

Drug Abuse in Miami-Dade County, Florida: 2008

James N. Hall¹

ABSTRACT

*Miami-Dade County has the highest proportion of **cocaine**-related consequences as compared to other drugs among the nation's major metropolitan statistical areas. Cocaine is responsible for more hospital emergency department (ED) reports and crime lab cases than any other drug. It is detected among deceased persons more than other illicit drugs or medications, yet the number of those reports declined 28-percent for cocaine from 2007 to 2008. Declines in cocaine deaths were also reported for all of Florida in the same period. The veterinary de-wormer, levamisole, was detected in 35-40 percent of South Florida cocaine medical examiner cases. This adulterant plus others are believed to have been added to cocaine prior to shipment to the United States at processing labs in South America contributing to lower purity levels of cocaine here. Levamisole places cocaine users at risk for serious infections. Overall there were modest declines for cocaine indicators between 2007 and 2008 locally and across the nation, perhaps in part due to lower purity of the drug. Reports of **heroin** detected among decedents increased in Miami-Dade County and across Florida between 2007 and 2008. Mexican black tar heroin was seized in South Florida for the first time in more than a decade during 2008 while South American heroin remains the predominate type in the area and the eastern United States. There were modest increases in heroin consequences between 2007 and 2008. Heroin is the major opiate problem in Miami-Dade County while consequences from the non-medical use of **prescription opioids** are much higher in the rest of Florida and in neighboring Broward County where two-thirds of the top 50 dispensing practitioners of oxycodone in the United States during the second half of 2008 were located. These 33 Broward "pill mill" pain clinics dispensed 6½ million dose units of oxycodone in the same six months. Three of the top 50 dispensing practitioners were located in North Miami Beach and Miami Lakes. Oxycodone was detected in 1,574 deceased persons in Florida during 2008 and was determined to be a lethal dose level by medical examiners who considered it the cause of death in 942 cases. Between 2007 and 2008, reports among deceased persons in all of Florida related to prescription opioids increased 8-percent from 5,059 to 5,454 while declining 39-percent in Miami-Dade County, from 163 to 124. Reports of **benzodiazepines** detected among deceased persons in Florida increased 25-percent between 2007 and 2008 from 3,339 to 4,167 and increased 10-percent in Miami-Dade from 132 to 145. The number of primary addiction treatment admissions for prescription medications accounted for 11.6 percent of all primary admissions in Florida during 2008 and has increased 26-percent since 2007 and 142-percent since 2004. In Miami-Dade County a prescription medication was cited as the primary drug in only 1.6 percent of all primary admissions. **Marijuana** had the highest number of primary treatment admissions (including alcohol) in Miami-Dade County and across all of Florida during 2008, half of which were among patients below the age of 18 years. Marijuana treatment admits accounted for 84 percent of all primary admissions (including alcohol) for youth under 18 years of age in Miami-Dade County and for 72 percent of youth in all of Florida during 2008. Prevalence of marijuana use among high school students remained stable between 2004 and 2008 in Miami-Dade and all of Florida. Consequences of **MDMA** and **methamphetamine** remained stable at low levels. Methamphetamine and **BZP** are increasingly detected with or without MDMA in "ecstasy" pills.*

¹Mr. Hall is the director of the Center for the Study and Prevention of Substance Abuse at Nova Southeastern University and is executive director of Up Front Drug Information Center in Miami, Florida.

INTRODUCTION

This report reviews data from 2008 about drug-related deaths, medical emergencies, addiction treatment admissions, law enforcement intelligence, crime lab analysis, and prevalence of drug use among students. Information is presented by primary substance of abuse, with topics including cocaine, heroin, prescription opioids, methamphetamine, marijuana, gamma hydroxybutyrate (GHB), 3,4 methylenedioxymethamphetamine (MDMA or “ecstasy”), benzodiazepines, and muscle relaxants. While the information is classified by a single drug or category, the reader should note an underlying problem of polysubstance abuse as mentioned throughout this report. Exhibits for the report follow the narrative text.

Area Description

Located in the extreme southern portion of the Florida peninsula, Miami-Dade County has the State’s largest population with 2,398,245 persons according to 2008 census estimates; 62 percent are Hispanic, 17 percent are Black non-Hispanic, 18 percent are White non-Hispanic, and 1.5 percent are Asian/Pacific Islanders. Miami is Dade County’s largest city, with 360,000 residents. More than 100,000 immigrants arrive in Florida each year; one-half establish residency in Miami-Dade County. More than one-half of the county’s population is foreign born. Miami-Dade’s population constitutes 13 percent of the States 18.3 million residents.

Broward County, situated due north of Miami-Dade, is composed of Ft. Lauderdale plus 28 other municipalities and an unincorporated area. According to 2008 census estimates, the population was 1,751,234. The population is roughly 48 percent White non-Hispanic, 25 percent Black non-Hispanic, 23 percent Hispanic, and 3 percent Asian/Pacific Islanders. One-fourth of the county’s population is foreign born. Broward County is the second most populated county in Florida after Miami-Dade and accounts for almost 10 percent of Florida’s population.

Approximately 25 million tourists visit South Florida annually. The region is a hub of international transportation and the gateway to commerce between the Americas, accounting for sizable proportions of the Nation’s trade. South Florida’s airports and seaports remain among the busiest in the Nation for both cargo and international passenger traffic. These ports of entry make this region a major gateway for illicit drugs.

Several factors impact the potential for drug abuse problems in South Florida, including the following:

- Proximity to the Caribbean and Latin America exposes South Florida to the entry and distribution of illicit foreign drugs destined for all regions of the United States. Haiti and Jamaica remain as transshipment points for Colombian traffickers.
- South Florida is a designated High Intensity Drug Trafficking Area and one of the Nation’s leading cocaine importation centers. It also has been a gateway for Colombian heroin since the 1990s.
- Extensive coastline and numerous private air and sea vessels make it difficult to pinpoint drug importation routes into Florida and throughout the Caribbean region.

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- Lack of a prescription monitoring system in Florida has made the State and particularly Broward County a source for diverted medications in the southeastern United States.

Data Sources

This report describes current drug abuse trends in South Florida, using the data sources summarized below:

- **Drug-related mortality data** were provided by the Florida Department of Law Enforcement (FDLE) Medical Examiners Commission's 2008 *Report of Drugs Identified in Deceased Persons*.
- **Emergency department (ED) data** were derived for Miami-Dade County from the Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA). The data represent drug reports involved in drug-related visits for illicit drugs (derived from the category of "major substances of abuse," excluding alcohol) and the nonmedical use of selected prescription drugs (derived from the case types of "overmedication," "malicious poisoning," and "other"). Data derived from DAWN *Live!* represent drug reports in drug-related ED visits. Drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol). The data are "unweighted" meaning they are the actual number of reports from only a sample of local hospital EDs and are not the total number for the whole County. Unweighted Miami-Dade ED data for 2008 are from the DAWN *Live!* restricted-access online query system administered by the Office of Applied Studies (OAS), SAMHSA. Eligible hospitals in the Miami-Dade County Division totaled 21; hospitals in the DAWN sample numbered 19, with the number of EDs in the sample also totaling 19. (Some hospitals have more than one emergency department.) During 2008, nine EDs reported data each month. The completeness of data reported by participating EDs varied by month (exhibit 1). Exhibits in this paper for 2008 Miami-Dade County data reflect cases that were received by DAWN as of May 5, 2009. Based on the DAWN *Live!* reviews, cases may be corrected or deleted; thus, the unweighted data presented in this paper are subject to change. DAWN *Live!* data cannot be compared to DAWN data from 2002 and before, nor can preliminary data be used for comparison with future data. Only weighted DAWN data released by SAMHSA can be used for trend analysis. A full description of the DAWN system can be found on the DAWN Web site <<http://dawninfo.samhsa.gov>>.
- **Drug primary treatment admissions data** for calendar year 2008 are from the Florida Department of Children and Families for the State of Florida as submitted to the SAMHSA's Treatment Episode Data Set (TEDS) as of March 29, 2009, and for Miami-Dade County as generated on June 3, 2009. The county level data are unduplicated client counts from all publicly-funded treatment modalities but do not include reports from detox services.
- **Crime lab drug analyses data** is from the Drug Enforcement Administration's (DEA's) National Forensic Laboratory Information System (NFLIS) for the combined reporting area covering Miami-Dade, Broward, and Palm Beach Counties from January through December 2008.

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- **Information on the Zip Code locations of the top 50 Dispensing Practitioners of Oxycodone** in the United States is from the US Drug Enforcement Administration (DEA) Automation of Reports and Consolidated Orders System (ARCOS) July-December 2008.
 - **Drug pricing data** for South Florida were derived from the National Drug Intelligence Center (NDIC), *National Illicit Drug Prices*, December 2008.
 - **Heroin price and purity information** is from the U.S. DEA Heroin Domestic Monitor Program (HDMP) for 2005 to 2007.
 - **Data on the prevalence of substance use by high school students** in Miami-Dade County as well as the State of Florida are from the 2008 Florida Youth Substance Abuse Survey conducted by the Florida Department of Children and Families.
 - **Data on the prevalence of nonmedical use of pain relievers by people aged 12 and above** are from the SAMHSA National Survey on Drug Use Health Sub-State Data 2004-2006.
 - **Data on Injecting Drug Use** among AIDS cases are from the Miami-Dade County Department of Health.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

South Florida's cocaine epidemic is characterized by consequences that rank among the highest in the Nation. Cocaine abuse indicators had been rising since 2000 across the State but remained relatively stable in Miami-Dade at high numbers through 2006. In 2007, there was a modest increase in the number of cocaine-related deaths across Florida and a significant increase in Miami-Dade County that may be attributed to underreporting in the previous year. Then in 2008 there were declines in the number of cocaine reports among deceased persons as compared to the previous year in Miami-Dade County and for the State of Florida. Nationally, Miami was one of the first areas to report such a decline that has been observed across the nation in the second half of 2008. Yet, cocaine indicators still dominate consequences of drug abuse. The majority of cocaine deaths, medical emergencies, and addiction treatment reports are among those older than 35. Many of the indicators reflect cocaine use in combination with other drugs, including prescription opioids and benzodiazepines.

Throughout Florida, the number of *cocaine-related* deaths decreased 18-percent in 2008 compared with 2007, reversing what had been an upward trend since 2000. A cocaine-related death is defined as a death in which cocaine is detected in the decedent but not necessarily considered the cause of death. There were 1,791 cocaine-related deaths across Florida in 2008 (exhibit 2), compared with 2,179 in 2007. The 2007 total was the highest number since the drug has been tracked beginning in the late 1980s, and the 2008 total was below those from 2005-2007. The number of cocaine deaths increased 97 percent between 2001 and 2007; the key factor for that rise appears to be a corresponding 105-percent increase of deaths with cocaine-in-combination with other drugs, particularly prescription medications. Among the 1,791 cocaine-related deaths

in Florida during 2008, 76 percent of the cases involved cocaine-in-combination with at least 1 other drug.

In Florida, a drug is considered to be the cause of death if it is detected in an amount considered a lethal dose by the local medical examiner (ME). Among the cocaine-related deaths statewide in 2008, 648 (or 36 percent) were considered to be *cocaine-induced*.

There were 201 deaths related to cocaine use in Miami-Dade County during 2008, representing a 28-percent decrease from the 281 reported in 2007 (exhibit 3). Cocaine was detected at a lethal level in 27 percent of the 2008 cases. Cocaine was found in combination with another drug in 58 percent of the cases (exhibit 4). One percent ($n=2$) of the cocaine-related fatalities was younger than 18; 17 percent were age 18–25; 20 percent were 26–34; 37 percent were 35–50; and 25 percent were older than 50. Miami-Dade County’s number of cocaine deaths in 2008 ranked highest among the 24 medical examiner districts in the State.

The Orlando medical examiner district reported the second highest number of cocaine-related deaths in the State during 2008, with 179 cases, followed by Jacksonville with 165, St. Petersburg with 154, Broward and Tampa with 146 each, and Palm Beach County with 143. St. Petersburg had the highest number of lethal cocaine cases, with 66 such deaths, followed by Broward County, Palm Beach County, and the Tampa Medical Examiner District each with 61 lethal cocaine reports then the Jacksonville District with 58. Miami-Dade County ranked sixth with 55 lethal cocaine cases.

During 2008, data from DAWN *Live!* showed 3,422 cocaine reports from a sample of 9 of 19 emergency departments (EDs) in Miami-Dade (exhibit 5). Cocaine was the most frequently cited substance (excluding alcohol-only) among all local DAWN ED cases for 2008 with 34 percent of the 9,958 cases for any illicit drug or medication including a cocaine report down from 43 percent in 2007. Among 5,995 major substances of abuse (excluding alcohol), cocaine represented 57 percent of the ED reports, down from 62 percent in 2007. While only 22 percent of the cocaine reports identified a route of administration, 54 percent reported inhalation or snorting, 32 percent reported smoking or use of crack, 13 percent reported injecting, and 1 percent reported oral administration. Most (72 percent) of the 3,422 Miami-Dade cocaine ED reports involved males. Non-Hispanic Blacks accounted for 37 percent of the cocaine patients; 32 percent were Hispanic, and 31 percent were non-Hispanic Whites, The race/ethnicity was unknown or not tabulated for 1 percent of reports. Cocaine-involved ED reports involving those aged 35 or older accounted for 58 percent of these reports. The ages for those reporting cocaine were as follows: 1 percent were younger than 18, 12 percent were 18–24, 28 percent were 25–34, 32 percent were 35–44, 21 percent were 45–54, and 5 percent were 55 or older. Less than 1 percent of the reports fell into the “unknown” age category.

As noted earlier, it is not appropriate to compare this number with the DAWN estimates with DAWN *Live!* data from any time period or any other metropolitan area.

There were 8,902 primary admissions for cocaine in Florida during 2008 representing 19 percent of the 47,264 total publicly-funded treatment admissions for all substances including alcohol (exhibit 6), down from 22 percent in 2007. Crack accounted for 65 percent of the total cocaine admissions. Fifty-three percent of the total cocaine patients were males. Youth under 18-years of age repre-

sented 2 percent of the clients, and those 18-20 accounted for 5 percent, while young adults 21-25 comprised 14 percent of the cocaine admissions. Adults aged 26-35 represented 30 of all primary cocaine clients as did those aged 36-45. Cocaine clients aged 46-55 accounted for 16 percent and those 56 and older represented 3 percent. The racial differences (including Hispanics) were 61 percent White and 33 percent Black with less than 1 percent in other known racial groups and 5 percent unknown. Hispanics of all races accounted for 13 percent of all primary cocaine admissions statewide.

There were 769 primary admissions for cocaine smoking (crack) and an additional 504 for powder cocaine accounting for a total of 1,273 (or 38 percent) of the 3,371 publicly-funded primary treatment admissions (including 897 for alcohol) in Miami-Dade County as reported by the Florida Department of Children and Families in 2008 (exhibit 7). Fifty-seven percent of the cocaine clients were aged 35 or older. The percent of cocaine admissions in Miami-Dade County is double that for the entire State and for neighboring Broward County.

Cocaine continued to be the most commonly analyzed substance by local crime labs. It accounted for 19,156 items, or 66 percent, of the 29,237 total samples tested in the Metropolitan Statistical Area (MSA) comprised of Miami-Dade, Broward, and Palm Beach Counties as reported by NFLIS during calendar year 2008 (exhibit 8).

Powder cocaine and crack continued to be reported as “widely available” throughout Florida. According to NDIC, in Miami during 2008 powder cocaine sold for \$15,250–\$25,000 per kilogram wholesale (up from the range of \$15,250–\$17,500 in 2007), \$700–\$1,200 per ounce (unchanged from 2007), and \$40–\$100 per gram retail. Numerous reports of adulterated cocaine continue with 35 to 40 percent of imported kilos arriving in South Florida estimated to be cut with the animal de-wormer, Levamisole, believed to have been added at processing labs in Colombia. Smoking or snorting Levamisole contaminated cocaine has been linked elsewhere to cases of the low white blood cell disorder, agranulocytosis. Health care providers should be on alert for the possibility of contaminated cocaine use among patients presenting with serious infections and agranulocytosis.

Crack cocaine in 2008 sold for \$750 per ounce (unchanged from 2007), \$20–\$45 per gram (down from \$50–\$125 per gram in 2007), and \$10 per 0.1 gram “rock.”

Any lifetime use of cocaine among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 5.7 percent in Miami-Dade County and 5.5 percent in all of Florida. Results from the same survey for any current use of cocaine among high school students in the past 30 days were 2.3 percent in Miami-Dade and 1.6 percent Statewide.

Heroin

South American heroin has been entering the area over the past two decades. However, the first reports and seizures of Mexican black tar heroin in South Florida were made during 2008. Deaths caused by heroin had declined dramatically in Florida from 2001 to 2006, but have increased between 2006 and 2008. Substantial increases in abuse and consequences of narcotic analgesics use have occurred as heroin problems were waning. Abuse of narcotic pain medication

has fueled opioid consequences and may lead to some users also taking heroin. Most heroin ED patients and addiction treatment admissions continue to be among older, White males. Yet consequences among those below the age of 35 years are increasing. Polydrug abuse patterns have facilitated first-time use of opiate drugs, including heroin.

Throughout Florida, the number of *heroin-related* deaths increased 20-percent during 2008 compared with 2007 and increased 37-percent since 2006 reversing declining trends between 2001 and 2006. There were 132 heroin-related deaths across Florida in 2008 (exhibit 2). Heroin continued to be the most lethal drug, with 90 percent ($n=119$) of heroin-related deaths in 2008 being reported as caused by the drug. There were 110 heroin-related deaths in 2007. Even with the increases in 2007 and 2008, heroin-related deaths have declined 60-percent from the 328 deaths in 2001, yet deaths from prescription narcotic opioids increased dramatically over the same period (exhibit 9). Polysubstance abuse was noted in 89 percent of the 2008 heroin-related deaths statewide.

In 2008, Miami-Dade County accounted for 29 percent of all heroin-related deaths in Florida; heroin was found at a lethal dose level in 33 of the 38 deaths in which the drug was detected in the County during 2008. Other drugs were detected in 84 percent of the 2008 cases (exhibit 4). None of the heroin-related fatalities was younger than 18, while 8 (21 percent) were age 18–25. Six of the heroin-related decedents (16 percent) were age 26–34; 18 (47 percent) were age 35–50; and 6 (16 percent) were older than 50. The 38 heroin-related deaths in Miami-Dade during 2008 reflect a 46-percent increase over the 26 deaths in 2007. Lethal heroin deaths peaked in Miami-Dade County in 2000 with 61 fatalities.

During 2008, unweighted DAWN *Live!* data for Miami-Dade showed 865 heroin reports (exhibit 5). Among major substances of abuse (excluding alcohol), heroin represented 14 percent of the ED reports up from 12 percent in 2007. Eighty percent of the 865 Miami-Dade heroin ED reports involved males. Forty-four percent were non-Hispanic Whites, 36 percent were Hispanic, 19 percent were non-Hispanic Blacks, and 1 percent had an unknown/undocumented race/ethnicity. Heroin-involved ED reports involved those aged 35 or older in 59 percent of these reports. Other ages were as follows: one report involved a child younger than 12, 12 percent were 18–24, 29 percent were 25–34, 34 percent were 35–44, 21 percent were 45–54, and 5 percent were 55 or older.

There were 1,080 primary admissions for heroin in Florida during 2008 representing 2 percent of the 47,264 total publicly-funded treatment admissions for all substances including alcohol (exhibit 6), the same percent as in 2007. Sixty-two percent of the total primary heroin patients were males. Youth under 18-years of age represented 2 percent of the clients, and those 18-20 accounted for 5 percent, while young adults 21-25 comprised 19 percent of the heroin admissions. Adults aged 26-35 represented 38 of all primary heroin clients and those aged 36-45 accounted for 19 percent. Heroin clients aged 46-55 accounted for 13 percent and those 56 and older represented 3 percent. The racial differences (including Hispanics) were 61 percent White and 33 percent Black with less than 1 percent in other known racial groups and 5 percent unknown. Hispanics of all races accounted for 13 percent of all primary heroin admissions statewide.

There were 94 primary admissions for heroin or 2.8 percent of the 3,371 publicly-funded primary treatment admissions in Miami-Dade County as reported by the Florida Department of Children

and Families in 2008 9 (exhibit 7). Males accounted for 82 percent of the heroin clients and Hispanics represented 43 percent. Fifty-one percent of the heroin clients were aged 35 or older. Injecting drug use was the route of administration reported by 66 percent of the primary heroin clients and snorting was reported by 22 percent.

Heroin accounted for 736 cases or 2.5 percent of all items analyzed substance by crime labs in 2008 for the three-county South Florida MSA as reported by the NFLIS, ranking as the third among all substances (exhibit 8).

The most current data on heroin purity are for 2007 from the 2008 DEA Heroin Domestic Monitoring Program. In 2007, 33 qualified heroin samples were purchased in Miami. Thirty-one samples were classified as South American heroin and ranged in purity from 5.2 to 60.5 percent pure, with an average purity of 18.1 percent. In Miami, South American heroin cost an average of \$1.48 per milligram pure. From 2006 to 2007, the average purity for South American heroin in Miami decreased by 6.3 percentage points and the average price dropped by \$0.27 per milligram pure. Two samples of Mexican heroin also were purchased, the first occurrence of this type for Miami within the history of the program. The Mexican heroin samples had an average purity of 4 percent and cost of \$2.31 per pure milligram. Eight kilos of Mexican black tar heroin were confiscated during 2008 in Broward County.

South American heroin is available in South Florida, as described by law enforcement officials and epidemiologists/ethnographers. According to NDIC, heroin prices at all levels in 2008 remained unchanged from those in 2007 with 1 kilogram of heroin selling for \$42,000–\$70,000 in the region and for \$1,800 per ounce; retail prices are roughly \$35–\$50 per gram. The most common street unit of heroin is a bag of heroin (roughly 15–20 percent purity) weighing about one-tenth of a gram and that sells for \$10.

Any lifetime use of heroin among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 1.2 percent in Miami-Dade County and by 1 percent in all of Florida. Results from the same survey for any current use of heroin among high school students in the past 30 days were 0.2 percent in Miami-Dade and 0.3 percent Statewide.

Prescription Opioids

Between 2007 and 2008, reports in all of Florida related to the category of prescription opioids detected among deceased persons increased 8-percent, from 5,059 to 5,454 (exhibit 2), following a 15-percent rise between 2006 ($n=4,386$) and 2007. Reports of hydrocodone, oxycodone, and methadone identified among decedents have been tracked in Florida since 2000. Beginning in 2003, morphine, propoxyphene, fentanyl, hydromorphone, meperidine, tramadol, and other opioids were included in the Florida Medical Examiners Commission's surveillance monitoring program. Occurrences of 5 prescription opioids detected among deceased persons during 2008 totaled 124 in Miami-Dade County, 342 in Broward County, and 361 in Palm Beach County.

Across Florida, the number of tramadol reports detected among deceased persons ($n=235$) increased 50-percent between 2007 and 2008 and those for oxycodone ($n=1,574$) increased 26-percent while the number of occurrences for fentanyl ($n=235$) increased 19-percent, and hydromorphone reports ($n=199$) increased 12-percent. Hydrocodone reports ($n=870$) among decedents

increased 8-percent; occurrences for morphine ($n=660$) increased 5-percent and those for other opioids ($n=394$) rose 7-percent. Methadone occurrences among deceased persons ($n=936$) decreased 14-percent between 2007 and 2008; those for meperidine ($n=29$) declined 12-percent and propoxyphene reports ($n=322$) decreased 6-percent.

During 2008, 4,924 individuals died in Florida with one or more prescription drugs in their system of which 44 percent ($n=2,184$) had at least one prescription medication that was considered a cause of death. In total there were 10,036 prescription drugs detected (including 5,454 opioids) and 3,750 of the total medication occurrences were considered at a lethal dose and a cause of death (exhibit 10) including 47 percent ($n=2,576$) of the opioids. The number of drug occurrences exceeded the number of deaths because many decedents had more than one substance detected including another prescription medication, illicit drug, or alcohol.

The most lethal prescription opioids statewide were methadone which was considered a cause of death for 74 percent ($n=693$) of the decedents in which it was detected, oxycodone was a cause of death for 60 percent ($n=941$) of the deaths related to it, morphine had a 45 percent lethal rate ($n=300$), and fentanyl was a cause of death for 44 percent ($n=104$) of its occurrences. Most of the statewide prescription medical examiner opioid cases were polydrug episodes, including 91 percent of the oxycodone reports, 89 percent of the methadone cases, 88 percent of the hydrocodone reports, 83 percent of morphine cases, and 83 percent of propoxyphene-related deaths.

The two counties of Pinellas and Pasco comprising the St. Petersburg Medical Examiner's District (population 1,381,288) had the highest number of prescription opioids reports among deceased persons in Florida with a total of 631 occurrences, 60 percent of which were considered to be lethal doses and a cause of death. Ranking second in the number of prescription opioids reports among decedents was the Jacksonville Medical Examiner District (population 1,105,524) comprise of three counties (Duval, Clay, and Nassau) that reported 363 occurrences of which 49 percent were considered lethal doses. Palm Beach County ranked third, Broward County ranked fourth, and Miami-Dade County ranked fifteenth in the State for the numbers of prescription opioids detected among decedents (exhibit 11).

Miami-Dade County recorded 46 oxycodone occurrences among deceased persons in 2008, 40 morphine reports, 17 for hydrocodone, 11 for propoxyphene, and 10 for methadone (exhibit 4). These 124 combined mentions represented a 39-percent decrease from the 163 opioid occurrences in 2007. Among the total opioid reports in 2008, 45 percent were considered lethal doses and 78 percent were found in combination with at least one other substance.

Unweighted DAWN *Live!* data for Miami-Dade show 316 prescription opioid reports in 2008 (exhibit 5) including the three nonmedical use case types of overmedication, malicious poisoning, and other. There were also 318 additional opioid reports classified as seeking detox. Among the nonmedical opioid reports, 114 (or 36 percent) were oxycodone ED reports. The total also includes 26 hydrocodone reports, 20 methadone ED reports, 9 fentanyl reports, and 3 buprenorphine ED reports. Most (56 percent) of the 316 Miami-Dade prescription opioid ED reports involved males. Fifty percent were non-Hispanic Whites, 36 percent were Hispanic, and 12 percent were non-Hispanic Blacks; race/ethnicity was either unknown or undocumented for 1 percent. The patients' ages were as follows: 2 percent were younger than 18, 15 percent were

18–24, 25 percent were 25–34, 22 percent were 35–44, 20 percent were 45–54, and 17 percent were 55 or older.

A comparison of 2008 opiate ED reports for heroin and narcotic opioids in Miami-Dade and Broward Counties are contrasted in exhibit 12. Heroin accounted for 73 percent of 1,181 opiate ED reports in Miami-Dade County. In Broward County, however, narcotic prescription opioids accounted for 80 percent of 1,788 opiate ED reports.

There were 4,699 primary admissions for prescription opioid dependence in Florida during 2008 representing 10 percent of the 47,264 total publicly-funded treatment admissions for all substances including alcohol, up from 8 percent in 2007 (exhibit 13). These admissions represent a 150-percent increase in opioid primary admissions since 2004 (exhibit 14). Fifty-two percent of the total primary opioid patients were females. Youth under 18-years of age represented 3 percent of the clients, and those 18-20 accounted for 7 percent, while young adults 21-25 comprised 25 percent of the opioid admissions. Adults aged 26-35 represented 39 of all primary opioid clients and those aged 36-45 accounted for 16 percent. Opioid clients aged 46-55 accounted for 9 percent and those 56 and older represented 2 percent. The racial differences (including Hispanics) were 96 percent White and 2 percent Black with less than 1 percent in other known racial groups and less than 2 percent unknown. Hispanics of all races accounted for 4 percent of all primary opioid admissions statewide.

There were 32 primary admissions for opiates other than heroin or 0.9 percent of the 3,371 publicly-funded primary treatment admissions in Miami-Dade County as reported by the Florida Department of Children and Families in 2008 (exhibit 7). Females accounted for 53 percent of the other opiate clients and White, non-Hispanics represented 62 percent. Fifty-three percent of these clients were aged 35 or older.

The NFLIS reported 205 oxycodone crime lab cases, 65 hydrocodone items, 23 methadone cases, and 11 propoxyphene items, combined together these 304 reports represented 1 percent of all drug items analyzed in the three county South Florida MSA (exhibit 8). There were also 1,647 “controlled substance” cases in the 2008 NFLIS report many of which were prescription opioids during 2008.

Any lifetime nonmedical use of prescription pain relievers among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 5.4 percent in Miami-Dade County and 10.4 percent in all of Florida. Results from the same survey for any current non-medical use of prescription pain relievers among high school students in the past 30 days were 1.9 percent in Miami-Dade and 3.9 percent Statewide.

The most recent county-level data on prevalence of nonmedical use of pain relievers across the lifespan (aged 12 and above) are from the 2004-2006 National Survey on Drug Use and Health in which 5 percent of all Floridians reported such use in the past year. The rate for Miami-Dade County was 3.6 percent.

Methamphetamine

Indicators of methamphetamine abuse remain at low levels. Florida law enforcement sources in northern and central Florida report increasing numbers of “bottle meth production” using a single plastic two-liter soda bottle that yields a small amount of methamphetamine while the number of larger clandestine labs has decreased in recent years following legislation limiting individual sales of pseudoephedrine. Most methamphetamine seen in South Florida is high-grade Mexican-manufactured “ice” trafficked from Atlanta. Mexican drug trafficking organizations are also supplying powdered methamphetamine directly to local Latino populations of Central and South American nationalities. Additionally, methamphetamine is now seen in “ecstasy” tablets that may or may not also contain MDMA believed to be from Canadian Asian drug trafficking organizations and also Caribbean sources.

Methamphetamine was detected among 114 deceased persons during 2008 statewide in Florida, representing a 7-percent increase from the 107 such occurrences in 2007. That had followed a 6-percent decrease between 2006 and 2007. Methamphetamine was considered the cause of death in 26 (23 percent) of the 114 cases during 2008. There were also 67 reports of amphetamine detected among decedents across Florida in 2008, a 35-percent decrease over the previous year. Between 2006 and 2007, there was a 6-percent decrease in amphetamine-related medical examiner reports. Amphetamine was considered the cause of death in 18 percent of the 67 cases in 2008.

Unweighted data accessed from DAWN *Live!* reveal 25 methamphetamine-related ED reports during 2008 in Miami-Dade County (exhibit 5). Among those reports, 80 percent were male. Sixty-eight percent were non-Hispanic Whites, 24 percent were Hispanics, 8 percent were non-Hispanic Blacks. None of the methamphetamine ED patients was younger than 18 years of age; 20 percent were age 18–24; 52 percent were age 25–34; 20 percent were 35–44; 8 percent were 45–54; and none was over the age of 55. There were also 36 amphetamine-related Miami-Dade ED reports during 2008.

Data on methamphetamine treatment admissions are included in single category named “amphetamines” that also includes other stimulants in addition to methamphetamine, (*i.e.*, Benzedrine, Dexedrine, Ritalin and any other amines and related drugs). There were 732 primary admissions for amphetamines dependence in Florida during 2008 (exhibit 6) representing 1.5 percent of the 47,264 total publicly-funded treatment admissions for all substances including alcohol, similar to the 1.8 percent in 2007. Fifty-eight percent of the total primary amphetamine patients were females. Youth under 18-years of age represented 5 percent of the clients, and those 18-20 accounted for 6 percent, while young adults 21-25 comprised 21 percent of the amphetamine admissions. Adults aged 26-35 represented 45 of all primary amphetamine clients and those aged 36-45 accounted for 17 percent. Amphetamine clients aged 46-55 accounted for 7 percent and those 56 and older represented 1 percent. The racial differences (including Hispanics) were 91 percent White and 5 percent Black with less than 1 percent in other known racial groups and less than 3 percent unknown. Hispanics of all races accounted for 6 percent of all primary amphetamine admissions statewide.

There were 12 primary admissions for methamphetamine or 0.4 percent of the 3,371 publicly-funded primary treatment admissions in Miami-Dade County as reported by the Florida Department of Children and Families in 2008 (exhibit 7). Males accounted for 75 percent of the methamphetamine clients and Hispanics represented 75 percent. One fourth of these clients were aged 18-25, 50 percent were 26-34 and 25 percent were 35 or older. There were also 5 primary admissions for other amphetamines.

Methamphetamine accounted for 168 cases or 0.6 % of all items analyzed substance by crime labs in 2008 for the three-county South Florida MSA as reported by the NFLIS, ranking as the eighth among all substances (exhibit 8).

In South Florida, methamphetamine has some of the highest prices in the Nation, at \$15,000–\$30,000 per pound for powder Mexican methamphetamine as of December 2008 and unchanged from 2007 with Mexican ice continuing to sell for \$2,100 per ounce. Powdered methamphetamine sells for \$200 per gram.

Any lifetime use of methamphetamine among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 1.1 percent in Miami-Dade County and 1.5 percent in all of Florida. Results from the same survey for any current use of methamphetamine among high school students in the past 30 days were 0.1 percent in Miami-Dade and 0.5 percent State-wide.

Methamphetamine abuse and related sexual activity have contributed to sharp increases in sexually transmitted diseases in South Florida, particularly among men who have sex with men (MSM). Local public health officials consider methamphetamine-related sexual behavior as a key factor in why Miami-Dade County ranks among the highest nationally in per capita rates of HIV infection. High rates of Syphilis in the area are also linked to methamphetamine-related unsafe sexual behavior.

Marijuana

Marijuana is used by more people, particularly youth, than any other illicit drug. Consequences of its abuse and addiction continue as declines in its rates of use among youth since 2000 have stalled in recent surveys.

Cannabinoids were detected in 859 deaths statewide in Florida during 2008, representing a 22-percent decrease from the 1,103 such reports in 2007.

Unweighted DAWN *Live!* data for Miami-Dade showed 1,426 marijuana reports in 2008 (exhibit 5). Marijuana was the second most cited illicit drug among Miami-Dade County unweighted DAWN *Live!* ED reports, accounting for 24 percent of the 5,995 major substances of abuse reports (excluding alcohol and medications) during 2008. Three-fourths of the Miami-Dade marijuana ED reports involved males. Thirty-four percent were Hispanics, 33 percent were non-Hispanic Blacks, and 32 percent were non-Hispanic Whites; the race/ethnicity was unknown or undocumented for 1 percent. Marijuana-involved ED reports involving those younger than 35 years old accounted for 67 percent. The percentages of those reporting ages were as follows: 9 percent were

younger than 18, 28 percent were 18–24, 30 percent were 25–34, 18 percent were 35–44, 13 percent were 45–54, and 2 percent were 55 or older.

There were 14,671 primary admissions for marijuana dependence in Florida during 2008 (exhibit 6) representing 31 percent of the 47,264 total publicly-funded treatment admissions for all substances including alcohol, up slightly from the 29 percent in 2007. Marijuana outranked all other substances (including alcohol) as the number one primary drug for treatment admissions. Seventy-two percent of the total primary marijuana patients were males. Youth under 18-years of age represented **49 percent** of the clients, and those 18-20 accounted for 15 percent of the primary marijuana admissions as did young adults 21-25. Adults aged 26-35 represented 13 of all primary marijuana clients and those aged 36-45 accounted for 5 percent. Marijuana clients aged 46-55 accounted for 3 percent and those 56 and older represented less than 1 percent. The racial differences (including Hispanics) were 65 percent White and 28 percent Black with less than 1 percent in other known racial groups and less than 5 percent unknown. Hispanics of all races accounted for 14 percent of all primary amphetamine marijuana statewide.

There were 979 primary admissions for marijuana dependence in Miami-Dade County during 2008 representing 29 percent of the 3,371 total publicly-funded treatment admissions for all substances including alcohol (exhibit 7). Seventy-five percent of the total primary marijuana patients were males. Youth under 18-years of age represented 49 percent of the clients, and those 18-25 accounted for 28 percent of the primary marijuana admissions. Adults aged 26-34 represented 13 of all primary marijuana clients and those aged 35 and older accounted for 9 percent. Hispanics accounted for 49 percent of the marijuana clients, Black, non-Hispanics for 35 percent, White, non-Hispanics for 12 percent, and other ethnic groups accounted for 3 percent.

Marijuana or cannabis accounted for 4,928 cases or 17 % of all items analyzed substance by crime labs in 2008 for the three-county South Florida MSA as reported by the NFLIS, ranking as the second among all substances after cocaine (exhibit 8).

Marijuana is still described as widely available throughout Florida, with local commercial, sinsemilla, and hydroponic grades available. As of 2008 in South Florida, the cost for a pound of commercial grade marijuana was \$650. Hydroponic and sinsemilla grades sold for \$2,500–\$4,000 per pound (down from a range of \$3,500–\$4,000 in 2007). The ounce price for commercial grade marijuana continued to be \$100–\$150. Sinsemilla sold for \$400–\$500 per ounce. Depending on its potency, marijuana may sell for \$5–\$20 per gram.

Any lifetime use of marijuana among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 23.3 percent in Miami-Dade County and 30.8 percent in all of Florida. Results from the same survey for any current use of marijuana among high school students in the past 30 days were 13 percent in Miami-Dade and 16.2 percent Statewide. Current marijuana use among high school students declined sharply from 2000 to 2002 across Florida as well as in Miami-Dade County and then increased by 2004. It has stabilized since 2004 in Miami-Dade County as well as in the State (exhibit 15).

Methylenedioxymethamphetamine (MDMA, or “Ecstasy”)

Measures of MDMA abuse have stabilized at relative low numbers since 2006. Ecstasy pills generally contain 75–125 milligrams of MDMA, although pills are often adulterated and may contain other drugs being sold as “ecstasy.” Methamphetamine and BZP are increasingly reported in “ecstasy” pills with or without MDMA.

There were 44 MDMA-related deaths statewide in Florida in 2008, with the drug being cited as the cause of death in 7 of these cases. There were also 23 methylenedioxyamphetamine (MDA)-related deaths statewide in Florida during the same year. There were an additional 6 deaths related to other methylated amphetamines in 2008. During 2007, there were 76 MDMA-related deaths and 32 MDA-related deaths. Thus, MDMA deaths decreased 42-percent and MDA deaths decreased 36-percent in 2008 compared with the previous year.

In 2008, unweighted DAWN *Live!* data revealed 127 MDMA reports in Miami-Dade County (exhibit 5). Sixty-one percent of these ED reports involved males. Thirty-five percent were Hispanics, 34 percent were non-Hispanic Whites, and 28 percent were non-Hispanic Blacks; the race/ethnicity was undocumented for 2 percent of these reports. Ninety-one percent of the MDMA ED reports involved those younger than 35. The ages of those reporting were as follows: 12 percent were younger than 18, 44 percent were 18–24, 35 percent were 25–34, 9 percent were 35–44, and none were 45 or older. The age was undocumented for less than 1 percent of these reports.

There were 36 primary treatment admissions for MDMA in all of Florida in 2008 and 11 were in Miami-Dade County (exhibit 7).

MDMA accounted for 259 cases or 1 percent of all items analyzed substance by crime labs in 2008 for the three-county South Florida MSA as reported by the NFLIS, ranking as fifth among all substances (exhibit 8).

During 2008 in South Florida, ecstasy tablets sold for \$4–\$5 per tablet wholesale (in bulk) and \$7 retail for a single pill according to the NDIC. These prices have continued to decline since 2006.

Any lifetime use of “ecstasy” among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 6.4 percent in Miami-Dade County and 4.9 percent in all of Florida. Results from the same survey for any current use of “ecstasy” among high school students in the past 30 days were 3.1 percent in Miami-Dade and 1.5 percent Statewide.

Gamma Hydroxybutyrate (GHB)

Abuse of the anesthetic GHB has declined significantly in recent years. There are several compounds that are converted by the body to GHB, including gamma butyrolactone (GBL) and 1,4 butanediol (1,4 BD). Most recently, GHB abuse involves the abuse of 1,4 BD. Commonly used with alcohol, these substances have been implicated in drug-facilitated rapes and other crimes. GHB was declared a federally controlled Schedule I drug in March 2000, and indicators of its abuse have declined since that time.

There were 3 GHB-related deaths statewide during 2008. The drug was considered the cause of death in one of these cases. There were 5 GHB-related deaths reported statewide during 2007, 4 in 2006 and 9 deaths in 2005, with 11 deaths in both 2003 and 2004. In all of Florida, GHB-related deaths increased from 23 in 2000 to 28 in 2001 and then declined to 19 in 2002 before declining to 11 in 2003 and 2004.

Unweighted data accessed from DAWN *Live!* for Miami-Dade County reveal 14 GHB-related ED reports in 2008.

The NFLIS reported 16 crime lab cases of 1,4 Butanediol but no GBL or GHB cases for the three-county South Florida MSA in 2008.

Any lifetime use of GHB among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 0.3 percent in Miami-Dade County and 0.7 percent in all of Florida. Results from the same survey for any current use of GHB among high school students in the past 30 days were 0.0 percent in Miami-Dade and 0.3 percent Statewide.

Benzodiazepines

Benzodiazepines in general and alprazolam (Xanax) in particular are a substantial problem. There were 4,167 reports of a benzodiazepine present in deceased persons across Florida in 2008, representing a 25-percent increase over the 3,339 such cases in the previous year. Of the benzodiazepine occurrences in 2008, a benzodiazepine was identified as causing 929 deaths (29 percent) with a total of 1,090 lethal benzodiazepine occurrences. Among the benzodiazepine medical examiner reports statewide, 1,873 were attributed to alprazolam and 914 were attributed to diazepam (Valium) with 38 percent of the alprazolam occurrences and 22 percent of the diazepam reports considered to be lethal doses.

In Miami-Dade County, there were 101 reports of alprazolam detected in deceased persons during 2008, of which 36 percent ($n= 36$) were considered a lethal dose. Eight-five percent of the reports involved at least one other drug (exhibit 4). There were also 44 reports of diazepam detected in deceased persons in Miami-Dade County; 18 percent were considered to be the cause of death; 84 percent of these deaths involved at least 1 other drug. These 145 combined mentions for alprazolam and diazepam represented a 10-percent increase over the 132 such deaths in 2007 and follows a 39-percent increase from 2006 to 2007. Miami-Dade County ranked seventh among the State's 24 medical examiner district in the number of the two benzodiazepines detected among deceased person (exhibit 16). Two (or 1 percent) of the combined mentions in 2008 involved a person younger than 18; 10 percent of the decedents were between 18 and 25, 10 percent were age 26–34, 37 percent were age 35–50, and 42 percent were older than 50.

Unweighted DAWN *Live!* data for Miami-Dade show 647 non-medical benzodiazepine reports in 2008 (exhibit 5). Non-medical reports include those for overmedication, malicious poisoning, and “other case types”. Generally, “other case types” are considered intentional substance abuse. There were also 233 additional benzodiazepine reports classified as seeking detox. Among the nonmedical benzodiazepine reports, 310 (or 48 percent) were alprazolam ED reports. The total also includes 76 clonazepam reports, 44 temazepam, 36 lorazepam, and 26 diazepam

reports. Fifty percent of the 647 Miami-Dade benzodiazepine ED patients were males. Forty-nine percent were Hispanic, 41 percent were non-Hispanic Whites, and 7 percent were non-Hispanic Blacks; race/ethnicity was either unknown or undocumented for 2 percent. The patients' ages were as follows: 9 percent were younger than 18, 14 percent were 18–24, 18 percent were 25–34, 23 percent were 35–44, 19 percent were 45–54, and 16 percent were 55 or older. The ages of 1 percent of the benzodiazepine reports were not documented.

Unweighted data accessed from DAWN *Live!* for Broward County EDs during 2008 reveal a total of 1,345 nonmedical use reports for benzodiazepines (exhibit 8). There were also 536 additional benzodiazepine reports classified as seeking detox. Among the nonmedical benzodiazepine reports, 694 (or 52 percent) were alprazolam ED reports. The total also includes 90 clonazepam reports, 83 diazepam reports, 42 lorazepam, and 32 temazepam reports. Fifty-two percent of the 1,345 Broward benzodiazepine ED patients were males. Eighty-one percent were non-Hispanic Whites, 10 percent were Hispanic, and 6 percent were non-Hispanic Blacks; race/ethnicity was either unknown or undocumented for 3 percent. The patients' ages were as follows: 6 percent were younger than 18, 17 percent were 18–24, 22 percent were 25–34, 23 percent were 35–44, 21 percent were 45–54, and 11 percent were 55 or older.

Data on benzodiazepines treatment admissions are included in single category named “tranquilizers.” There were 686 primary admissions for tranquilizers dependence in Florida during 2008 representing 1.5 percent of the 47,264 total publicly-funded treatment admissions for all substances including alcohol, similar to the 1.3 percent in 2007. Sixty percent of the total primary tranquilizer patients were females. Youth under 18-years of age represented 14 percent of the clients, and those 18-20 accounted for 13 percent, while young adults 21-25 comprised 23 percent of the tranquilizer admissions. Adults aged 26-35 represented 26 of all primary tranquilizer clients and those aged 36-45 accounted for 12 percent. Tranquilizer clients aged 46-55 accounted for 10 percent and those 56 and older represented 2 percent. The racial differences (including Hispanics) were 91 percent White and 3 percent Black with less than 3 percent in other known racial groups and 3 percent unknown. Hispanics of all races accounted for 6 percent of all primary tranquilizer admissions statewide.

There were 16 primary admissions for benzodiazepines reported in Miami-Dade County treatment admissions during 2008 (exhibit 7), 0.5 percent of the 3,371 primary admissions (including alcohol).

The NFLIS reported 558 alprazolam crime lab cases, 24 diazepam items, and 21 clonazepam cases during 2008 in the three-county South Florida MSA that combined represented 2.1 percent of all drug items analyzed (exhibit 8).

Any lifetime nonmedical use of depressants (with “Xanax” use as an example in the question) among high school students was reported on the 2008 Florida Youth Substance Abuse Survey by 5.5 percent in Miami-Dade County and 8.7 percent in all of Florida. Results from the same survey for any current nonmedical use of prescription depressants among high school students in the past 30 days were 1 percent in Miami-Dade and 3 percent Statewide.

Muscle Relaxants

Muscle relaxants may be abused in combination with MDMA and other drugs. There were 415 reports of carisoprodol or meprobamate among deceased persons in Florida during 2008 (exhibit 2), of which 84 (or 24 percent) were considered to be caused by the drug. The number of these deaths increased by 23-percent in 2008 as compared to the 337 such deaths in 2006.

Unweighted DAWN *Live!* data for Miami-Dade County in 2008 show 21 reports on nonmedical use of muscle relaxants. Carisoprodol was specifically cited in 8 (or 38 percent) of the reports.

The NFLIS reported 15 carisoprodol crime lab cases for the South Florida MSA in 2008.

Acquired Immunodeficiency Syndrome (AIDS) among Injecting Drug Users (IDUs)

As of December 31, 2008, 31,631 cumulative cases of AIDS had been reported in Miami-Dade County. Among those cases 16.4 percent identified as IDUs and an additional 4.1 percent reported the dual risk of men having sex with men (MSM) and IDU. Approximately 12 percent of the total cases have not been classified by a known risk category.

*For inquiries regarding this report, contact James N. Hall,
Center for the Study and Prevention of Substance Abuse, Nova Southeastern University
c/o Up Front, Inc., 13287 SW 124 Street, Miami, FL 33186,
Phone: (786) 242-8222, E-mail: upfrontin@aol.com.*

Exhibit 1 DAWN ED Miami-Dade County Sample and Reporting Information: 2008

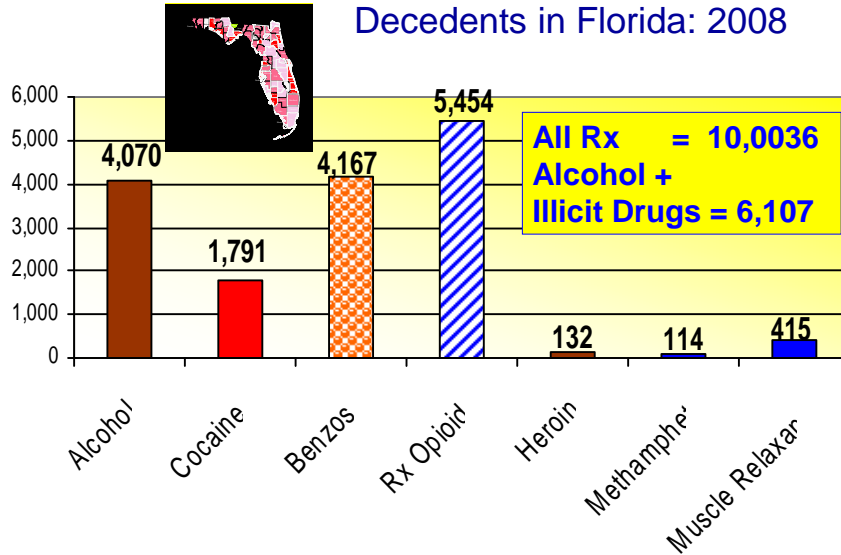
Total Eligible Hospitals ¹	No. of Hospitals in DAWN Sample	Total EDs in DAWN Sample ²	No. of EDs Reporting Month: Completeness of Data (%)			No. of EDs Not Reporting
			90–100%	50–89%	<50%	
21	19	19	7-8	0-2	0-1	10

¹ Short-term, general, non-Federal hospitals with 24-hour emergency departments based on the American Hospital Association Annual Survey.

² Some hospitals have more than one emergency department.

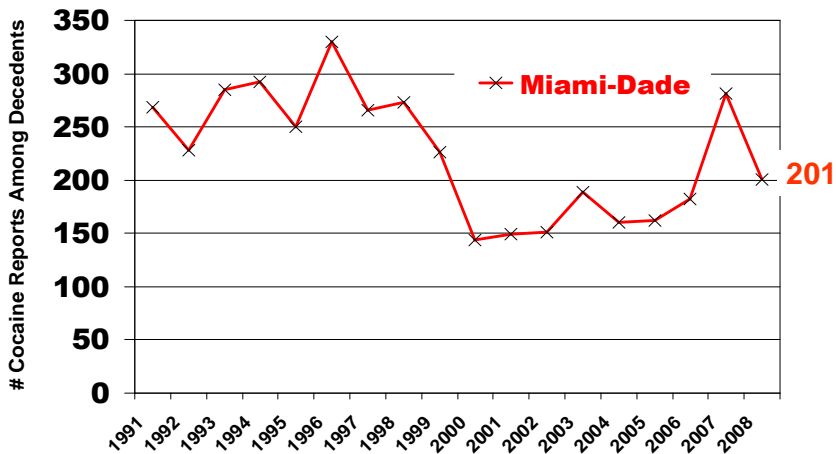
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated May 5, 2009

Exhibit 2 Numbers of Substances Identified among Decedents in Florida: 2008



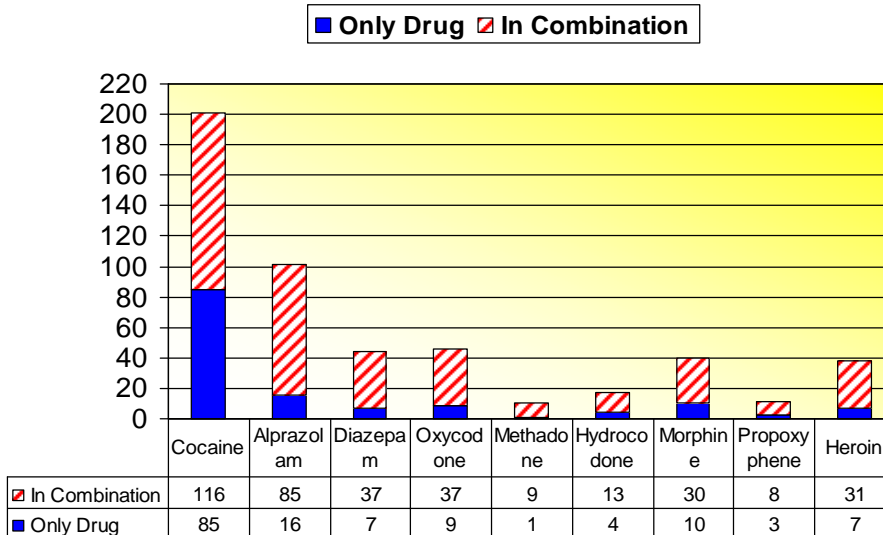
Source: Florida Department of Law Enforcement, Florida Medical Examiners Commission Interim Report 2008

Exhibit 3 Cocaine Detected among Decedents in Miami-Dade County 1991-2008



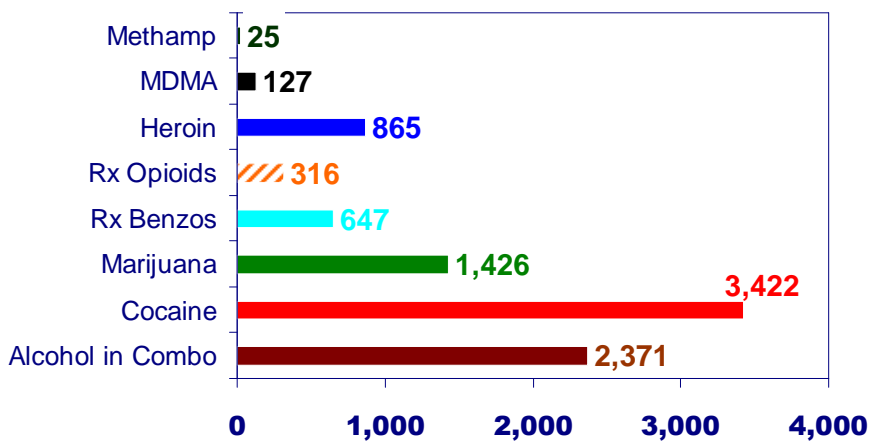
Source: FDLE Florida Medical Examiners Commission Reports

Exhibit 4 Miami-Dade County Drugs Detected Among Decedents By Single Drug or In-Combination - 2008



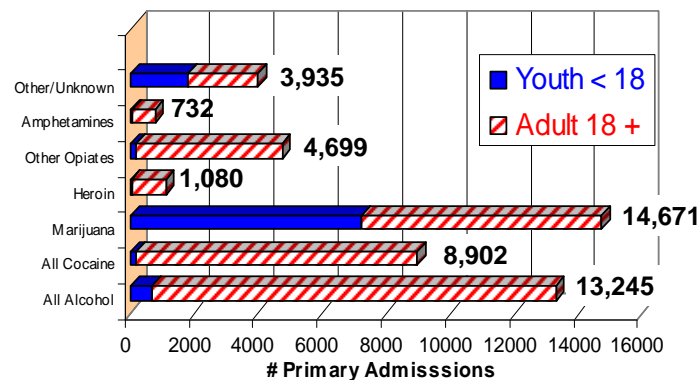
Source: FDLE Florida Medical Examiners Commission Report 2008

Exhibit 5 Numbers of Selected Drug Reports in Miami-Dade County DAWN ED Data (Unweighted¹), by Drug Category: 2008



¹ The unweighted data are from 9 Miami-Dade EDs reporting to DAWN in 2008. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted, and, therefore, are subject to change.
SOURCE: Miami – Dade County Division EDs DAWN Live!, OAS, SAMHSA, updated May 5, 2009

Exhibit 6 Florida Primary Treatment Admissions 2008



	All Alcohol	All Cocaine	Marijuana	Heroin	Other Opiates	Amphetamines	Other/Unknown
Adult 18 +	12,586	8,759	7,468	1,062	4,563	710	2,143
Youth < 18	659	143	7,203	18	136	22	1,792

Source: SAMHSA-OAS: Treatment Episode Data Sets (TEDS) 2008

Exhibit 7 Miami-Dade County Primary Treatment Admissions 2008

Substance	Number of Primary Admissions
Total Admissions (Including Alcohol but does not include unknowns)	3,371
Alcohol	867
Primary Crack/Cocaine	769
Primary Powder or Other Cocaine	504
Primary Heroin	94
Primary Other Opiates	32
Primary Marijuana	979
Primary Methamphetamine Only	12
Primary Amphetamine	5
Primary MDMA	11
Primary PCP	0
Primary Benzodiazepines	16
All Other Drugs	82
Unknowns	0

Source: Florida Department of Children and Families

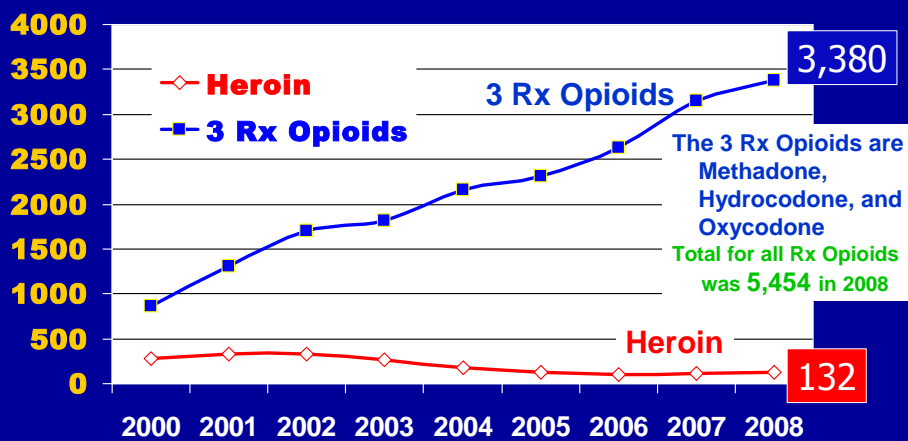
Exhibits 8 Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, South Florida: CY 2008¹

Drug	Number	Percentage
Cocaine	19,156	65.5 %
Cannabis	4,928	16.9 %
Heroin	736	2.5 %
Alprazolam	558	1.9 %
3,4 Methylendioxyamphetamine	259	0.9 %
Hallucinogen	236	0.8 %
Oxycodone	205	0.7 %
Methamphetamine	168	0.6 %
1-Benzylpiperazine	95	0.3 %
Hydrocodone	65	0.2 %
Other ²	2,833	9.7 %
TOTAL	29,239	100.0 %

¹January 2008-December 2008. ²All other analyzed items. NOTES: 1. Data are Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties. 2. "Controlled Substances" represent 1,647 cases and are included under "Other." 3. Percentages may not sum to the total due to rounding.

Source: National Forensic Laboratory Information System (NFLIS) US DEA, April 14, 2009

Exhibits 9 Opiates Identified among Decedents in Florida 2000 – 2008



Source: FDLE Florida Medical Examiners Commission Reports 2000-2008

Exhibit 10 Numbers of Rx Drugs Identified among Deceased Persons in Florida - 2008

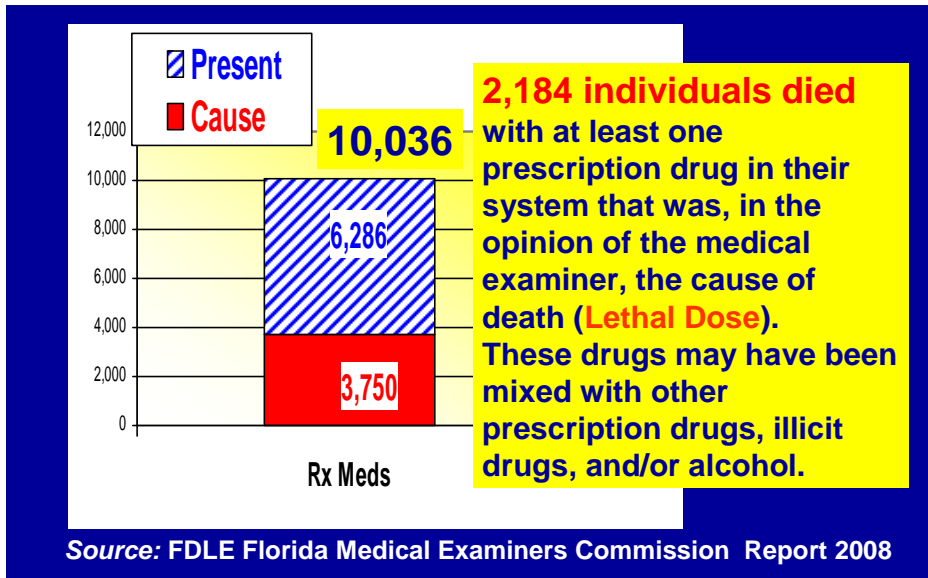


Exhibit 11 Rx Opioids Identified Among Decedents - 2008

ME District	Rx Opioid Occurrences
1. St. Petersburg	631
2. Jacksonville	363
3. Palm Beach County	361
4. Broward County	342
5. Tampa	337
6. Orlando	319
7. Melbourne	235
8. Leesburg	181

Miami-Dade Ranks 15th of 24 Districts With 124 Occurrences

Source: FDLE Florida Medical Examiners Commission Report 2008

Exhibit 12 Heroin and Rx Opioids ED Reports as Percent of all Opiates

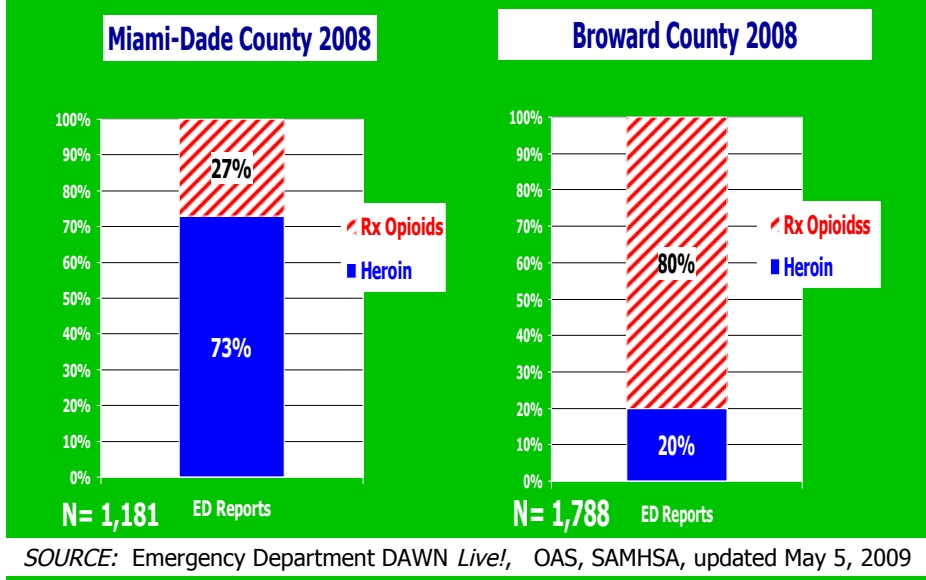
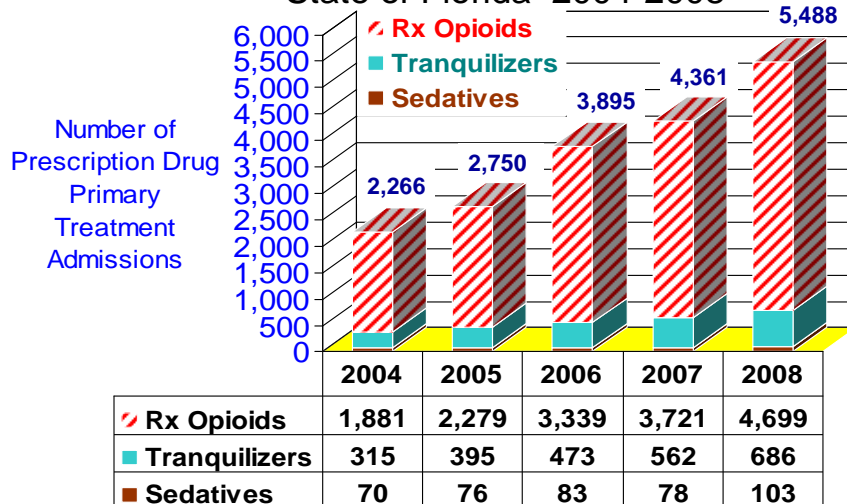
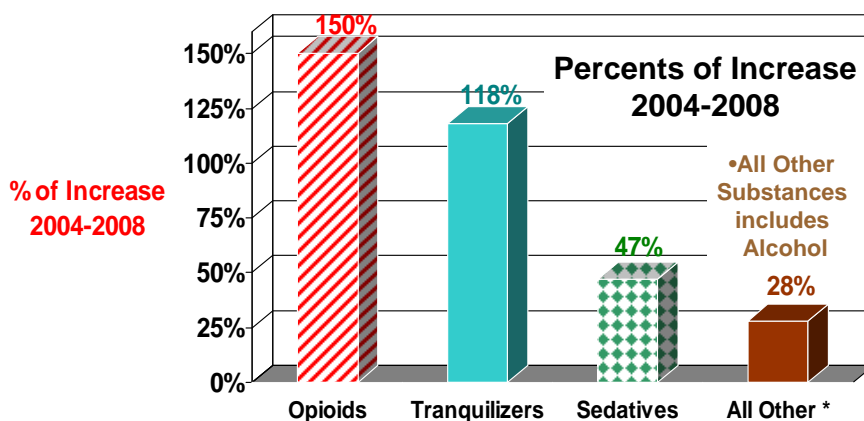


Exhibit 13 Number of Primary Treatment Admissions for Prescription Opioids, Tranquilizers, and Sedatives State of Florida 2004-2008



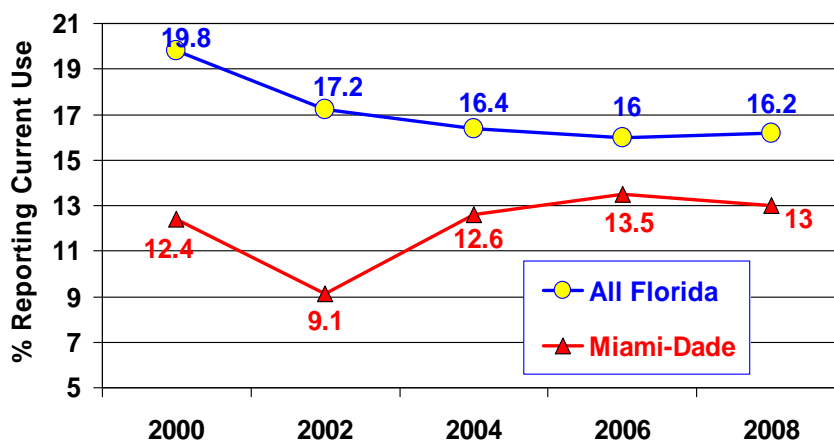
Source: SAMHSA: Treatment Episode Data Sets (TEDS) 2004 - 2008

Exhibit 14 Percent of Increase from 2004 to 2008 in Florida Primary Treatment Admissions for Prescription Opioids, Tranquilizers, Sedatives & all Other Substances



Source: SAMHSA: Treatment Episode Data Sets (TEDS) 2004 - 2008

Exhibit 15 Current (past 30-day) Marijuana Use Among High School Students 2000-2008



Source: Florida Youth Substance Abuse Surveys 2000-2008

**Exhibit 16 Benzodiazepines Identified
Among Decedents in Florida - 2008**

ME District	Benzodiazepine Occurrences
1. St. Petersburg	395
2. Broward	339
3. Palm Beach	246
4. Jacksonville	199
5. Orlando	183
6. Tampa	152
7. Miami-Dade	145

Source: FDLE Florida Medical Examiners Commission Interim Report 2008