



**MICHAEL J. SATZ**  
**STATE ATTORNEY**  
SEVENTEENTH JUDICIAL CIRCUIT OF FLORIDA  
BROWARD COUNTY COURTHOUSE  
201 S.E. SIXTH STREET  
FORT LAUDERDALE, FLORIDA 33301-3360

PHONE (954) 831-6955

## **GRAND JURY RECOMMENDS NEW LAW AND BETTER RESOURCES**

### **TO FIGHT FLAKKA**

Increased treatment resources, more research and better community education are needed to fight the illegal street-drug flakka and other synthetic drugs that have had a disastrous effect on Broward County in the last two years, a Broward Grand Jury has concluded.

There were 61 flakka-related deaths in Broward County over the 15 months from September 2014 to mid-December 2015, Grand Jurors found.

During that period, the behavior of flakka users has been "frightening, dangerous and deadly," according to the Grand Jury report. The easily obtained drug gives users "superhuman strength" often coupled with hallucinations, delusions, aggressiveness and violence. It cited two separate instances in which two flakka users tried to break into the Fort Lauderdale Police Department as they fled imaginary pursuers.

Twenty-one witnesses, including paramedics, police officers, physicians and drug experts, testified before the Grand Jury over several months last fall. The jury's 68-page report was released Monday.

"Synthetic drugs are greatly impacting our police, EMS, hospital emergency rooms and drug rehabilitation facilities," said Broward State Attorney Mike Satz. "The Grand Jury's report defines what a problem these drugs have become and provides solid suggestions to address this grave situation in our community."

Besides flakka, technically called alpha-PVP, the Grand Jury examined earlier generations of synthetic drugs. Those included synthetic cathinones like "molly" and synthetic cannabinoids like fake marijuana as well as synthetic opiates that imitate heroin. Often the synthetic drugs are sold as herbal incense, bath salts, plant food and jewelry cleaner and labeled "not for human consumption."

When the chemical combination of one drug is declared illegal, drug dealers' clandestine chemists change the formula just enough to make it technically illegal. The Legislature needs to catch up and outlaw the latest poison being distributed.

Among its suggestions to address the synthetic drug problem, the Grand Jury called for passage of a law in Florida that would regulate not the molecular structure of a particular synthetic drug, but the entire class of synthetic drugs. A similar law is in effect in at least 32 other states.

The 2016 Florida Designer Drugs Enforcement Act, proposed by the Florida Attorney General's Office, is being considered in the current legislative session.

The synthetic drugs, first seen in the South Pacific, are manufactured mostly in industrial plants in China, experts testified. The drugs, routinely shipped by commercial delivery services, are easily obtained.

The Grand Jury reported that flakka was selling online for \$1,500 a kilo (2.2 pounds). That kilo produces up to 10,000 doses that sell for \$5 each that generate a profit of roughly \$48,000 per kilo. "The incredible return on investment is at least partially responsible for the proliferation of (flakka)," Grand Jurors concluded.

The Grand Jury found that one of the biggest problems created by flakka use is how first responders on the street deal with the violent drug user who is in a state of "excited delirium." Often additional law enforcement officers need to be summoned in order to safely subdue the user so paramedics can provide treatment. Jurors recommended that new protocols be established to deal with assessing and dispatching first responders to the scene involving a troubled flakka user, as well as better methods to treat the patient at the scene.

The Grand Jury also recommended increased research to establish best practices for better treating synthetic drug addicts; better monitoring and regulation of halfway houses to ensure drug addicts are receiving properly billed and appropriate services; better efforts to educate the community about flakka's dangers and the development of new ways to keep synthetic drugs out of the United States.

**IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA**

**INTERIM REPORT OF THE  
BROWARD COUNTY GRAND JURY  
JULY THROUGH DECEMBER TERM, 2015**

**SYNTHETIC DRUG INVESTIGATION**



**MICHAEL J. SATZ**  
State Attorney

**December 30, 2015**

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## I. INTRODUCTION

During the spring and summer of 2015, Broward County, Florida was inundated with news reports about the bizarre behavior of individuals using a new drug. This chemical substance is known locally as "Flakka". The chemical names for this drug are Alpha Pyrrolidinopentiophenone, or Alpha Pyrrolidinovalerophenone, which is frequently shortened to "alpha-PVP". This drug is chemically similar to other synthetic cathinone drugs popularly called "bath salts," and comes in the form of a foul-smelling crystal, which can be swallowed, snorted, injected, smoked or vaporized in an e-cigarette or similar device. This drug is a synthetic cathinone, which is part of the larger group of drugs known as "New Psychoactive Substances". Alpha-PVP can cause bizarre and violent behavior. Alpha-PVP achieved a considerable amount of notoriety in part due to the outlandish behavior of those who used it. Their behavior was frightening, dangerous and deadly. The user can be incredibly strong, which has been described as "superhuman strength", and is often coupled with a loss of awareness of reality and surroundings. Users can experience hallucinations, paranoia, delusions, psychosis, decreased inhibitions, severe anxiety, aggressiveness, violence, self-destructive behavior, high body temperatures and even death. Individuals on this drug have stripped and run naked on busy streets. One individual using this drug attempted to break open the locked front door of the Fort Lauderdale Police Department. Another was impaled on fence spikes as he attempted to scale the fence surrounding a police station. These last two instances occurred as the users fled imaginary pursuers.

The phrase "New or Novel Psychoactive Substances" (NPS) is used to refer to a category of synthetic drugs created to circumvent existing laws on

illegal drugs. These drugs alter the functions of the human brain. Recently there has been a dramatic increase in the number of these new designer drugs, which mimic the effects of controlled substances. The classes of these drugs include stimulants such as synthetic cathinones, synthetic cannabinoids and synthetic opiates. These NPS drugs generally have no medicinal purpose and are produced solely for use as mind-altering drugs.

The chemists responsible for the development of these designer drugs have managed to stay one-step ahead of the laws in the United States. When initially developed, the chemical composition of the drug is legal, and is advertised as such. However, once laws are enacted making the synthetic compound illegal, the chemists alter the formula ever so slightly to change the old drug into a new one. The chemical modification creates a new drug very similar in chemical composition and desired effect, however at that point the new drug is not illicit. Once the new drug is on the market, the government takes the appropriate steps to outlaw the latest chemical composition designed solely for recreational purposes. There is a constant cycle of the government's attempting to catch up with the newest illicit drugs being manufactured and sold. Under the laws currently in place, there is a considerable delay between the emergence of these new drugs and governmental laws controlling their distribution. The manufacturers and distributors of these drugs frequently include the phrase "Not for human consumption" in advertising and packaging, as another way to avoid prosecution for illegal drug distribution.

Because of the ease with which synthetic drugs can be purchased on the Internet, coupled with the ability to have the drugs shipped to the purchaser's door, the term point and click drug trafficking was coined.

Broward County has been impacted greatly by the upsurge in synthetic drug usage.

Your Grand Jury has undertaken the investigation of why synthetic drugs are proliferating in Broward County, the affect they are having on the community and what can possibly be done to protect the community and minimize the harmful impact these drugs are having on individuals and the community.

Twenty-One witnesses testified under oath before your Grand Jury. In addition to receiving sworn testimony, the Grand Jury also examined photographs and viewed video evidence. The testifying witnesses included civilians, paramedics, law enforcement officers, and expert witnesses. The Grand Jury received expert testimony with respect to epidemiology, law enforcement training, paramedic training, medicine, science, toxicology, forensic pathology, drug analysis, drug interdiction, and addiction treatment.

## **II. BACKGROUND**

Broward County, as well as the rest of our nation, is witnessing an alarming new drug problem. That problem is the proliferation of synthetic drugs. Many of these drugs are designed so that they don't run afoul of the law when introduced. These drugs may be marketed as "legal highs", "research chemicals" or "bath salts".

Recently, the United Nations as well as the National Institutes of Health adopted the term "New Psychoactive Substances" (NPS) as the scientific term now to be used to describe what previously had been referred to as "emerging synthetic drugs". However, not all of these synthetic drugs are new. Some of these substances have been around for 20 or 30 years. Others are very new. Thus, in this context the term "new" does not necessarily refer to newly created but to substances that have recently become available. These synthetic chemicals affect the brain and are a drug-related substance. All of these psychoactive substances are drugs which change the brain's functions. They involve complex chemistry and very complicated neuropharmacology. Although known by many names they are not spice, herbs, bath salts or incense. These descriptions have been applied to various psychoactive substances. Prior to these drugs becoming illegal in Florida, many of them were sold in retail outlets, in convenience stores, gas stations, and smoke shops. Many of these substances now have been banned and relegated to the illicit street drug market.

There are multiple categories within the group of drugs known as "New Psychoactive Substances" (NPS). New Psychoactive Substances are proliferating at an unprecedented rate and posing significant public health



and safety challenges. The total number of such substances, already estimated to be in the hundreds, is growing steadily. Mixtures of NPS purchased unknowingly by users have resulted in unpredictable and sometimes disastrous effects. In the 21st Century, substance abuse has become more dangerous, more addictive, and more deadly than ever before. This is because there are many more substances, which are far more potent, far more dangerous, and much more addictive.

The drug known on the streets of Broward County as Flakka is also known as alpha-PVP, which is a shortened chemical name for Alpha Pyrrolidinopentiophenone, also known as Alpha Pyrrolidinovalerophenone. Alpha-PVP is one of the drugs falling under the general topic formerly referred to as “emerging synthetic drugs”. Although alpha-PVP (Flakka) has generated a significant amount of discussion, the problem demanding our attention is much greater than that single drug. The three categories of new psychoactive substances investigated by the Grand Jury for this report were synthetic cannabinoids, synthetic opiates and synthetic cathinones.

Synthetic cannabinoids are one of the categories of new psychoactive substances (NPS). These chemicals were developed in pharmaceutical research over the last 20 to 30 years, but were not considered both safe and effective, which is required for approval as a medication in the United States. These products are basically fake marijuana. The manufacturers of these drugs spray liquid chemicals on dried plant material. The synthetic cannabinoids have a variety of names such as K-2 or Spice. They are sealed in aluminum packaging roughly the size of a tea bag, with sophisticated printing and generally contain the warning, “not for human

consumption". The synthetic cannabinoids act like marijuana, but in a more intense and irregular fashion.

The pharmacology of synthetic cannabinoids is similar to marijuana, but it is not the same thing. Its effects occur almost immediately. The onset of action can be within seconds to just a few minutes. However, the duration of its effects is usually shorter than regular cannabis, usually from 30 minutes to an hour. The user quickly develops a tolerance, so the person needs more of the drug to achieve the same effect. This is a key factor in compulsion and addiction. These synthetic cannabinoids are full and potent agonists at the cannabinoid receptor sites in the brain, so they act on all parts of the brain where cannabinoids react. They are three to ten times more potent than marijuana.

As compared to THC, synthetic cannabinoids produce more intense responses with smaller amounts of the drug. One of the major reasons people started using these products was to beat a drug test. When synthetic cannabinoids initially appeared they were undetectable with traditional drug testing. This made them particularly appealing to individuals in jobs where they had frequent drug testing, to people who might be part of a court ordered probation program where they are subjected to random drug testing, or people who might be part of a recovery program who are also routinely tested to make sure they are maintaining their sobriety and abstinence. Thus, people found they could get high on a synthetic drug similar to marijuana. Although the high is neither as pleasant nor desirable, they could use the drug and beat the drug test. Recently, testing for these synthetic cannabinoids has become available.

Over the past few years, indicators had been reflecting that the use of synthetic cannabinoids had been declining. However, just in the first half of 2015, there has been a significant increase in the use of these drugs.

Another area of our investigation and concern is synthetic opiates. This looms as a major potential problem in the future. These drugs are in the same family as heroin and are a highly addictive group of substances. The synthetic opioid or synthetic opiate currently generating a great deal of concern is clandestine Fentanyl. Pharmaceutical Fentanyl is a powerful narcotic pain reliever and is legally dispensed only with a prescription. Recently non-prescription Fentanyl is being manufactured in clandestine laboratories located in Mexico. The clandestine Fentanyl is being combined with Mexican heroin. Previously Mexican heroin was seen west of the Mississippi River and South American heroin was seen east of the Mississippi River. However, in the last few years increasing quantities of Mexican heroin laced with the synthetic opiate, clandestine Fentanyl has made its way into the Eastern United States. Opiate addiction is rising in the United States and synthetic opiates present a major threat as a new source of health problems as well as deaths resulting from drug overdoses.

The term designer drug refers to the molecular modification of a substance, making it similar to a known illegal drug. Since the new drug has a slightly different chemical structure, it would not be illegal under current drug laws and may be cheaper to produce or more potent and addictive than the drug after which it was modeled. Ecstasy, also known as MDMA, was the original designer drug created in the late 1970s. MDMA became illegal in the United States in July 1985. Since MDMA became illegal, a number of synthetic drugs have been developed to replace it.

Phenethylamines is another category of NPS. A subcategory of phenethylamines is known as cathinones. Cathinones are synthetic stimulants based on the drug found in the Khat plant. The Khat plant is native to East Africa and the Arabian Peninsula. The leaf and bark of the plant have been chewed as a mild stimulant for centuries. Khat is an illegal drug in the United States. The drug has a relatively short shelf life once harvested. Thus, there isn't much international trafficking or movement of the Khat plant. Although molecularly similar to the Khat plant, synthetic cathinones are far more potent and have far greater stimulant activity than the plant. MDPV, Methylone, alpha-PVP/Flakka, and Ethylone are synthetic cathinones.

One of the first cathinones seen in the United States was MDPV. This was the primary drug sold as bath salts a few years ago. Although referred to as bath salts, these drugs were not used for bathing. Bath salts were legal when introduced because they had not yet been categorized as a controlled substance. Ultimately, MDPV was scheduled as a controlled substance and the retail sales of the bath salt products greatly diminished. However, the products have now moved into the illicit street market.

Methylone, another synthetic cathinone, was the drug that initially replaced MDPV. This drug has primarily been sold as the drug Molly. The drug's name Molly comes from the word molecule. The Ultra Music Festival is an annual outdoor electronic music festival that occurs in March in the city of Miami, Florida. In 2012, an extremely well know female artist walked onto the stage, and asked the audience, "How many in this crowd have seen Molly?" The crowd cheered. It appeared that most

everyone in the crowd believed she was not talking about a person named Molly, but was talking about a drug chemically known as Methylone, (the drug that replaced ecstasy) that has the street name of Molly. A number of other contemporary music artists have incorporated reference to illegal synthetic drugs thereby encouraging our youth to use these drugs.

The molecular structure of MDMA, (Ecstasy, i.e. 3,4-Methylenedioxy-Methamphetamine) and the chemical structure of Methylone are almost identical. Methylone is similar to MDMA, but chemically different. At the time it was introduced it too was not illegal. Methylone is also referred to as a designer drug. After Methylone was made illegal and banned both in the United States and in its source country of China; it was replaced by alpha-PVP, the drug referred to as Flakka in Broward County. In other parts of the world, the drug alpha-PVP has generally gone by the street name of Gravel. Subsequent to its introduction, alpha-PVP became illegal and the synthetic cathinones of Ethylone and Butylone were substituted as replacement drugs.

Today, most of the synthetic cathinones, synthetic cannabinoids and other synthetic drugs are manufactured in industrial plants in China. The synthetic drugs were first seen in the South Pacific, Australia and New Zealand. The distribution expanded into Asia, Eastern Europe, Western Europe and then North America. More recently, they have been spreading into South America and Africa.

Between 2010 and 2014, there were 35,000 emerging synthetic drug (NPS) crime lab cases in Florida. In 2010, there were about 4,000 crime lab cases involving synthetic drugs. In 2014, the number of synthetic drug cases in Florida increased by more than 2.5 times to 10,367. Of those cases,

synthetic cannabinoids (fake marijuana), went from just nine cases identified in 2010, up to 300 the following year and then rocketed to nearly 2000 in 2014. Synthetic cannabinoids have emerged as a critical issue in 2015, particularly for Florida.

In 2011, Florida had only one crime lab case of alpha-PVP/Flakka. That number rose dramatically with 672 cases reported in Florida in 2014. Shockingly, in just Broward County alone from January to October 2015, the Sheriff's Office crime lab had seen more than 1,800 cases.

The phrase point and click drug trafficking has been used to describe the way synthetic drugs can currently be purchased. By entering the phrase "research chemicals" into an Internet search engine all sorts of opportunities to purchase various synthetic drugs can be found online. For example, at the time of the Grand Jury's investigation, alpha-PVP was selling on line for approximately \$1,500 a kilogram (2.2 pounds). For alpha-PVP, a dose to achieve the desired effect is one tenth of a gram. Thus, a \$1,500 kilogram produces up to 10,000 doses. The drug could be ordered online and would be transported by worldwide delivery services. Additionally, some of the websites would offer to reship replacement product free to the purchaser, if the authorities seized the package.

The cost for a single dose of Alpha-PVP is about \$5. This drug is inexpensive when compared to the cost of other street drugs. With 10,000 doses per kilo, sold at \$5 a dose, there is a profit of roughly \$48,000 per kilo from a \$1,500 investment. The incredible return on investment is at least partially responsible for the proliferation of alpha-PVP as a synthetic drug.

The desired effects of alpha-PVP are to give the user a sense of euphoria with a powerful stimulant effect, resulting in high energy and a

hallucinogenic distortion of reality. The drug's street price is competitive with crack cocaine but the effects of this drug last for several hours, which is much longer than cocaine or crack cocaine. This drug has very specific dose levels. A small amount might provide the effect that people desire, but just a little bit more has the potential to trigger many serious long-lasting adverse consequences. The adverse consequences associated with the drug, particularly cognitive impairment, can last for days after taking it. Users have stated they have difficulty thinking when they are on the drug. Patients in Broward County treatment programs, after not using this drug for 30 days, state they still have difficulty collecting their thoughts and thinking clearly. In some cases, this condition has persisted for even longer periods.

The physical effects of this drug can be tachycardia, hypertension, arrhythmia and organ failure. The long term effects of this drug are unknown at this time. The drug can cause agitation, aggressiveness, severe paranoia and various degrees of psychosis. Alpha-PVP affects brain neurons for a much longer period than cocaine or methamphetamine. This causes much more disruption to the activity in the brain, often resulting in severe paranoia and violent behavior. These psychotic, paranoid, hyperthermic, violent individuals often have superhuman strength and the inability to think clearly or rationally. Frequently this constellation of symptoms creates a major disturbance, necessitating the summoning of the police.

One of the more noteworthy adverse reactions to alpha-PVP is a syndrome referred to as "excited delirium". Excited delirium begins with a sharp rise in body temperature. The person may believe their body is on fire. Some ask people to pour water on them. Others may rip off their clothes and

run in the street because of the high level of body heat they are experiencing. Due to the incredible strength created in the users of this drug, it may take as many as seven or eight law enforcement officers just to restrain an individual experiencing excited delirium.

Users of alpha-PVP also experience the “fight or flight” response, a physiological reaction that occurs in response to a perceived harmful event, attack, or threat to survival where their bodies provide additional energy and strength to resist whatever the perceived threat to them may be. Due to how alpha-PVP affects the brain, frequently the user believes that others, including law enforcement officers, are present to cause them harm. They do not realize the police are there to help them receive much needed medical attention. Due to the paranoia accompanying alpha-PVP use, many individuals believe they are being chased by others or by imaginary wild animals who are attempting to cause them harm or kill them. For example, a man was trying to break into the Fort Lauderdale Police Department in an effort to escape from the wild dogs he was convinced were chasing him. While the situation described sounds unbelievable, it was very real to that individual.

Excited delirium presents many issues for the first responders handling these cases. A protocol has been developed in Broward County that involves both paramedics and law enforcement coordinating their responses to any excited delirium calls with both paramedic and law enforcement jointly arriving at a scene. This necessary response however results in a significant diminishment of available personnel because of the number of people needed to deal with just one synthetic drug user. Additionally, because alpha-PVP users can be so violent, agencies in Broward County



implemented a specific protocol. Due to the potential threat presented by the drug user, law enforcement officers ride in the back of the rescue truck to the hospital for the protection of the paramedics, with another officer following in a second vehicle.

Moreover, if the individual suffering from the excited delirium syndrome does not receive immediate medical attention, they can die. Hyperthermia can bring about rhabdomyolysis, a medical condition that breaks down the body's muscle tissue resulting in damage to or the failure of the kidneys. Broward County has alpha-PVP users who as a result of doing the drug now face kidney dialysis for the rest of their lives.

Those working with clients in treatment programs have found that alpha-PVP users need to be isolated from others. This exists weeks after their last use of the drug because of the persistent high level of paranoia. For the counseling to be most effective, it needs to be done in a room with subdued lighting in a one-on-one basis, rather than in a group setting because of the excitability and the paranoia. Treatment sessions for these patients generally can last no longer than 20 minutes as opposed to the traditional 60 or 90-minute counseling sessions. This is due to their shortened attention span from the cognitive impairment caused by using the drug. Although alpha-PVP users have stated they are afraid of the drug, many continue using it, because of its highly addictive nature. Some scientists at the National Institutes of Health believe its molecular structure may have even been intentionally designed to be more addictive.

The Broward County Medical Examiner began tracking alpha-PVP related death cases in September 2014. Broward County had 34 alpha-PVP related deaths between September 2014 and the end of August 2015. As

of mid-October 2015, that number had grown to 50 deaths. As of mid-December 2015, there have been 61 alpha-PVP related deaths in Broward County.

The use of alpha-PVP has also had a profound effect on local hospitals. Broward County, Florida has approximately 18 hospitals. The Broward Health System consists of four of those hospitals. From June 2015 through August 2015, those four hospitals had the following breakdown of alpha-PVP cases. The Broward Health Medical Center had 567 emergency room visits, Broward Health North had 127, Broward Health Imperial Point had 263 and Broward Health Coral Springs had 22. During that three-month period, roughly thirty percent of the 979 patients seen in these emergency rooms had to be admitted to the hospital for further care. From June through December 2015, the Broward Health System has now treated 1,800 emergency room alpha-PVP cases.

The restraining of the alpha-PVP user, enabling paramedics to provide initial medical care and transportation to the hospital requires far more law enforcement officers than that which would be necessary for other types of emergency runs. This is having a major impact on our public safety infrastructure. The further depletion of resources continues when these individuals show up in our local hospital emergency departments, where they are also wreaking havoc. As a result, a person who may be having a heart attack may not timely receive necessary medical services because there has been so much disruption to the available services caused by the synthetic drug user. The consequences of this epidemic go beyond just the actual users of the drug itself. It impacts all aspects of the community.

One of the issues related to new psychoactive substances is that the drug purchasers don't know what they are buying, the users don't know what they are taking, and frequently the person selling the drug has no idea of what it is they are selling. This becomes a major issue because it makes the users of these substances guinea pigs. In some circles, NPS are referred to as guinea pig drugs. This is due to the similarities the drug users have with experimental laboratory rats, some get high, some get sick, many become addicted, and some die.

The deception in street drug sales is dramatically increasing. Alpha-PVP has been sold in Southeastern Florida as cocaine and as methamphetamine. The reason for this is that the price of cocaine and methamphetamine are much higher than alpha-PVP and the drug dealer can make a much greater profit by using it as a substitute and selling it as cocaine or as methamphetamine. There have also been cases of tobacco laced with alpha-PVP and sold as pre-rolled marijuana joints, without any marijuana, with just tobacco and a few shreds of alpha-PVP.

### III. INFRASTRUCTURE IMPACT, OBSERVATIONS & RECOMMENDATIONS

#### A. Rehabilitation/Counseling

A compelling question was posed during our investigation,  
**“Why is it so easy to buy drugs and so hard to get treatment?”**

Currently, there do not appear to be any tried and true methods or protocols in place from the perspective of rehabilitation and counseling. As a result, the available data is incomplete. However, some conclusions can be reached from the information that is currently available. Dealing with patients with an addiction to synthetic drugs is extremely time intensive, costly, and frequently meets with less than desirable outcomes.

One of the things compounding the problem with rehabilitation is that the friends and family who comprise the traditional support group for an individual on synthetic drugs, such as Flakka, do not wish to have that individual anywhere near them when they continue to ingest the synthetic drug. The support group members are extremely concerned about their own personal safety, the safety of other family members and friends, as a result of the bizarre behavior of those who have chosen to take the illegal drug.

The Grand Jury heard time and again that it takes roughly 90 days before the human brain reverts to the way it was prior to the ingestion of synthetic drugs. Many of the rehabilitation and treatment programs consist of a length that is far short of that which appears to be necessary, in order for recovery to take place. A number of experts suggested longer periods of

inpatient treatment prior to discharge to a residential treatment program for users of synthetic drugs.

Further, the Grand Jury heard a multitude of times that the human brain is still forming up until the age of 26 and that significant, if not irreparable, harm can occur by the ingestion of recreational drugs to any individual. In younger individuals the human body is not able to deal with, process, and eliminate some types of synthetic drugs.

The chemical composition of the synthetic drugs results in their being highly addictive. It has been suggested that they are far more addictive than anything experts have seen in our country before now. The traditional methods of counseling and rehabilitation have proven to be less than effective when it comes to synthetic drugs. Additionally, the entities engaged in the counseling and rehabilitation of those who ingest synthetic drugs have additional concerns for the safety and well-being of other patients, as well as the facility staff, due to their aggressive and unpredictable behavior. A number of times, the Grand Jury was informed about the cognitive changes and difficulties experienced by those who have consumed synthetic drugs. Those that have consumed the synthetic drugs, especially Flakka, continue to behave in a fashion exhibiting extreme paranoia, aggression, and have an inability to engage in discussions pertaining to conceptual thought.

More than once it was mentioned to the Grand Jury that the insurance benefits for individuals seeking help for their addiction cannot be obtained or, if provided, is not of a sufficient duration. Further, those of limited means have very few options available to obtain help with their addiction problem.

The Grand Jury has received testimony that many individuals doing synthetic drugs experience what has been termed excited delirium. They

experience significant body temperature increases, sweat profusely, have an accelerated heart rate, develop incredible strength, are not in touch with reality, have extreme paranoia, and are subject to hallucinations and delusions. This medical event creates dire consequences for the human body. As a result, if death does not occur, many of these individuals will need long-term health care as a result of the physical damage they've done to both their brain and their body. One of the medical procedures that may be necessitated as a result of the ingestion of the synthetic drug will be lifelong dialysis. They may also need an organ transplant and need health care for the rest of their lives, at an incredible cost to the individual, the individual's family or the community.

The theme that ran consistently throughout our term has been there are not enough resources to deal with the magnitude of the synthetic drug problem with which our community is faced. There are not enough personnel, equipment, rehabilitation facilities or rehabilitation beds. Virtually all local drug rehabilitation facilities are always at capacity.

***(1)The Grand Jury recommends that increased resources be obtained to research and establish Evidence Based Practices for treating patients with synthetic drug addictions.***

***(2)The Grand Jury recommends that a treatment protocol be developed for synthetic drug users. Once developed, training on the new protocol needs to be provided to counselors and practitioners.***

***(3)The Grand Jury recommends that increased resources and funding be procured for substance abuse treatment.***

***(4)The Grand Jury recommends that there be better monitoring and regulation of halfway houses, to ensure they are providing***

*the appropriate services and billing for necessary tasks and procedures, which are actually being received by the patient.*

## **B. Laws/Interdiction**

As described in the Introduction and Background sections of this report, the continued proliferation of synthetic drugs poses a significant threat to the health and welfare of all citizens in Broward County. Traditionally, such threats are met with new legislation designed to combat such proliferation. The Grand Jury has learned, however, it is often difficult to enact legislation addressing the topic of synthetic drugs as the chemical nature of such substances is the subject of constant evolution. In short, our government is often left to play 'catch up' with the latest forms of street drugs, which pose a danger to our community.

The actions of the Chinese government in outlawing 116 new psychoactive substances (NPS) this past October illustrate the breadth of what has become an international dilemma. Notably, alpha-PVP ("Flakka") was one of the 116 substances. Here at home, the Broward Sheriff's Office recently seized a new synthetic drug referred to as TH-PVP. This drug is also a synthetic cathinone. It is available for sale on the Internet with shipping to the purchaser's door. A kilo of this drug costs \$2,000 with free shipping to Fort Lauderdale. The drug is being marketed as very similar to alpha-PVP and appears to affect the user in the same fashion. Yet, under the current laws in Florida it is not illegal and is being marketed as legal in the United States.

Based on these circumstances, traditional efforts to target individual substances without more are likely to accomplish little in combating a threat that can change its nature literally overnight. It is critical that laws are enacted that instead address the broader class of psychoactive substances and thus allowing law enforcement to keep pace with the constant changes in this illegal marketplace. The Grand Jury is aware and very encouraged that the Florida Attorney General's Office has been involved in the drafting of proposed legislation (Appendix A, B, C & D) which serves this specific aim. Under this proposed legislation, the new substances such as the TH-PVP recently seized by the Broward Sheriff's Office would be prohibited by their classification without need for additional legislation targeting that specific chemical compound.

***(5) The Grand Jury strongly recommends that legislation, such as the Synthetic Drug Legislation referred to as The 2016 Florida Designer Drugs Enforcement Act, as proposed by the Florida Attorney General's Office, be enacted into law.***

The above mentioned legislative proposal should be a great help in stemming the tide of synthetic drugs. However, the Grand Jury would suggest that trafficking penalties be added to this classification of substances in the future. This suggestion is based on evidence presented to the Grand Jury which reveals drug trafficking penalties significantly diminish availability and, the resulting use of any specific drug. It would appear that developing and imposing drug trafficking sanctions is a great deterrent for those that may otherwise be inclined to engage in the distribution of illicit



drugs. Alpha-PVP, the drug causing a great deal of problems in Broward County was added as a controlled substance more than a year ago. While this action did make it illegal to possess, there are no trafficking penalties for the manufacture or distribution of this drug. As a result there is not nearly the deterrent effect there would be if trafficking penalties for this drug existed.

The Grand Jury was very surprised to learn that many synthetic drugs can be purchased online and shipped to the door of the purchaser. While it is difficult to curb the influx of these illegal drugs, more time and resources should be devoted to developing new ways to stem the introduction of these drugs into our country.

***(6) The Grand Jury recommends that resources should be devoted to developing new ways to stem the introduction of synthetic drugs into our country.***

It appears that the public's perception is that consuming or inhaling substances through electronic cigarettes or hookah devices is medically safe and therefore socially acceptable. The Grand Jury heard from a number of physicians and based on the information presented, it would appear that nothing could be further from the truth. The Grand Jury is very concerned about electronic cigarettes and the growth in "hookah bars" for the ingestion of various substances. This Grand Jury has learned that frequently, electronic cigarettes and hookah devices are used for consumption of illegal/recreational drugs. The proliferation of both of these types of devices seems to be creating a groundswell of new illegal drug users. It would be the Grand Jury's position that there would be no legitimate purpose for anyone under the age of 18 years of age to have in their lawful possession an

electronic cigarette or nicotine vaporizer. It is the Grand Jury's position that it would be a good idea to further examine this issue.

### **C. Emergency 911/Dispatch System**

The Grand Jury, as a result of its investigation, learned that many of the law enforcement and emergency personnel responses to individuals having ingested synthetic drugs are as a direct result of a 911 emergency call being placed.

After considering the evidence presented, the Grand Jury believes additional training should be implemented so 911 call-takers develop the necessary information to best deal with situations involving individuals on synthetic drugs. Our investigation has uncovered 911 call-takers do not have an established protocol to assess whether first responders are being sent into the dangerous medical phenomenon known as 'excited delirium' created by an individual on synthetic drugs. One solution is the creation of a questionnaire utilized by 911 call-takers to assess and respond to the emergency situation. Some of the questions that might be considered would be as follows:

- Does the individual appear to be sweating profusely?
- Does the person claim to be very hot or on fire?
- Is the individual disrobing or unclothed?
- Is the individual speaking incoherently, or have disorganized speech or grunting?
- Is the individual agitated, screaming, panicking, or suffering from extreme fear?

- Does the individual appear to be out of touch with reality, disorientated, or hallucinating?
- Is the individual acting in what could be described as a bizarre fashion?
- Does the individual appear to be experiencing paranoia?
- Does the individual believe they are going to die?
- Is the individual in constant motion or hyperactive?
- Does the individual claim to have taken an illegal drug? If so, what?

A number of first responders stated that it helps greatly knowing as much information as possible about the facts and circumstances of a situation, as they are responding to the scene. Since paramedics can't go into a dangerous scene until it has been made safe by law enforcement, a correct evaluation of a situation needs to be done as quickly as possible. A drug user experiencing excited delirium creates a dangerous situation for the public and first responders. Protocols should be in place that assist dispatchers in determining do officers need to be sent to a scene, if so, how many. Thus, minimizing the time spent by paramedics waiting for the ability to safely enter a scene to provide emergency medical treatment.

There is a dispatch code for law enforcement officers alerting them that they will be responding to a drug call. However, for some reason there isn't one for fire fighters/paramedics.

***(7) The Grand Jury recommends a protocol, including a set of questions, be established to determine if a dangerous 'excited delirium' situation exists at any emergency scene.***

***(8) Where such a dangerous situation of 'excited delirium' is believed to exist, the Grand Jury recommends the implementation of additional protocol to assist in determining the appropriate number of law enforcement officers to be dispatched immediately (in advance of/in support of) fire rescue personnel.***

***(9) The Grand Jury recommends training be established to assist 911 call takers and dispatchers in assessing all emergency calls to determine the presence of an 'excited delirium' situation.***

***(10) The Grand Jury recommends the development and implementation of a code to notify fire rescue personnel they are responding to a drug call.***

#### **D. First Responders**

The Grand Jury heard a considerable amount of evidence pertaining to first responders' experience with individuals who have consumed illicit drugs and may have been suffering from the medical condition of 'excited delirium'. This medical condition makes it unsafe for less than several officers to approach in an attempt to calm and/or subdue an individual experiencing the effects of the condition. As a result, the 911 and dispatching system play a critical role in immediately assessing the emergency situation and correctly allocating resources to resolve the situation.

The Grand Jury learned that it is unsafe for paramedics and fire rescue personnel to approach an individual experiencing excited delirium. Therefore, it is necessary for law enforcement to make the situation safe

before the paramedics can enter the scene and administer any type of medical treatment.

The Grand Jury learned that there are a variety of different chemical restraints being employed to subdue excited delirium patients. Having an open needle in a setting where an individual is behaving in a violent fashion is extremely dangerous for the first responders and for the person experiencing excited delirium. Therefore, it is necessary for that individual to be physically restrained before the chemical restraint can be utilized.

The Grand Jury learned of a number of situations where an insufficient number of law enforcement personnel were dispatched to a scene of an individual experiencing excited delirium. Therefore, the EMS/fire rescue personnel had to wait until an appropriate number of law enforcement personnel have assembled, assessed, and subdued the individual in dire need of medical treatment and transport to a hospital.

In order to minimize the amount of time lost due to fire rescue personnel awaiting notification that it is safe for them to enter a scene and administer emergency medical assistance, an accurate description of the situation, and the attendant circumstances must be obtained by the 911 call-taker, forwarded to the dispatcher, and immediately provided to all first responders going to that scene. This situation highlights the necessity of accurate information being obtained and disseminated quickly due to the impact on human lives.

Another outgrowth of the exponential increase in synthetic drugs in our community has been the depletion of the number of available EMS/fire rescue personnel available to respond to additional drug calls and all the

other traditional medical emergencies presenting themselves in the course of a day.

One city frequently has to rely on a mutual aid compact with other jurisdictions in order to adequately cover emergencies in their city because their rescue personnel are dealing with a high number of drug-induced emergencies. Further, in that same city, the normal amount of time a rescue crew is on a call has been 20 minutes. In dealing with excited delirium patients, that call time has grown to at least 60 minutes and may take up to two to four additional hours.

Currently multiple fire rescue organizations and hospitals have various protocols in place with respect to the chemical restraint of excited delirium patients.

***(11) The Grand Jury recommends that further study and research be conducted to determine the best and most effective methodology, including chemical restraint, to utilize in controlling these individuals, so they can be safely transported and treated.***

#### **E. Other Law Enforcement/Criminal Justice Concerns**

The proliferation of synthetic drugs has had dramatic effect on several other aspects of law enforcement including the operation of the Broward County Jail. The Grand Jury has learned family members and friends of individuals on synthetic drugs are often reluctant to post bond or allow the arrestee to reside with them. This reluctance appears to be based on the erratic if not bizarre behavior exhibited by the people on synthetic

drugs. This appears to have had an impact on the number of people capable of bonding out of jail.

Additionally, the increased use of synthetic drugs has required the Broward Sheriff's Office to guard individuals under arrest who are receiving medical treatment in local hospitals for medical issues or conditions caused by these drugs.

The Grand Jury has also learned the proliferation of synthetic drugs has caused a dramatic increase in the number of criminal cases. This has caused increased case counts and workloads for judges, court clerks and prosecutors.

This increased caseload has also affected the Broward Sheriff's Office Crime Lab who has seen a dramatic increase in the volume of the number of cases of new synthetic drugs. These new drugs require the purchasing of new standards in order to perform the requisite testing. These standards are currently produced by only one lab in the Midwest, which has a significant turnaround time. The increase in the number of drug cases also has created a need for additional staffing and additional equipment.

## **F. Hospitals**

The proliferation of drug overdoses and the resulting excited deliriums seen in Broward County local hospitals has caused considerable staffing difficulties and the depletion of resources. Because of the multitude of issues presented by patients experiencing excited delirium, a greater level of staffing and security has become necessary. Unfortunately, excited delirium patients are extremely disruptive to the normal functioning of an emergency room. These patients require additional personnel to treat and control them,

thus limiting the number of available staff for other hospital patients. Their behavior can also adversely impact the health and mental well-being of other patients.

## **G. Societal Issues**

The Grand Jury is extremely concerned about the multiple effects the consumption of illegal drugs has on our community. One of the greatest concerns of this Grand Jury is the issue of safety. Safety for law-abiding citizens and safety for the first responders tasked with dealing with the situation, in spite of the obvious dangers which they face.

The Grand Jury has learned that controlling an individual who has consumed synthetic drugs and is experiencing excited delirium necessitates multiple individuals in order to restrain them. Law enforcement officers for years have been given a number of tools and strategies in order to deal with those who are presenting a public safety concern. The tools supplied are pepper spray, night sticks, telescoping batons and Tasers. However, these tools are generally rendered ineffective when used to attempt to control individuals experiencing excited delirium.

The excited delirium is generally coupled with extreme paranoia, incredible strength, an altered state of reality, and significant confusion; thus, trying to reason or rationally discuss anything with that individual is unsuccessful. Further, the individual often times thinks those that are there to help or save them are actually there to do them physical harm. This perception increases the danger to all involved. Local law enforcement officers are being trained to be careful not to do anything to impair the



individual's ability to breathe when they do have to physically subdue someone experiencing excited delirium. As previously noted, it takes multiple individuals to subdue the person. Frequently law enforcement officers try to use the weight of several in order to hold the person down. Yet in so doing it could affect the person's ability to breathe and negatively impact their heart. To attempt to avoid a lethal situation when controlling an individual in such a condition, it has been suggested to utilize a safety officer who has the role of monitoring that which is being done.

Further, this type of scenario to a casual observer could result in a conclusion that this appears to be a situation of police brutality as opposed to law enforcement officers attempting to subdue someone so that they can get the medical help they need.

Moreover, because this situation renders virtually every other nonlethal means of subduing the person in need of medical help ineffective, there's only one weapon or tool that remains, and that is deadly force. It would be a tragedy for a law enforcement officer who is there trying to save that individual and get them the much needed medical attention to put his life, other officers' lives, or civilians' lives in danger because of his hesitation or reluctance to use necessary force when faced with a lethal situation. Certainly, in such a situation, there are no winners, but because of all the information we received during this term, we feel it is very important to share our thoughts regarding this very sensitive issue.

***(12) The Grand Jury recommends further study and development of other potential tools, methods, and strategies to be utilized in dealing with those who are experiencing excited delirium. We feel this is very important for the safety of the***

***community and the first responders who are required to react to such situations.***

Social media outlets appear to be an untapped resource for the dissemination of the anti-drug message. The Grand Jury is unaware of public service announcements appearing on any social media at this time. Given the widespread usage and exposure of these various entities, it would be helpful if they would run/exhibit public service announcements warning of the dangers of illegal drug usage.

## **H. Educational Issues**

The Grand Jury feels that education is of critical importance with respect to the issues surrounding synthetic drugs and illegal drug usage. It appears that in order for society to diminish the number of those addicted to illegal drugs, society must ensure that those individuals never begin experimenting with those illegal drugs. In short, prevention is the best defense. Certainly, creating a high degree of public awareness regarding synthetic drugs is critical. The Grand Jury, only after hearing from a number of experts, was then able to develop a better understanding of the nature of the problem and how pervasive the problem has become in our community.

It was brought to the Grand Jury's attention on a number of occasions, however, that many who need to hear the message are not accessible through traditional means of disseminating information. Therefore, creative and innovative means to disseminate the message need to be developed.

Public service announcements (PSAs) are one way to disseminate information regarding recreational drug usage. Advertising firms should be

encouraged to develop more compelling public service announcements in order to help society and stem the tide of those willing to ingest illegal recreational drugs.

***(13) The Grand Jury strongly recommends that education in our schools regarding recreational drug usage should be a staple of curriculum, should be refined, and better ways should be developed to keep our young from ingesting illegal drugs.***

***(14) The Grand Jury recommends that additional education be developed, improved, and disseminated regarding synthetic drugs and their effect on the individual and the family. This information should be provided to the following groups: 911 call-takers & dispatchers, law enforcement personnel, fire rescue personnel, and those who staff emergency rooms and hospitals.***

The Grand Jury is hopeful that both the public and private teachers of Broward County, Collective Bargaining Units, school administrations and the Broward County School Board can work in unison to develop programs that will help to curb recreational drug use. Certainly, the ultimate goal would be to stop it, however, with the information this Grand Jury received, it is our belief that education would be a critical component in bringing about a positive change with respect to illegal drug usage.

This Grand Jury is also acutely aware of the workload and the rigors of being a teacher. It is not our desire to further burden them, but to find a way or a method by which information can be disseminated that will have a positive effect on our youth. The Grand Jury is also aware that bus drivers, school custodians, cafeteria workers, school nurses, para-professionals, school volunteers, cross-walk guards and office support staff have a great deal of contact with our children, and they, too, can receive training on how

to disseminate the message about the dangers of recreational drugs and provide information about where to go for help. Hopefully, the schools' parent/teacher organizations will also take a significant role in the implementation of these programs.

***(15) The Grand Jury recommends that periodic in-service trainings be held in schools to provide more information for all who are employed or volunteering in schools regarding the problem, how to identify students with drug issues, and the resources available to deal with the problem.***

Another way schools could be utilized to further disseminate information pertaining to the dangers of illegal drug usage would be at the schools' open houses.

***(16)The Grand Jury recommends that during a school's open house there should be a short presentation for both the students and parents regarding the dangers of synthetic drugs as well as information pertaining to available resources for those who are addicted or are in need of help.***

There are existing groups and organizations who can also play instrumental roles in disseminating information regarding the dangers of illegal drugs. Some examples would be youth organizations, youth sports programs, Boy Scouts, Girl Scouts, Brownies, Cub Scouts, church youth groups, the Boys and Girls Club, faith based organizations, etc. The Grand Jury would hope that, in addition to those corporations already involved in the process of developing and disseminating information pertaining to recreational drug use, other corporations and organizations would seize the opportunity to also bring their resources to bear.

Additionally, Florida has enacted laws to foster the obtaining of critical medical assistance for those suffering from drug overdoses. The first of those laws is the Florida Good Samaritan law, Florida Statute 893.21 (Appendix E). The law provides that if someone summons police or rescue personnel for a drug overdose emergency, the person summoning the medical assistance and the person they are calling for, will not be charged with criminal possession of drugs. The other new Florida law is the Emergency Treatment for Opioid Overdose Act that will increase access to naloxone (a drug which immediately reverses the effects of opioids in the event of an overdose). Naloxone is a safe, effective and non-addictive antidote to all opioid-related overdoses, including heroin and fentanyl, and is a critical tool in preventing fatal opioid overdoses. This medication can be administered by EMS, law enforcement, people at high risk for overdose, or family and friend bystanders who have obtained the medication. (Appendix F).

The Grand Jury believes there are very few public service announcements on TV geared toward stemming illegal drug usage. The Grand Jury would hope that media outlets, due to the nature and the magnitude of the problem, will make spots available for public service announcements. Additionally, the Grand Jury suggests approaching pharmaceutical companies to see if they would be willing to contribute funds for education regarding the inherent dangers of synthetic drugs. The Grand Jury also suggests approaching advertising companies to see if they will contribute funds or services for the education of the public about the dangers of synthetic drugs.

## V. CONCLUSION

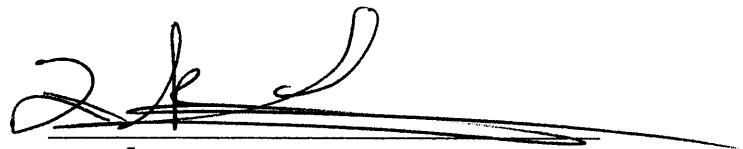
In our country, optimism often leads to believing certain ills will not end up at our doorstep. Based on the information received this term, we now know such a view of synthetic drugs is both unwise and insupportable. Initially, evidence received by the Grand Jury continues to suggest the scourge of drug abuse can devastate a family's unity and resources. Although many may try to minimize or hide problems they or family members have with illegal drug usage, the rise of synthetic drugs only increases the risk to all in the community.

Even for those who do not suffer the direct impact of a family member or friend struggling with drug abuse, the rise of synthetic drugs produces a high cost. Not only does the use of such substances increase the risk of crime, the cost for a synthetic drug user's medical care is staggering. If the user requires hospitalization, the potential treatment (intensive care, dialysis, psychological/psychiatric treatment, protracted health care, outpatient care, etc.) makes the dollar figure for their care astronomical. Every public service entity is affected by those doing illegal synthetic drugs.

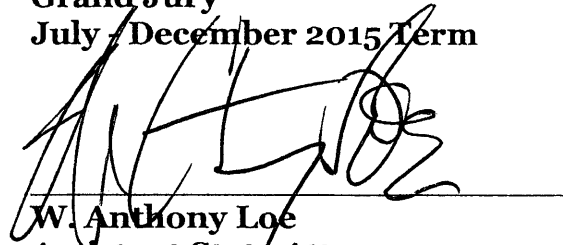
We hope all will take the time to read this report, realize the expansive nature of the problem, and participate as a community to help stem the tide by finding new solutions to what has become a persistent problem. As we learned from each and every person who appeared before us, it is our hope this report will aid in identifying issues and providing a context for a meaningful dialogue on the nature and impact of synthetic drugs. It is the Grand Jury's belief new non-traditional methods need to be developed and implemented in order to have an appreciable effect on this problem.

In conclusion, as noted by one witness, aspects of the threat posed by the rise of synthetic drugs in our community can be equated to the emergency situation created with arrival of a major hurricane. Its impact can only be lessened through education, preparation, and a community-wide effort lasting long after the arrival of the danger. The need for this full and cooperative effort is further underscored by the nature of the danger itself, i.e. the person in the throes of excited delirium who has endangered his or her own life, as much as those he or she has endangered, both first responders and the community. For all of us, the need to address this matter is as real as it is urgent.

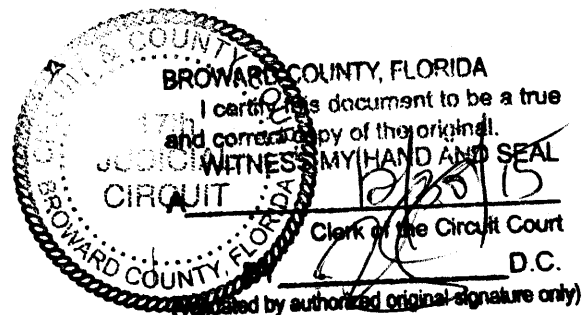
DATED this 30<sup>th</sup> day of December, 2015.



**Frank Lawrence, Foreperson  
Grand Jury  
July - December 2015 Term**



**W. Anthony Loe  
Assistant State Attorney  
Legal Advisor**



1. The first part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries. The second part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries.

2. The first part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries. The second part of the paper is a review of the literature on the effects of the 1997 Asian financial crisis on the economies of the Asian countries.



## **A Summary of the Grand Jury's Recommendations from The Synthetic Drugs Investigation**

- (1) The Grand Jury recommends that increased resources be obtained to research and establish Evidence Based Practices for treating patients with synthetic drug addictions.*
- (2) The Grand Jury recommends that a treatment protocol be developed for synthetic drug users. Once developed, training on the new protocol needs to be provided to counselors and practitioners.*
- (3) The Grand Jury recommends that increased resources and funding be procured for substance abuse treatment.*
- (4) The Grand Jury recommends that there be better monitoring and regulation of halfway houses, to ensure they are providing the appropriate services and billing for necessary tasks and procedures, which are actually being received by the patient.*
- (5) The Grand Jury strongly recommends that legislation, such as the Synthetic Drug Legislation referred to as The 2016 Florida Designer Drugs Enforcement Act, as proposed by the Florida Attorney General's Office, be enacted into law.*
- (6) The Grand Jury recommends that resources should be devoted to developing new ways to stem the introduction of synthetic drugs into our country.*
- (7) The Grand Jury recommends a protocol, including a set of questions, be established to determine if a dangerous 'excited delirium' situation exists at any emergency scene.*
- (8) Where such a dangerous situation of 'excited delirium' is believed to exist, the Grand Jury recommends the implementation of additional protocol to assist in determining the appropriate number of law enforcement officers to be dispatched immediately (in advance of/in support of) fire rescue personnel.*
- (9) The Grand Jury recommends training be established to assist 911 call takers and dispatchers in assessing all emergency calls to determine the presence of an 'excited delirium' situation.*

*(10) The Grand Jury recommends the development and implementation of a code to notify fire rescue personnel they are responding to a drug call.*

*(11) The Grand Jury recommends that further study and research be conducted to determine the best and most effective methodology, including chemical restraint, to utilize in controlling these individuals, so they can be safely transported and treated.*

*(12) The Grand Jury recommends further study and development of other potential tools, methods, and strategies to be utilized in dealing with those who are experiencing excited delirium. We feel this is very important for the safety of the community and the first responders who are required to react to such situations.*

*(13) The Grand Jury strongly recommends that education in our schools regarding recreational drug usage should be a staple of curriculum, should be refined, and better ways should be developed to keep our young from ingesting illegal drugs.*

*(14) The Grand Jury recommends that additional education be developed, improved, and disseminated regarding synthetic drugs and their effect on the individual and the family. This information should be provided to the following groups: 911 call-takers & dispatchers, law enforcement personnel, fire rescue personnel, and those who staff emergency rooms and hospitals.*

*(15) The Grand Jury recommends that periodic in-service trainings be held in schools to provide more information for all who are employed or volunteering in schools regarding the problem, how to identify students with drug issues, and the resources available to deal with the problem.*

*(16) The Grand Jury recommends that during a school's open house there should be a short presentation for both the students and parents regarding the dangers of synthetic drugs as well as information pertaining to available resources for those who are addicted or are in need of help.*

## **APPENDIX A**

### **An Overview of the 2016 Florida Designer Drugs Enforcement Act 2016**

The Florida Designer Drugs Enforcement Act 2016 is a comprehensive legislation proposal to update and strengthen the designer drugs control mechanisms in Florida. The proposed legislation is the result of over a year of study and consultation with multiple disciplines of chemistry (forensic chemistry, organic chemistry, as well as aspects of pharmacology). The Act incorporates the best practices of our sister states, as well as the United Kingdom and other countries. The Act incorporates the recommendations of the National Alliance for Model State Drug Laws: models and policy recommendations. The result of the year of reviews, consultations, and working groups is a The Designer Drugs Enforcement Act 2016, proposing the most effective way to stop the increasing public threat caused by designer drugs in Florida.

In addition to recommending the specific scheduling of certain novel compounds that do not fit known classes, the Act proposes class system for the following designer drug groups currently of threat in Florida:

- synthetic cannabinoids;
- substituted cathinones;
- substituted phenethylamines;
- N-Benzyl Phenethylamines;
- substituted tryptamines; and
- substituted phenylcyclohexylamines.

The existing provisions of 893.13 will then apply to each of the class groups. As well, provisions of Florida's general drug laws (§893.13) are updated to better manage the phenomenon of designer drugs in Florida. The provisions for Listed Chemicals (essential chemicals & precursor chemicals), and the paraphernalia provisions are updated to conform to modern practices of the manufacturing of these dangerous drugs. Additionally, Florida's analog law is strengthened to incorporate a learned, workable definition of "substantially similar" as it relates to chemical structure, a definition that is the result of a series of working groups of this State's laboratory chemists.

Certain provisions of RICO are amended to clarify the inclusion of criminal acts of misbranding that often accompanies the distribution of synthetic drugs. Also, the Act strengthens economic sanctions for crimes involving misbranding practices often collateral to the distribution of dangerous designer drugs.

The Florida Designer Drugs Enforcement Act 2016, is the right legislation, at the right time for Florida.

## **APPENDIX B**

### **The Proposed Summary Analysis of the 2016 Florida Designer Drugs Enforcement Act**

In recent years, synthetic drugs have become a problem in Florida. Synthetic drugs are “research” chemicals developed to produce a high similar to what would be experienced when using illegal drugs such as marijuana, cocaine or methamphetamine. Since 2011, the Florida Legislature has incrementally added specific synthetic cannabinoids, substituted cathinones, substituted phenethylamines, N-benzyl Phenethylamines, substituted tryptamines and substituted phencyclidines of concern in Florida to Schedule I of Florida’s controlled substances schedules. In an effort to keep up with the exploding synthetic drugs market in Florida the number of substances specifically scheduled in Schedule I (c) had quadrupled since 2010. In most recent years, after each control action, whether by emergency scheduling or legislative action, slightly-altered new “replacement” drugs have been deployed into the lucrative designer drugs market to evade the new controls. The increasing number of synthetic drug variants available and the higher toxicity of new variants pose an increasing public health threat.

The bill adds class descriptions to the top designer drugs of concern in Florida: synthetic cannabinoids, substituted cathinones, substituted phenethylamines, N-benzyl Phenethylamines, substituted tryptamines and substituted phencyclidines to Schedule I of Florida’s controlled substance schedules. The class descriptions define certain groups of compound of concern by the core structure that they share and limits the modifications

that can be made to the core structure yet stay within the group. As a result, the criminal penalties relating to the possession, sale, manufacture, and delivery of controlled substances will apply to these synthetic substances. The bill also provides a definition to “substantially similar” as to chemical structure in the existing controlled substance analog sections. The bill corrects errors in existing substances listings and double entries of substances, and updates the listed chemicals and paraphernalia sections to reflect modern clandestine manufacturing practices of designer drugs. The bill provides economic sanctions for the knowing sale of designer drugs within establishments that hold beverage and tobacco licenses.

The Criminal Justice Impact Conference has not met reference this bill to determine what prison bed impact the bill will have on the Department of Corrections (i.e., an increase in prison beds). However, based upon the experience of other states having moved to class legislation of these substances, increases are short lived as the market for the substances is disrupted.

The bill may also impact the Florida Department of Law Enforcement (FDLE) Crime Laboratory workload because the lab may see a rise in evidence submissions associated with the newly added substances. However, based on the experience of other states having moved to class legislation of these substances, the increase is short lived as the market for the substances is disrupted.

## I. SUBSTANTIVE INFORMATION

### A. EFFECT OF CHANGES:

#### Scheduling Synthetic Drugs

##### Background

Chapter 893, F.S., sets forth the Florida Comprehensive Drug Abuse Prevention and Control Act and classifies controlled substances into five categories, known as schedules. These schedules regulate the manufacture, distribution, preparation and dispensing of the substances listed therein. The distinguishing factors between the different drug schedules are the “potential for abuse”<sup>1</sup> of the substances listed therein and whether there is a currently accepted medical use for the substance.<sup>2</sup> Schedule I substances have a high potential for abuse and have no currently accepted medical use in the United States.<sup>3</sup> Heroin is an example of Schedule I substance.<sup>4</sup>

Chapter 893, F.S., contains a variety of provisions criminalizing behavior related to controlled substances. Most of these provisions are found in s. 893.13, F.S., which criminalizes the possession, sale, purchase, manufacture, and delivery of controlled substances. The penalty for violating these provisions depends largely on the schedule in which the substance is listed.<sup>5</sup> Other factors, such as the quantity of controlled substances involved in a

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<sup>1</sup> Section 893.035(3)(a), F.S., defines “potential for abuse” to mean that a substance has properties as a central nervous system stimulant or depressant or a hallucinogen that create a substantial likelihood of its being: 1) used in amounts that create a hazard to the user's health or the safety of the community; 2) diverted from legal channels and distributed through illegal channels; or 3) taken on the user's own initiative rather than on the basis of professional medical advice.

<sup>2</sup> See s. 893.03, F.S.

<sup>3</sup> Id.

<sup>4</sup> Id.

<sup>5</sup> See, e.g., s. 893.13(1)(a) and (c), F.S.

crime, can also affect the penalties for violating the criminal provisions of ch. 893, F.S.

In recent years, synthetic drugs have emerged in Florida. Synthetic drugs, such as synthetic cannabinoids, substituted cathinones, and substituted phenethylamines, are industrial grade chemicals mixed to produce a “high” similar to what would be experienced when using illegal drugs such as marijuana, cocaine or methamphetamine.<sup>6</sup> According to the United States Drug Enforcement Administration (DEA), these substances have not been approved for human consumption by the United States Food and Drug Administration (FDA).<sup>7</sup> Many of these products are sold over the Internet, in convenience stores, and in “head shops.”<sup>8</sup> Many of these compounds only have slight modifications in their chemical structures, such modifications are used by clandestine manufacturers to evade legislation.<sup>9</sup>

### **Synthetic Cannabinoids.**

Synthetic cannabinoids (also known as “K2” or “Spice”) are chemically engineered substances that produce a high similar or greater than marijuana when ingested.<sup>10</sup> The chemicals are often applied to a plant material to

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<sup>6</sup> OFFICE OF NATIONAL DRUG CONTROL POLICY, Synthetic Drugs (a.k.a. K2, Spice, Bath Salts, etc.), <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/synthetic-drugs-k2-spice-bath-salts> (last visited April 24, 2015).

<sup>7</sup> UNITED STATES DRUG ENFORCEMENT ADMINISTRATION, Chemicals Used in “Spice” and K2” Type Products Now under Federal Control and Regulation, <http://www.dea.gov/pubs/pressrel/pr030111.html> (last visited April 24, 2015).

<sup>8</sup> [http://www.dea.gov/druginfo/drug\\_data\\_sheets/Bath\\_Salts.pdf](http://www.dea.gov/druginfo/drug_data_sheets/Bath_Salts.pdf)

<sup>9</sup> U.S. Drug Enforcement Administration, Office of Diversion Control. (2014). National Forensic Laboratory Information System Special Report: Synthetic Cannabinoids and Synthetic Cathinones Reported in NFLIS, 2010–2013.

<sup>10</sup> OFFICE OF NATIONAL DRUG CONTROL POLICY, Synthetic Drugs (a.k.a. K2, Spice, Bath Salts, etc.), <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/synthetic-drugs-k2-spice-bath-salts> (last visited April 24, 2015).



mimic the appearance of marijuana.<sup>11</sup> Synthetic cannabinoids have been developed over the last 30 years for research purposes to investigate the cannabinoid system.<sup>12</sup> No legitimate non-research uses have been identified for synthetic cannabinoids and they have not been approved by the FDA for human consumption.<sup>13</sup> Synthetic cannabinoids are marketed as a legal alternative to illegal methods of getting “high,”<sup>14</sup> they are sold on the Internet, in smoke shops, and convenience stores.<sup>15</sup> The effects of ingesting synthetic cannabinoids can be very serious, and may include seizures, hallucinations, paranoia, anxiety, and tachycardia (racing heartbeat), among others.<sup>16</sup>

Since December 2014 through mid-August 2015, nationally there have been at least 14 documented mass overdose events involving synthetic cannabinoids with three to 98 casualties each (total of 604)<sup>17</sup>, including a December 2014, event in Lake City, Florida, where 20 persons were admitted to the Emergency Room.<sup>18</sup> Prior to that, in May of 2014, in Gainesville, Florida, there was a large outbreak of injury due to a synthetic cannabinoid, since then there has been a disturbing national trend of a rapidly increasing

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<sup>11</sup> Id.

<sup>12</sup> Schedules of Controlled Substances: Temporary Placement of Five Synthetic Cannabinoids Into Schedule I, 75 Fed. Reg. 71,635-38 (Nov. 24, 2010) (supplementary information).

<sup>13</sup> Id.

<sup>14</sup> UNITED STATES DRUG ENFORCEMENT ADMINISTRATION, Chemicals Used in “Spice” and K2” Type Products Now under Federal Control and Regulation, <http://www.dea.gov/pubs/pressrel/pr030111.html> (last visited April 24, 2015).

<sup>15</sup> Synthetic Substances Ban, Brief # 12-150, Florida Fusion Center (March 23, 2012) available at [www.tspd.us/Substances\\_Ban.pdf](http://www.tspd.us/Substances_Ban.pdf).

<sup>16</sup> Schedules of Controlled Substances: Temporary Placement of Five Synthetic Cannabinoids Into Schedule I, 76 Fed. Reg. 11,075-78 (March 1, 2011) (supplementary information).

<sup>17</sup> Trecki, et al., Synthetic Cannabinoid-Related Illnesses and Deaths, *N Eng J Med* 373, July 9, 2015.

<sup>18</sup> Synthetic pot sends Lake City users to hospital, *News4Jax*, December 23, 2014. <http://www.news4jax.com/news/synthetic-pot-sends-lake-city-users-to-hospital/30378874>

number and size of clusters of synthetic cannabinoid intoxication resulting in severe illness and death throughout 2014 and into 2015.<sup>19</sup> The increasing number of synthetic cannabinoid variants available, higher toxicity of new variants, and the potentially increased use as indicated by calls to poison centers suggest that synthetic cannabinoids pose an emerging public health threat.<sup>20</sup> Multiple recent outbreaks suggest a need for greater public health surveillance and awareness, targeted public health messaging, and enhanced efforts to remove these products from the market.<sup>21</sup>

### **Substituted Cathinones.**

Synthetic cathinones have stimulant properties related to cathinone, the psychoactive substance found in the shrub *Catha edulis* (khat) and produce pharmacological effects similar to methamphetamine.<sup>22</sup> Substituted Cathinones are central nervous system stimulants<sup>23</sup> with no medicinal application and a tendency for dependence.<sup>24</sup> Substituted Cathinones are beta-keto versions of amphetamines<sup>25</sup> with effects similar to amphetamines, cocaine, Khat, LSD, and MDMA.<sup>26</sup> Substituted cathinones have been shown to cause excited delirium, hyperthermia (a body temperature of 105 degrees), psychosis and death.<sup>27</sup> They are often marketed as “bath salts” in retail

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<sup>19</sup> Trecki, et al., Synthetic Cannabinoid-Related Illnesses and Deaths, *N Eng J Med* 373, July 9, 2015.

<sup>20</sup> Centers for Disease Control and Prevention, CDC Notes from the Field: Increase in Reported Adverse Health Effects Related to Synthetic Cannabinoid Use — United States, January–May 2015, *Weekly* June 12, 2015.

<sup>21</sup> *Id.*

<sup>22</sup> U.S. Drug Enforcement Administration, Office of Diversion Control. (2014). National Forensic Laboratory Information System Special Report: Synthetic Cannabinoids and Synthetic Cathinones Reported in NFLIS, 2010–2013.

<sup>23</sup> [http://www.dea.gov/druginfo/drug\\_data\\_sheets/Bath\\_Salts.pdf](http://www.dea.gov/druginfo/drug_data_sheets/Bath_Salts.pdf)

<sup>24</sup> Cayman Chemical, “Cathinones,” 2015.

<sup>25</sup> Cayman Chemical, “Cathinones,” 2015.

<sup>26</sup> [http://www.dea.gov/druginfo/drug\\_data\\_sheets/Bath\\_Salts.pdf](http://www.dea.gov/druginfo/drug_data_sheets/Bath_Salts.pdf)

<sup>27</sup> Firger, Jessica. What is flakka? Florida's dangerous new drug trend. CBS News/ April 2, 2015, 6:00 AM. [cbsnews.com](http://cbsnews.com).

products.<sup>28</sup> Mephedrone and MDPV (3-4 methylenedioxypropylone) are two substituted cathinone compounds commonly found in “bath salt” products.<sup>29</sup> Alpha-PVP, an included isomer of the scheduled drug Pyrrolidinovalerophenone (PVP)<sup>30</sup>, the substance known in Florida as “Flakka,” is a substituted cathinone that has been linked over 40 deaths in South Florida.<sup>31</sup> In 2013 there were a total of 132 reported deaths related to substituted cathinones in Florida; in 2014 there were 134 (includes cause of death, 36, as well as presence in body at death, 98).<sup>32</sup>

### **Substituted Phenethylamines.**

The Phenethylamine family refers to a range of structurally related compounds<sup>33</sup> that mimic the effects of stimulants and/or hallucinogens,<sup>34</sup> including amphetamine, methamphetamine and MDMA.<sup>35</sup> Eight positions of the phenethylamine core can be modified to generate a wide range of substituted phenethylamine derivatives.<sup>36</sup> Phenethylamines are manufactured into a powder that can be snorted, smoked, or injected.<sup>37</sup> Serious adverse or toxic effects have been associated with the abuse of

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<sup>28</sup> [http://www.dea.gov/druginfo/drug\\_data\\_sheets/Bath\\_Salts.pdf](http://www.dea.gov/druginfo/drug_data_sheets/Bath_Salts.pdf)

<sup>29</sup> Id.

<sup>30</sup> 893.03(1)(C) 112.

<sup>31</sup> Weaver, Jay and David Ovalle, The China pipeline, part 3: The deadly toll of synthetic drugs in South Florida, September 26, 2015, [www.miamiherald.com/news/local/crime/article36723141.html#storylink=cpy](http://www.miamiherald.com/news/local/crime/article36723141.html#storylink=cpy); also Weaver, Jay and David Ovalle, South Florida’s source for synthetic drugs: The China pipeline, September 16, 2015, [www.miamiherald.com/news/local/crime/article35417625.html#storylink=cpy](http://www.miamiherald.com/news/local/crime/article35417625.html#storylink=cpy).

<sup>32</sup> Drugs Identified in Deceased Persons by Florida Medical Examiners, 2013 Report; 2014 Report. Firger, Jessica. What is flakka? Florida's dangerous new drug trend. CBS News/ April 2, 2015, 6:00 AM. [cbsnews.com](http://cbsnews.com).

<sup>33</sup> Cayman Chemical; “Phenethylamines” 2015.

<sup>34</sup> U.S. Drug Enforcement Administration, Office of Diversion Control. (2015). National Forensic Laboratory Information System: Year 2014 Annual Report.

<sup>35</sup> UNODC, The Challenge of new psychoactive substances, 2013, p. 9.

<sup>36</sup> UNODC, The Challenge of new psychoactive substances, 2013, p. 9, structure D.

<sup>37</sup> U.S. Drug Enforcement Administration, Office of Diversion Control. (2015). National Forensic Laboratory Information System: Year 2014 Annual Report.

phenethylamines, including tachycardia, hypertension, hyperthermia, seizures, paranoia, hallucinations, acute psychosis, confusion, combativeness, agitation, and even death.<sup>38</sup>

### **N-benzyl Phenethylamines.**

N-benzyl Phenethylamines are derivatives of the phenethylamine molecule by substitution that significantly increases the potency of the molecule.<sup>39</sup> Known as “NBOMe” substances, they are highly potent hallucinogens with doses measured in micrograms.<sup>40</sup> At these levels of potency, attempting to use powder or liquid dosage forms is dangerous, as there is a great risk of overdose related to errors in user dose measurement.<sup>41</sup> N-benzyl Phenethylamines are potent hallucinogens and are probably regarded by abusers as alternatives to LSD<sup>42</sup> and are linked to multiple deaths in the United States and other countries.<sup>43</sup>

### **Substituted Tryptamines.**

Tryptamines, such as N,N-dimethyltryptamine (DMT), occur naturally in plant species but can also be produced synthetically.<sup>44</sup> Substituted tryptamines are hallucinogenic substances that are taken orally, or more rarely by smoking, snorting, or injection.<sup>45</sup> The psychoactive component of

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<sup>38</sup> Id.

<sup>39</sup> ACMD Advisory Council on the Misuse of Drugs, ‘NBOMe’ compounds: A review of the evidence of use and harm. May 26, 2013.

<sup>40</sup> Id.

<sup>41</sup> Id.

<sup>42</sup> Id.

<sup>43</sup> Id.

<sup>44</sup> NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM (NFLIS) Special Report Emerging 2C-Phenethylamines, Piperazines, and Tryptamines in NFLIS, 2006-2011.

<sup>45</sup> Id.

tryptamines is being abused, often as substitutes to 3,4-methylenedioxymethamphetamine (MDMA).<sup>46</sup> Abused for their hallucinogenic-like effects, commonly abused tryptamines include DMT and 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DIPT).<sup>47</sup> In 2011, for the first time ever, 5-MeO-DIPT was ranked among the 25 most frequently identified drugs in NFLIS, ranking as one of the top 10 drugs reported by the DEA.<sup>48</sup> High doses of 5-MeO-DIPT produce nausea, jaw clenching, muscle tension, and overt hallucinations with both auditory and visual distortions.<sup>49</sup> Between 2010 and 2011, the number of 5-MeO-DIPT reports increased nearly 36-fold.<sup>50</sup>

### **Substituted Phencyclidines.**

PCP-type substances appeared for the first time in Europe as ‘research chemicals’ beginning in 2010, with 3-methoxyeticyclidine (3-MeO-PCE), then came 4-methoxyphencyclidine (4-MeO-PCP) was identified in Norway, Russian Federation and the United Kingdom. The adverse effects are comparable to acute PCP intoxication results in a wide range of behavioral/psychological effects, from mild neurologic and physiologic abnormalities, stupor or light to deep coma.<sup>51</sup>

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<sup>46</sup> Drug Enforcement Administration, Office of Diversion Control. (2012). National Forensic Laboratory Information System Special Report: Emerging 2C-Phenethylamines, Piperazines, and Tryptamines in NFLIS, 2006-2011.

<sup>47</sup> NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM (NFLIS) Special Report Emerging 2C-Phenethylamines, Piperazines, and Tryptamines in NFLIS, 2006-2011.

<sup>48</sup> U.S. Drug Enforcement Administration, Office of Diversion Control. (2012). National Forensic Laboratory Information System: Year 2011 Annual Report, *Foxy Methoxy: Tryptamines Will Not Fade Away*.

<sup>49</sup> Id.

<sup>50</sup> Id.

<sup>51</sup> UNODC, The challenge of new psychoactive substances, 2013, p. 17.

## **Synthetic Drugs Legislation**

Each year since 2011, the Florida Legislature has added specific synthetic cannabinoids, substituted cathinones, substituted phenethylamines, N-benzyl Phenethylamines, substituted tryptamines and substituted phencyclidines of concern in Florida to Schedule I of Florida's controlled substances schedules.<sup>52</sup> In Florida, since 2010 over 140 compounds have been added to Schedule 1(c), more than quadrupling the number of compounds listed in that schedule.<sup>53</sup> However, once a particular compound or drug is controlled, the designer drug manufacturer becomes aware of the scheduling action and changes the molecule slightly so that it remains active in the body.<sup>54</sup> Rapidly synthesized replacement compounds are released for public purchase without knowing the effects on the human body<sup>55</sup> which may result in unexpectedly severe or idiosyncratic toxicity.<sup>56</sup> In response, the national trend is to schedule designer drugs by class definition with specific substances listed as examples under the class.<sup>57</sup> In 2014 the National Alliance for Model State Drug Laws wrote that a class approach would control designer drugs "in such a way that it limits the ability of chemists to simply alter a substance by one or two molecules and create a new substance that is not covered by the existing law."<sup>58</sup>

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<sup>52</sup> Chs. 15-34, 14-159, 13-29, 12-23, 11-73, 11-90, Laws of Fla.

<sup>53</sup> FL STAT. ch, §893.03(1)(c)1-39 (2010); FL STAT. ch, §893.03(1)(c)1-180 (2015).

<sup>54</sup> Speiser, M., Users describe the terrifying effects of the drug some are calling "weaponized marijuana," The Business Insider, [businessinsider.com](http://businessinsider.com), August 20, 2015.

<sup>55</sup> Id.

<sup>56</sup> Trecki, et al., Synthetic Cannabinoid-Related Illnesses and Deaths, N Eng J Med 373, July 9, 2015.

<sup>57</sup> Gray, H., Legislative Director NAMSDL, Overview of Novel Psychoactive Substances and State Responses (Powerpoint Presentation, p 22), National Association of State Controlled Substances Authorities, October 21-42, 2014.

<sup>58</sup> NAMSDL, Scheduling Novel Psychoactive Substances- Model Language, 2014, p. 4.

### **Effect of the Bill**

The bill amends s. 893.03, F.S., to describe, by core structure, the top designer drugs of concern in Florida: synthetic cannabinoids, substituted cathinones, substituted phenethylamines, N-benzyl Phenethylamines, substituted tryptamines and substituted phencyclidines. The class descriptions define the groups of compound of concern by specific core structure and limits the alterations that can be done to the core structure yet stay within the group. As well, each class includes examples of compounds that are covered by the class description. The descriptions and the limitations are in keeping with other states well-developed description methodology, as well as the advanced descriptions put forth by the United Kingdom, however are scientifically accurate to cover emerging compounds observed in the illicit market through the Fall of 2015. As a result, the criminal penalties relating to the possession, sale, manufacture, and delivery of controlled substances will apply to these synthetic substances. The bill also provides a definition to “substantially similar” as to chemical structure in the existing controlled substance analog sections. The bill corrects errors in existing substances listings and double entries of substances, and updates the listed chemicals and paraphernalia sections to reflect modern clandestine manufacturing practices of designer drugs. The bill provides economic sanctions for the knowing sale of designer drugs within establishments that hold beverage and tobacco licenses.

The bill reenacts ss. TBD, F.S.; to incorporate the changes to s. 893.03, F.S.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

The bill does not appear to have an impact on state revenues.

#### 2. Expenditures:

The Criminal Justice Impact Conference has not met reference this bill to determine what prison bed impact the bill will have on the Department of Corrections (i.e., an increase in prison beds). However, based upon the experience of other states having moved to class legislation of these substances, increases are short lived as the market for the substances is disrupted.

The bill may also impact the Florida Department of Law Enforcement (FDLE) Crime Laboratory workload because the lab may see a rise in evidence submissions associated with the newly added substances.

However, based on the experience of other states having moved to class legislation of these substances, the increase is short lived as the market for the substances is disrupted.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

The bill does not appear to have an impact on local government revenues.

#### 2. Expenditures:



This bill may have an initial increase in jail bed impact but based on the experience of other states having moved to class legislation of these substances, the increase is short lived as the market for the substances is disrupted. The bill may also impact local agencies that fund or maintain their own crime lab because these labs may see a rise in evidence submissions associated with the newly-added substances, however the increase is short lived as the market for the substances is disrupted.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

The impact that the bill would have on the overall market (both supply and demand sides) should reduce costs to the communities related to emergency room and hospitalizations costs, rehabilitation costs, loss in workplace productivity, etc..

## APPENDIX C

### Florida Designer Drugs Enforcement Act 2016 Table of Contents

Section 1. 893.02 Definitions.

Section 2. Section 893.03: modifies schedule description for class.

Section 3. 893.03(1)(c): correct errors; uniformity of nomenclature; adds specific compounds of issue; Adds class description controls for:

#### 1. synthetic cannabinoids.

- a. Tetrahydrocannabinols.
- b. Naphthoylindoles, Naphthoylindazoles, Naphthoylcarbazoles, Naphthylmethyindoles, Naphthylmethyindazoles, and Naphthylmethylcarbazoles.
- c. Naphthoylpyrroles.
- d. Naphthylmethylenindenes.
- e. Phenylacetylindoles and Phenylacetylindazoles.
- f. Cyclohexylphenols.
- g. Benzoylindoles and Benzoylindazoles.
- h. Tetramethylcyclopropanoylindoles and Tetramethylcyclopropanoylindazoles.
- i. Adamantoylindoles, Adamantoylindazoles, Adamantylindole carboxamides, and Adamantylindazole carboxamides.
- j. Quinolinyndolecarboxylates, Quinolinyndazolecarboxylates, Quinolinyndolecarboxamides, and Quinolinyndazolecarboxamides.
- k. Naphthylindolecarboxylates and Naphthylindazolecarboxylates.
- l. Naphthylindole carboxamides and Naphthylindazole carboxamides.
- m. Alkylcarbonyl indole carboxamides, Alkylcarbonyl indazole carboxamides, Alkylcarbonyl indole carboxylates, and Alkylcarbonyl indazole carboxylates.
- n. Cumylindolecarboxamides and Cumylindazolecarboxamides.
- o. Other Synthetic Cannabinoids.

#### 2. Substituted Cathinones.

#### 3. Substituted Phenethylamines.

#### 4. N-Benzyl Phenethylamine Compounds. [aka NBOMe's]

#### 5. Substituted Tryptamines.

#### 6. Substituted Phenylcyclohexylamines.

- Section 4. 893.03(2)(a): updates for emerging fentanyl compounds.
- Section 5. 893.13: corrects errors & conflicts on 893.03(5) drugs, removes user amounts exceptions to synthetic cannabinoids to prevent deadly super-concentrates.
- Section 6. 893.0356 ["Analog"]: corrections and definition.
- Section 7. 893.135(6): clarifies definition of dosage unit.
- Section 8. 893.138: adds misbranding acts to nuisances.
- Section 9. 893.145: paraphernalia updated to current practices.
- Section 10. 893.033: Listed chemicals updated.
- Section 11. 893.03(3)(d): corrects steroids double entries.
- Section 12. 895.02: RICO clarified for inclusion of misbranding.
- Section 13. 921.0022: conforming additions to penalty levels.
- Section 14. 561.29 Economic sanctions via Beverage Law.
- Section 15. 569.003 Economic sanctions via Retail tobacco laws.
- Section 16. Necessary reenactments.
- Section 17. Severability clause.
- Section 18. Effective date.

## APPENDIX D

### WHY FLORIDA NEEDS A CLASS APPROACH TO CONTROL DESIGNER DRUGS NOW

Synthetic Designer Drugs, called “Novel Psychoactive Substances” in most parts of the world, are cheap, easy to make, and return a high profit for manufacturers and distributors. UNODC, *The Challenge of New Psychoactive Substances 2013*, p 4. Synthetic cannabinoids, substituted cathinones, and other synthetic substances are sold in convenience stores, gas stations, “head” shops, discount beer and tobacco shops, as well as on the internet. *Id.* Despite warnings (“not for human consumption”) and reassurances (“does not contain [any regulated] compounds”) on packages, widespread recreational use of these products by a broad demographic, but particularly by younger and inexperienced users, has led to multiple clusters of cases of adverse health effects and deaths. Trecki, et al., *Synthetic Cannabinoid- Related Illnesses and Deaths*, N Eng J Med 373, July 9, 2015, p. 104. What makes novel psychoactive substances especially dangerous and problematic is the general perception surrounding them. UNODC, *World Drug Report 2013*, p. xii. They have often been marketed as “legal highs,” implying that they are safe to consume and use, while the truth may be quite different. *Id.* The chemicals found in the packets vary -- even identically branded packages often contain vastly different ingredients -- and users likely have no idea what they’re smoking. Perez, E., et al. *Summer surge of synthetic marijuana causes overdoses, crime*. CNN.com, August 4, 2015; UNODC, *World Drug Report 2015*, p 73.

The emergence of new psychoactive substances on the drug scene is not a new phenomenon, however, until recently, control systems were able to cope with this phenomenon. *Id.*, p.102. However, now existing control systems are reeling under the impact of the rapid proliferation of new psychoactive substances. *Id.* The number of new psychoactive substances on the global market more than doubled between 2009 and 2013. UNODC, *World Drug Report 2014*, p 51. The overall increase during the period August 2012 through December 2013 was mostly due to new synthetic cannabinoids (50 % of newly identified new psychoactive substances) followed by new phenethylamines (17 %) and new synthetic cathinones (8 %). *Id.*, p 52.

During the first six months of 2012, the United States identified the largest number of new psychoactive substances to appear on the market of any single country reporting to the UNODC for this period. UNODC, *World Drug Report 2013*, p 85. The most frequently reported substances were synthetic cathinones, synthetic cannabinoids and phenethylamines. *Id.* In 2012, United States authorities, based on its National Forensic Laboratory Information System, identified new synthetic cannabinoids, synthetic cathinones, phenethylamines (mostly 2C compounds), tryptamines and piperazines. *Id.* In fact, in 2012, the total number of new psychoactive substances identified for the first time in the United States was more than twice as many as in the European Union. *Id.* In Florida, since 2010 over 140 compounds have been added to Schedule 1(c), more than quadrupling the number of compounds listed in that schedule. FL STAT. ch, §893.03(1)(c)1-39 (2010); FL STAT. ch, §893.03(1)(c)1-180 (2015). The majority of the added compounds are members of major genres of synthetic designer drugs: synthetic cannabinoids, substituted cathinones, phenethylamines, N-Benzyl phenethylamines, substituted tryptamines and substituted phenylcyclohexylamines.

Typically, new synthetic designer drugs are sold as herbal incense, bath salts, plant food, jewelry cleaner, iPod cleaner, scratch remover, and are labeled “not for human consumption.” Trecki, p. 104. Many of the substances that are available on the market for synthetic designer drugs contain unfamiliar molecules that may or may not share similar risk effects and profiles to the illicit substances they are designed to mimic. UNODC, *The Challenge of New Psychoactive Substances 2013*, p 3. Research on most synthetic designer drugs is very limited. *Id.* There are no comprehensive scientific studies on their toxicity and most studies are based on work in animals, fatal poisonings in humans or clinical observations in intoxicated patients. *Id.* Toxicity, abuse liability and risks associated with long-term use in particular remain unknown. *Id.* Most synthetic designer drugs have little or no history of medical use. *Id.* Unfortunately, most scheduling systems, including emergency scheduling, tend to be reactive in nature, in that they can start operating only after a substance has been found to pose a severe risk to public health and is already in wide circulation. UNODC, *World Drug Report 2013*, p 109. In order to be proactive, a number of countries have introduced either analogue or generic scheduling systems. *Id.* The basic concept under both systems is similar: in lieu scheduling individual substances, market

modifications of the controlled substance automatically fall under the control system. *Id.*

ANALOG LAWS: Analogue, or analog, legislation anticipates the emergence of new psychoactive substances and controls them before they have even reached the market *so long as there is available evidence to prove* that the new substance is “substantially similar” both pharmacologically as well as structurally to an already controlled substance. UNODC, *World Drug Report 2013*, p 109-110. The United States analogue system is the prototype of such systems worldwide. *Id.*, p 109. Florida followed the federal model of analog in 1987. FL STAT, §893.0356. However, most current federal and state controlled substance analogue statutes are ineffective against new psychoactive substances because there simply isn’t enough scientific research to prove that the substance is substantially similar to a controlled substance or because it is difficult to prove that a substance labeled “not for human consumption” is intended to be ingested or otherwise consumed by humans. NAMSDL, *Model Controlled Substances Analogue Statute*, 2014, p. 3. The issue of whether a substance is “substantially similar,” and for that matter what defines “substantially similar” in this context, has repeatedly led to conflicting experts “butting heads” in court. UNODC, *World Drug Report 2013*, p 110. No United States court has ever issued detailed guidelines to establish the criteria to be applied.<sup>59</sup> *Id.* Nor are they likely to, as the question of whether a particular compound is substantially similar, both pharmacologically and structurally to a controlled substance, is a matter for the jury to resolve and each verdict is a stand-alone determination of the compound in question. *Id.*

In 2012, the United States passed the Synthetic Drug Abuse Prevention Act 2012, which introduced a “neurochemical approach” to control synthetic cannabinoids and defined them as “any substance that is a cannabinoid receptor type 1 (CB1 receptor) agonist as demonstrated by binding studies and functional assays” within (five) defined structural classes. UNODC, *World Drug Report 2015*, p 75. The concept is a cannabinoid specific variation of analogue theory, specifically requiring certain pharmacology and structure. But, the Act was 1) outdated and 2) encumbered with

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<sup>59</sup> To date, two states have used legislation to define “substantially similar” as it relates to chemical structure. Tennessee Code Annotated §39-17-454; South Dakota Code §34-20B-1. Florida should follow this lead and adopt a definition of substantially similar chemical structure which may open the door to this type of prosecution in state court in Florida. The definition should be a result of consultation with a broad group of state chemists.

requirements for that which does not exist in most instances of new psychoactive substances: “binding studies and functional assays” demonstrating the specific pharmacology.<sup>60</sup> The 2012 Act was considered outdated when it was enacted as prior to its passage the U.S. market was populated with compounds that already did not fit into the five described (early) cannabinoid classes. Keim, B., *New Federal Ban on Synthetic Drugs Already Obsolete*, Wired.com, July 12, 2014. In fact, the United Kingdom’s Misuse of Drugs Act had listed the five classes in 2009, three years prior. Notably, in 2015, Texas removed from their class based synthetic drug laws, that had largely mirrored the federal act, the analog type language as “unenforceable.” Texas, 2015 SB 173.<sup>61</sup> The Texas class prohibitions now reflect the trend of the majority of the states in the United States, as well as the United Kingdom.

**CLASS SYSTEM LAWS:** Unlike analog which compares compounds to existing compounds, generic control systems, or class based legislations, regulate a core molecular structure. *Id.*, p. 110. In theory, and in practice in the well-studied legislative acts rooted in consultation with relevant chemistry disciplines, it is that well described core molecular structure that makes the “drug.” Beyond describing the core structure, class legislation then specifies variations of the structure (defining, for instance, particular substituent groups in specific positions in the molecule), which would lead to the automatic control of particularly described variations beyond the core structure. *Id.* In class legislation entire chemical families of psychoactive substances are controlled, i.e. many new substances related to one core molecule. *Id.* The list of countries that have successfully legislated synthetic designer drugs by class description include Japan, Ireland, Luxemburg, Poland, Austria, with the United Kingdom being one of the earliest and most aggressive.

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<sup>60</sup> The United States District Court for the Middle District of Florida, writing of the evidence preferred by the Government’s experts regarding the pharmacological effects of specific synthetic cannabinoid compounds in an analog prosecution, the Court noted that the expert’s opinions “were based on little more than ... a few articles containing reports of [the compound’s] binding affinity to cannabinoid receptors,” noting an “absence of studies on [the compound’s] pharmacologic effect” and that the compound “does not appear in the scientific literature.” *United States v. Fedida*, 942 F. Supp.2d 1270, 1281 (M.D.Fla.2012). Pointedly, the Court called this as a “catch-22,” writing “As new substances are discovered, there will inevitably be some period of time before experts can determine conclusively a substance’s pharmacologic effects.” *Id.*, fnnt 8.

<sup>61</sup> The language struck included: “that is a cannabinoid receptor agonist and mimics the pharmacological effect of naturally occurring cannabinoids.” The portion of the law “was unenforceable because there is a lack of peer studies that would allow chemists to testify to that specific element of the offense.” Houston HIDTA Threat Assessment on Synthetic Cannabinoids, 2015, p 19.

Class based legislation is anticipatory instead of reactive, in line with the precautionary principle and protects public health, because fewer people will be exposed to harmful substances. UNODC, *World Drug Report 2013*, p 110. Class based legislation has not proven to be a silver bullet against every dangerous monster that is the next replacement compound lurking in the shadows, but class regulations reduce the proliferation of the immediately available simple-molecular-adjustment replacements within classes. Class system regulations make the illicit development of new replacement compounds require more sophistication (requires the development of new core structure), more time, and more expense, thereby reducing the availability of dangerous replacement compounds overall. Of course, clandestine chemists may still be able to identify substances falling outside the defined cluster that mimic the effects of controlled substances. UNODC, *World Drug Report 2013*, p 110. For example, since adopting a class ban even the chemically advanced class based states have had to add classes, if not annually, every other year as the markets develop. Thus, on the enforcement side, there needs to be a mechanism to identify new substances emerging on the market (such as the international early warning advisory<sup>62</sup>, working groups of forensic chemists reporting to one another newly identified compounds, and law enforcement task forces, working with forensic chemists, that can act as a resource to the various stakeholders, police, prosecutors, etc., that a newly emerged compound is controlled within a particular class or qualifies as analog).

FLORIDA NOW: Florida needs to join the class description legislative movement, now. The current regulatory practice in Florida, specifically scheduling particular compounds (whether it be by legislative process or the use of emergency scheduling), in the synthetic drugs arena simply perpetuates the cycle of replacement of scheduled compounds with compounds that are less and less researched. Clandestine chemists motivated by heavy profits have successfully been able to alter substances to evade criminal penalties faster than the substances can be scheduled. NAAG, *Designer Drugs Lead to Designer Legislation*, NAAGazette, Vol 8, N 2, February 28, 2014. Through the diligent efforts of Florida's Attorney General and the state legislature, Florida managed this fight against new designer drugs admirably, even staying ahead of federal regulatory action. The current phenomenon of new psychoactive substances has reached the

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<sup>62</sup> Such as UNODC's global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme.



tipping point and Florida's continued reactionary regulatory scheme places our citizens at risk. Simply put, the *market chemistry* has changed and the inherent dangers of the replacement-compounds have increased.

**TREND OF GREATER RISK:** To explain, using synthetic cannabinoids as an example, whereas on earlier generations of synthetic cannabinoid compounds we had some pharmacologic and pharmacokinetic data from their use as experimental cannabinoid-receptor ligands, more recent products contain novel synthetic cannabinoid compounds that are rapidly synthesized and marketed in response to regulatory actions. Trecki, et al., *Synthetic Cannabinoid-Related Illnesses and Deaths*, N Eng J Med 373, July 9, 2015, p 106. Once a particular compound or drug is controlled, the manufacturer becomes aware of the scheduling action and "changes the molecule just so, so that it remains active in the body." Jill Head, a senior forensic chemist with the U.S. Drug Enforcement Agency.<sup>63</sup> But, "when you tweak a molecule, you don't know how it's going to affect the brain. It's a huge problem for public health." Dr. Eric Wish, director of the Center for Substance Abuse Research at the University of Maryland and a researcher on synthetic cannabinoids.<sup>64</sup> The newer replacement compounds often have unknown receptor-binding affinity and selectivity, which may result in unexpectedly severe or idiosyncratic toxicity. Trecki, p 104. Many states, including Florida, have experienced a recent increase in the occurrence of clusters of synthetic cannabinoid intoxication resulting in severe illness and death. *Id.* Notably, in May of 2014, in Gainesville, Florida, there was a large outbreak linked to the novel compound AB-CHMINACA. *Id.*, p 106. Since that event, there has been a disturbing trend of a rapidly increasing number and size of clusters of synthetic cannabinoid intoxication resulting in severe illness and death throughout 2014 and into 2015. *Id.*

According to the American Association of Poison Control Centers, so far in 2015, as of early July, poison control centers in the U.S. tallied 4,377 reports of people suffering the effects of synthetic marijuana, compared to 3,682 in all of last year. Perez, E., et al. *Summer surge of synthetic marijuana causes overdoses, crime*. CNN.com, August 4, 2015. [As another example of the injury trend, substituted cathinones: in 2014 there were 134 (includes cause

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<sup>63</sup> Speiser, M. *Users describe the terrifying effects of the drug some are calling "weaponized marijuana,"* The Business Insider, businessinsider.com, August 20, 2015.

<sup>64</sup> Speiser, M. *Users describe the terrifying effects of the drug some are calling "weaponized marijuana,"* The Business Insider, businessinsider.com, August 20, 2015.

of death, 36, as well as presence in body at death, 98); in 2013 there were 132 reported; in 2012 there were none reported. *Drugs Identified in Deceased Persons by Florida Medical Examiners*, 2014 Report; 2013 Report; 2012 Report.] The increase in injury and death demonstrate that we have reached a critical point in the development, distribution and marketing of synthetic designer drugs. Disturbing international trends are also newly arising, namely recent reports of the injecting of new psychoactive substances, particularly synthetic cathinones,<sup>65</sup> and new psychoactive substances being identified in polydrug use. UNODC, *World Drug Report 2015*, p. 72-73, 75. The fast evolving nature of the phenomenon of new psychoactive substances, particularly in the last decade, is unprecedented in the drug control arena. UNODC, *World Drug Report 2013*, p. iii. This rapidly evolving and dynamic phenomenon requires an adequate response. UNODC, *World Drug Report 2015*, p. 76. Florida should not continue to use exclusively reactionary control measures in the fight against the ever-evolving synthetic drug epidemic. We should not choose to stay one step behind when there is another, long-tested alternative: proactive regulation by class description.

**TREND OF CLASS APPROACH:** To date, at least 32 states in our nation have enacted class based legislation on synthetic drugs; some of the earliest occurring in Kansas, Pennsylvania, Louisiana and Tennessee (2011, 2011, 2012, 2012, respectively). The national trend is to schedule by class definition with specific substances listed as examples under the class. Gray, H., Legislative Director NAMSDL, *Overview of Novel Psychoactive Substances and State Responses* (Powerpoint Presentation, p 22), National Association of State Controlled Substances Authorities, October 21-42, 2014. In fact, as to synthetic cannabinoids specifically, Florida is one of only 7 states that remain scheduling synthetic cannabinoids exclusively by specific substance. *Id.*, p 23. Not surprisingly, in 2014 the National Alliance for Model State Drug Laws published their “model” for the Scheduling of Novel Psychoactive Substances: a class approach.<sup>66</sup> In the accompanying policy

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<sup>65</sup> Reports of the injection of new psychoactive substances have been found in Hungary, Turkey, Austria, France, Belgium, the Czech Republic, Germany, Ireland, Poland, Romania, Spain and the United Kingdom. UNODC, *World Drug Report 2015*, p. 72-73.

<sup>66</sup> Model laws from this particular “working group meeting,” in October 2013 hosted by NAMSDL, were the collaborative effort of 18 participants, which included forensic scientists, toxicologists, state drug directors, representatives from law enforcement, epidemiologists, and two international participants – epidemiologist from the Canadian Centre on Substance Abuse and the Chair of the Technical Committee from the UK Advisory Council on the Misuse of Drugs. Gray, H., Legislative Director NAMSDL, *Overview of Novel Psychoactive Substances and State Responses* (Powerpoint Presentation), National Association of State Controlled Substances Authorities, October 21-42, 2014.

statement, NAMSDL described that a class approach would control designer drugs “in such a way that it limits the ability of chemists to simply alter a substance by one or two molecules and create a new substance that is not covered by the existing law.” NAMSDL, *Scheduling Novel Psychoactive Substances- Model Language*, 2014, p. 4. The United Kingdom has utilized generic definitions in drug control legislation as early as 1971. UNODC, *World Drug Report 2013*, p 110. The UK’s Drug Misuse Act currently uses class descriptions to regulate barbiturates, cathinones, fentanyls, pethidines, phenethylamines, phenyl- and benzylpiperazines, synthetic cannabinoids and tryptamines. *Id.*

SCOPE OF NEW LAW: It is time for Florida to follow the well-established lead of other nations and the majority of the states in the United States and adopt a proactive, well-developed class based legislation scheme to combat the proliferation of synthetic designer drugs. To prevent the rise of other genres of new psychoactive substances upon control of one or two, it is imperative that this legislation must encompass the variety of the designer drugs currently at issue in Florida: synthetic cannabinoids; substituted cathinones; substituted phenethylamines; N-Benzyl Phenethylamines; substituted tryptamines; and substituted phenylcyclohexylamines. Such legislation must also incorporate real penalties, criminal and economic. For example, already in place Florida deprives synthetic retailers of the ability to sell lottery tickets, cutting into their ultimate profits. NAAG, *Designer Drugs Lead to Designer Legislation*, NAAGazette, Vol 8, N 2, February 28, 2014. Additionally, Indiana state law mandates the revocation of retailers merchant certificates, and in Maryland, liquor licenses can lose their licenses if found selling these substances. *Id.* Such economic sanctions should include the revocation or suspension of a merchant or retail license, fines for the sale of mislabeled or misbranded products, and implementation of nuisance laws to shut down retail stores selling novel psychoactive substances. NAMSDL, *Model Novel Psychoactive Substances – Economic Sanctions Package*, 2014, p. 4.

PREDICTED EFFECTS: It is predictable that such legislation will result in the immediate increase prison beds, but it is likely a short term increase as the market and supply of these drugs would decrease. It is also predictable that the work load at the state labs will increase, although, again, this should be a temporary increase. An increase in prosecutions should also be temporary as the volume of sales and the availability of products for sale

should dramatically decrease. Florida's designer drugs market has historically seen relatively little enforcement action. Many of those who have enjoyed the profitable distribution of such grey-law area drugs without fear of penalty will likely desist upon such a clear change in the law. Many store owners currently distributing of designer drugs will likely discontinue upon such a clear shift in the law, particularly if such legislation includes economic sanctions: The risk will finally outweigh the profit potential. Additionally, stripping the market's false image of these products as "legal highs," with a strong statement law through class approach while the distribution via convenience store merchants decreases should in turn decrease first time use; fewer first users means less market demand growth and less potential for addiction; fewer variations of core compounds on the market means better treatment outcomes. .

The time has come for Florida to take control of these prolific synthetic drug markets by implementing a strong class system of legislation with sanctions, both penal and economic.

*Statements herein without citation reflect my personal opinion or conclusion.*

Shannon MacGillis, 22 October 2015.

## **APPENDIX E**

### **Chapter 893**

#### **DRUG ABUSE PREVENTION AND CONTROL**

893.21 Drug-related overdoses; medical assistance; immunity from prosecution.—

- (1) A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized pursuant to this chapter for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the person's seeking medical assistance.
- (2) A person who experiences a drug-related overdose and is in need of medical assistance may not be charged, prosecuted, or penalized pursuant to this chapter for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.
- (3) Protection in this section from prosecution for possession offenses under this chapter may not be grounds for suppression of evidence in other criminal prosecutions.

History.—s. 2, ch. 2012-36.

## **APPENDIX F**

### **CHAPTER 381** **PUBLIC HEALTH: GENERAL PROVISIONS**

381.887 Emergency treatment for suspected opioid overdose.—

(1) As used in this section, the term:

(a) “Administer” or “administration” means to introduce an emergency opioid antagonist into the body of a person.

(b) “Authorized health care practitioner” means a licensed practitioner authorized by the laws of this state to prescribe drugs.

(c) “Caregiver” means a family member, friend, or person in a position to have recurring contact with a person at risk of experiencing an opioid overdose.

(d) “Emergency opioid antagonist” means naloxone hydrochloride or any similarly acting drug that blocks the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

(e) “Patient” means a person at risk of experiencing an opioid overdose.

(2) The purpose of this section is to provide for the prescription of an emergency opioid antagonist to patients and caregivers and to encourage the prescription of emergency opioid antagonists by authorized health care practitioners.

(3) An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a patient or caregiver for use in accordance with this section, and pharmacists may dispense an emergency opioid antagonist pursuant to a prescription issued in the name of the patient or caregiver, which is appropriately labeled with instructions for use. Such patient or caregiver is authorized to store and possess approved emergency opioid antagonists and, in an emergency situation when a physician is not immediately available, administer the emergency opioid antagonist to a person believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

(4) Emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians, are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated.

(5) A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section and s. 768.13 is afforded the civil liability immunity protections provided under s. 768.13.

(6)(a) An authorized health care practitioner, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of prescribing an emergency opioid antagonist in accordance with this section.

(b) A dispensing health care practitioner or pharmacist, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist in accordance with this section.

(7) This section does not limit any existing immunities for emergency responders or other persons which are provided under this chapter or any other applicable provision of law. This section does not create a duty or standard of care for a person to prescribe or administer an emergency opioid antagonist.

History.—s. 2, ch. 2015-123.

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