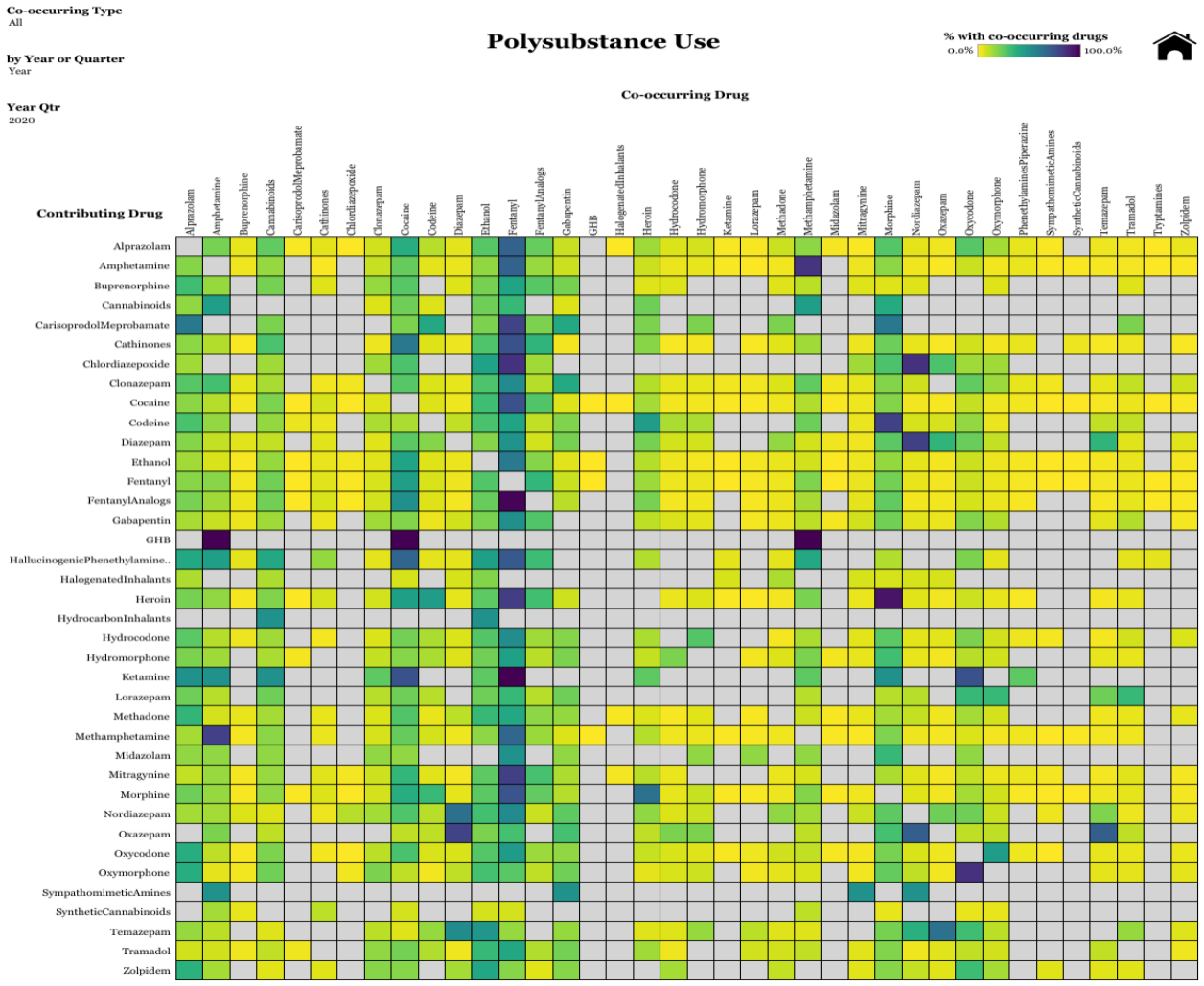


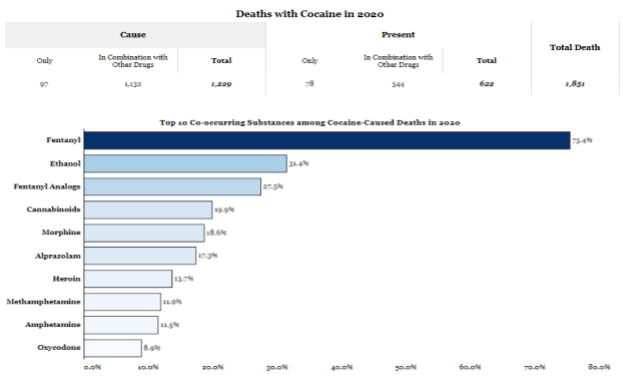
Figure 61:



The FROST data system also provides a Polysubstance Use Chart to show which drugs are most frequently co-occurring in overdose deaths, see **Figure 62** below. The left side of the chart represents the drug which contributed to the death (or the Contributing Drug) and across the top the drugs which were found in combination are listed (or the Co-Occurring Drug).

Figure 62: FROST Polysubstance Use Chart 2020





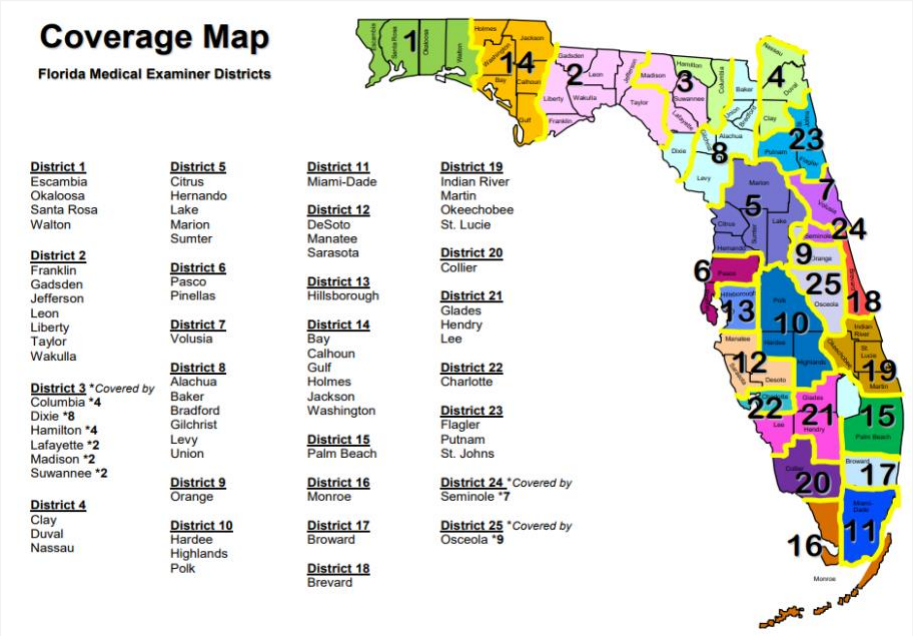
The most commonly co-occurring drug involving Cocaine deaths in 2020 was Fentanyl (75.4%) and vice versa.

Drugs Identified in Deceased Persons by Florida Medical Examiners Interim (January-June) Report Data

The following data is collected, analyzed, and distributed by the Florida Department of Law Enforcement's Medical Examiners Commission (2021). For the purpose of this report, we used the Interim reports from 2016-2020 which represent January-June of each of these years since data has not yet been released for the full 2020 year.

Data Collection Information from Original Report (2021):

"The State of Florida's Bureau of Vital Statistics reported 114,497 deaths in Florida during the first six months of 2020. Of the cases seen by Florida's medical examiners, toxicology results determined that the drugs listed below were present at the time of death in 7,040 cases. The medical examiners assessed whether the drug(s) identified was the cause of death or merely present at the time of death. The data were then submitted to the Medical Examiners Commission (MEC) for presentation in this report. It is important to note that each death is a single case, while each time a drug is detected represents an occurrence. The vast majority of the 7,040 deaths had more than one drug occurrence.



When reporting the data, Florida's medical examiners were asked to distinguish between the drugs determined to be the cause of death and those drugs that were present in the body at the time of death. A drug is indicated as the cause of death only when, after examining all evidence, the autopsy and toxicology results, the medical examiner determines the drug played a causal role in the death. It is not uncommon for a decedent to have multiple drugs listed as a cause of death. However, a drug may not have played a causal role in the death even when the medical examiner determines the drug is present or identifiable in the decedent. Therefore, a decedent often is found to have multiple drugs listed as present; these are drug occurrences and are not equivalent to deaths."

The following figure **(Figure 63)** represents drug occurrences as the cause of death in decedents at interim (January-June) 2016-2020 in the state of Florida.

Figure 63: Drug Occurrences (Cause) in Decedents at Interim (January-June) 2016-2020

	Drug Present (Cause)	2016	2017	2018	2019	2020
Amphetamines	Amphetamine	73	114	144	240	384
	Methamphetamine	114	213	274	406	659
Benzodiazepines	Alprazolam	355	376	332	284	377
	Chlordiazepoxide	5	10	6	5	9
	Clonazepam	43	42	44	46	64
	Diazepam	84	88	74	58	49
	Lorazepam	15	19	16	14	12
	Midazolam	3	2	0	4	7
	Nordiazepam	63	58	39	32	39
	Oxazepam	23	19	12	5	12
	Temazepam	41	43	32	15	26
Ethanol	Ethanol	405	490	442	465	673
Hallucinogenics	Phencyclidine (PCP)/PCP Analogs	1	1	3	0	0
	Phenethylamines/Piperazines	11	8	6	19	27
	Tryptamines	1	0	4	1	0
Inhalants	Halogenated	20	28	25	13	16
	Hydrocarbon	6	1	1	1	2
Opioids	Buprenorphine	12	17	13	23	21
	Codeine	38	35	39	46	36
	Fentanyl	704	667	1,101	1,433	2,622

	Drug Present (Cause)	2016	2017	2018	2019	2020
	Fentanyl Analogs	149	840	437	482	426
	Heroin	406	509	397	400	403
	Hydrocodone	113	104	78	81	87
	Hydromorphone	84	104	87	63	67
	Methadone	156	125	119	92	102
	Morphine	559	679	543	486	518
	Oxycodone	324	306	275	233	269
	Oxymorphone	67	58	48	51	60
	Tramadol	49	49	55	47	55
	U-47700	0	0	29	1	0
Other	Cannabinoids	3	2	4	19	18
	Carisoprodol/Meprobamate	15	16	7	7	7
	Cathinone	20	31	73	20	139
	Cocaine	643	1,029	844	835	1,229
	GHB	1	2	0	1	1
	Gabapentin	0	0	4	0	79
	Ketamine	2	6	4	6	6
	Mitragynine	0	0	0	0	77
	Sympathomimetic Amines	2	3	4	2	3
	Synthetic Cannabinoids	7	25	57	17	29
	Zolpidem	29	23	21	13	25

Note from the Medical Examiner Team: The total occurrences for buprenorphine and cannabinoids are under reported. The rate will vary from district-to-district based on the scope of drug analysis utilized by the medical examiner office. Since heroin is rapidly metabolized to morphine, this may lead to a substantial over-reporting of morphine-related deaths as well as significant under-reporting of heroin related deaths. Many deaths were found to have several drugs contributing to the death; therefore, the count of specific drugs listed is greater than the number of deaths.

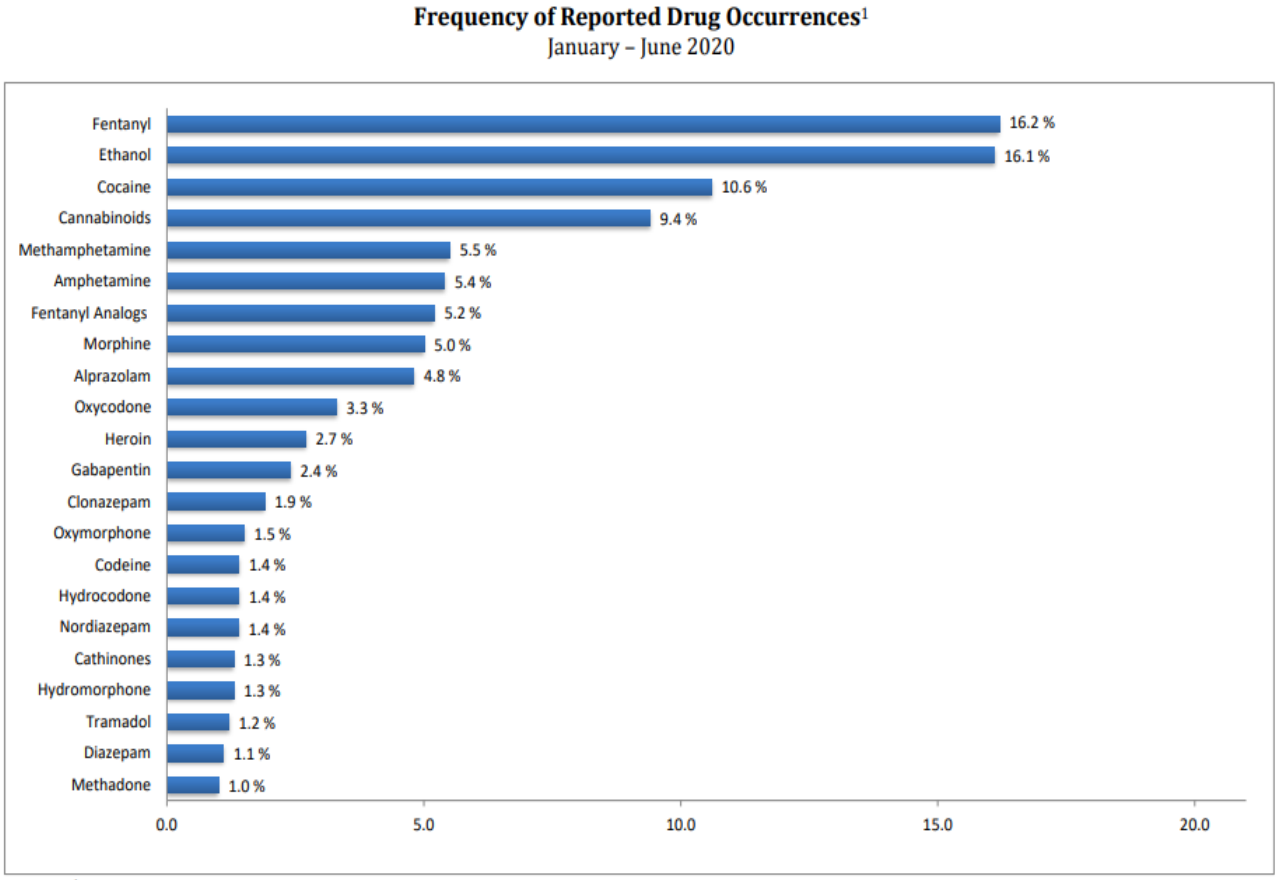
The above figure data reveals that overall deaths increased by 13% in January-June of 2020 as compared to 2019. Opioid-related deaths increased by 30.5% overall during this time period. While opioid-caused deaths increased by 51%. **See glossary of terms on pages 73-75 for drug descriptions.**

The most frequently occurring drugs reported in deaths were:

1.) Fentanyl (2,838 occurrences, **70% increase from 2019**)
2.) Ethyl Alcohol (2,814 occurrences)
3.) Benzodiazepines (2,182 occurrences, including 833 Alprazolam occurrences)
4.) Cocaine (1,851 occurrences, **28% increase**)
5.) Cannabinoids (1,647 occurrences, **26% increase**)
6.) Methamphetamine (962 occurrences, **44% increase**)
7.) Amphetamine (942 occurrences, **39% increase**)
8.) Fentanyl Analogs (905 occurrences, **53% increase**)
9.) Morphine (870 occurrences)

Figure 64 shows a visual representation of the most frequently occurring drugs from January to June of 2020. Fentanyl, Ethanol, Cocaine, or Cannabinoids represent about half of all drug occurrences reported during this time frame.

Figure 64:



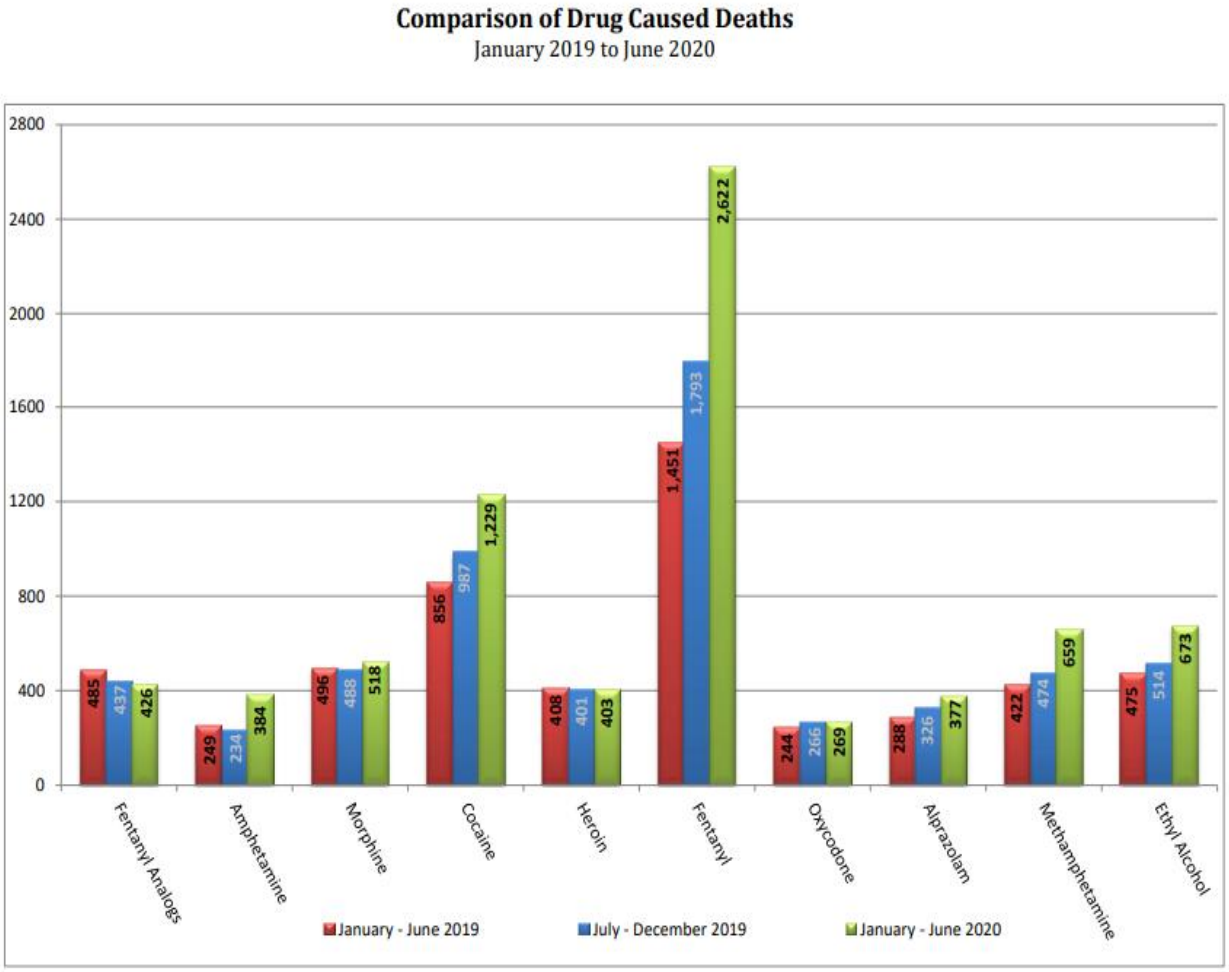
[1]The following drugs individually constituted less than one percent of drug frequencies and are not included: chlordiazepoxide, lorazepam, midazolam, oxazepam, temazepam, all hallucinogenics, all inhalants, buprenorphine, carisoprodol/meprobamate, GHB, ketamine, mitragynine, sympathomimetic amines, synthetic cannabinoids, U-47700 and zolpidem.
Note: Percentages may not sum to 100 percent because of rounding.

The drugs that caused the most deaths were:

1.) Fentanyl (2,622 deaths, **81% increase from 2019**)
2.) Cocaine (1,229 deaths, **44% increase**)
3.) Ethyl Alcohol (673 deaths)
4.) Methamphetamine (659 deaths, **56% increase**)
5.) Benzodiazepines (595 deaths, including 377 Alprazolam deaths)
6.) Morphine (518 deaths)
7.) Fentanyl Analogs (426 deaths, **12% increase**)
8.) Heroin (403, **1% decrease**)

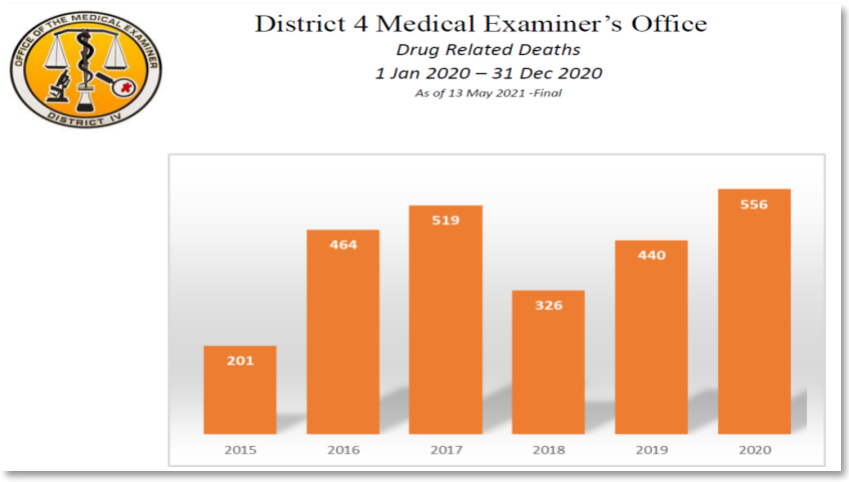
The following figure shows a visual representation of the most frequent drug caused deaths from January 2019 to June 2020. Fentanyl, Cocaine, Oxycodone, Alprazolam, Methamphetamine and Ethyl Alcohol all steadily increased during this time period.

Figure 65:



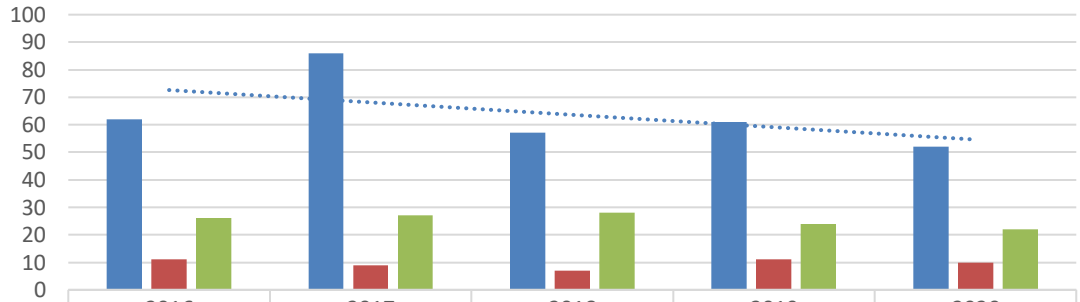
The following graph was created by the District 4 Medical Examiner's Office (2021) which represents data for Clay, Duval, and Nassau counties. The graph below was released in May of 2021 and highlights the trend of drug-related deaths in District 4 from 2015-2020. Since 2015, drug related deaths have increased by approximately 177% as of 2020. While we did see a strong decrease of approximately 37% in 2018, the death rate has continued to increase again by 70% in the last two years.

Figure 66: District 4 Drug Related Death Trends 2015-2020



The following figures and tables highlight the trends of several substances as the cause drug-related deaths across the state of Florida compared across three cities Jacksonville (Duval County), St. Augustine (St. Johns County), and Daytona Beach (Volusia County). The data utilized to create these visuals is interim data collected from January to June of 2016-2020. The first figure below (Figure) highlights the deaths due to Alprazolam.

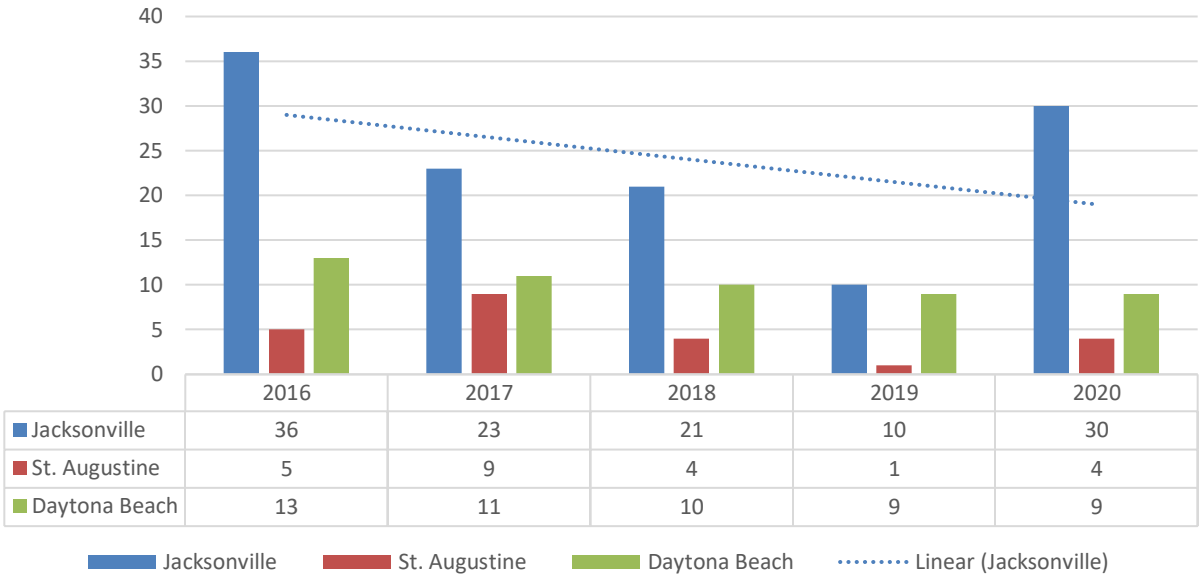
Figure 67: Duval and Other FL County Alprazolam Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	62	86	57	61	52
St. Augustine	11	9	7	11	10
Daytona Beach	26	27	28	24	22

The overall trend for Alprazolam deaths since 2016 has been declining. In the following figure the same trends can be seen happening with Clonazepam. Despite this decline since 2016, in 2020 there was a 200% increase in Clonazepam deaths in Duval County from the previous interim year.

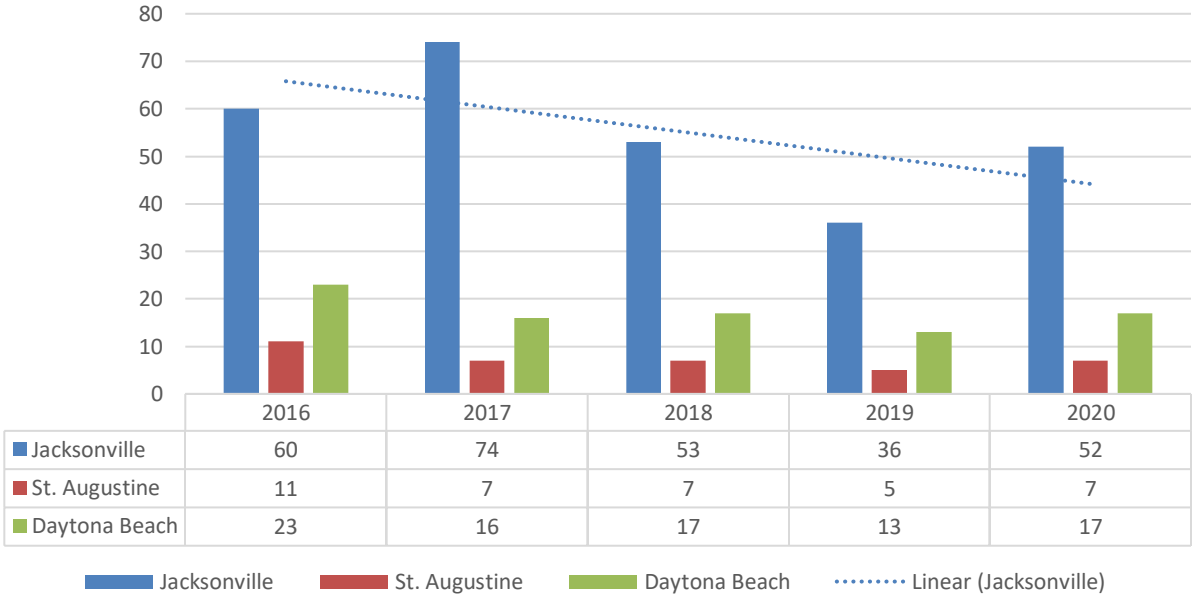
Figure 68: Duval and Other FL County Clonazepam Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	36	23	21	10	30
St. Augustine	5	9	4	1	4
Daytona Beach	13	11	10	9	9

Deaths by Oxycodone have also been following a decreasing trendline but saw an increase of approximately 44% from 2019-2020 interim in Duval County. Volusia County also saw an estimated 31% increase during this timeframe.

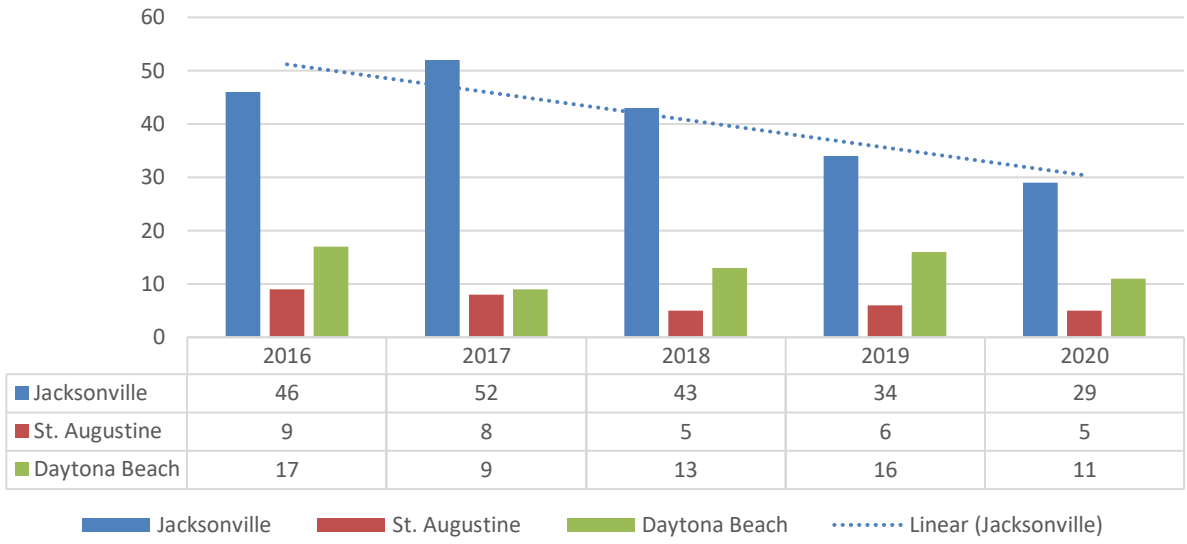
Figure 69: Duval and Other FL County Oxycodone Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	60	74	53	36	52
St. Augustine	11	7	7	5	7
Daytona Beach	23	16	17	13	17

Also continuing on a downward trend, Hydrocodone deaths have continued to decrease in Duval County Since 2017. From 2019-2020 interim there was a 14% decrease in deaths caused by Hydrocodone in the county. Although Volusia and St. Johns County's both had slight increases from 2017-2019. See figure below for a visual of this data.

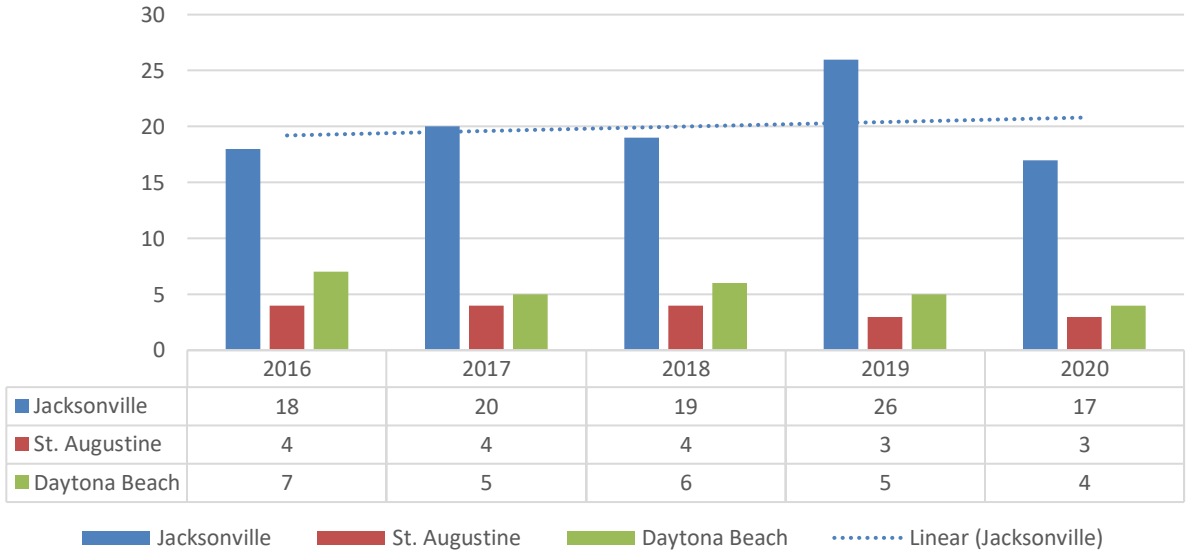
Figure 70: Duval and Other FL County Hydrocodone Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	46	52	43	34	29
St. Augustine	9	8	5	6	5
Daytona Beach	17	9	13	16	11

Deaths involving Methadone (cause) declined by approximately 35% from 2019-2020 interim, this is in light of an approximately 37% increase from 2018-2019 interim data. The overall trend for Methadone deaths since 2016 across these three Counties reveals an overall positive (increasing) trendline.

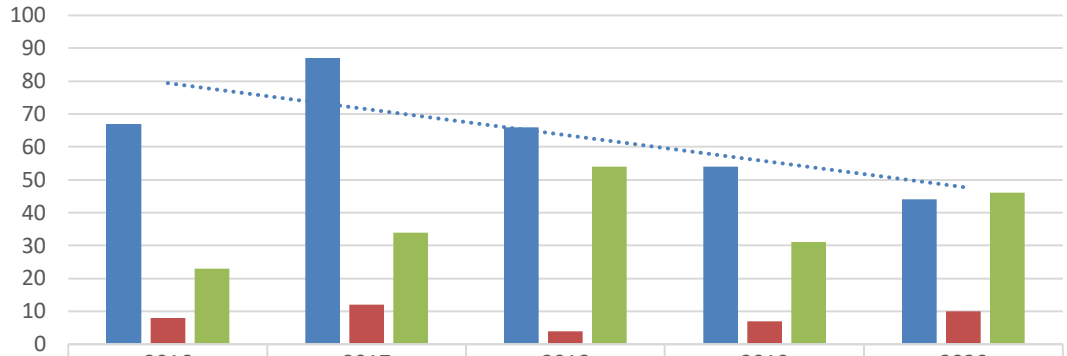
Figure 71: Duval and Other FL County Methadone Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	18	20	19	26	17
St. Augustine	4	4	4	3	3
Daytona Beach	7	5	6	5	4

Data from these three counties on deaths caused by Morphine reveals a negative (declining) trendline. From 2018 to 2019 deaths caused by Morphine in Duval County declined by approximately 19%, and since 2017 have declined in total by approximately 50% as of interim 2020 in the county.

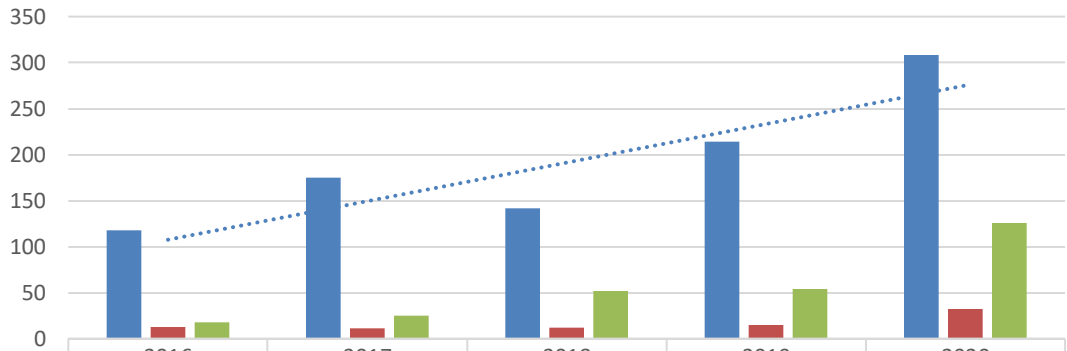
Figure 72: Duval and Other FL County Morphine Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	67	87	66	54	44
St. Augustine	8	12	4	7	10
Daytona Beach	23	34	54	31	46

The following figure represents deaths caused by Fentanyl. All counties have seen increases in Fentanyl deaths since 2016, although Duval County did see a decrease of approximately 19% from 2017 to 2018. Since interim 2018 however there has been a 117% increase in deaths caused by Fentanyl in Duval, while Volusia saw an estimated 142% increase in the same timeframe.

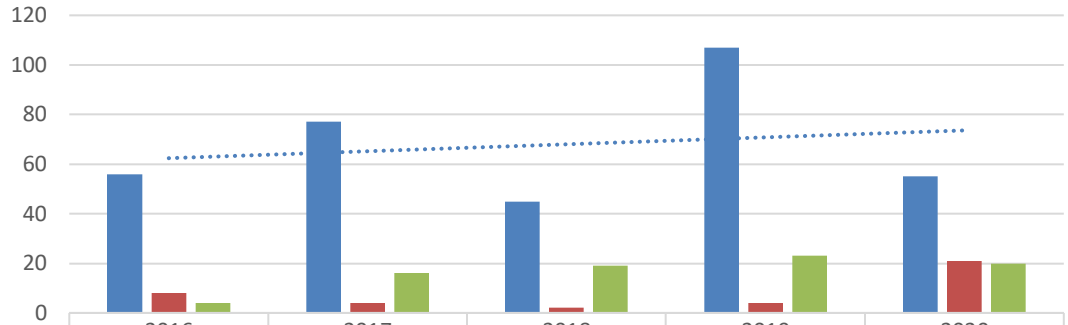
Figure 73: Duval and Other FL County Fentanyl Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	118	175	142	214	308
St. Augustine	13	11	12	15	32
Daytona Beach	18	25	52	54	126

Deaths due to Fentanyl Analogs have also been following an overall increasing trendline since June 2016. Fentanyl Analog patterns in Duval County followed Fentanyl with the same decrease being seen from 2017 to 2018 (41%ᵛ). Despite this decrease over the next year, from 2018 to 2019, there was estimated 138% increase. In light of this increase a large decrease in Fentanyl Analog deaths (49% ᵛ) occurred in Duval County between June 2019 and June 2020.

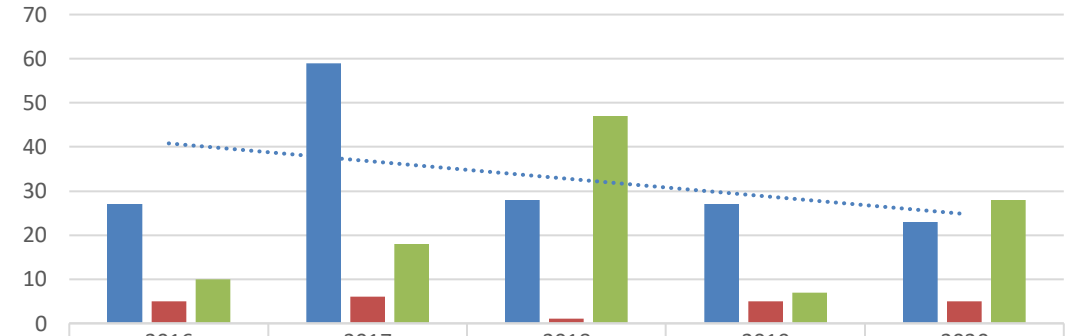
Figure 74: Duval and Other FL County Fentanyl Analog Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	56	77	45	107	55
St. Augustine	8	4	2	4	21
Daytona Beach	4	16	19	23	20

Unlike Methadone, Fentanyl and Fentanyl Analogs, Heroin deaths have been following a decreasing trend since 2016 across these three counties, although a major spike was seen from 2017 to 2019 in Volusia County (161%^). In Duval County there has been an overall decrease of approximately 61% since 2017.

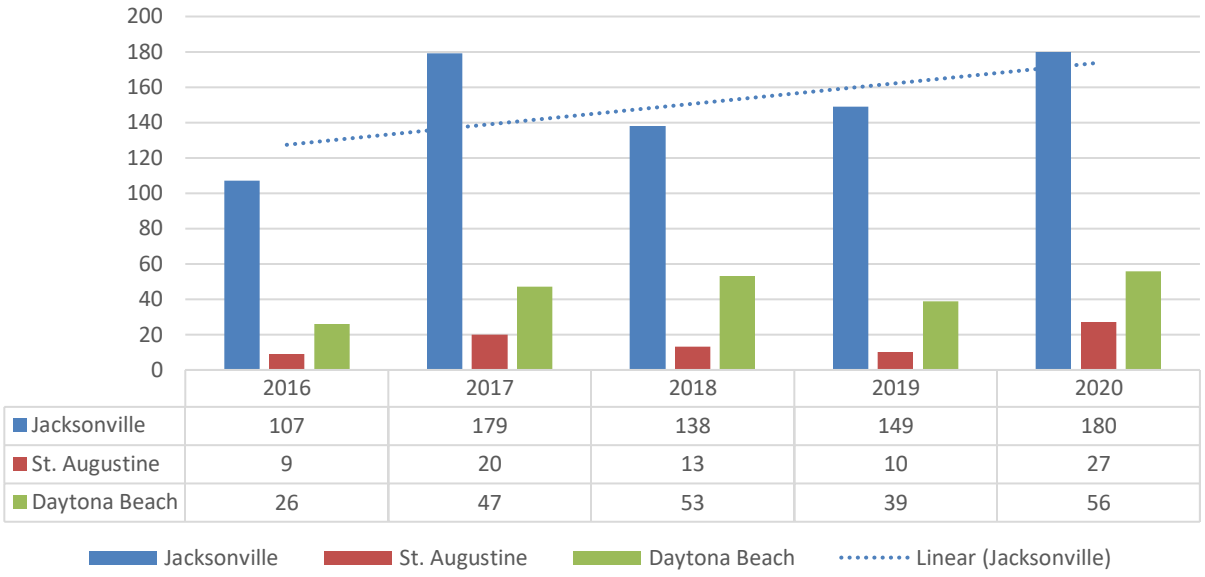
Figure 75: Duval and Other FL County Heroin Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	27	59	28	27	23
St. Augustine	5	6	1	5	5
Daytona Beach	10	18	47	7	28

Data from Cocaine caused deaths reveals a slowly increasing trendline since 2016, with the biggest spike being seen from June 2016 to June 2017 in Duval County (67%^). From June 2019 to June 2020 there was an estimated 21% increase overall.

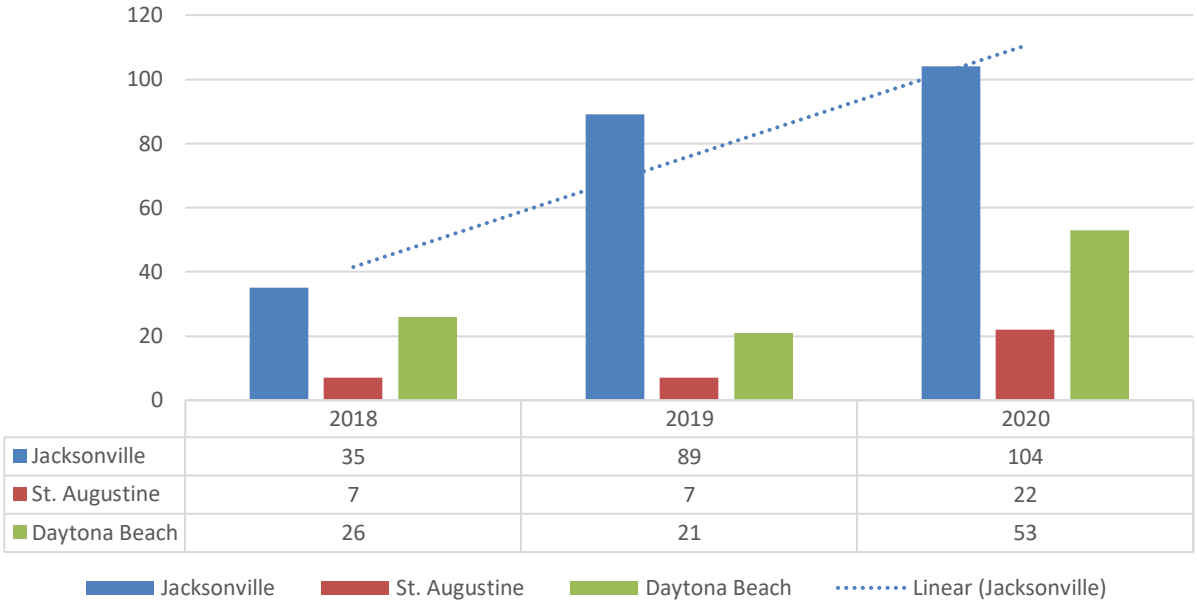
Figure 76: Duval and Other FL County Cocaine Deaths (2016-2020)



	2016	2017	2018	2019	2020
Jacksonville	107	179	138	149	180
St. Augustine	9	20	13	10	27
Daytona Beach	26	47	53	39	56

Since no data is available from the Medical Examiner on Methamphetamine from 2016 and 2017 only 2018, 2019 and 2020 interim data are included in the figure below. From 2018 to 2020 interim report data Duval County has seen an overall.

Figure 77: Duval and Other FL County Methamphetamine Deaths (2016-2020)

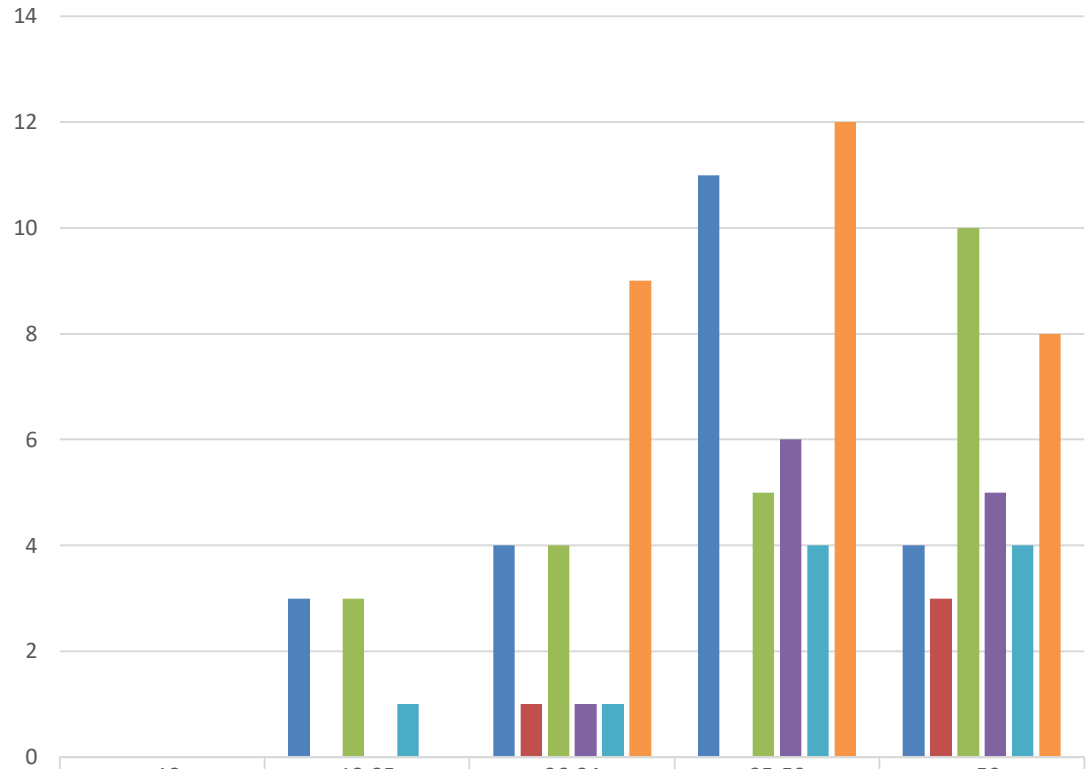


	2018	2019	2020
Jacksonville	35	89	104
St. Augustine	7	7	22
Daytona Beach	26	21	53

The following figures were developed through analysis of deaths by substances, both cause and present, compared to the various age ranges. The age ranges provided by the Medical Examiner Team are <18, 18-25, 26-34, 35-50, and <50 years of age. Figure below looks at Alprazolam, Clonazepam, Oxycodone, Hydrocodone, Methadone, and Morphine in these age groups.

The <18 age range was not affected by any of these substances from January-June 2020. In the 18-25 age range the most commonly occurring drugs involved in deaths were Alprazolam, Oxycodone, and also Methadone in 1 case. In the 26-34 age range the most common of the substances included in this graph causing deaths was Morphine, this was also seen in the 35-50 age range. In those 50 years and older the most common drug found as the cause of death as those in this graph was Oxycodone. Most deaths occurred in the 35-50 age range.

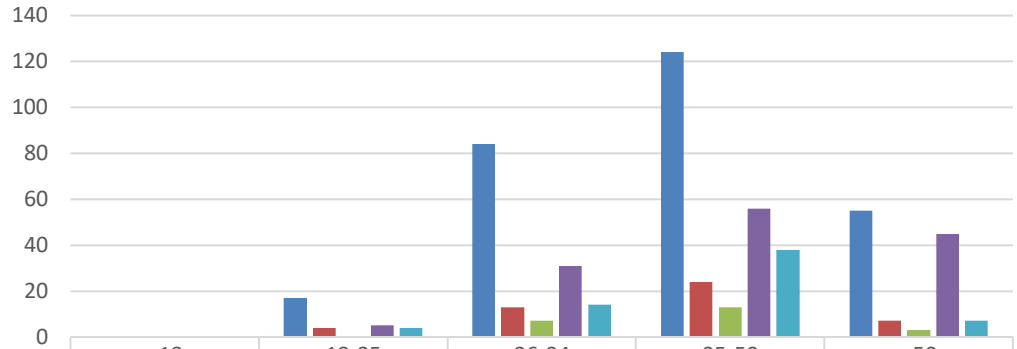
Figure 78: Duval Drug Deaths (Cause) by Age (January-June 2020)



	<18	18-25	26-34	35-50	>50
Alprazolam	0	3	4	11	4
Clonazepam	0	0	1	0	3
Oxycodone	0	3	4	5	10
Hydrocodone	0	0	1	6	5
Methadone	0	1	1	4	4
Morphine	0	0	9	12	8

Figure 79 additionally looks at deaths by the various age ranges for Fentanyl, Fentanyl Analogs, Heroin, Cocaine, and Methamphetamine.

Figure 79: Duval Drug Deaths (Cause) by Age (January- June 2020)

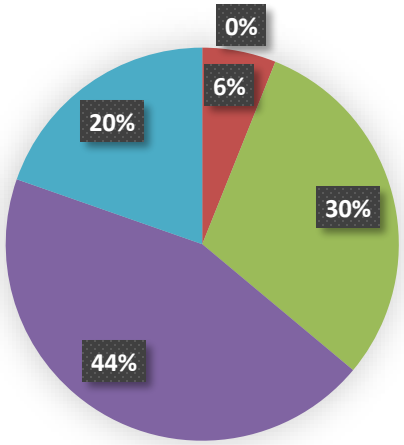


	<18	18-25	26-34	35-50	>50
Fentanyl	0	17	84	124	55
Fentanyl Analogs	0	4	13	24	7
Heroin	0	0	7	13	3
Cocaine	0	5	31	56	45
Methamphetamine	0	4	14	38	7

Fentanyl Fentanyl Analogs Heroin Cocaine Methamphetamine

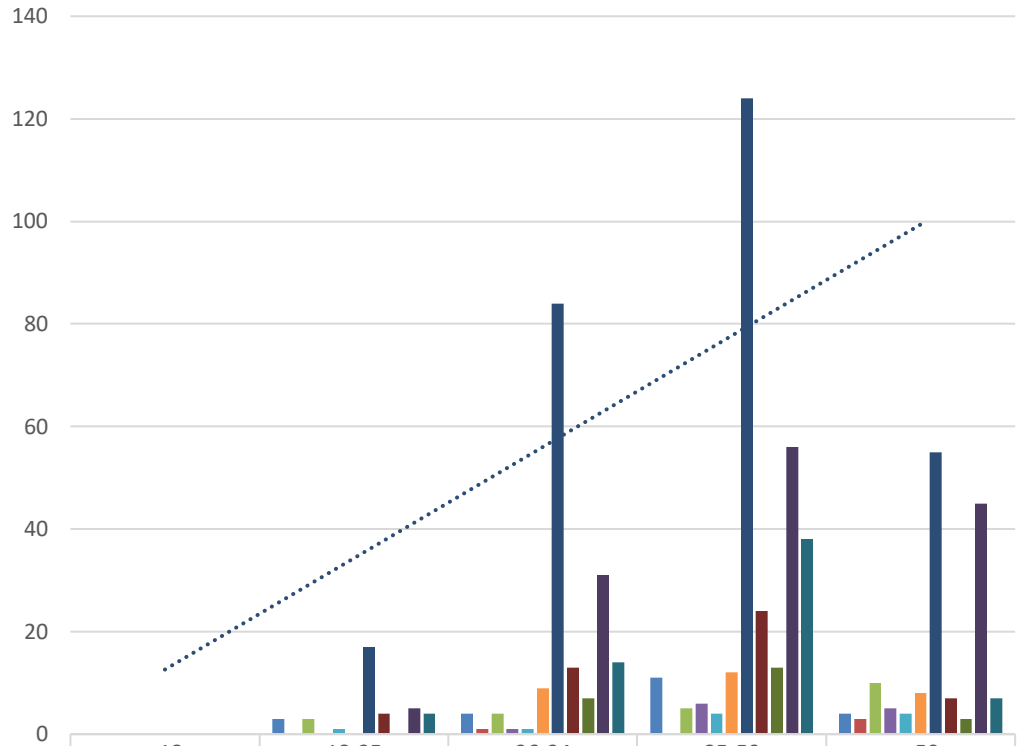
Fentanyl was the cause of the majority of deaths of the substances shown in the above figure. The most affected age group for Fentanyl was 35-50. See **Figure 80** below for a visual break down of the age ranges as they are affected by Fentanyl. The second drug with the most cause of death among the age group was Cocaine of which the most affected age range was also 35-50, followed by those >50 years of age. The least deaths among these substances occurred in the 18-25 age range, with the most deaths occurring in the 35-50 age range.

Figure 80: Fentanyl Deaths by Age (January-June 2020)



The following figure is a graphical representation of all deaths in Duval County which were caused by one of the specific substances analyzed. As seen in the previous two figures the 35-50 age range was the most affected overall with Fentanyl being the top cause of death, followed by Cocaine and Methamphetamine. Among all age ranges Fentanyl was the leading cause of death, again followed by Cocaine, Methamphetamine, and then Fentanyl Analogs. No overdoses were seen during the January to June 2020 timeframe among those >18 years of age.

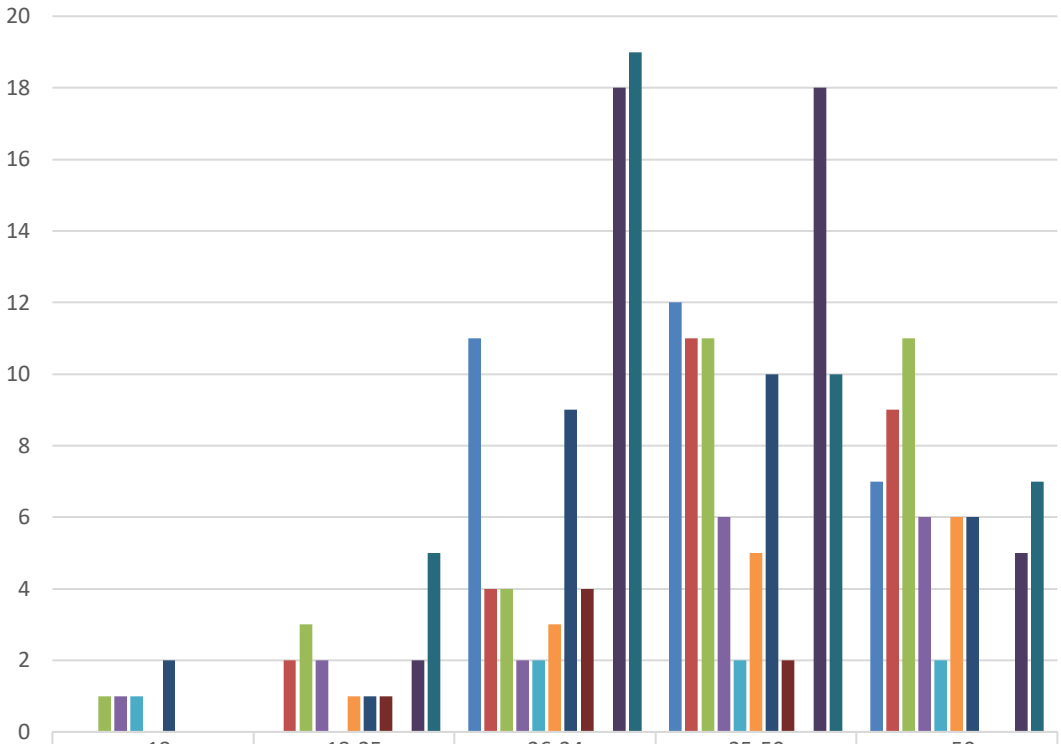
Figure 81: Overall Duval Drug Deaths (Cause) by Age (January-June 2020)



	<18	18-25	26-34	35-50	>50
Alprazolam	0	3	4	11	4
Clonazepam	0	0	1	0	3
Oxycodone	0	3	4	5	10
Hydrocodone	0	0	1	6	5
Methadone	0	1	1	4	4
Morphine	0	0	9	12	8
Fentanyl	0	17	84	124	55
Fentanyl Analogs	0	4	13	24	7
Heroin	0	0	7	13	3
Cocaine	0	5	31	56	45
Methamphetamine	0	4	14	38	7

The following figure looks at overall drug deaths by drugs which were present but not necessarily the cause of the overdose death from January-June 2020. The most affected of these age ranges were those 35-50, followed by 26-35, and then those older than 50. The top substance reported involved in deaths was Cocaine. Fentanyl was the most frequent substance present in deaths involving individuals less than 18 years of age, this could be due to youth marijuana use and accidental drug contamination.

Figure 82: Overall Duval Drug Deaths (Present) by Age (January-June 2020)



	<18	18-25	26-34	35-50	>50
Alprazolam	0	0	11	12	7
Clonazepam	0	2	4	11	9
Oxycodone	1	3	4	11	11
Hydrocodone	1	2	2	6	6
Methadone	1	0	2	2	2
Morphine	0	1	3	5	6
Fentanyl	2	1	9	10	6
Fentanyl Analogs	0	1	4	2	0
Heroin	0	0	0	0	0
Cocaine	0	2	18	18	5
Methamphetamine	0	5	19	10	7

Medical Examiner Interim Report Glossary

4-ANPP (despropionyl fentanyl) – A precursor chemical used in the manufacture of illicit fentanyl. 4-ANPP is also a metabolite of illicit fentanyl and fentanyl-related analogs.

Amphetamines – A group of synthetic psychoactive drugs called central nervous system (CNS) stimulants. The collective group of amphetamines includes amphetamine, dextroamphetamine and methamphetamine. Methamphetamine is also known as "meth," "crank," "speed" and "tina."

Methamphetamine is metabolized to amphetamine and thus, occurrences of amphetamine may represent methamphetamine ingestion rather than amphetamine ingestion.

Benzodiazepines – A family of sedative-hypnotic drugs indicated for the treatment of stress, anxiety, seizures, and alcohol withdrawal. Benzodiazepines are often referred to as "minor tranquilizers." Xanax (alprazolam) and Valium (diazepam) are the most commonly prescribed drugs in this drug class. Many benzodiazepines are interconverted to one another, making occurrences of these drugs difficult to interpret. Exceptions include alprazolam, clonazepam, lorazepam, and midazolam.

Buprenorphine – A semi-synthetic opioid known as Buprenex, Suboxone and Subutex indicated for the treatment of opioid addiction and moderate to severe pain.

Cannabinoids – A series of compounds found in the marijuana plant, the most psychoactive of which is THC, a strong, illicit hallucinogen. Street names for this drug are often associated with a geographic area from which it came but also include generic names like "ganja," "MJ," "ragweed," "reefer" and "grass."

Carisoprodol – Muscle relaxant indicated for the treatment of pain, muscle spasms and limited mobility. It is often abused in conjunction with analgesics for enhanced euphoric effect. It is marketed as Soma.

Cathinones – A family of drugs containing one or more synthetic chemicals related to cathinone, an amphetamine-like stimulant found naturally in the Khat plant. They are cousins of MDMA and the amphetamine family of drugs, which includes amphetamine and methamphetamine.

Cocaine – An illicit stimulant. Powdered cocaine goes by many street names including "C," "blow," "snow" and "nose candy," while freebase cocaine is mostly commonly known as "crack."

Ethanol – Ethyl alcohol.

Fentanyl – Synthetic opioid analgesic supplied in transdermal patches and also available for oral, nasal, intravenous and spinal administration. Fentanyl is also produced illicitly and currently most fentanyl occurrences represent the ingestion of illicit fentanyl rather than pharmaceutically manufactured fentanyl.

Fentanyl Analog – A synthetic opioid structurally similar to fentanyl. Many analogs of fentanyl are pharmacologically more potent than fentanyl. Carfentanil is an analog of fentanyl approved for veterinary use only.

Flunitrazepam (Rohypnol) – Commonly referred to as a "date rape" drug. It is a sedative-hypnotic drug in the benzodiazepine class. It often goes by the street name "roofies."

Gabapentin – An anti-epileptic drug also called an anticonvulsant to treat neuropathic pain (nerve pain) caused by herpes virus.

Gamma-Hydroxybutyric Acid (GHB) – A depressant, also known as a "date rape" drug. GHB often goes by the street name "easy lay," "scoop," "liquid X," "Georgia home boy" and "grievous bodily harm."

Hallucinogenic Phenethylamines/Piperazines – Includes such drugs as MDMA (Ecstasy, a hallucinogen), MDA (a psychedelic), MDEA (a psychedelic hallucinogenic) and piperazine derivatives. Ecstasy has multiple street names including "Molly," "E," "XTC," "love drug" and "clarity." MDMA is often also known by a large variety of embossed logos on the pills such as "Mitsubishis" and "Killer Bees."

Hallucinogenic Tryptamines – Natural tryptamines are commonly available in preparations of dried or brewed mushrooms, while tryptamine derivatives are sold in capsule, tablet, powder, or liquid forms. Street names include "Foxy-Methoxy," "alpha-O" and "5-MEO."

Halogenated Inhalants – Includes but is not limited to halogenated hydrocarbons, especially refrigerants such as difluoroethane, which is a component of "compressed air" electronics cleaners; these and similar halogenated substances are typically used illicitly as inhalants.

Heroin – An illicit narcotic derivative. It is a semi-synthetic product of opium. Heroin also has multiple street names including "H," "hombre" and "smack."

Hydrocarbon Inhalants – Includes toluene, benzene, components of gasoline and other similar hydrocarbons typically used illicitly as inhalants.

Hydrocodone – A narcotic analgesic (pain killer). Vicodin and Lortab are two common drugs containing hydrocodone.

Hydromorphone – A narcotic analgesic (pain killer) used to treat moderate to severe pain. Marketed under the trade name Dilaudid, it is two to eight times more potent than morphine. Commonly used by abusers as a substitute for heroin.

Ketamine – An animal tranquilizer and a chemical relative of PCP. Street names for this drug include "special K," "vitamin K" and "cat valium."

Meperidine – A synthetic narcotic analgesic (pain killer) sold under the trade name Demerol. It is used for pre-anesthesia and the relief of moderate to severe pain.

Methadone – A synthetic narcotic analgesic (pain killer) commonly associated with heroin detoxification and maintenance programs and is also prescribed to treat severe pain. It has been

increasingly prescribed in place of oxycodone for pain management. Dolophine is one form of methadone.

Mitragynine – An alkaloid found in the Kratom plant, which is consumed for its stimulant and analgesic (opioid-like) effects. The leaves of the Kratom plant, either whole or crushed, are smoked, chewed, or prepared as a tea. In addition, plant extract containing mitragynine is available in tablets and capsules.

Morphine – A narcotic analgesic (pain killer) used to treat moderate to severe pain. MS (Morphine Sulfate), Kadian and MS-Contin are the tablet forms; Roxanol is the liquid form. Heroin is metabolized to morphine, and thus, occurrences of morphine may represent heroin ingestion rather than morphine ingestion.

Nitrous Oxide (N2O) – Also known as "laughing gas," is an inhalant (gas) that produces light anesthesia and analgesia. “Whippets” are a common form of nitrous oxide.

Oxycodone – A narcotic analgesic (pain killer). OxyContin is one form of this drug and goes by the street name “OC.” Percocet, Percodan, Roxicet, Tylox and Roxicodone also contain oxycodone.

Oxymorphone – A narcotic analgesic (pain killer) that is often prescribed as Opana, Numorphan and Numorphone.

Phencyclidine (PCP) – An illicit, dissociative anesthetic/hallucinogen. Common street names for this drug include “angel dust,” “ace,” “DOA” and “wack.”

PCP Analog – A drug structurally related to phencyclidine.

Sympathomimetic Amines – A group of stimulants including phentermine (an appetite suppressant) and other sympathomimetic amines not tracked elsewhere in this report.

Synthetic Cannabinoids – Synthetic cannabinoids are manmade chemicals that are applied (often sprayed) onto plant material to mimic the effect of delta-9-tetrahydrocannabinol (THC), the psychoactive ingredient in the naturally grown marijuana plant (cannabis sativa). Synthetic cannabinoids, commonly known as “synthetic marijuana,” “Spice” or “K2,” are often sold in retail outlets as “herbal incense” or “potpourri” and are labeled “not for human consumption.”

Tramadol – A synthetic narcotic analgesic sold under the trade name Ultram and Ultracet. Indications include the treatment of moderate to severe pain. It is a chemical analogue to codeine. Not currently a scheduled drug.

U-47700 – A synthetic opioid with a white or light-pink chalky appearance that is found in powder or tablet form. Common street names for this drug include “pink,” “pinky” or “U4.”

Zolpidem – A prescription medication used for the short-term treatment of insomnia; it is commonly known as Ambien.

NEONATAL ABSTINENCE SYNDROME (NAS)

The following section was developed utilizing information available on the Florida Department of Health's Surveillance of Neonatal Abstinence Syndrome (NAS) in Florida site. Data is currently available from 2014-2019. Please review important information below from data source.

Information of this Data from the Florida Department of Health:

Definition of Neonatal Abstinence Syndrome (NAS):

Neonatal abstinence syndrome (NAS) is a condition experienced by neonates exposed to opioid prescription or illicit drugs during the prenatal period. The infant may undergo withdrawal from these substances that manifests as excessive high-pitched crying, irritability, sleep-wake disturbances, alterations in infant tone and movement, feeding difficulties, or gastrointestinal disturbances, usually 1-3 days post-birth.

Recognizing the public health importance of the increasing trend in the prevalence of opioid prescription drug abuse and increasing incidence of NAS, the Florida Department of Health (DOH) added NAS to the List of Reportable Diseases/Conditions on June 4, 2014.

Data Sources:

To identify NAS cases, DOH currently uses a passive case ascertainment methodology that relies on linked administrative datasets and diagnostic codes indicative of NAS. First, birth certificate records from the DOH Bureau of Vital Statistics are linked to the infant's birth hospitalization record, which is provided as part of quarterly submission of inpatient hospital discharge data by hospitals to the Agency for Health Care Administration (AHCA). Each discharge record includes International Classification of Diseases, Clinical Modification (ICD) diagnosis codes documented during the hospital encounter. The ICD classification system updated from ICD-9-CM to ICD-10-CM on October 1, 2015, impact all AHCA data beginning with the 4th quarter of 2015. The impact of this transition from ICD-9 to ICD-10 will need to be evaluated and addressed carefully during data acquisition, analysis, and interpretation of findings. Currently, there is no single ICD-9/10-CM code that captures NAS with sufficient sensitivity and specificity. Therefore, for NAS reporting, the following ICD-9/10-CM codes are being used as a proxy for NAS-related diagnoses:

ICD-9-CM	Thru 3rd Q 2015	779.5	drug withdrawal syndrome in a newborn
ICD-10-CM	4th Q 2015 forward	P96.1	drug withdrawal syndrome in infant of dependent mother

Once an infant's birth certificate record has been linked to his/her birth hospitalization, the discharge portion of the linked electronic record is scanned for the presence of any of the above-mentioned diagnosis codes.

Limitations of the Data:

Currently, there appears to be substantial variation in the diagnosis and reporting of NAS across medical institutions, providers, and surveillance systems. These inconsistencies result in questionable accuracy and reliability of NAS data. However, they are also indicative of the need and opportunity for the DOH/FBDR to encourage establishment of a standardized set of recommendations and guidelines for clinical diagnosis, data collection, surveillance, and reporting efforts.

A limitation of using a passive surveillance methodology to identify NAS cases, particularly in the absence of case confirmation, is the likelihood for misclassification biases. These biases can result in both false negatives (the failure to capture an infant born with NAS) and false positives (identifying an infant as a NAS case does not meet the clinical definition of NAS). A second limitation is the timeliness of the data - the extent to which surveillance data are rapid, prompt, and responsive.

It is not yet fully understood how this ICD coding transition affected the observed frequency and rate of NAS, therefore changes in counts between 2015 and 2016 should be interpreted with caution. Moreover, there may be differences in coding practices across hospitals and regions, further impacting reported data. Because these data are linked to the discharge data, there are a percentage of cases that are missed and therefore the final numbers are likely an underestimation of the total counts. If the data were not linked to birth certificates, there would be an overestimation of the total counts. A decision was made to utilize the linked dataset for the final NAS counts in order to use similar methodology to other data utilized by the Florida Birth Defects Registry.

Despite these limitations, the use of an existing surveillance infrastructure with the capacity for efficient and effective review and confirmation of suspected cases will allow community leaders to respond to local concerns and provides insight into the epidemic of prescription drug abuse and its effects on babies.

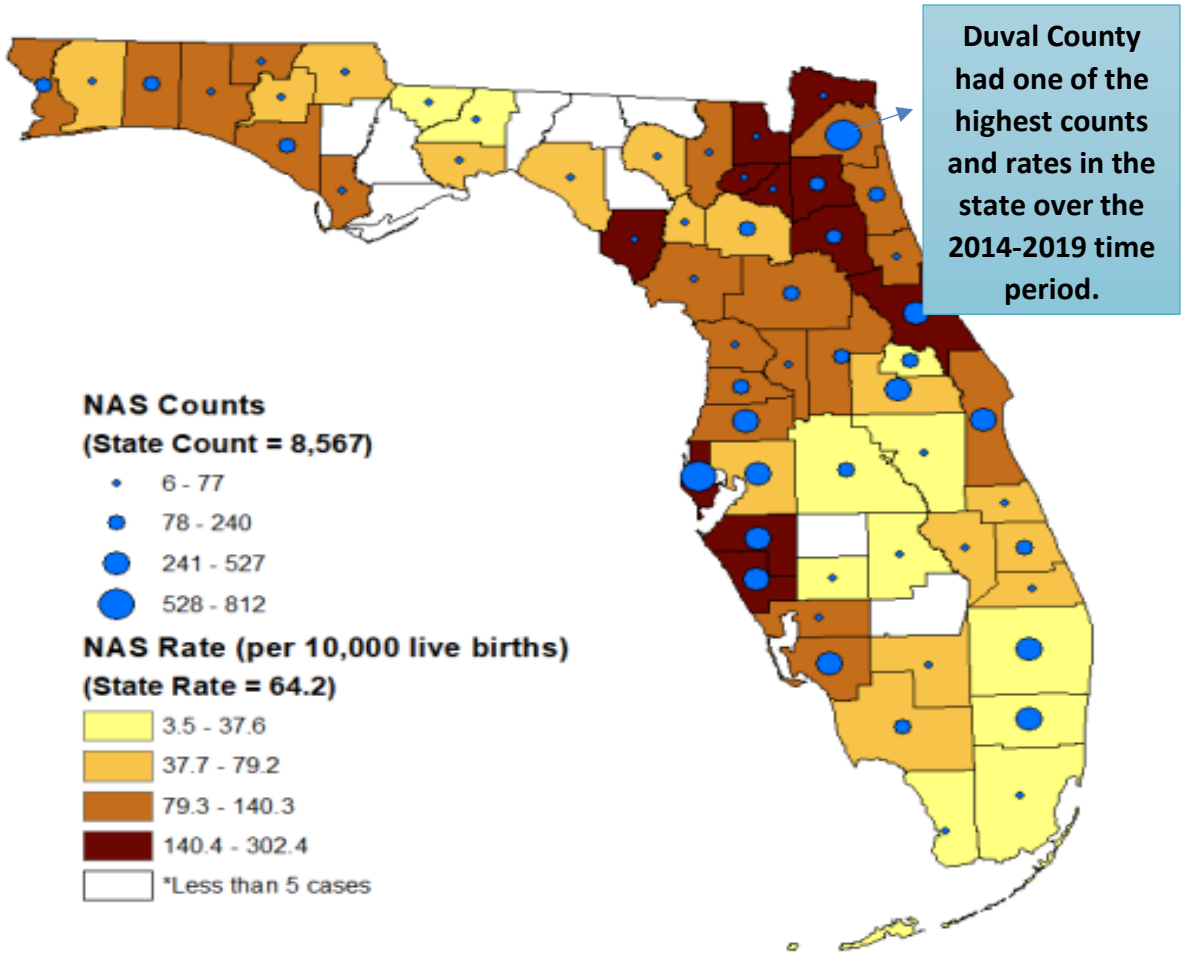
Methodology and Case Data:

NAS cases were identified from a linked data file comprised of AHCA administrative inpatient hospital discharge data and Florida birth certificate data from DOH Bureau of Vital Statistics for the 2014 and 2016 birth cohorts. The data are displayed by the birth quarter, and a * indicates that less than 5 cases were documented in a particular county for that time period.

- Patient is a Florida resident based on the patient state/county of residence reported on the birth certificate

- Diagnosis indicative of neonatal withdrawal symptoms based on a scan of the principal and up to 30 additional diagnosis codes present in the hospital discharge record*.
    - ICD-9-CM code 779.5 was used in the 1st through 3rd quarter of 2015
    - ICD-10-CM code P96.1 was used beginning in the 4th quarter of 2015
- Only included cases in which a NAS-related diagnosis code was documented during a hospitalization in which the age at admission was 28 days or less
- Linked birth certificates with AHCA hospital discharge data (current birth year and partial following year to also identify diagnoses for admissions the following year) to remove duplicates and preventing double-counting of NAS cases
- Excluded comprehensive rehabilitation discharges (e.g., a service type for a follow-up procedure other than birth) (type serv variable not equal to 2 in the AHCA data file)

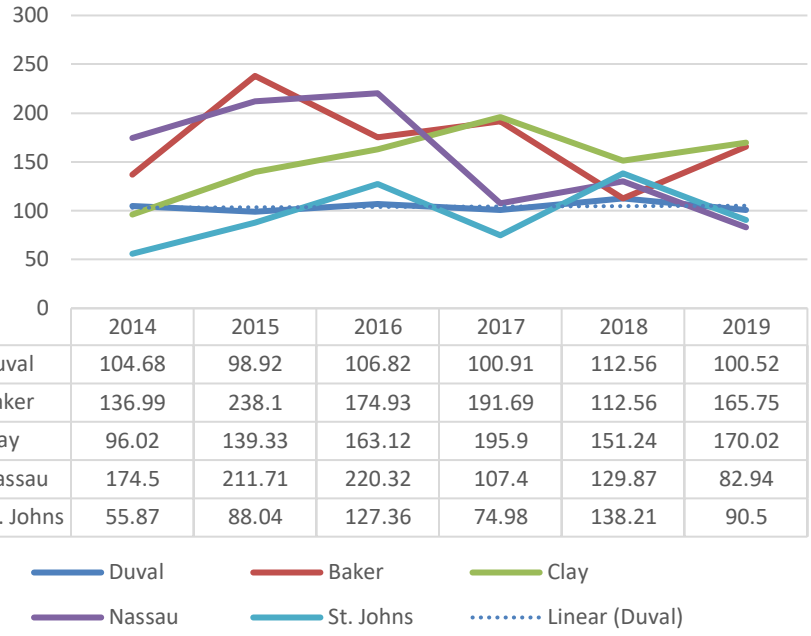
Figure 83: Neonatal Abstinence Syndrome (NAS) Counts and Rates, by County 2014-2019, Florida



*Counts and rates suppressed for counties with fewer than 5 cases to prevent possible identification of cases

The figure to the right looks at NAS rates in Duval and surrounding counties from 2014-2019. The counties included are Duval, Baker, Clay, Nassau, and St. Johns County. In 2019 Clay County had the highest rate (170.02), followed by Clay (165.75) and then Duval (100.52). The overall trend as seen in the trendline below for Duval county has been steady with little increase and decrease seen over this time period.

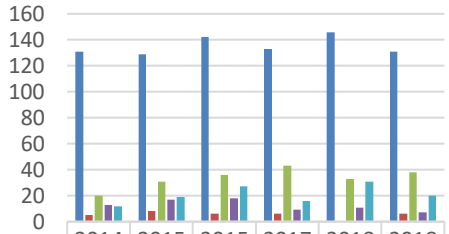
Figure 84: Duval & Surrounding Counties NAS Rates 2014-2019



	2014	2015	2016	2017	2018	2019
Duval	104.68	98.92	106.82	100.91	112.56	100.52
Baker	136.99	238.1	174.93	191.69	112.56	165.75
Clay	96.02	139.33	163.12	195.9	151.24	170.02
Nassau	174.5	211.71	220.32	107.4	129.87	82.94
St. Johns	55.87	88.04	127.36	74.98	138.21	90.5

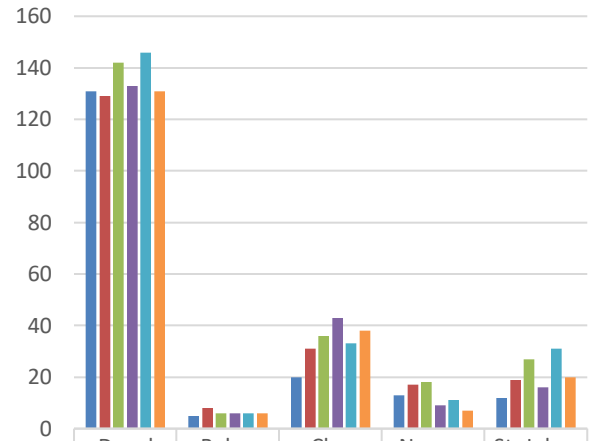
Figures 85 and **86** look at the counts of NAS cases from 2014 to 2019 in Duval compared to surrounding counties by county and by year. Duval has the highest count of NAS cases compared to the other counties each year, with 2018 being the highest year for case counts.

Figure 85: Duval & Surrounding Counties NAS Counts by Year (2014-2019)



	2014	2015	2015	2017	2018	2018
Duval	131	129	142	133	146	131
Baker	5	8	6	6	0	6
Clay	20	31	36	43	33	38
Nassau	13	17	18	9	11	7
St. Johns	12	19	27	16	31	20

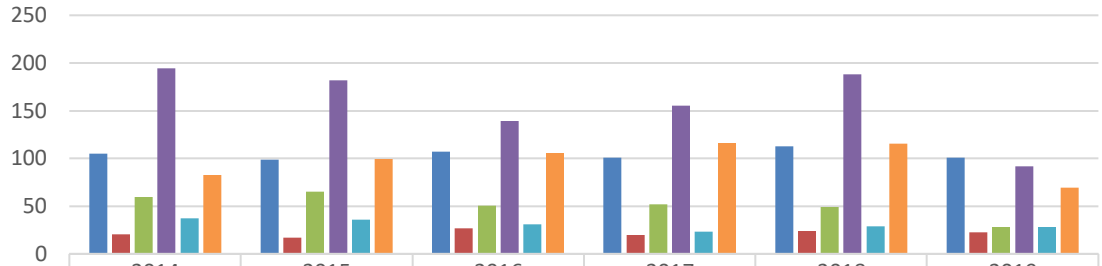
Figure 86: Duval & Surrounding Counties NAS Counts 2014-2019



	Duval	Baker	Clay	Nassau	St. Johns
2014	131	5	20	13	12
2015	129	8	31	17	19
2016	142	6	36	18	27
2017	133	6	43	9	16
2018	146	6	33	11	31
2019	131	6	38	7	20

The following figures compare Duval NAS counts and rates to other counties across the state with Drug Epidemiology Networks (DEN) for the years of 2014-2019. The counties included are Duval, Broward, Hillsborough, Manatee, Palm Beach, and Walton. Manatee had the highest rates of NAS from 2014-2018. In 2019 Duval had the highest rate among all DEN Counties included.

Figure 87: Duval & Other DEN Counties NAS Rates by Year (2014-2019)

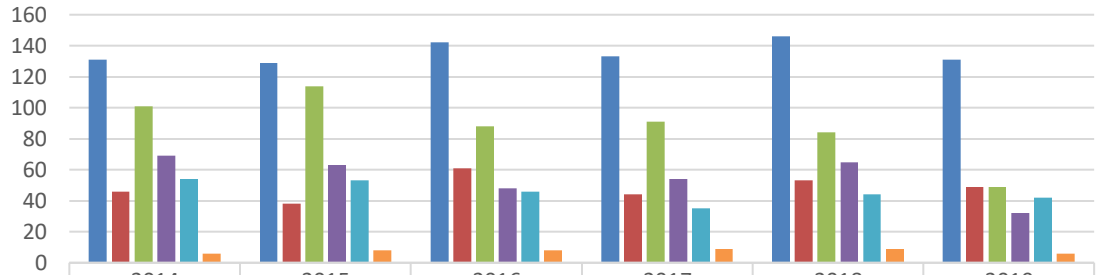


	2014	2015	2016	2017	2018	2019
Duval	104.68	98.92	106.82	100.91	112.56	100.52
Broward	20.71	17.04	27.04	19.71	24.18	22.56
Hillsborough	59.95	64.88	50.79	52.25	49.05	28.52
Manatee	194.64	181.61	139.33	155.35	188.3	91.9
Palm Beach	37.41	35.64	30.74	23.27	29.21	28.5
Walton	82.76	99.26	105.54	116.13	115.38	69.61

Duval Broward Hillsborough Manatee Palm Beach Walton

When comparing Duval to other DEN counties by NAS counties by year, Duval has the highest counts across all years, followed by Hillsborough, Manatee and Broward counties. The highest year for NAS counts in Duval county was in 2018.

Figure 88: Duval & Other DEN Counties NAS Counts by Year (2014-2019)



	2014	2015	2016	2017	2018	2019
Duval	131	129	142	133	146	131
Broward	46	38	61	44	53	49
Hillsborough	101	114	88	91	84	49
Manatee	69	63	48	54	65	32
Palm Beach	54	53	46	35	44	42
Walton	6	8	8	9	9	6

Duval Broward Hillsborough Manatee Palm Beach Walton

LOCAL ARREST DATA (UCR)

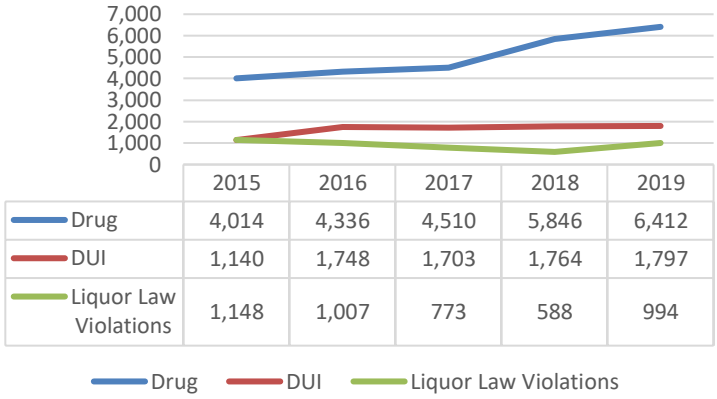
The following data was collected from the Florida Department of Law Enforcement UCR arrest data reports from 2015-2019. Data includes total arrests, adult arrests, juvenile arrests, drug arrests, DUI arrests, as well as liquor law violations during this time period in Duval County.

The total population in 2019 was 970,672, an estimated 7.1% increase since 2015. Total arrests in 2019 were 32,804, an approximately 8.7% increase from 2015. In comparison to the lowest year of arrests 2017, there was an almost 17% increase in 2019, 2019 having the highest number of arrests of all years reviewed. Of the 32,804 arrests in 2019, 31,384 were adults accounting for approximately 95% of arrests. From 2018-2019 there was a 9.2% increase in adult arrests, and a 3.1% increase in juvenile arrests.

Table 12: Population Size and Arrest Breakdown, Duval County (2015-2019)

	Total Population	Total Arrests	Adult	Juvenile
2015	905,574	30,167	27,422	2,745
2016	923,647	28,810	26,214	2,596
2017	936,811	28,081	26,097	1,984
2018	952,861	30,016	28,542	1,474
2019	970,672	32,804	31,284	1,520

Figure 89: Duval County Arrest Trends (by Type of Arrest) 2015-2019



	2015	2016	2017	2018	2019
Drug	4,014	4,336	4,510	5,846	6,412
DUI	1,140	1,748	1,703	1,764	1,797
Liquor Law Violations	1,148	1,007	773	588	994

Figure 89 to the right shows Duval County arrests from 2015-2019. Drug arrests have been increasing since 2015 in Duval County. Since 2015 there has been an estimated 50% increase in drug arrests, a 58% increase in DUI arrests, and a 17% decrease in liquor law violations. However, from 2018-2019 liquor law violation arrests increased by 69%.

Figure 90

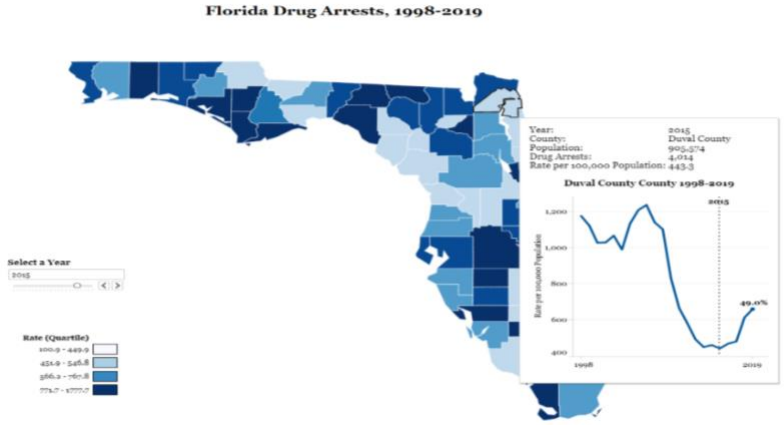


Figure 90 to the left was generated by the UF Frost System and shows an overall 49% increase in 2019 compared to 2015.

Local Motor Vehicle Crash Data

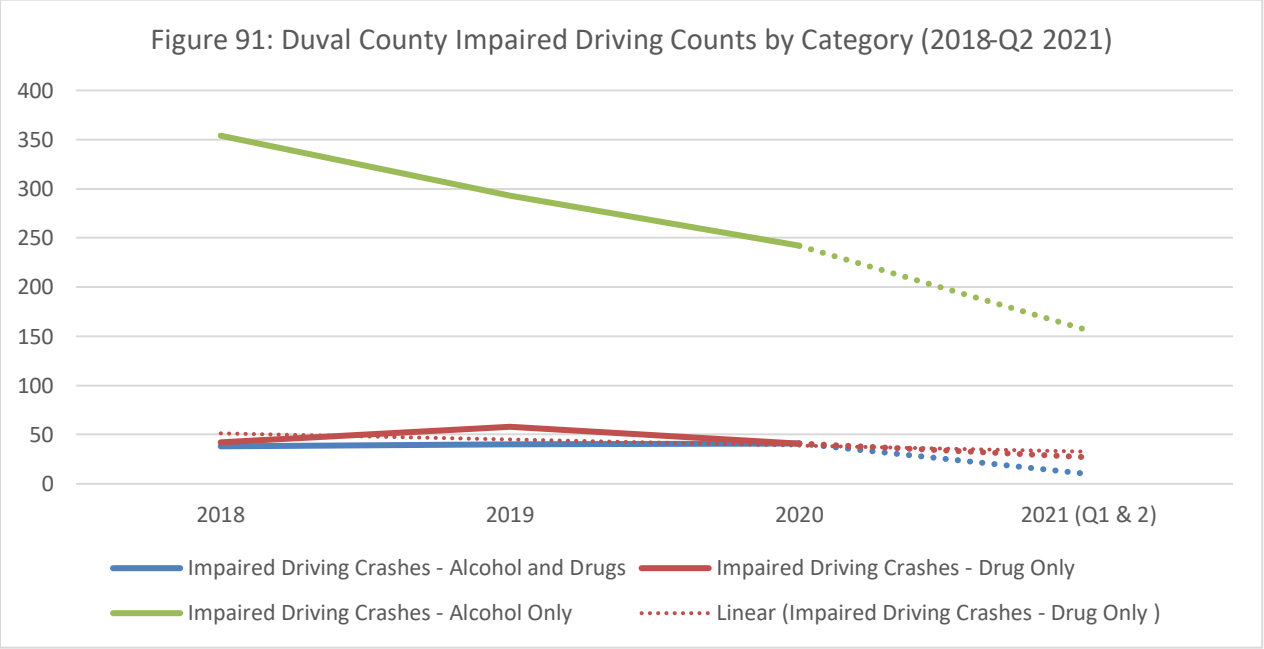
The following data is related to motor vehicle crashes and fatalities in Duval County from Q1 2018-Q2 2021. The data was collected from the Florida Department of Highway Safety and Motor Vehicles Florida Crash Dashboard. Due to data being unavailable for Q3 and Q4 of 2021 the lines for this year are represented as a dotted line to show they are incomplete. Please do not take a downward trendline as a decrease as data for 2021 is only preliminary.

In the following tables and figures impaired driving crashes were categorized as either alcohol and drugs, drugs only, or alcohol only. Alcohol only crashes accounted for the majority of crashes followed by drug only, and then the combination.

Table 13: Duval County Impaired Driving Counts by Category (2018-Q2 2021)

	Impaired Driving Crashes - Alcohol and Drugs	Impaired Driving Crashes - Drug Only	Impaired Driving Crashes - Alcohol Only
2018	38	42	354
2019	40	58	293
2020	41	41	242
2021 (Q1 & Q2)	10	27	156

Figure 91 below reveals there is a negative (decreasing) trend since 2018 for impaired driving crashes, especially in alcohol only crashes from 2018-2020. We also saw a decrease in drug only crashes from 2019-2020, however, by Q2 2021 drug-only crashes are almost the same as the full year of 2020, while crashes alcohol only or involving both alcohol and drugs are showing downward trends in 2021.

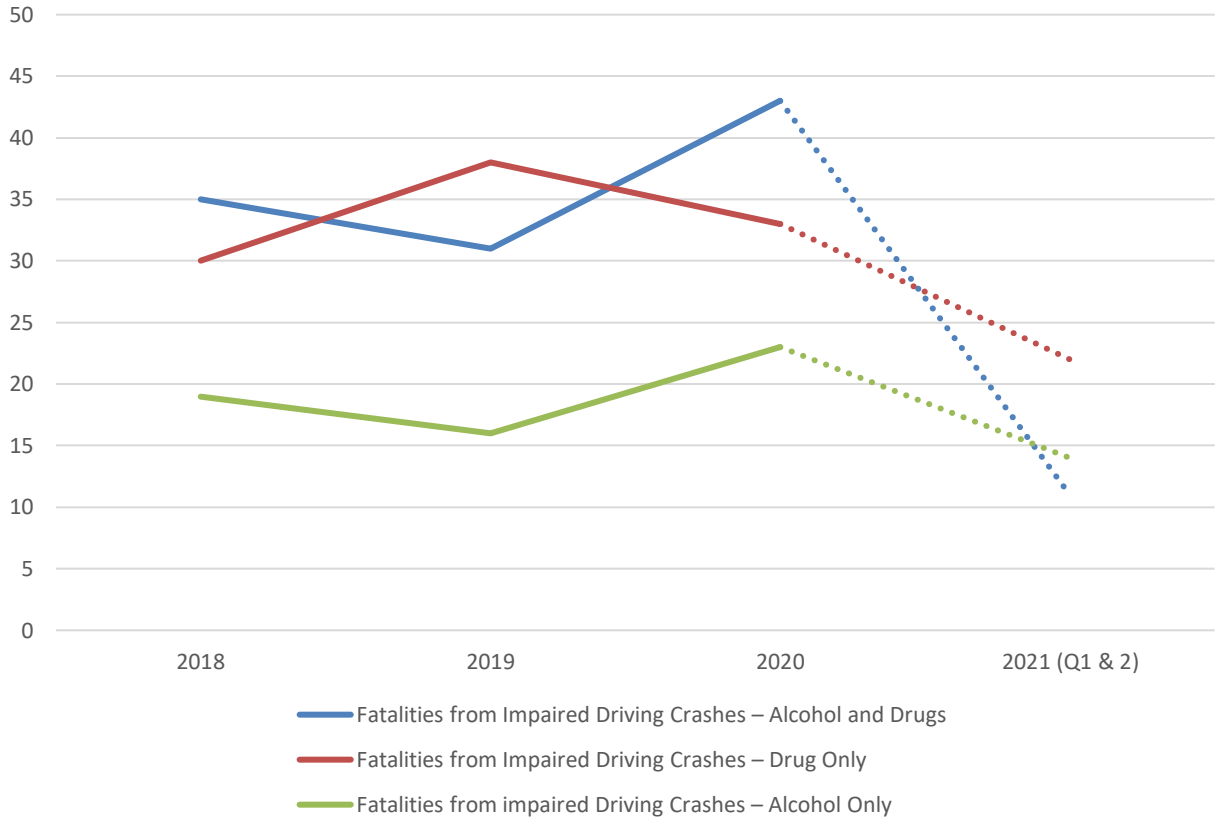


The following table and figure reveal that fatalities in both alcohol and drug related crashes as well as alcohol only crashes have been increased from 2019-2020 in Duval County. Impaired driving crashes involving both alcohol and drug were the most likely cause of fatalities in 2020, followed by drugs only, and then alcohol only.

Table 14: Duval County Impaired Driving Fatality Counts by Category (2018-Q2 2021)			
	Fatalities from Impaired Driving Crashes – Alcohol and Drugs	Fatalities from Impaired Driving Crashes – Drug Only	Fatalities from impaired Driving Crashes – Alcohol Only
2018	35	30	19
2019	31	38	16
2020	43	33	23
2021 (Q1 & Q2)	11	22	14

In **Figure 92** below we see a visual representation of the increases in both alcohol and drugs as well as alcohol only impaired driving crash fatalities. Although 2021 data is preliminary, we are seeing a downward trend as of Q2 in all three categories 2021 in Duval County.

Figure 92: Duval County Impaired Driving Fatality Counts by Category (2018-Q2 2021)



MENTAL HEALTH & ADDICTIONS BY ZIP CODE

The following table was created using data from the United Way of Northeast Florida's 211 Counts Dashboard. This table looks at mental health and addiction needs by zip code and other demographics. The level of need is in reference to mental health & addictions requests by this county, those with high need had more requests. Zip codes in poverty, reporting unemployment and also with high percentage of residents who do not have their high school diploma generally had the most need. Duval County overall was considered high need compared to the state.

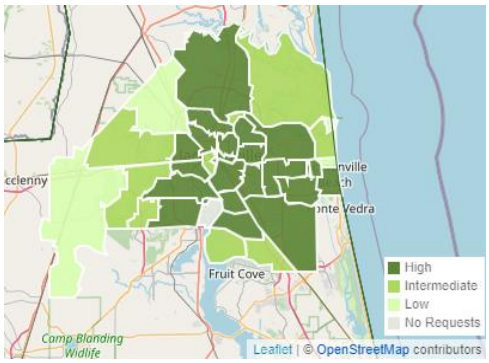


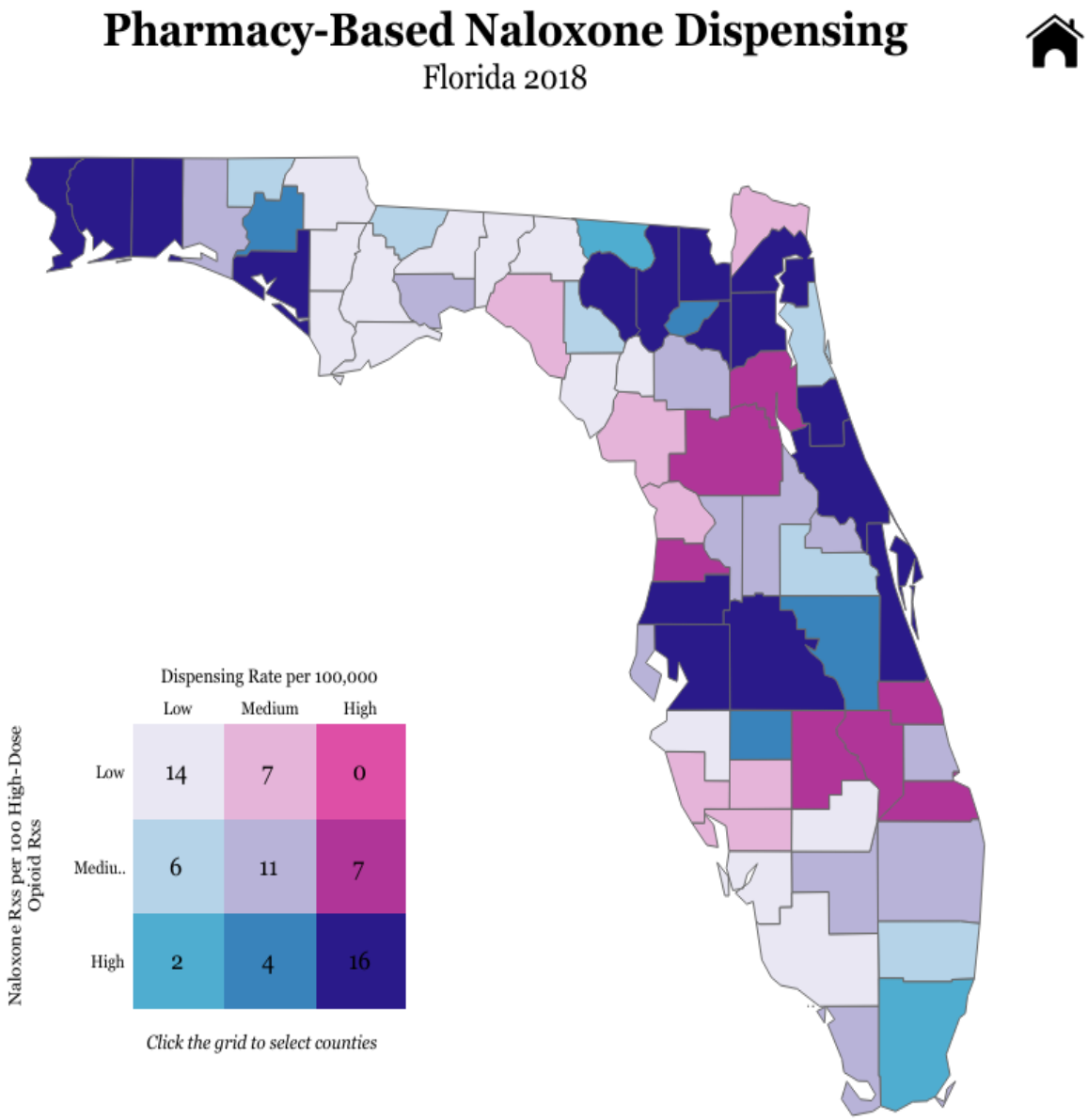
Table 15: Mental Health & Addictions Need by Zip Code Duval County (FL211 July 1, 2020-July 1, 2021)				
Zip Code	**Level of Need**	**% In Poverty**	**% Unemployed**	**% <HS Diploma**
32226	Intermediate	8.5%	5.5%	11.2%
32233	Intermediate	13.4%	6.3%	10.5%
32266	Low	6.9%	2.8%	2%
32227	Low	13%	1.3%	2.7%
32250	High	12.5%	4.4%	6.9%
32224	High	10.4%	4.2%	4.2%
32246	High	16.1%	6.8%	13.4%
32225	High	7.3%	5.7%	7.8%
32218	High	16.8%	7.6%	14.3%
32277	High	15.1%	6.7%	8.5%
32208	High	25.7%	12%	20.1%
32211	High	19.3%	8.5%	13.4%
32209	High	40.7%	11.4%	25.9%
32206	High	38.8%	11%	26.5%
32202	High	50%	5.5%	30.8%
32204	Intermediate	30.8%	6.3%	11.7%
32207	High	20.9%	7%	45.6%
32216	High	17.7%	7.4%	10.5%
32256	High	9.9%	5.8%	3.4%
32258	Intermediate	5.1%	5.4%	5.1%
32223	Intermediate	4.5%	5%	4.9%
32257	High	9.4%	6.4%	6%
32217	High	16.1%	7%	14.3%
32254	High	35.8%	16.6%	28.3%
32212	No Requests	16.3%	0.3%	4%
32219	Low	17.4%	9.3%	17.3%
32220	Intermediate	11%	9.4%	13.3%
32221	Intermediate	15.3%	6.7%	13.2%
32222	Intermediate	6.1%	8.6%	10.4%
32244	High	18.5%	9.6%	13%
32210	High	21%	10.1%	14.5%
32205	High	23.1%	9.2%	12.6%
32234	Low	12.5%	11.7%	19.4%
Duval	**High**	**16.9%**	**7.6%**	**12.1%**
State	-	**16.3%**	**7%**	**17.3%**

LOCAL RESOURCES

The following section will review local resources, specifically Narcan availability and programs related to Narcan, prescription drop off locations, as well as services.

The figure below highlights the naloxone-dispensing rate in Duval County in 2018 compared to the state. Duval county ranks high for Naloxone dispensing rates.

Figure 93:



Source: Guy GP Jr., Haegerich TM, Evans ME, Losby JL, Young R, Jones CM. *Vital Signs:* Pharmacy-Based Naloxone Dispensing — United States, 2012–2018. MMWR Morb Mortal Wkly Rep 2019;68:679–686. DOI: http://dx.doi.org/10.15585/mmwr.mm6831e1

Safe and Healthy Neighborhoods Project Data (JFRD)

The Jacksonville Fire and Rescue Department also houses the Safe and Healthy Neighborhoods Project in Duval County; an FR-CARA grant funded through SAMHSA. This grant was awarded to JFRD through September 2022. The goals of the project are described below:

1. To expand community access to NARCAN, a nasal spray that can temporarily reverse the life-threatening effects of opioid overdose.

2. To educate community members and first responders on recognizing signs of overdose and availability and use of NARCAN.

3. To connect and refer persons with substance use disorder (SUD) to treatment and recovery services.

4. To collect and analyze data to develop data-driven strategies to further prevent opioid overdose deaths.

Since the project began in 2019, over 4,500 NARCAN kits have been distributed by treatment centers and community-based partners. Of these kits, 61% were distributed in high need areas and zip codes of Jacksonville. See table for breakdown of number distributed and locations below.

Table 16: NARCAN Distribution	
Number of NARCAN Kits Distributed (by treatment centers*)	1,606
Number of NARCAN Kits Distributed (by community-based partners**)	2,896
TOTAL NUMBER OF NARCAN KITS DISTRIBUTED	***4,502***
Percentage of Kits Distributed in High-Need Zip Codes***	61%

*Ace Medical, Beaches Recovery/Tides Edge, CleanSlate, Gateway (including Sulzbacher OP), Lakeview/Stepping Stone, and River Region

**Critical Awareness Security Academy, Dept. of Children & Families, Drug Free Duval, JASMYN, JFRD, and Inspire to Rise

***Determined by analysis of JFRD opioid-related overdose call data by volume of calls and rate per 1,000 population: 32204, 32205, 32208, 32209, 32210, 32211, 32216, 32218, 32220, 32244, 32246, 32254

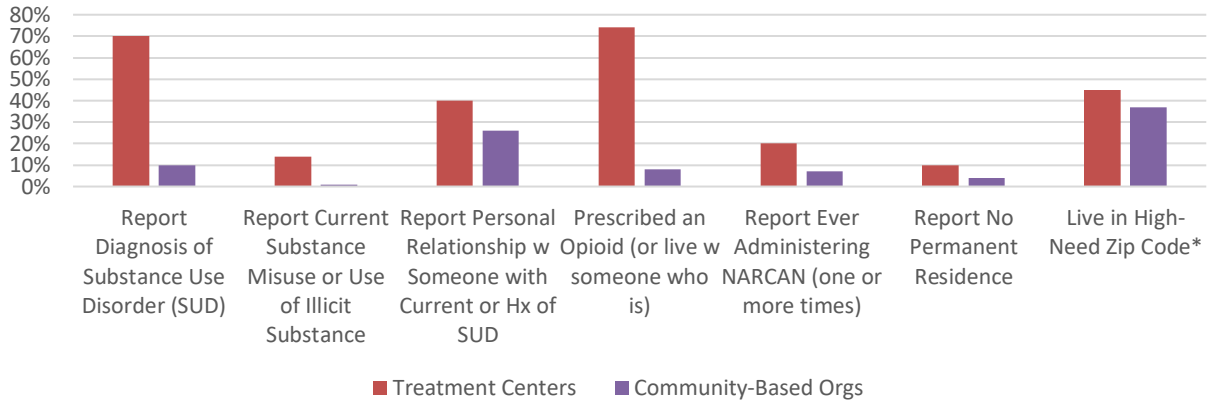
Community partners including Drug Free Duval and the Critical Awareness Security Academy in Duval have also provided trainings to over 1,900 individuals. These trainings have been provided in both face to face, virtual, and hybrid options. See table below for a breakdown of trainings.

Table 17: NARCAN Training	
Number of Trainings Completed (Drug Free Duval)	**87 (including 47 virtual and 2 hybrid)**
Number of Individuals Trained (Drug Free Duval)	**1,561**
Number of Trainings Completed (Critical Awareness Security Academy)	**43**
Number of Individuals Trained* (Critical Awareness Security Academy)	**295**

The Critical Awareness Security Academy specifically trains active security guards on how to use NARCAN in an overdose situation. They have provided training to 295 individuals so far.

The following figure covers data from over 3,100 surveys from September 2019 to July 2021. The data describes the presence of select risk factors by distribution strategy. Distribution strategies include either treatment centers or community-based organizations.

Figure 94: Presence of Select Risk Factors by Distribution Survey



Individuals in treatment centers were more likely to report risk factor in all areas of the survey. Some of the top risk factors indicated by the survey for those in treatment centers included having a reported diagnosis of substance use disorder (SUD) (70% versus 10%), reporting personal relationships with someone with current or Hx of SUD (40% versus 26%), being

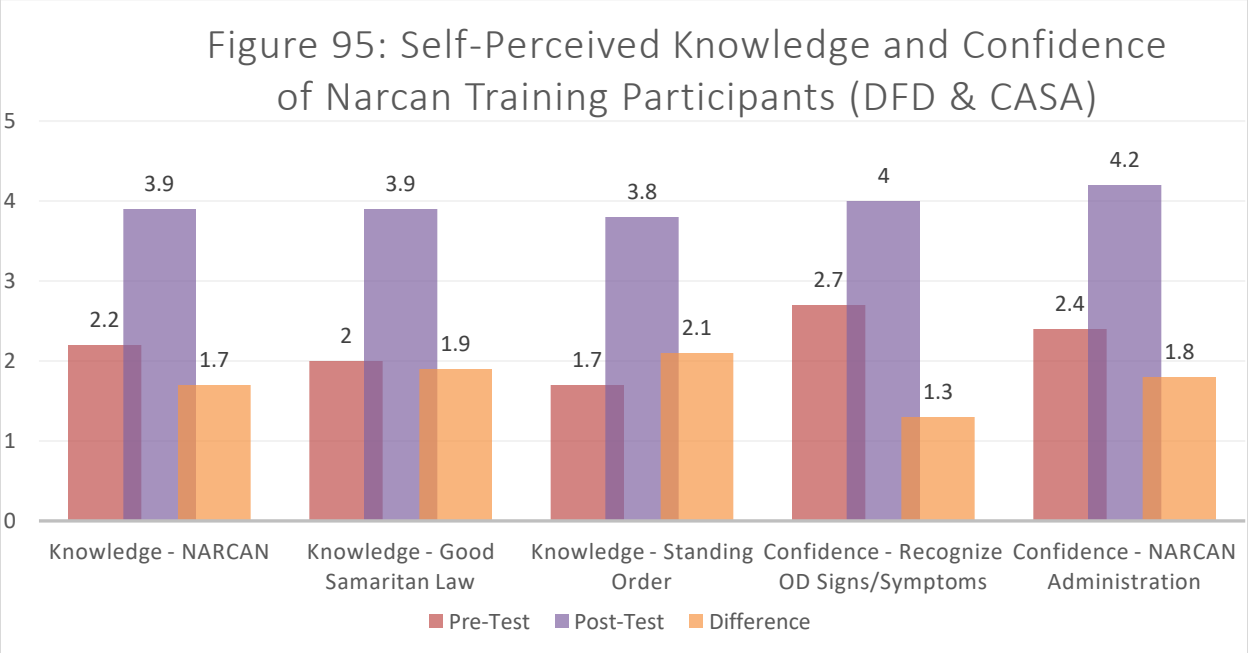
prescribed an opioid or living with someone who is (74% versus 8%), living in a high need zip code (45% versus 37%), and reporting ever administering NARCAN (20% versus 7%). See further breakdown in **Table 18** below.

Table 18: Presence of Select Risk Factors by Distribution Strategy

	Treatment Centers	***Community-Based Orgs***
Report Diagnosis of Substance Use Disorder (SUD)	*70%*	*10%*
Report Current Substance Misuse or Use of Illicit Substance	*14%*	*1%*
Report Personal Relationship w Someone with Current or Hx of SUD	*40%*	*26%*
Prescribed an Opioid (or live w someone who is)	*74%*	*8%*
Report Ever Administering NARCAN (one or more times)	*20%*	*7%*
Report No Permanent Residence	*10%*	*4%*
*Live in High-Need Zip Code**	*45%*	*37%*

**Determined by analysis of JFRD opioid-related overdose call data*

Figure 95 below covers data collected from over 1500 individuals during trainings dated from September 28, 2019, to July 15, 2021, on self-perceived knowledge and confidence of participants. The data excludes participants who did not complete both a Pre- and Post-Test.



LOCAL PRESCRIPTION DROP-OFF LOCATIONS

The following prescription take back locations were found on the DEA Drug Take Back Day website and are updated frequently for public use.

Table 19: Duval Prescription Drop-Off Locations			
Bus Name	Address 1	Address 2	City, State Zip Code
DE2 LLC	2624 ATLANTIC BLVD	SUITE 3	JACKSONVILLE, FL 32207
WALGREEN CO.	6006 BEACH BLVD.		JACKSONVILLE, FL 32216
AIDS HEALTHCARE FOUNDATION	2 SHIRCLIFF WAY STE 900	DE PAUL BUILDING	JACKSONVILLE, FL 32204
ASCENSION PHARMACY	1 SHIRCLIFF WAY RM 1734		JACKSONVILLE, FL 32204
WALGREEN CO.	1801 N DAVIS ST		JACKSONVILLE, FL 32209
NAPIER PHARMACY	7307 N MAIN ST		JACKSONVILLE, FL 32208
HOLIDAY CVS, L.L.C.	4475 SAN JUAN AVENUE		JACKSONVILLE, FL 32210
SETON PHARMACY, INC	4201 BELFORT RD STE G361		JACKSONVILLE, FL 32216
WINN DIXIE STORES INC	5207 NORMANDY BLVD		JACKSONVILLE, FL 32205
HOLIDAY CVS, L.L.C.	5999 NORMANDY BLVD		JACKSONVILLE, FL 32205
GUARDIAN PHARMACY OF JACKSONVILLE, LLC	8001 BELFORT PKWY	STE 160	JACKSONVILLE, FL 32256
WALGREEN CO.	7221 NORMANDY BLVD		JACKSONVILLE, FL 32205
USN- NAVAL HOSPITAL	NAVY EXCHANGE PHARMACY	BLDG 950	JACKSONVILLE, FL 32214
USN- NAVAL HOSPITAL	2080 CHILD ST DEPT 5502	HEAD PHARMACY DEPT	JACKSONVILLE, FL 32214
WINN DIXIE STORES, INC	2261 WEST EDGEWOOD AVE		JACKSONVILLE, FL 32209
HOLIDAY CVS, L.L.C.	1190 DUNN AVE		JACKSONVILLE, FL 32218
WALGREEN CO.	4297 OLDFIELD CROSSING DR.		JACKSONVILLE, FL 32223

WAL-MART PHARMACY 10-1219	12100 LEM TURNER RD		JACKSONVILLE, FL 32218
HOLIDAY CVS, L.L.C.	414 ATLANTIC BLVD		NEPTUNE BEACH, FL 32266
WALGREEN CO.	406 ATLANTIC BLVD.		NEPTUNE BEACH, FL 32266
WALGREEN CO.	1565 COUNTY ROAD 220		ORANGE PARK, FL 32003
HOLIDAY CVS, L.L.C.	1504 S 3RD ST		JACKSONVILLE BEACH, FL 32250
WALGREEN CO.	2405 MAYPORT RD		ATLANTIC BEACH, FL 32233
HOLIDAY CVS, L.L.C.	906 BLANDING BLVD		ORANGE PARK, FL 32065
HOLIDAY CVS, L.L.C.	430 SR 13		JACKSONVILLE, FL 32259
USN- NAVAL HOSPITAL BRANCH CLINIC	2104 MASSEY AVENUE	PO BOX 280148	JACKSONVILLE, FL 32228
HOLIDAY CVS, L.L.C.	152 FRONT STREET		PONTE VEDRA, FL 32082
RURAL HEALTH CARE, INC	1305 N ORANGE AVE STE 120-123		GREEN COVE SPRINGS, FL 32043
WALGREEN CO.	860 A1A N		PONTE VEDRA BEACH, FL 32082
WINN DIXIE PHARMACY #2	2220 COUNTY RD 210 WEST	STE 200	JACKSONVILLE, FL 32259
PHARMAKARE LLC	1545 BRANAN FIELD RD STE 12		MIDDLEBURG, FL 32068
HOLIDAY CVS, L.L.C.	542325 US HIGHWAY 1		CALLAHAN, FL 32011
WINN DIXIE STORE #93	2720 BLANDING BLVD.		MIDDLEBURG, FL 32068

LOCAL SERVICES
(MyFloridaMyFamily)

Table 20 to the right was created using the Florida Department of Children and Families MyFloridaMyFamily or FindHelp.org.

MyFloridaMyFamily was created in September 2020 by Governor and First Lady DeSantis in coordination with the Department of Children and Families. It provides individuals with a director of services which are searchable by their zip code. This system can also be used to filter services based on different types of need and situations.

The central zip code of 32206 in Duval was used to look up the services.

Table 20: Duval MyFloridaMyFamily Local Resources (Services)

Type of Support	Number Available in Jacksonville
Sober Living Homes	8
12-Step Program	25
Detox	6
Drug Testing	2
Medications for Addiction	6
Outpatient Treatment	40
Peer Recovery Coaching	3
Residential Treatment	23
Substance Abuse Counseling	50
General Counseling	154
Understanding Mental Health	26
Pain Management	14
Physical Therapy	46
Alternative Medicine	5
Peer Support	155
Support Groups	211
Virtual Support	271

DUVAL DEN NEXT STEPS

- **Continued Narcan and Deterra Distribution**
- **Education**
  - Narcan
    - Merge with Responsible Vendor Training
  - Safe Storage and Disposal
- **DEN Subcommittees**
  - Innovative Project Stakeholder Group
  - Sober Living and Recovery Support
  - ***NEW*** Data Review
- **Syringe Service Program Advocacy**
- **Partner Expansion**
- **New Funding Opportunities**

APPENDIX A: Data Sources

Agency for Healthcare Administration (AHCA) – health care data through the Florida Center for Health Information and Policy Analysis Location online: http://ahca.myflorida.com/

Behavioral Risk Factor Surveillance System Data (BRFSS)- The BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The survey is conducted by the Center for Disease Control and Prevention. Location online: http://www.cdc.gov/brfss/

Centers for Disease Control and Prevention – National Center for Health Statistics: Vital Statistics Rapid Release - This data visualization presents provisional counts for drug overdose deaths based on a current flow of mortality data in the National Vital Statistics System. Counts for the most recent final annual data are provided for comparison. National provisional counts include deaths occurring within the 50 states and the District of Columbia as of the date specified and may not include all deaths that occurred during a given time period. Location Online: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Duval County Public Schools: District Data: The Research, Evaluation and Data Department provides secured student data sharing platforms with community partners for targeting support services, identifying needs and monitoring progress. Location Online: https://dcps.duvalschools.org/domain/8889

Florida Charts- The County Health Profile answers the questions, *"How healthy are our residents?"* and *"What does the health status of our community look like?"* The results of the report provide your community with an understanding of the community's health status and ensure that the community's priorities consider specific health status issues, such as high diabetes death rates or low immunization rates. Location online: http://www.floridacharts.com/charts/Qaspecial.aspx

Florida Drug-Related Outcome Surveillance and Tracking System (FROST) - A diverse multidisciplinary group of health outcomes researchers, epidemiologists, forensic toxicologist, pharmacists, physicians, data analysts and demographers, whose goal is to advance the scientific knowledge necessary to promote population health and combat the misuse, abuse and diversion of prescription drugs in Florida. Location online: https://frost.med.ufl.edu/

Florida Highway Safety and Motor Vehicles: Crash Dashboard - Florida Highway Safety and Motor Vehicles maintains a crash dashboard that tracks all crashes statewide. Users can search crashes by type, injury, if they were fatal, and if they involved pedestrians, bicycles or motorcycles. Hit and run crashes, injuries and fatalities can also be looked up on the site. The crash dashboard tracks data from January 1, 2018 until the present. Location Online: https://www.flhsmv.gov/traffic-crash-reports/crash-dashboard/

Florida's Poison Control Centers – This data dashboard is interactive and allows the user to look at the Florida's Poison Control Centers' data in different ways. You can use multiple selections together to refine your search. Location Online: https://floridapoisoncontrol.org/poisoning-data/

Florida Youth Substance Abuse Survey (FYSAS)- The FYSAS is the statewide survey tool used to collect information on youth substance use and delinquent behaviors. The survey is completed by the Florida Department of Children and Families. Data was last released in 2020. Location online: http://www.dcf.state.fl.us/programs/samh/publications/fysas/

Kaiser Family Foundation (2021): The Implications of COVID-19 for Mental Health and Substance Use. Location Online: https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

Uniform Crime Report (UCR)- Department of Law Enforcement's UCR system allows standardized reports on crime statistics based on data gathered from across the state. Reports that provide both summary and detail information are issued semi-annually and annually. Location online: https://www.fdle.state.fl.us/FSAC/Data-Statistics/UCR-Arrest-Data.aspx

Medical Examiners Commissioners Report- The Medical Examiners Commission is a joint initiative to identify unidentified deceased cases in Florida. The Florida Department of Law Enforcement and the 24 medical examiner districts work together to provide accurate data on deaths in Florida.
Location online: http://www.fdle.state.fl.us/Content/getdoc/0f1f79c0-d251-4904-97c0-2c6fd4cb3c9f/MEC-Publications-and-Forms.aspx

Northeast FL 211 Counts: 2-1-1 Counts is the first tool to provide real-time, searchable and visual presentations of data from 2-1-1 call centers across the nation. Using 2-1-1 Counts, you'll find a snapshot of community-specific needs displayed by ZIP code, region or call center as recently as yesterday, enabling you to easily check trends, make comparisons and share information. 2-1-1 Counts works with your local 2-1-1 to share this information with community leaders and service agencies. Location Online: https://nefl.211counts.org/

US Census Data- Quick, easy access to facts about people, business, and geography. Quick facts are available on the city, county, and state level. Location online: http://www.census.gov/

Youth Risk Behavior Survey (YRBS) - The Youth Risk Behavior Survey (YRBS) is a self-administered, school-based, confidential, and anonymous survey that is part of a national effort by the Centers for Disease Control and Prevention (CDC) to focus the nation on behaviors among youth related to the leading causes of mortality and morbidity. http://duval.floridahealth.gov/_files/_documents/2019-yrbs-report.pdf

APPENDIX B: Duval DEN Roster

Last Name	First Name	Title	Organization	Email
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Manning	Desiree			
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Schedin	Maria	Intern	Community Coalition Alliance, Inc.	
Scuro	Joseph	Pharmacist / Attorney		rxlawdoc@gmail.com
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