

[CALENDAR](#)

[AGENDA](#)

[ZOOM LOG IN](#)



OFFICE OF THE STATE ATTORNEY

FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY



DAVE ARONBERG
STATE ATTORNEY

SOBER HOMES TASK FORCE TIP LINE-1-844-324-5463

STATE ATTORNEY ADDICTION RECOVERY TASK FORCE (SAARTEF)

2023	
JANUARY –NO MEETING & HAPPY NEW YEAR	
WEDNESDAY	FEBRUARY 15, 2023
MARCH NO MEETING	
WEDNESDAY	APRIL 19, 2023
MAY NO MEETING	
WEDNESDAY	JUNE 14, 2023

All meetings are 1pm to 4pm

**Please request a zoom link by emailing
Mary Ann Senatore-msenatore@sa15.org**

Hopefully in 2023 we will be in person!?!

Agenda – April 19, 2023

State Attorney Addiction Recovery Task Force (SAART)

1. Introductions:
2. Updates:
 - a. Overdose statistics: PBC ME and PBCFR update: Al Johnson
 - b. Delray Beach update: Ariana Ciancio
 - c. FARR: Current State-Wide Data/Trends: Heidi Matheny:
 - d. FARR: County Contract: John Hulick
 - e. Oxford House: Lori Holtzclaw-Hunt:
 - f. PBC Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders: John Hulick
3. Addiction Stabilization Unit (ASU): Dr. Belma Andric
4. ASU state-wide model: Houston Parks, DOH
5. FARR 3.0: Michael Cabot
6. 2023 Legislative Initiatives: Al Johnson
 - a. Fentanyl Test Strip Exemption from Drug Paraphernalia §893.145(4): SB 164 & HB 165
 - b. SAART Bill: SB210 & HB295:
 - c. State-Wide Proviso Study on Community Housing for Persons With Disabilities:
7. Foundation for Recovery Science and Education (FoRSE): Dr. Annie Peters
8. OD2A Update: Whitney Van Arsdale
9. SHTF Comments.-NEXT MEETING IS JUNE 14TH
10. Public comments.
11. Closing remarks.

AL JOHNSON AND SAARTF is inviting you to a scheduled Zoom meeting.

Topic: SAARTF APRIL 2023 MEETING

Time: Apr 19, 2023 01:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://pbcgov.zoom.us/j/82147065703?pwd=Mlp6RUxqRzZkMUl6UmJ4MUZwT2NxUT09>

Meeting ID: 821 4706 5703

Passcode: 402500

Item 2a



9/25/2018

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2017

2017	January	# of Calls:	162	# of Patients:	165
	February	# of Calls:	135	# of Patients:	138
	March	# of Calls:	329	# of Patients:	343

GRAND TOTALS # of Calls: **626** # of Patients: **646**



1/10/2019

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2018

2018

January	# of Calls:	144	# of Patients:	148
February	# of Calls:	128	# of Patients:	130
March	# of Calls:	116	# of Patients:	120

GRAND TOTALS # of Calls: **388** # of Patients: **398**



1/10/2020

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2019

2019

January	# of Calls:	100	# of Patients:	102
February	# of Calls:	105	# of Patients:	107
March	# of Calls:	97	# of Patients:	100

GRAND TOTALS	# of Calls:	302	# of Patients:	309
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1/5/2021

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2020

2020

January	# of Calls:	183	# of Patients:	187
February	# of Calls:	147	# of Patients:	149
March	# of Calls:	147	# of Patients:	148

GRAND TOTALS	# of Calls:	477	# of Patients:	484
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1/3/2022

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2021

2021

January	# of Calls:	127	# of Patients:	129
February	# of Calls:	119	# of Patients:	121
March	# of Calls:	151	# of Patients:	156

GRAND TOTALS	# of Calls:	397	# of Patients:	406
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1/3/2023

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2022

2022

January	# of Calls:	140	# of Patients:	144
February	# of Calls:	148	# of Patients:	150
March	# of Calls:	126	# of Patients:	130

GRAND TOTALS	# of Calls:	414	# of Patients:	424
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4/4/2023

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid

2023

2023

January	# of Calls:	97	# of Patients:	98
February	# of Calls:	81	# of Patients:	83
March	# of Calls:	115	# of Patients:	116
GRAND TOTALS	# of Calls:	293	# of Patients:	297

2021/2022 PBCME Opiate ODs

- ▶ PBC Medical Examiner –2021 – **no pending cases**
 - ▶ Total drug overdose cases 657
 - ▶ Total opioid OD deaths 519 (79%)
 - ▶ Total Fentanyl cause or presence 477 (91%)
- ▶ PBC Medical Examiner –2022 (01/01-12/31) **snapshot – 5 pending cases**
 - ▶ Total drug overdose cases 551* (5 cases pending- suspected OD)
 - ▶ Total opioid OD deaths 418 (76% of total OD cases)
 - ▶ Total Fentanyl & Fentanyl analog cause or presence 387 (93%)**
 - ▶ Total opioid OD deaths projected = 422 ***
 - ▶ **Decline in Opioid OD deaths - 2021/2022 (19%)**

* Xylazine: “tranq” non-opioid animal tranquilizer – 36 OD deaths

** New Fentanyl analogues:

- N-Pyrrolidino Etonitazene (NPE) – 20x more potent than Fentanyl – 0/20
- Fleurofentanyl – similar potency to Fentanyl – 6/100

*** 5 pending cases = **4 likely additional opioid deaths** (76% based on current total Drug OD vs. Opiate OD)

PBCFR TRANSPORTS 2017-2023

January 1 – March 31

YEAR	#CALLS	# PATIENTS	%CHANGE/CALLS
2017	626	646	
2018	388	398	< 38%
2019	302	309	< 22 %
2020	477	484	> 37%
2021	397	406	< 17%
2022	414	424	> 4%
2023	293	297	< 29%

Net change 2017-2023 53% reduction in transports

2021 FDLE Annual Medical Examiners Report

- ❑ 8,411 opioid related deaths (7% increase over 2020- +569)
- ❑ 6,442 opioid caused deaths (6% increase over 2020- +353)*
- ❑ Fentanyl present in 6,417 decedents
- ❑ Fentanyl caused the most deaths of any drug (5,791- 90% opioid)
- ❑ Fentanyl analogs caused 1,152 deaths (36% increase- +304)
- ❑ Fentanyl presence increased by 10.5% (+611)
- ❑ Fentanyl caused death increased by 9% (+489)
- ❑ Fentanyl analogs presence increased by 41.5% (+822)
- ❑ Heroin and Morphine caused death decreased by 48% (-337), and 46% (-423), respectively

* SAO analysts reviewed the FDLE raw data and found 6366 Opioid OD deaths based on one cause per death.

Item 2c



State Attorney Addiction Recovery Task Force April 19, 2023

STATEWIDE PROGRAMS CERTIFIED (192)

	Units	Beds	MAT	Men	Women	Both	LGBT
May:	1431	7622	2764	3359	1480	1987	25
Jun:	1457	7631	2796	3295	1506	1998	25
Jul:	1467	7634	2827	3320	1534	2018	25
Aug:	1463	7649	2831	3305	1542	2018	25
Sep:	1457	7667	2831	3268	1555	2018	25
Oct:	1498	7678	2842	3355	1572	2051	25
Nov:	1522	7693	2857	3362	1591	2063	25
Dec:	1531	7710	2857	3400	1610	2063	25
Jan:	1544	7723	2870	3413	1610	2075	25
Feb:	1590	7800	2879	3413	1617	2151	25
Mar:	1601	7817	2897	4024	1617	2151	25

Levels I, II & III: 9 7 9 Units

5 , 2 1 6 Beds Level IV: 622

Units 2,601 Beds

FLORIDA COUNTIES

Broward has 27% of the units and 36% of the beds

Palm Beach has 45% of the units and 46% of the beds

	Units	Beds	MAT Beds		Units	Beds	MAT Beds
Alachua	2	10	10	Miami-Dade	12	112	0
Brevard	10	119	100	Orange	12	90	26
Broward	430	2151	755	Palm Beach	721	3280	1295
Collier	25	82	57	Pasco	27	140	13
Duval	41	255	112	Pinellas	58	219	70
Escambia	10	44	0	Polk	1	7	0
Flagler	7	49	33	Sarasota	21	108	0
Hillsborough	73	419	109	Seminole	1	11	11
Indian River	9	40	0	St. Lucie	10	84	65
Lee	31	232	129	Volusia	12	45	0
Manatee	21	90	0				
Marion	13	46	36				
Martin	53	173	76				



RUNNING TOTALS AND TEMPLATE

PALM BEACH COUNTY NUMBERS

92 Programs Certified:

721 Units, 3,280 Beds (1,564 Men, 680 Women, 1011 Both, 25 LGBTQ) 1,295 MAT

Level I: None

Levels II & III: 32 Programs, 350 Units, 1,791 Beds, 585 MAT

Level IV: 20 Programs, 371 Units, 1,498 Beds, 710 MAT

STATE CAPACITY TREND

FARR

July 2017 3,280 beds

January 2018 4,153 beds

January 2019 5,786 beds

January 2020 5,781 beds

January 2021 6,715 beds

January 2022 6,872 beds

Oxford House

January 2020 248 beds

January 2021 405 beds

January 2022 681 beds

March 2023 734 beds



COMMITMENT IS THE KEY TO RECOVERY

We are committed to maintaining quality standards, upholding FARR's recovery services and providing effective strategies to meet the expanding needs of our providers.



Mission Statement

- 01 To create, monitor, evaluate and improve standards for recovery residences in the State of Florida
- 02 Maintain the standards set forth by NARR (National Association of Recovery Residences)
- 03 Maintain a forum for exchange of ideas, problem solving and providing guidance for our members
- 04 To remain ethical in all our endeavors to those we serve

Our Philosophy

We believe in a high quality of care for chemically dependent individuals and other persons needing recovery residence services

We believe that this can best be achieved through maintaining standards of care that are designed for this purpose

We also believe that all people deserve to recover in an atmosphere which meets their special needs as well as their basic right to safety, dignity and respect

NARR Mission

The National Alliance for Recovery Residences (NARR) supports people in recovery from alcohol and other drug use by improving the accessibility, availability and quality of recovery-oriented housing and services.

In support of this mission, we create, evaluate and improve standards and measures of quality for recovery residences. We provide a forum for exchanging ideas, problem solving, technical assistance and training. NARR informs public policy development as recovery experts at the national and regional level.

NARR assists existing regional organizations and fosters the development of stakeholder organizations where none exist. NARR is the national resource on recovery residences for people in recovery, health and recovery professionals, social service agencies, state and local governments and recovery residence providers.



The National Alliance for Recovery Residences (NARR) was formed in 2011 to fill a void in the field of addiction recovery services.

Recovery residences are a vital resource for many along the road to recovery. They have not had a ***national unified resource.***

Until now.



NARR Benefits

- Universally accepted protocol for operating ethical, high quality recovery residences,
- Advice and technical assistance to state and local governments on recovery residence issues,
- Opportunity to effect change through NARR's involvement in professional and policy communities,
- Resource for advocacy, training, technical assistance and information about fair housing rights,
- Latest information, research and policy recommendations on recovery residence conditions, resources and issues impacting people in recovery nationally,
- Participation in discussions and policy formation on issues affecting recovery residences nationally,
- Resource support for local and regional stakeholder organizations seeking to improve the availability, accessibility and quality of recovery residence options.

www.narronline.org



Steps to Certification

As of July 1, 2016 Recovery Residences who apply for Certification through FARR must have one (1) Certified Recovery Residence Administrator per every three (3) locations prior to issuance of Certification. This credential is being offered by The Florida Certification Board.

- Step 1- Apply for Certification online at farronline.org/certification/apply-for-certification/. You will then be contacted by certification staff to conduct a phone interview. An invoice with payment instructions will be sent via our online payment system.
- Step 2- Per FS.397.487 All owners, directors, and chief financial officers are required to submit to a Level II Background Clearance and receive eligibility determination.
- Step 3- Compliance documentation appropriate for your level of care will then be submitted for assessment against NARR Quality Standards, Ethics, and statute requirements.
- Step 4- Once all documentation has been found to be in compliance, you will be contacted by a field assessor in order to schedule the onsite compliance assessment.
- Step 5- The Certification Administrator will review your application with our Compliance Committee in order to designate a final Compliance Determination.
- Step 6- All owners, staff, and managers are required to complete the three mandatory FARR Core Trainings in order to meet Certification requirements.

Get started now

Go to farronline.org and fill out a registration form.

Partner in Excellence

Make a Difference

FARR is launching a Membership Platform for Community Stakeholders!!!

Accounting firms/Legal Aid
Billings and Collections
Laboratories
Acute Care Providers
Physician Groups
Furniture Outlets

food Catering Services
fitness & Health Groups
Massage Therapists Acupuncturists
Technology Providers
Insurance Agencies
Advertising/Marketing Groups

Recovery Residences, including treatment providers with housing components are eligible for PIE provided they hold a current FARR Certificate of Compliance

FARR offers community stakeholders and service providers an opportunity to support FARR as a **Partner in Excellence.**

Visit www.farronline.org/pie to complete an online application to become a Partner in Excellence, selecting the level best suited to your organization.

FARR

Florida Association of Recovery Residences

Partner in Excellence



PARTNER IN EXCELLENCE MEMBERSHIP BENEFITS

This table outlines the four levels of Partner in Excellence membership. FARR is a nonprofit (501c3). Officers, board members and committee chairs are volunteers. Funds raised through the Partner in Excellence program are purposed for FARR operations including the facilitation of inspections of recovery residences who have volunteered to be certified in compliance with the national standards of best practices.

PIE Member Benefits

Annual Dues	\$500	\$2,500	\$5,000	\$10,000
PIE member listing with logo on FARR's website				
FARR's sponsored CEU Training	5 hours	10 hours	20 hours	40 hours
Rights to use FARR's PIE logo on member website				
PIE Member Featured Slog Post on FARR website	1 post	2 posts	4 posts	5posts
Reciprocal link <i>between</i> PIE member listing and PIE member's website				
Logo displayed in "FARR Support" section of FARR's monthly email blast				
Monthly promotional post on FARR's public Facebook page (content provided by member)				
300-word description and contact information included with PIE listing on FARR's website				
YouTube <i>video</i> link on FARR's website and Facebook (15 minutes max. provided by member)				
Special recognition at all FARR sponsored events				
Featured PIE of the Month on FARR's website and Facebook page which includes up to 600-word description with member logo, up to four photos and contact information				
Two complimentary tickets to attend any <i>one</i> C4 sponsored event (hotel and plane <i>fare</i> not included)				
Brochure displays at FARR attended events with table placement (brochures to be provided by member)				
Two complimentary tickets to attend <i>one</i> of the community's prestigious recovery-based charity events				

Item 3



Health Care District of Palm Beach County

Dedicated to the health of our community

ASU and HCD SUD Clinic Updates

State Attorney Addiction Recovery Task Force



Belma Andric, MD, MPH
VP & Chief Medical Officer

Board Certified Public Health/ Preventive Medicine



Courtney Phillips, MD
Behavioral Health Director

Board Certified Addiction Psychiatry

← Back

Share:

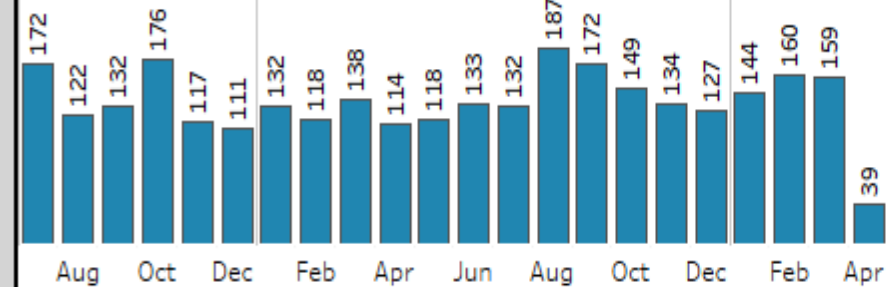


Florida Blue Foundation honors nine with Sapphire Awards for addressing mental well-being, provides \$525,000 in funding

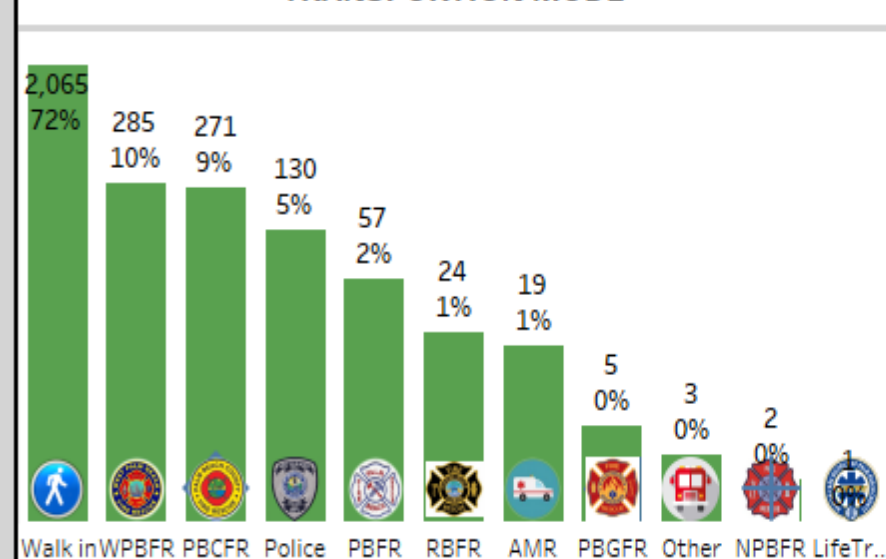


- [The Health Care District of Palm Beach County \(HCDPBC\) Addiction Model](#) (Palm Beach) is an innovative public-private partnership with a local hospital and the Palm Beach County Commission. The evidence-based medical treatment addiction-specialized program involves a hospital's emergency department and the outpatient clinic of the nearby HCDPBC Federally Qualified Health Clinic (FQHC). Once ER patients receive initial treatment for their Substance Use Disorder (SUD), they are discharged to the FQHC to receive further treatment regardless of their ability to pay. The Addiction Model of Palm Beach County program was honored with a first-place award and \$100,000. Watch their video [here](#)

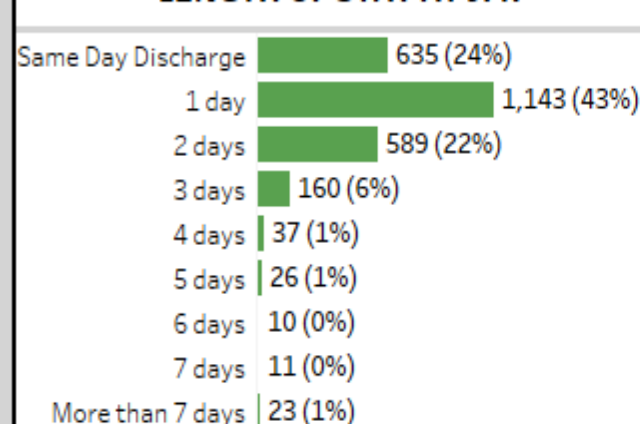
[2023 Sapphire Awards: The Health Care District of Palm Beach County Addiction Model - YouTube](#)



TRANSPORTATION MODE



LENGTH OF STAY AT JFK



1929



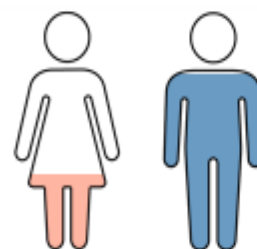
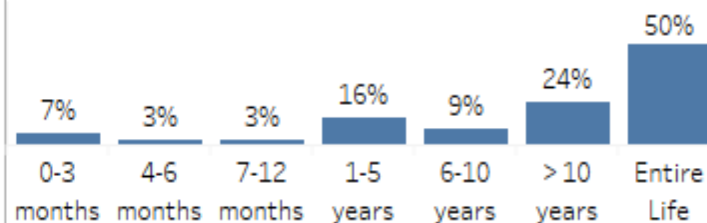
2934



17%



TIME LIVING IN FLORIDA



872 (30%) 2,114 (70%)

21.50 31.40 12.50 1

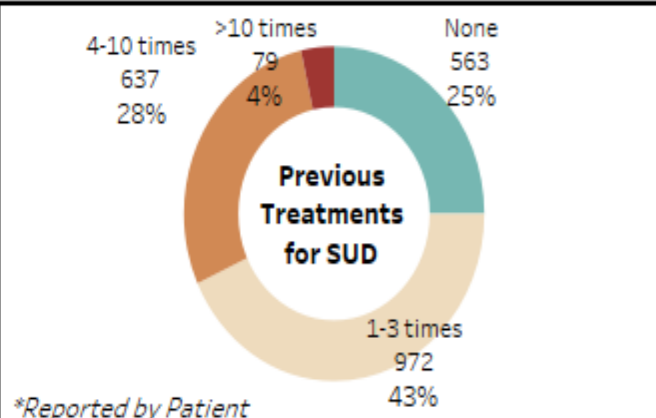
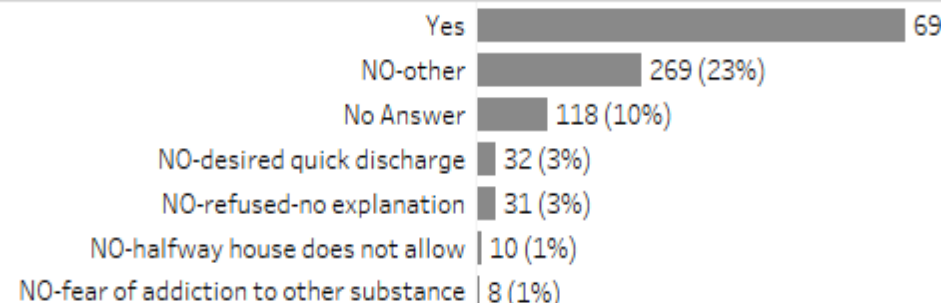
20% 36% 22%

Race	Black	White
Count	88	995
Percentage	7%	77%

Hispanic	Not Hispanic
168	1,068
14%	86%

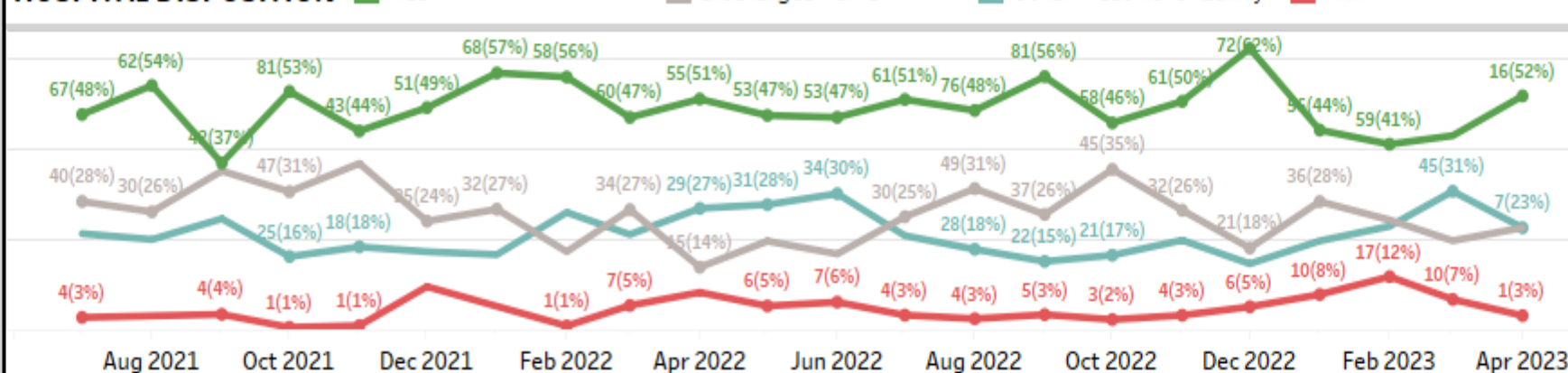
PATIENTS WITH SUBOXONE INDUCTION WHILE IN ASU

For patients with opioids in their system



*Reported by Patient

HOSPITAL DISPOSITION



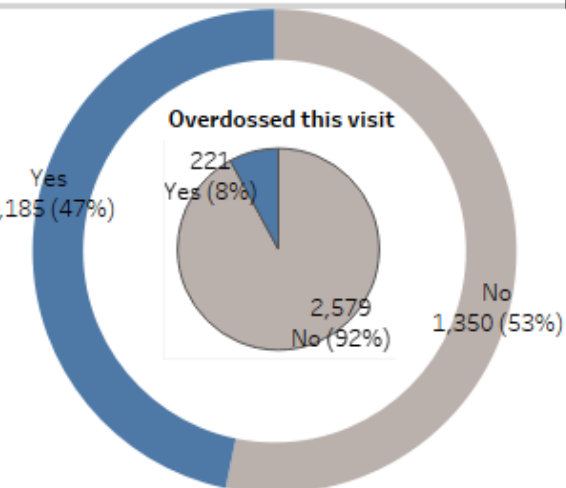
ADDICTION STABILIZATION UNIT(ASU) UTILIZATION

JFK North & JFK South

Start Date
7/1/2021

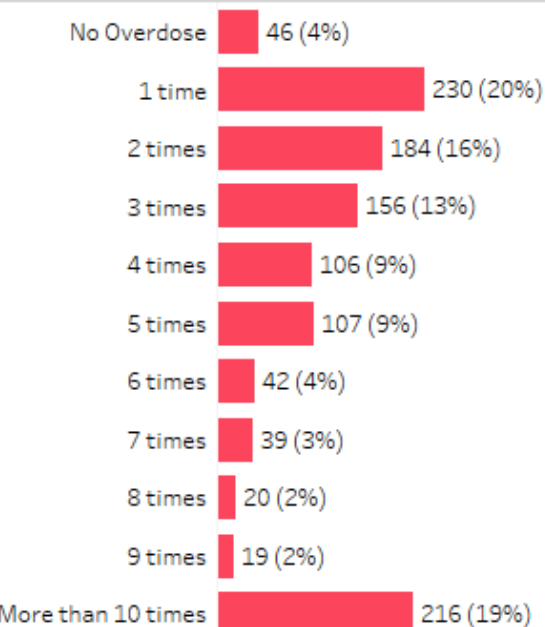
End date
4/9/2023

PATIENT OVERDOSED IN THE PAST

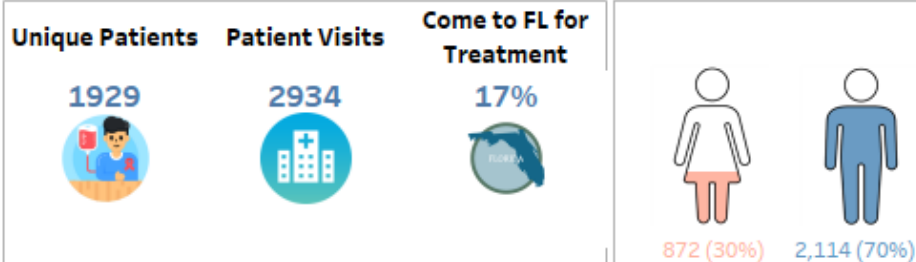


NUMBER OF OVERDOSES

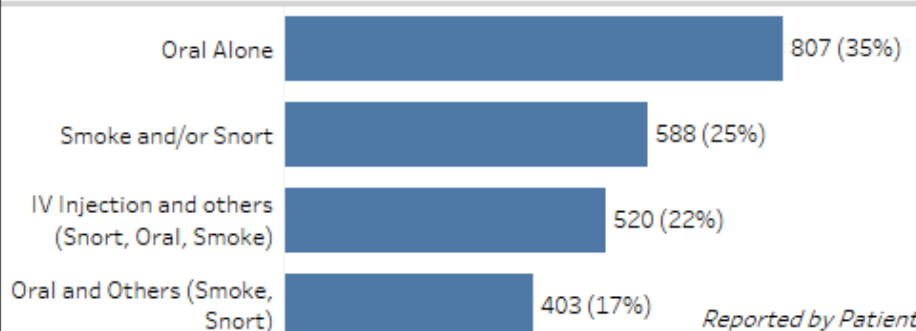
(Reported by Patient)



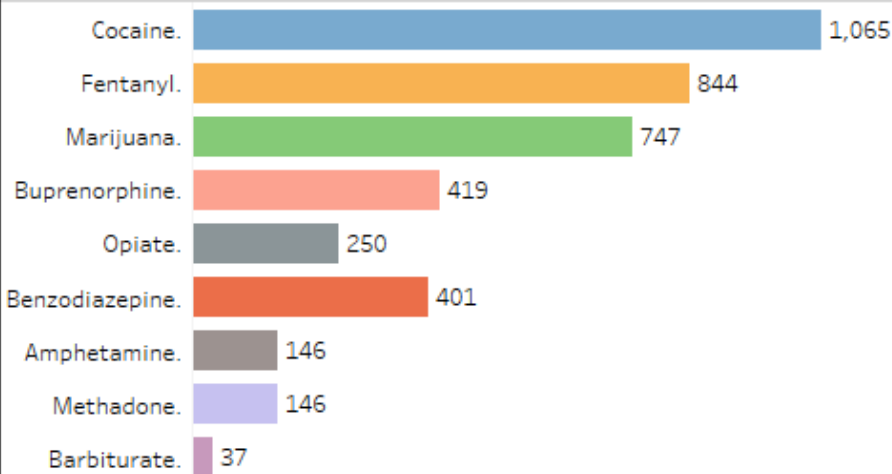
PATIENT VOLUMES AND DEMOGRAPHICS



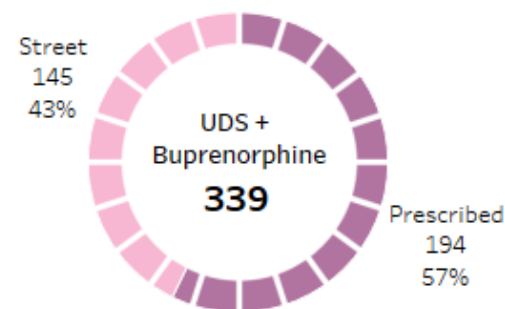
METHOD OF INGESTION



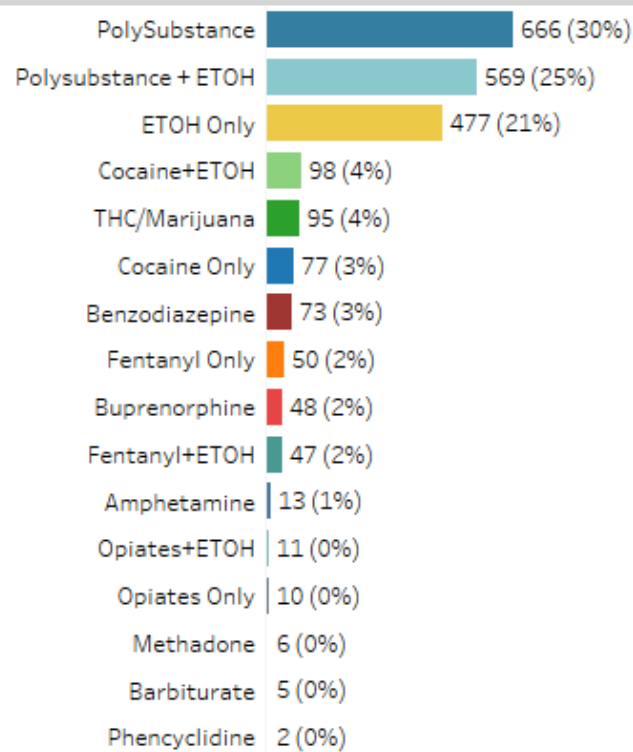
MOST COMMON DRUGS FOUND IN URINE DRUG SCREENING (UDS)



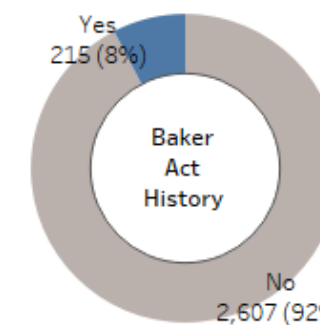
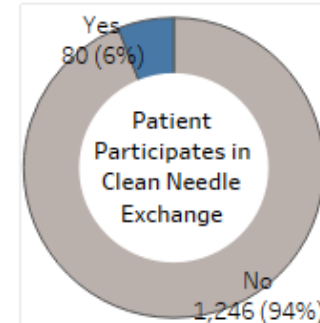
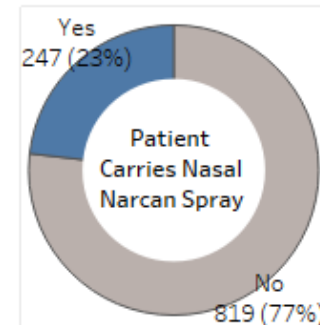
URINE DRUG SCREEN + FOR BUPRENORPHINE



URINE DRUG SCREEN (UDS) & ALCOHOL LEVEL PER PATIENT



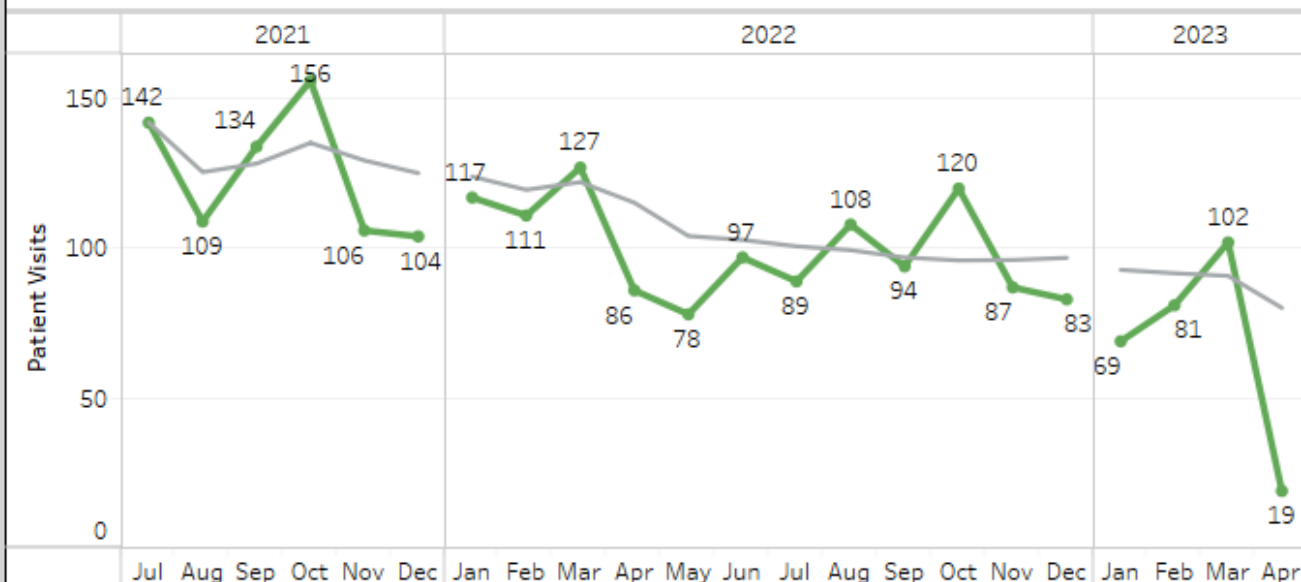
Reported by patient



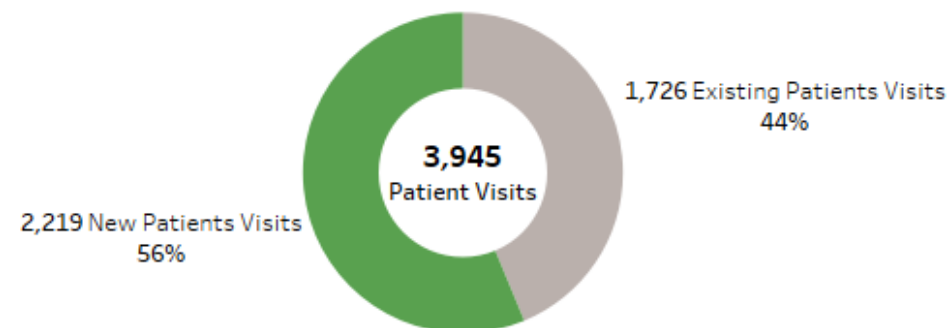
Addiction Stabilization Unit (ASU) New Patient Analysis

NEW PATIENT MONTHLY VOLUME

New Patients 6 month moving avg

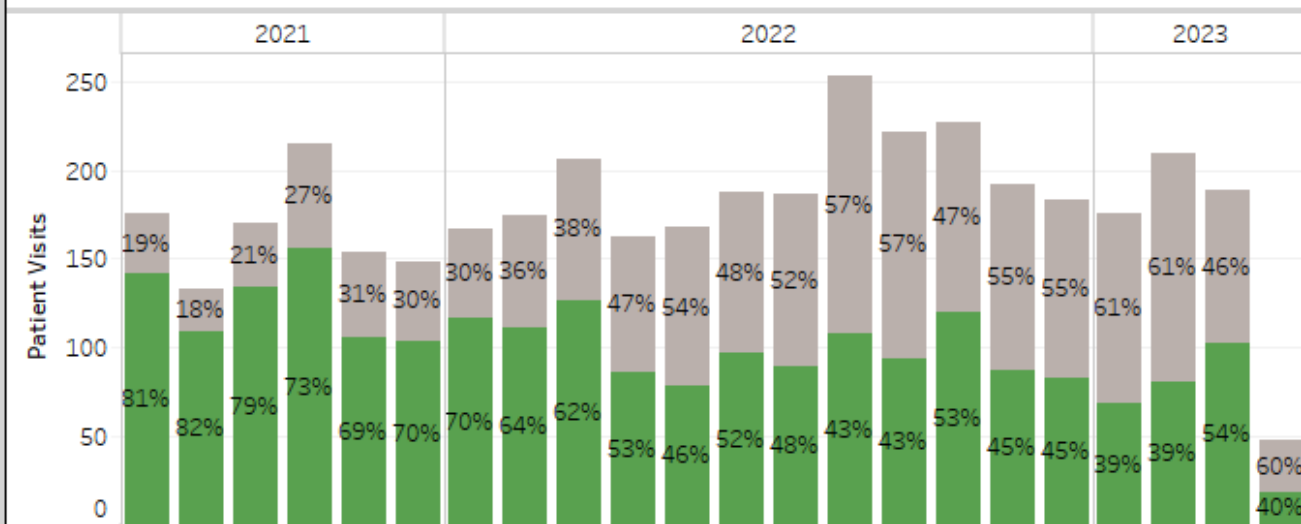


NEW PATIENT RATE



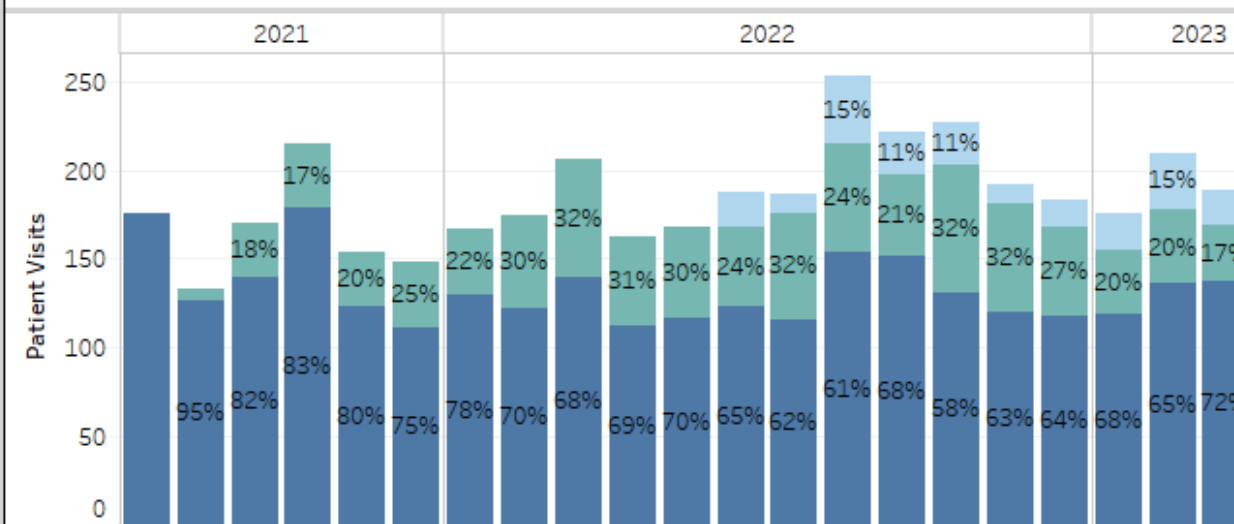
NEW PATIENT MONTHLY RATE

Existing Patients New Patients



NEW PATIENT STRATIFICATION

JFK South Clinic Walk-In JFK North

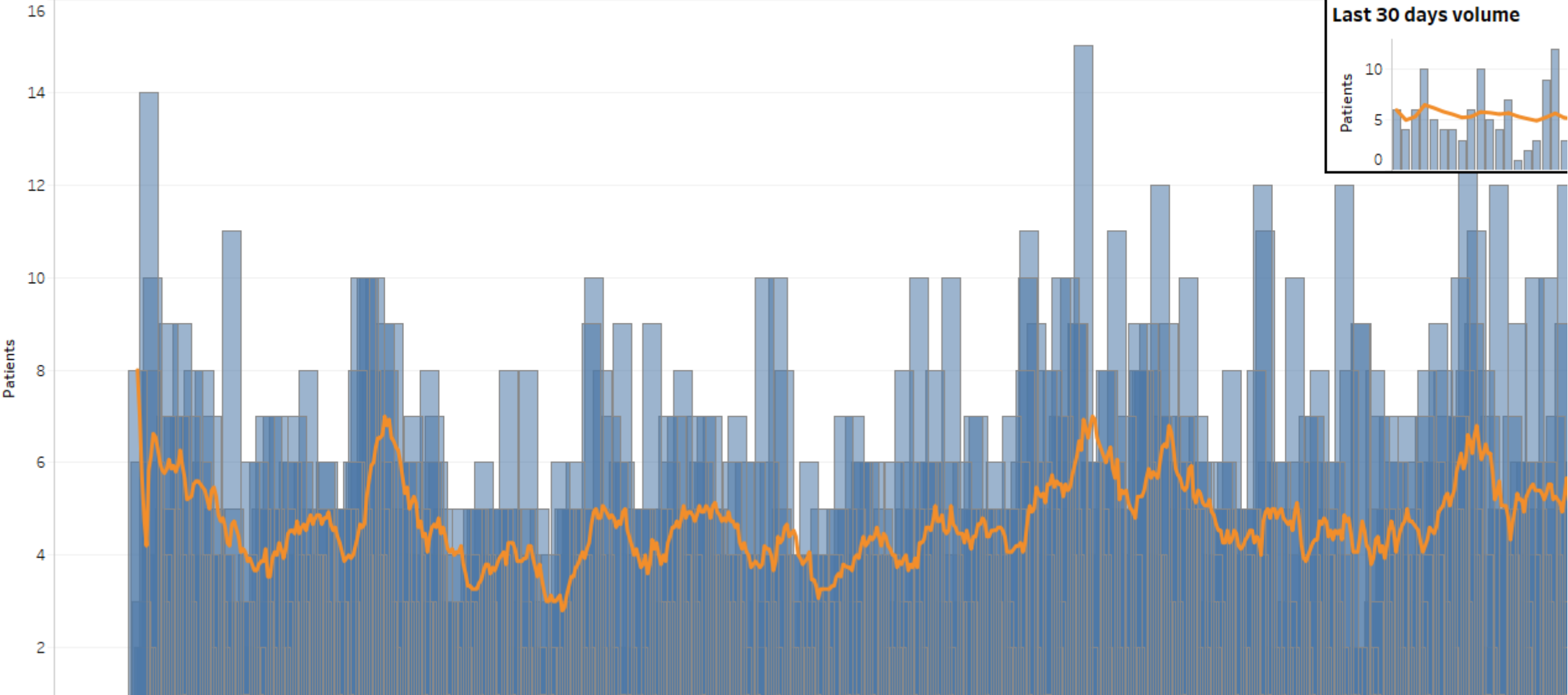
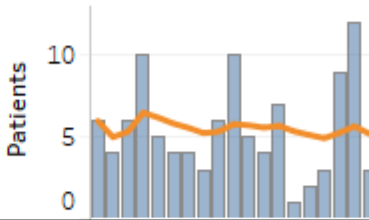




ASU DAILY VOLUME

14 day

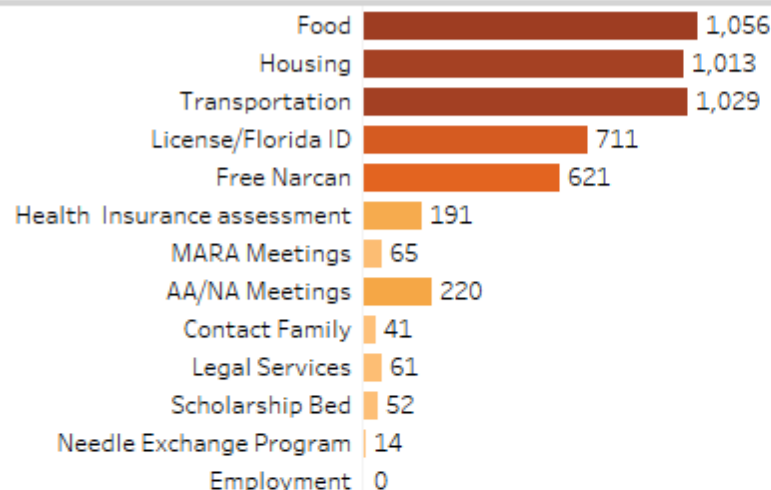
Last 30 days volume



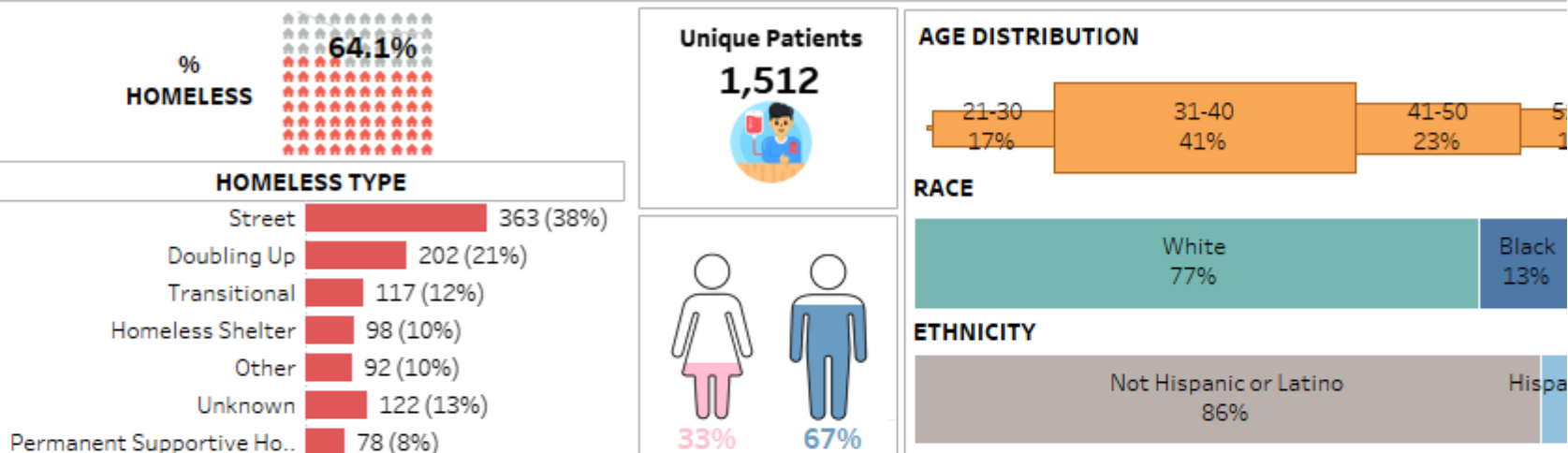
SUBSTANCE USE DISORDER (SUD) CLINIC Lewis & Mangonia

Start Date 10/1/2021 End date 4/9/2023
 Data collected starting

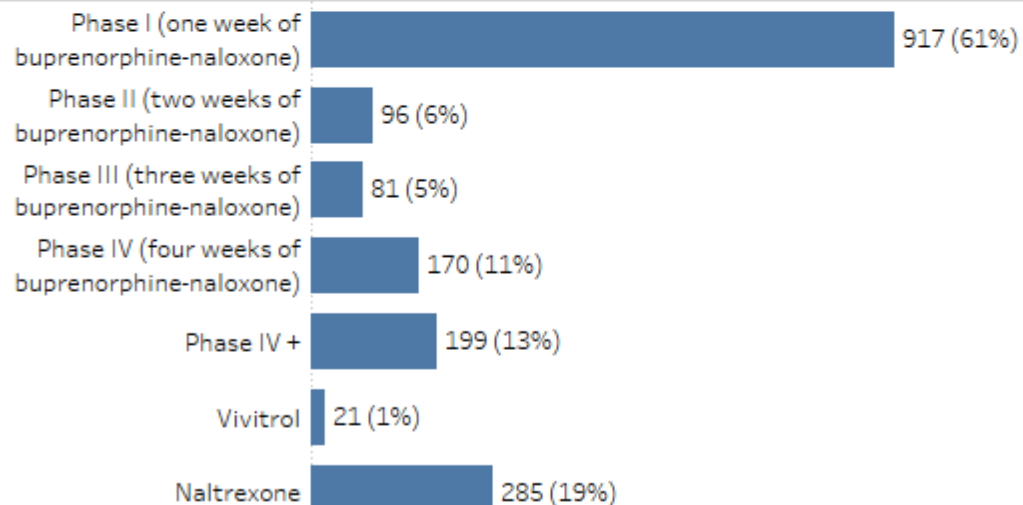
NEEDS THAT REQUIRE CARE COORDINATION



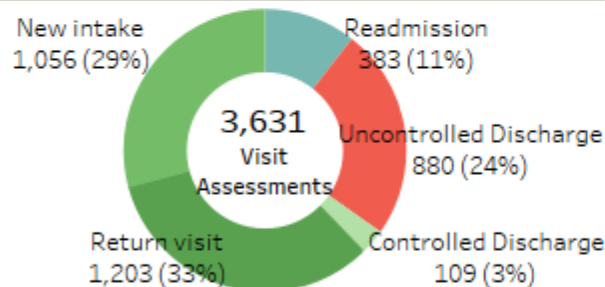
DEMOGRAPHICS



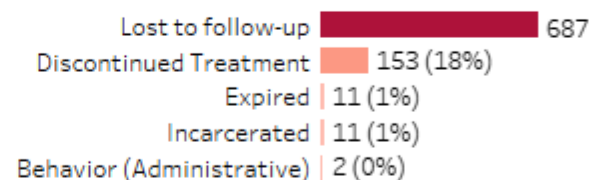
PHASE OF TREATMENT



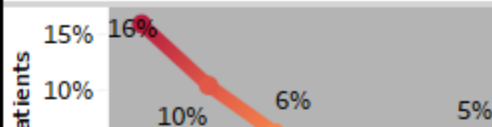
VISIT TYPE



UNCONTROLLED DISCHARGE



% OF PATIENTS WITH AT LEAST ONE OVERDOSE IN THE PAST 3 MONTHS





BRIEF ADDICTION MONITORING (BAM) BY TIME INTERVAL IN MONTHS

Total Surveys

5,380



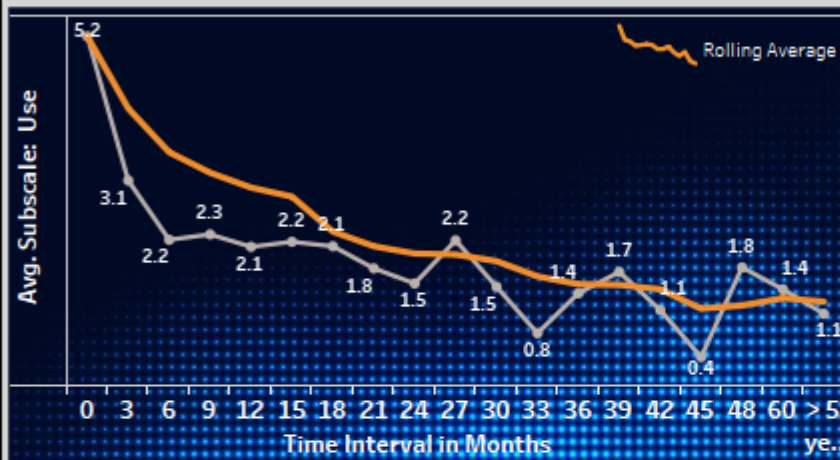
Score

Only

Cumulative BAMs s

AVERAGE USE SCORES

Any Alcohol use, Heavy Alcohol use, Any Drug use
Scores range from 0 to 12 with higher scores meaning more Use



SCORING DEFINITION

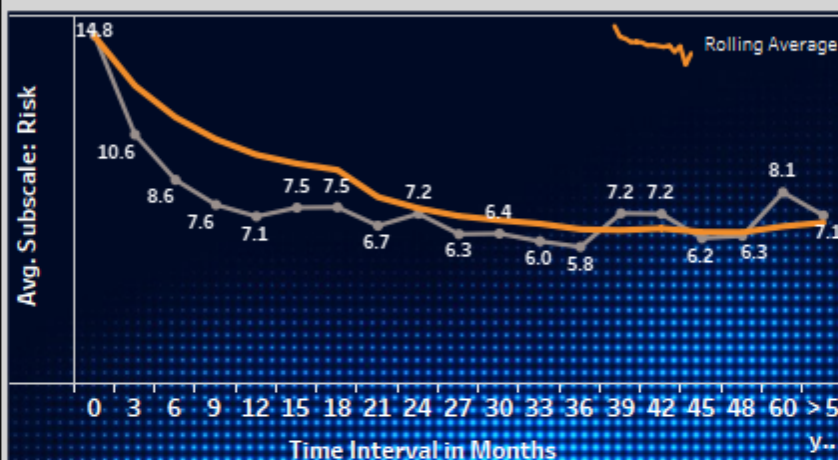
Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)

4. In the past 30 days, how many days did you drink ANY alcohol?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12- ounce can/bottle of beer or 5 ounce glass of wine.]
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?

AVERAGE RISK SCORES

Physical Health, Sleep, Mood, Cravings, Family prob., Risky Situations
Scores range from 0 to 24 with higher scores meaning more Risk



SCORING DEFINITION

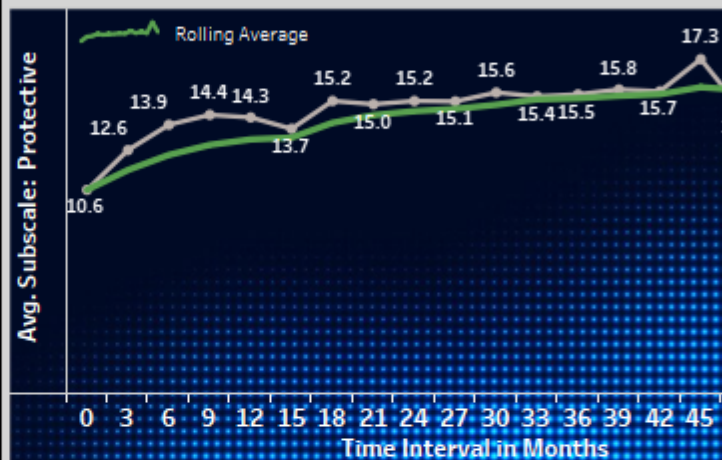
Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk)

1. In the past 30 days, would you say your physical health has been:
Excellent (0) Very Good (1) Good (2) Fair (3) Poor (4)
2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

AVERAGE PROTECTIVE SCORES

Confidence, Self Help, Religion, Work/School participation
Scores range from 0 to 24 with higher scores meaning more p



SCORING DEFINITION

Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning more Protective)

9. How confident are you in your ability to be completely abstinent (clean) from alcohol in the next 30 days? Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
10. In the past 30 days, how many days did you attend self-help meetings like AA or NA or your recovery? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
12. Does your religion or spirituality help support your recovery?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
13. In the past 30 days, how many days did you spend much of the time at work, school, or volunteer work? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents? No (0) Yes (4)



BRIEF ADDICTION MONITORING (BAM)

TOTAL NUMBER OF BAMS COMPLETED

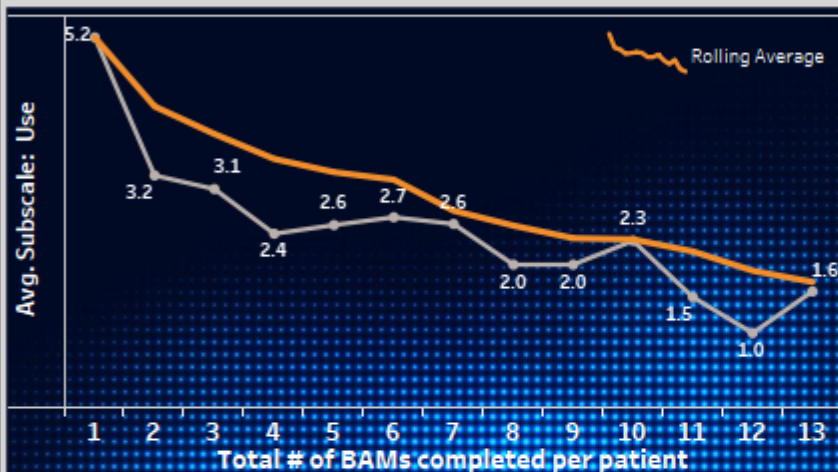
Total Surveys
5,380



Score
Only
Cumulative BAMS s

AVERAGE USE SCORES

Any Alcohol use, Heavy Alcohol use, Any Drug use
Scores range from 0 to 12 with higher scores meaning more Use



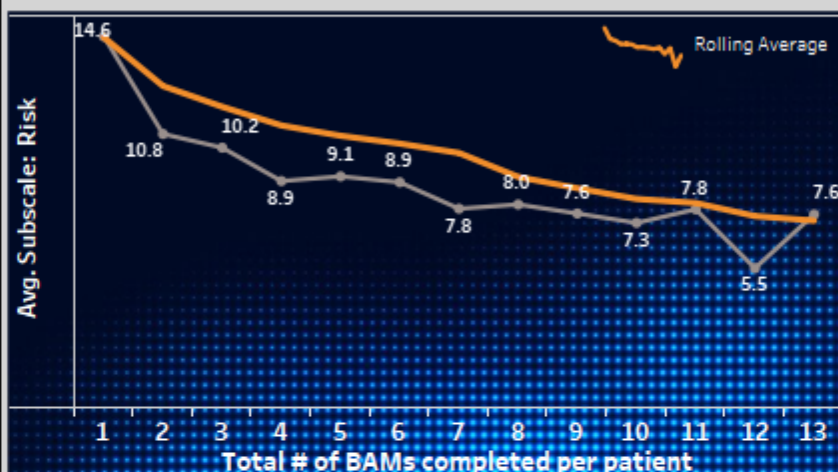
SCORING DEFINITION

Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)

- In the past 30 days, how many days did you drink ANY alcohol?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12- ounce can/bottle of beer or 5 ounce glass of wine.]
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how many days did you use any illegal/street drugs or

AVERAGE RISK SCORES

Physical Health, Sleep, Mood, Cravings, Family prob., Risky Situations
Scores range from 0 to 24 with higher scores meaning more Risk



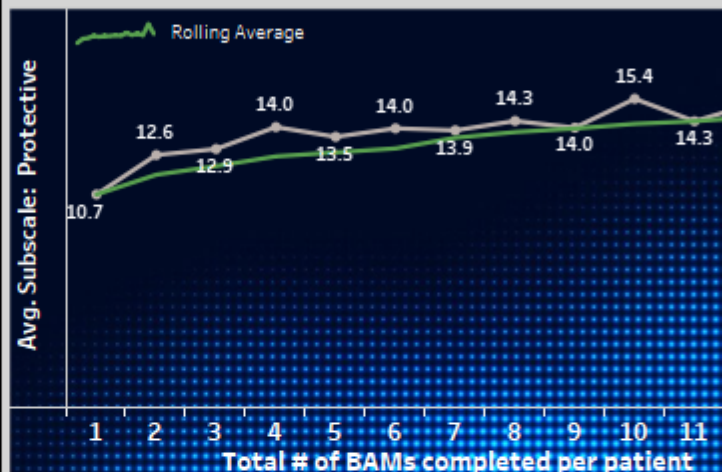
SCORING DEFINITION

Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk)

- In the past 30 days, would you say your physical health has been:
Excellent (0) Very Good (1) Good (2) Fair (3) Poor (4)
- In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
- In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or

AVERAGE PROTECTIVE SCORES

Confidence, Self Help, Religion, Work/School participation
Scores range from 0 to 24 with higher scores meaning more p



SCORING DEFINITION

Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning more Protective)

- How confident are you in your ability to be completely abstinent (clean) from alcohol in the next 30 days? Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
- In the past 30 days, how many days did you attend self-help meetings like AA or NA or your recovery? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- Does your religion or spirituality help support your recovery?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
- In the past 30 days, how many days did you spend much of the time at work, school, or volunteer work? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents? No (0) Yes (4)

Item 6a



OCTOBER 2022

Characterization of Xylazine Test Strips for Use in Drug Checking

Sarah A. Shuda M.S.F.S., ABC-DA**Hiu Yu Lam, M.S.**

PURPOSE

Xylazine is a veterinary drug commonly used as a sedative, analgesic, and muscle relaxant. Recently, xylazine is increasingly present as an adulterant in samples containing fentanyl and heroin. Reported dosages of 40 mg to 2,400 mg of xylazine are known to produce toxicity in humans. The consumption of xylazine can cause central nervous system and respiratory depression, along with other toxic effects such as hypotension, drowsiness, disorientation, staggering, or coma. In the worst-case scenario, this could potentially result in death.^{1,2,3} According to the Drug Enforcement Administration, the lethal concentration of xylazine in humans is not established due to the overlapping concentration reported for both fatal and non-fatal cases.³ Xylazine test strips are designed to provide a rapid presumptive result for the presence of xylazine. Public health analysts in the field can utilize these test strips without extensive training or sample preparation. Samples are dissolved in water and a few drops of the dissolved mixture are added to the test strip. Results are read between two to four minutes after sample introduction. The xylazine test strip produces one line in the control area in the presence of xylazine, while it produces one line in the control area and one line in test area for negative samples. Xylazine test strips not yet commercially available were obtained from Jiangnan University to be assessed for use on drug samples.

LIMIT OF DETECTION

The limit of detection (LOD) is the minimum concentration of xylazine in water that must be present to produce a visible positive result on the test strip. The manufacturer reported LOD was 300 ng/mL. The LOD study was conducted by analyzing solutions containing xylazine ranging from 250 ng/mL to 700 ng/mL in triplicate. The LOD was determined to be 650 ng/mL, as it was the lowest concentration that produced a positive response in all three replicates (see **Figure 1**).

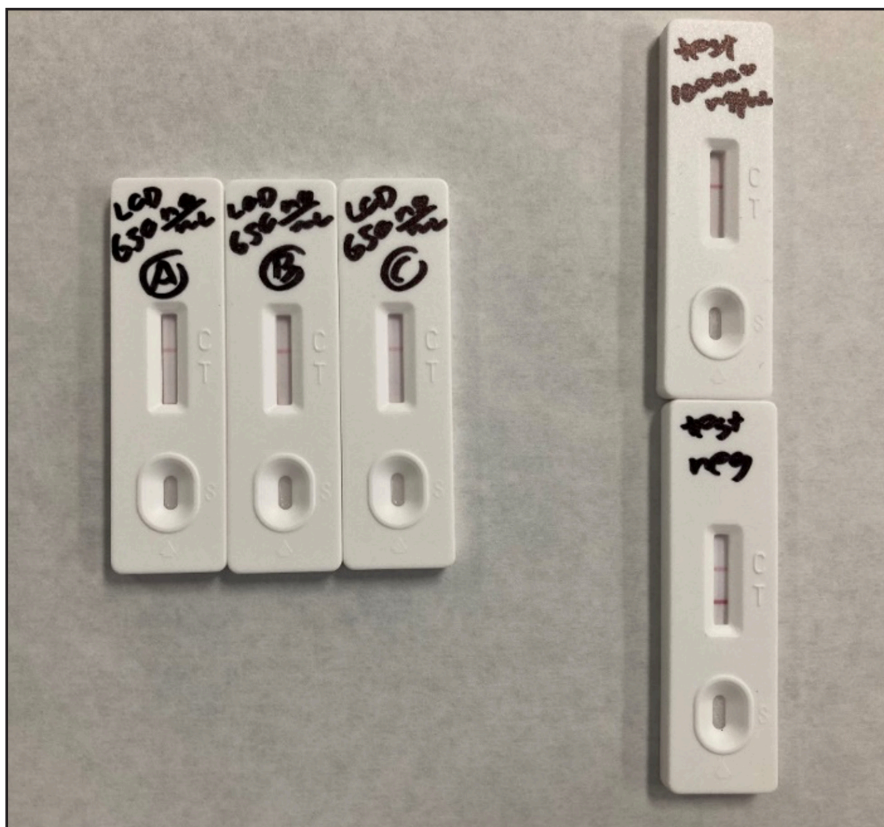


Figure 1-1: Limit of Detection (Left: 650 ng/mL of xylazine standard in triplicate; Top right: Positive control at 100,000 ng/mL; Bottom right: Negative control)



Figure 1-2: Concentration Below Limit of Detection (Left: 600 ng/mL of xylazine standard in triplicate; Top right: Positive control at 100,000 ng/mL; Bottom right: Negative control)

INTERFERENCE STUDIES

Heroin and fentanyl samples frequently contain xylazine as an adulterant. Many drug samples typically contain multiple controlled substances and adulterants. Other controlled substances, adulterants, and compounds commonly found in combination with xylazine were analyzed to determine if they would produce a false positive result on the xylazine test strips. The compounds assessed in this study included caffeine, diphenhydramine, cocaine, methamphetamine, MDMA, fentanyl, para-fluorofentanyl, phenacetin, lidocaine, levamisole, quinine, and heroin.

Initially, 1, 2, and 5 mg/mL concentrations of the potential interferents were evaluated. Caffeine, cocaine, methamphetamine, fentanyl, para-fluorofentanyl, phenacetin, lidocaine, and quinine produced a negative response at all three concentrations. A heroin standard was evaluated at 5 mg/mL and produced a negative response at this concentration, lower concentrations (1 and 2 mg/mL) were not tested as the highest concentration (5 mg/mL) produced a negative result. Diphenhydramine produced false positive results for concentrations ≥ 2 mg/mL in all three replicates. Levamisole produced false positive results for concentrations ≥ 1 mg/mL. Because a positive result was obtained for levamisole at a concentration of 1 mg/mL, additional testing was performed to determine the lowest concentration that would produce a false

positive. Concentrations of 0.1, 0.25, 0.5, and 0.75 mg/mL were evaluated. A positive result was observed for concentrations ≥ 0.5 mg/mL in all three replicates.

Some drugs and adulterants may be present in street samples at higher concentrations. Compounds that did not produce a positive result at 5 mg/mL, but may be present at elevated levels were analyzed at higher concentrations. Additional concentrations were based on those published by DanceSafe in their evaluation of fentanyl test strips.⁴ Cocaine, methamphetamine, lidocaine, and phenacetin were tested at higher concentrations. Cocaine and phenacetin produced negative results at concentrations up to 25 mg/mL. At concentrations ≥ 15 mg/mL of methamphetamine, the result was recorded as inconclusive, as the test strips produced a very faint line in the test area that could conceivably be called negative depending on the observer. Lidocaine produced a false positive at concentrations ≥ 10 mg/mL. See **Table 1** for a summary of the results.

Concentration (mg/mL) Compound	0.1	0.25	0.5	0.75	1	2	5	10	15	25
Caffeine	NT	NT	NT	NT	-	-	-	-	-	-
Diphenhydramine	NT	NT	NT	NT	-	+	+	NT	NT	NT
Cocaine	NT	NT	NT	NT	-	-	-	-	NT	-
Methamphetamine	NT	NT	NT	NT	-	-	-	-	*	*
MDMA	NT	NT	NT	NT	-	-	+	NT	NT	NT
Fentanyl	NT	NT	NT	NT	-	-	-	NT	NT	NT
Para-Fluorofentanyl	NT	NT	NT	NT	-	-	-	NT	NT	NT
Phenacetin	NT	NT	NT	NT	-	-	-	-	-	-
Lidocaine	NT	NT	NT	NT	-	-	-	+	+	+
Levamisole	-	-	+	+	+	+	+	+	+	NT
Quinine	NT	NT	NT	NT	-	-	-	NT	NT	NT
Heroin	NT	NT	NT	NT	NT	NT	-	NT	NT	NT

Table 1: Interference Study: “+” indicates a positive result, “-” indicates a negative result, “” indicates an inconclusive result, and “NT” indicates not tested.*

ANALYSIS OF KNOWN SAMPLES

Authentic samples submitted for drug checking were also assessed as part of the evaluation. The samples were powdered materials or residues. Samples were analyzed by GC/MS and LC-QTOF to identify drugs and adulterants present prior analysis using the test strips. A spatula-tip full of sample (approximately 0.2-

0.4 mg) was transferred into a 13x100 mm test tube. 1 mL of water was added, and the tube was vortexed to mix. For samples that did not contain a sufficient amount of powdered material, a cotton swab wet with water was used to swab the sample. The swab was then transferred into a 13x100 mm test tube and rinsed with 1 mL of water. The tube was vortexed to mix the sample solution. Three drops of sample solution were added to the test strip loading area, and the strip was allowed to develop for two to four minutes.

A total of twenty-five samples were analyzed. Twenty samples contained xylazine. All twenty samples containing xylazine produced positive responses on the xylazine test strips. Five samples did not contain xylazine. All five samples produced negative response on the xylazine test strips. Results from GC/MS and LC-QTOF, as well as xylazine test strips are shown in **Table 2** below.

Sample	Identification on GC/MS and LC-QTOF	Xylazine Test Strip Response
1	Fentanyl, Xylazine, 4-ANPP	Positive
2	Fentanyl, Xylazine, Para-Fluorofentanyl, 4-ANPP	Positive
3	Fentanyl, Xylazine, Lidocaine, 4-ANPP	Positive
4	Fentanyl, Xylazine, 4-ANPP	Positive
5	Fentanyl, Xylazine, Methamphetamine, 4-ANPP	Positive
6	Fentanyl, Xylazine	Positive
7	Fentanyl, Xylazine, Lidocaine, 4-ANPP	Positive
8	Fentanyl, Xylazine, 4-ANPP	Positive
9	Fentanyl, Xylazine, Para-Fluorofentanyl, 4-ANPP	Positive
10	Fentanyl, Xylazine, Caffeine, 4-ANPP, Noscaphine, Phenethyl 4-ANPP, N-propionyl norfentanyl, Cocaine	Positive
11	Fentanyl, Xylazine, Caffeine, 4-ANPP, Phenethyl 4-ANPP, Noscaphine, N-propionyl norfentanyl, Cocaine, Acetylfentanyl	Positive
12	Fentanyl, Xylazine, Caffeine, Para-Fluorofentanyl, 4-ANPP, Phenethyl 4-ANPP, Noscaphine, N-propionyl norfentanyl, Cocaine, Acetylfentanyl	Positive
13	Methamphetamine	Negative
14	Fentanyl, Heroin, Xylazine, 4-ANPP, Acetylcodeine, Phenethyl 4-ANPP, 6-MAM, Noscaphine	Positive
15	Fentanyl, Heroin, Xylazine, 6-MAM, 4-ANPP, Acetylcodeine, Phenethyl 4-ANPP, N-propionyl norfentanyl	Positive
16	Fentanyl, Heroin, Xylazine, Para-Fluorofentanyl, 6-MAM, 4-ANPP, Morphine, Acetylcodeine, Caffeine, Cocaine, Phenethyl 4-ANPP, Noscaphine	Positive
17	Fentanyl, Heroin, Xylazine, Caffeine, Para-Fluorofentanyl, 6-MAM, 4-ANPP, Cocaine, Acetylcodeine, Phenethyl 4-ANPP	Positive

18	Fentanyl, Xylazine, Para-Fluorofentanyl, Caffeine, Cocaine, Para-fluoro phenethyl 4-ANPP, Despropionyl para-fluorofentanyl, Valeryl fentanyl, Phenethyl 4-ANPP	Positive
19	Fentanyl, Xylazine, Para-Fluorofentanyl, Cocaine, Para-fluoro phenethyl 4-ANPP, Despropionyl para-fluorofentanyl, Valeryl fentanyl, Phenethyl 4-ANPP	Positive
20	Fentanyl, Heroin, Xylazine, Para-Fluorofentanyl, Caffeine, Lidocaine, 6-MAM, 4-ANPP, Acetylcodeine, Para-fluoro phenethyl 4-ANPP, Papaverine, Noscapine	Positive
21	Cocaine, Phenacetin	Negative
22	Cocaine, Levamisole	Negative
23	MDMA	Negative
24	Fentanyl, Heroin, Xylazine, Para-Fluorofentanyl, Caffeine, Quinine, 6-MAM, 4-ANPP, Acetylcodeine, Para-fluoro phenethyl 4-ANPP, Phenethyl 4-ANPP	Positive
25	Fentanyl, Heroin, Para-Fluorofentanyl, Lidocaine, 4-ANPP, Phenethyl 4-ANPP	Negative

Table 2: Method Comparison

ROBUSTNESS

The instructions for the xylazine test strips indicated that 140 µL of sample should be added to the strip for testing. Analysts in the field might utilize plastic pasteur pipettes to deliver sample solution to xylazine test strips as plastic pasteur pipettes are cheap, disposable, and less fragile compared to laboratory pipettes that would be used to measure a precise volume. To determine the effect deviating from 140 µL would have on the results, various volumes were tested in triplicate. The volumes tested were 2, 3, and 4 drops of sample solution delivered by plastic pasture pipette. The drops of water were weighed to determine the average volume that was delivered in microliters. It was determined that 2 drops, 3 drops, and 4 drops delivered by plastic pasture pipette are equivalent to 66.2 µL, 115.5 µL, and 149.8 µL, respectively. Xylazine standard at 0.1 mg/mL, which was known to produce a positive result at 140 µL, was used for the analysis. The xylazine test strips produced a positive response for all three trials at the three different volumes. The analysis was also performed at the LOD (650 ng/mL). The xylazine test strips produced a positive response for all three trails at the three different volumes.

The instructions for the xylazine test strips indicated the results of the strip should be read and documented between two to four minutes after application of the sample. The positive samples from the volume robustness experiment outlined above were monitored and documented at 5 minutes, 10 minutes, 15 minutes, 30 minutes, and overnight at room temperature to observe any change in the result. No change was observed over the time timeframe monitored.

CONCLUSION

Xylazine test strips can reliably produce presumptive results of the presence of xylazine in drug samples. The test strips produced true positives for all the authentic drug samples containing xylazine and produced true negatives for all samples without xylazine. Sampling residue or a small amount of powdered material and diluting in 1 mL of water was sufficient sample preparation to produce solutions with a concentration above the LOD of the test strips.

Drug samples suspected or determined to contain high concentrations of diphenhydramine, lidocaine, levamisole, MDMA, or methamphetamine may produce a false positive for the presence of xylazine. False positives were not observed in drug samples containing these analytes during the assessment. Alternative methods may be required to determine the presence or absence of xylazine in drug samples containing interfering analytes.

The xylazine test strips are fit for the use in drug samples.

REFERENCES

1. Ruiz-Colon, K, Chavez-Arias, C., Diaz-Alcala, J.E., & Martinez, M.A. Xylazine intoxication in humans and its importance as an emerging adulterant in abused drugs: A comprehensive review of the literature. *Forensic Science International*. Vol. 240. Mar, 2014: 1-8. <https://doi.org/10.1016/j.forsciint.2014.03.015>
2. Mittleman, R.E., Hearn, W.L., & Hime, G.W. Xylazine toxicity – literature review and report of two cases. *Journal of Forensic Sciences*. Vol 43,2. Mar, 1998: 400-402. <https://pubmed.ncbi.nlm.nih.gov/9544551/>
3. Xylazine. Drug Enforcement Administration. Feb 2021. https://www.deadiversion.usdoj.gov/drug_chem_info/Xylazine.pdf Accessed September 2022.
4. Sferios, E. WARNING! You may be using fentanyl test strips incorrectly! DanceSafe. Nov. 5, 2020. <https://dancesafe.org/you-may-be-using-fentanyl-testing-strips-incorrectly/> Accessed August 2022.

Published by CFSRE

2300 Stratford Avenue
Willow Grove, PA 19090

web: www.cfsre.org

email: contact@cfsre.org

Preferred Citation:

Shuda S., Lam, H. Characterization of Xylazine Test Strips for Use in Drug Checking.
<https://www.cfsre.org/nps-discovery/drug-checking>
CFSRE, Willow Grove PA, USA,
October 2022.

HB 165

2023

1 A bill to be entitled
2 An act relating to controlled substance testing;
3 amending s. 893.145, F.S.; revising the definition of
4 the term "drug paraphernalia" to exclude certain
5 narcotic-drug-testing products; providing an effective
6 date.

7 Be It Enacted by the Legislature of the State of Florida:
8

9 Section 1. Subsection (4) of section 893.145, Florida
10 Statutes, is amended to read:

11 893.145 "Drug paraphernalia" defined.—The term "drug
12 paraphernalia" means all equipment, products, and materials of
13 any kind which are used, intended for use, or designed for use
14 in planting, propagating, cultivating, growing, harvesting,
15 manufacturing, compounding, converting, producing, processing,
16 preparing, testing, analyzing, packaging, repackaging, storing,
17 containing, concealing, transporting, injecting, ingesting,
18 inhaling, or otherwise introducing into the human body a
19 controlled substance in violation of this chapter or s. 877.111.
20 Drug paraphernalia is deemed to be contraband which shall be
21 subject to civil forfeiture. The term includes, but is not
22 limited to:

23 (4) Testing equipment used, intended for use, or designed
24 for use in identifying, or in analyzing the strength,
25 effectiveness, or purity of, controlled substances, excluding

HB 165

2023

narcotic-drug-testing products that are used to determine
whether a controlled substance contains fentanyl as described in
s. 893.03(2)(b)9. or a controlled substance analog, as defined
in s. 893.0356(2), of fentanyl.

Section 2. This act shall take effect July 1, 2023.

2023164e1

1 A bill to be entitled
2 An act relating to controlled substance testing;
3 amending s. 893.145, F.S.; revising the definition of
4 the term "drug paraphernalia" to exclude certain
5 narcotic-drug-testing products used for a specified
6 purpose; providing applicability; providing an
7 effective date.

8
9 Be It Enacted by the Legislature of the State of Florida:

10
11 Section 1. Subsection (4) of section 893.145, Florida
12 Statutes, is amended to read:

13 893.145 "Drug paraphernalia" defined.—The term "drug
14 paraphernalia" means all equipment, products, and materials of
15 any kind which are used, intended for use, or designed for use
16 in planting, propagating, cultivating, growing, harvesting,
17 manufacturing, compounding, converting, producing, processing,
18 preparing, testing, analyzing, packaging, repackaging, storing,
19 containing, concealing, transporting, injecting, ingesting,
20 inhaling, or otherwise introducing into the human body a
21 controlled substance in violation of this chapter or s. 877.111.
22 Drug paraphernalia is deemed to be contraband which shall be
23 subject to civil forfeiture. The term includes, but is not
24 limited to:

25 (4) Testing equipment used, intended for use, or designed
26 for use in identifying, or in analyzing the strength,
27 effectiveness, or purity of, controlled substances, excluding
28 narcotic-drug-testing products that are used solely to determine
29 whether a controlled substance contains fentanyl as described in

2023164e1

30 s. 893.03(2)(b)9. or any other controlled substance specified in
31 s. 893.135(1)(c)4.a. This exclusion does not apply to a
32 narcotic-drug-testing product that can measure or determine the
33 quantity, weight, or potency of a controlled substance.

34 Section 2. This act shall take effect July 1, 2023.

ZZZ XYLAZINE

Rocio B. Potoukian

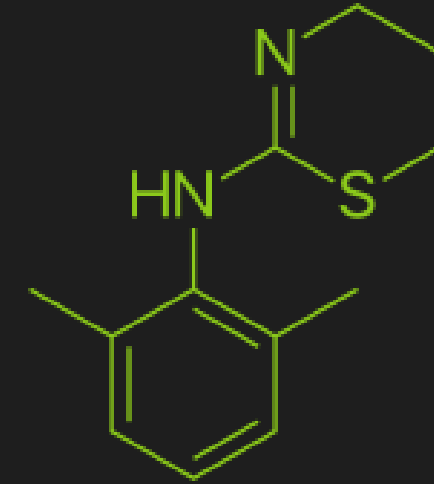
Toxicologist

Miami-Dade Medical Examiner Department



WHAT IS XYLAZINE?

- Xylazine is a sedative, muscle relaxant, and analgesic used for animals in a veterinary setting (Rompun, Anased, and Sedazine)
 - Sold as **100 mg/mL** injectable solution
- Synthesized in 1962 by Bayer Corporation
- Never approved by the FDA for human consumption
- Chemical formula: $C_{12}H_{16}N_2S$
- Agonist of α -2 central receptors
 - Overstimulation of receptor triggers sedation



USE AND DOSAGE

- Cutting agent in illicit fentanyl
 - AKA: tranq dope, sleep cut
- Dosage for humans is unknown
 - 0.5 mL/100 lbs body weight in horses
- In fatalities, blood concentrations of xylazine range from trace to 16 mg/L
- Injected, snorted, and smoked
- 1-2 minutes for effect, can last up to 4 hours

WHY XYLAZINE?

- Synergistic effects when combined with fentanyl, heroin, and cocaine
- Bulk up the supply's weight while also increasing its sedative nature
- “Best bang for your buck”

“If you only have \$5 and want to stay high, it’s the best bang for your buck.”

Nick Keppler

XYLAZINE EFFECTS

- Dopamine and norepinephrine decrease
- CNS depression
 - sedation, muscle relaxation, bradycardia, and hypotension
- Xerostomia, or dry mouth, caused by the inhibition of acetylcholine
- Ulcer formation due to vasoconstricting effects
- Naloxone can be ineffective



Ulcers in “anesthesia” users in Puerto Rico

FRESH VS. HEALED WOUNDS



XYLAZINE EFFECTS: USERS' POINT OF VIEW

None. There's no rush when I'm lucky enough to hit a vein. There is nothing. There is only "sick" and "not sick", "awake" or "passed out".

There's not much literature on the effects of Xylazine in humans, because it's toxic to us. It's literal poison. I have a wound on my ankle that has been open for 3 months. Think about that. THREE MONTHS. It's not actively bleeding, but it was only about 2cm wide. It should be completely healed three months later. It isn't. That's the xylazine side-effects.

I had extremely dry mouth and nose, and my legs felt like jello, and was constantly passing out. It was very intense, and like you said I have never experienced anything like it.

Yeah dry mouth and dry nose absolutely no appetite. The [REDACTED] that came out of my nose was so gross when I fell asleep I woke up and it looked like stains of paint. I was doing much less than my normal dose even though it might be considered a decent amount to other addicts. That's

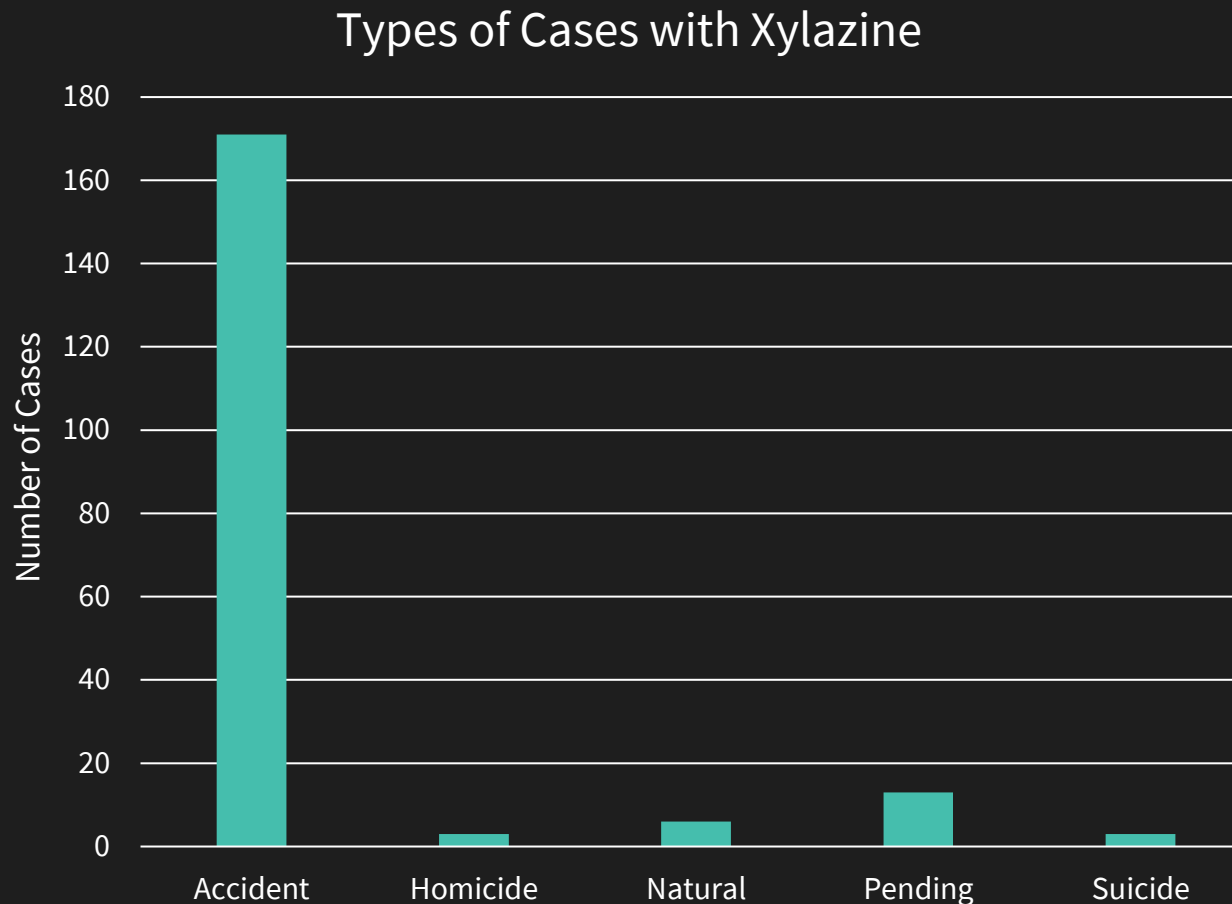
That was my understanding. I guess they're more like ulcers but some are closer to abscesses. Only time it happens is with tranq dope. Apparently it lowers skin oxygenation a lot, and mixed with fatty I'd imagine it'd be pretty bad. It's a lot more likely if you bang. Even with clean needles I've heard it's an instant ulcer if you miss. But using dirty needles or unsanitary injecting practices can lead to an abscess no matter which substance used.

METHODS OF DETECTION



XYLAZINE AT MDME

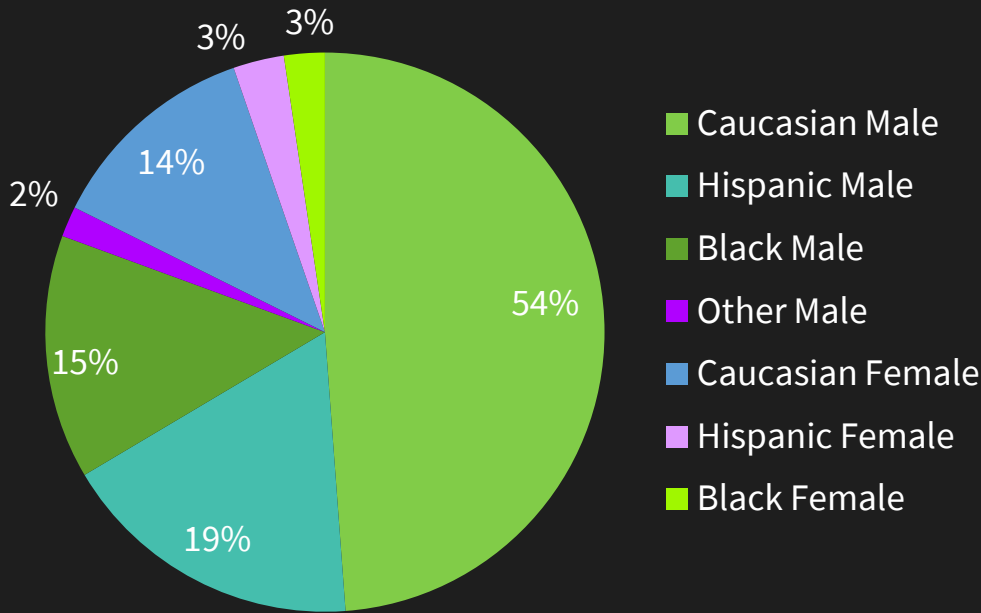
- From 2015 to 2022, xylazine was detected in 197 cases.
- Total of 170 accidental overdoses
- Miami-Dade and Collier Counties



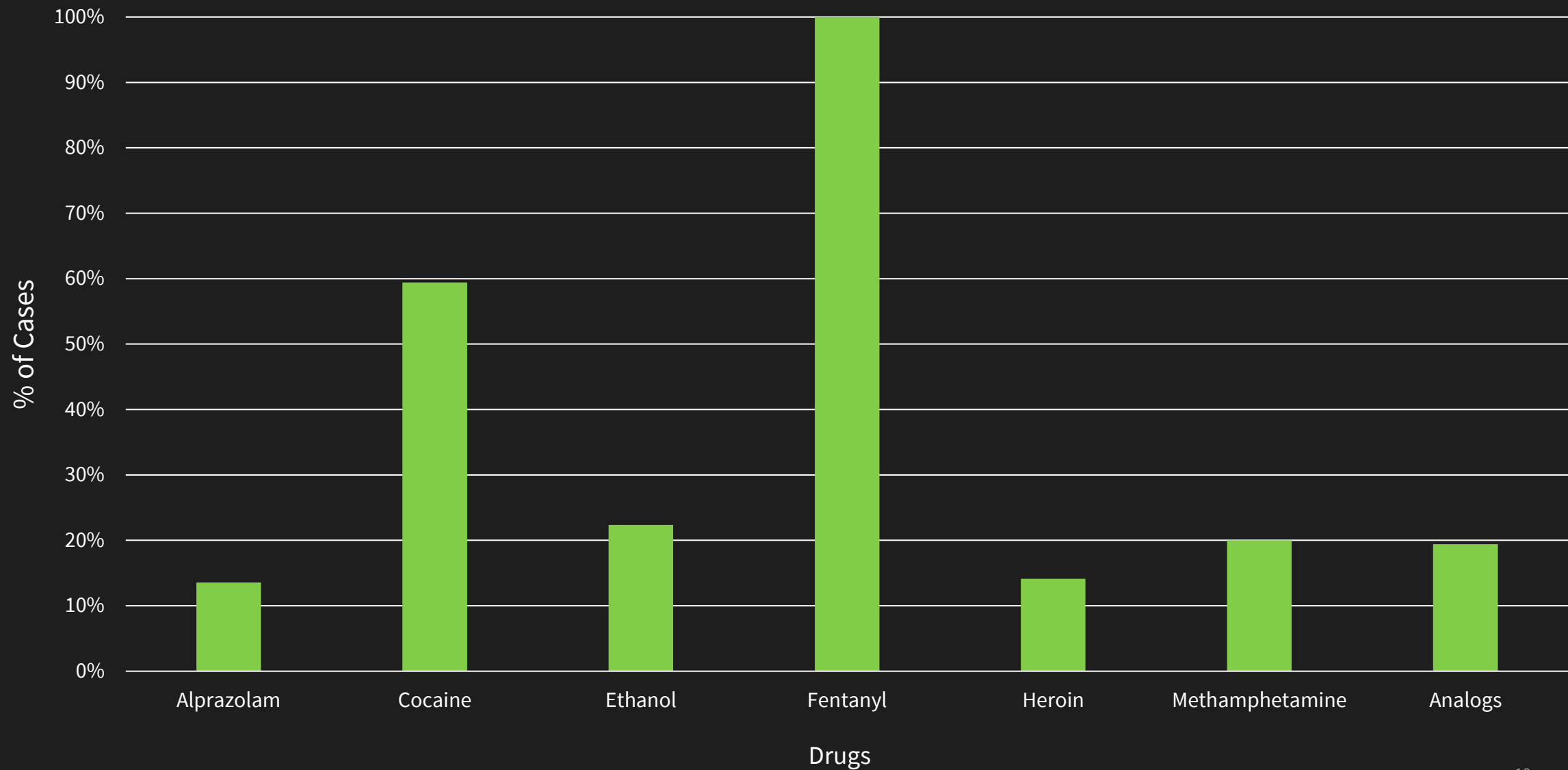
DEMOGRAPHICS: SEX, RACE & ETHNICITY, AND AGE

	18-24	25-34	35-44	45-54	55-64	65+	Total
Male	14	34	35	26	26	5	140
Female	2	8	12	3	4	1	30
Total	16	42	47	29	30	6	170

Ethnicity	Quantity
Caucasian	104
Hispanic	35
Black	28
Other	3

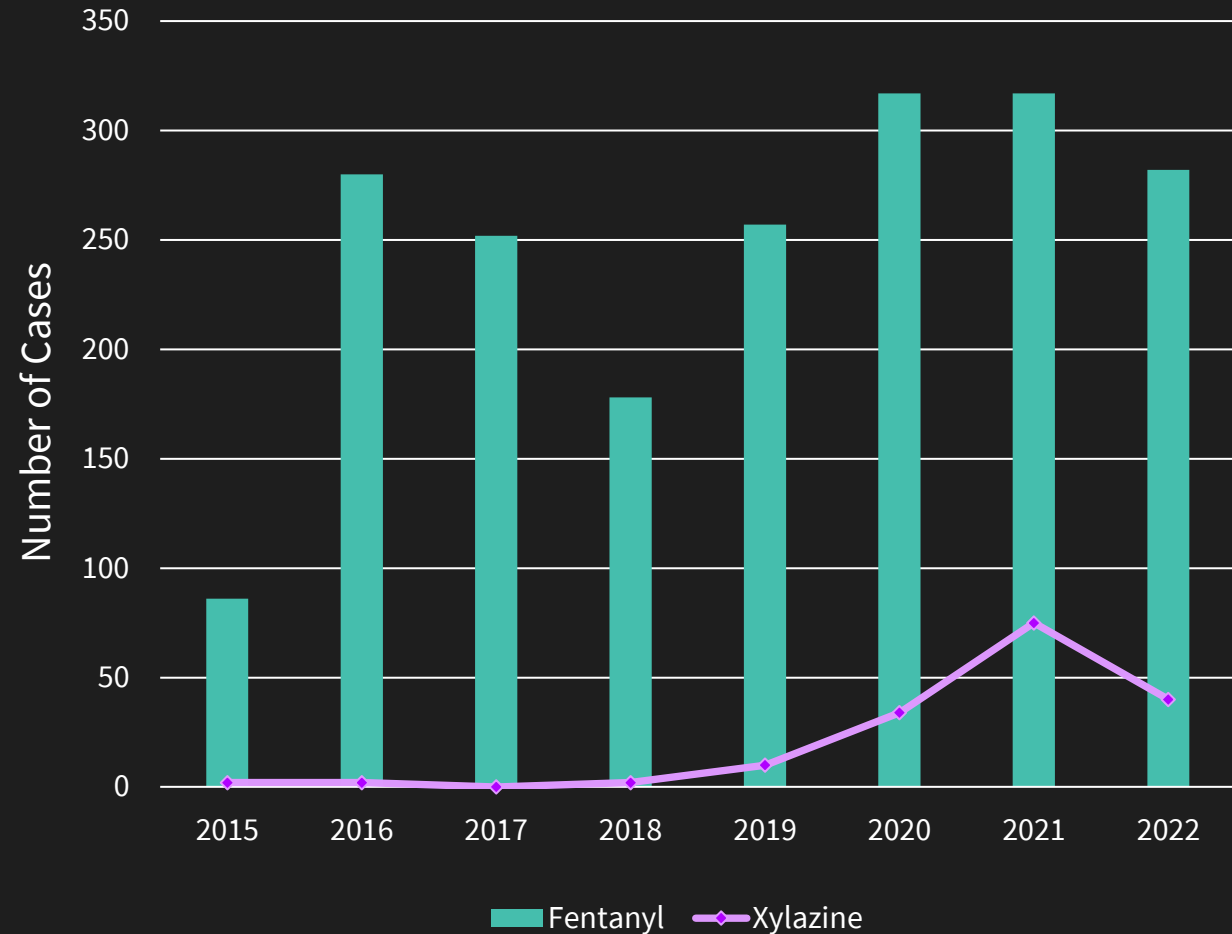


PERCENTAGE OF OTHER DRUGS IN COD

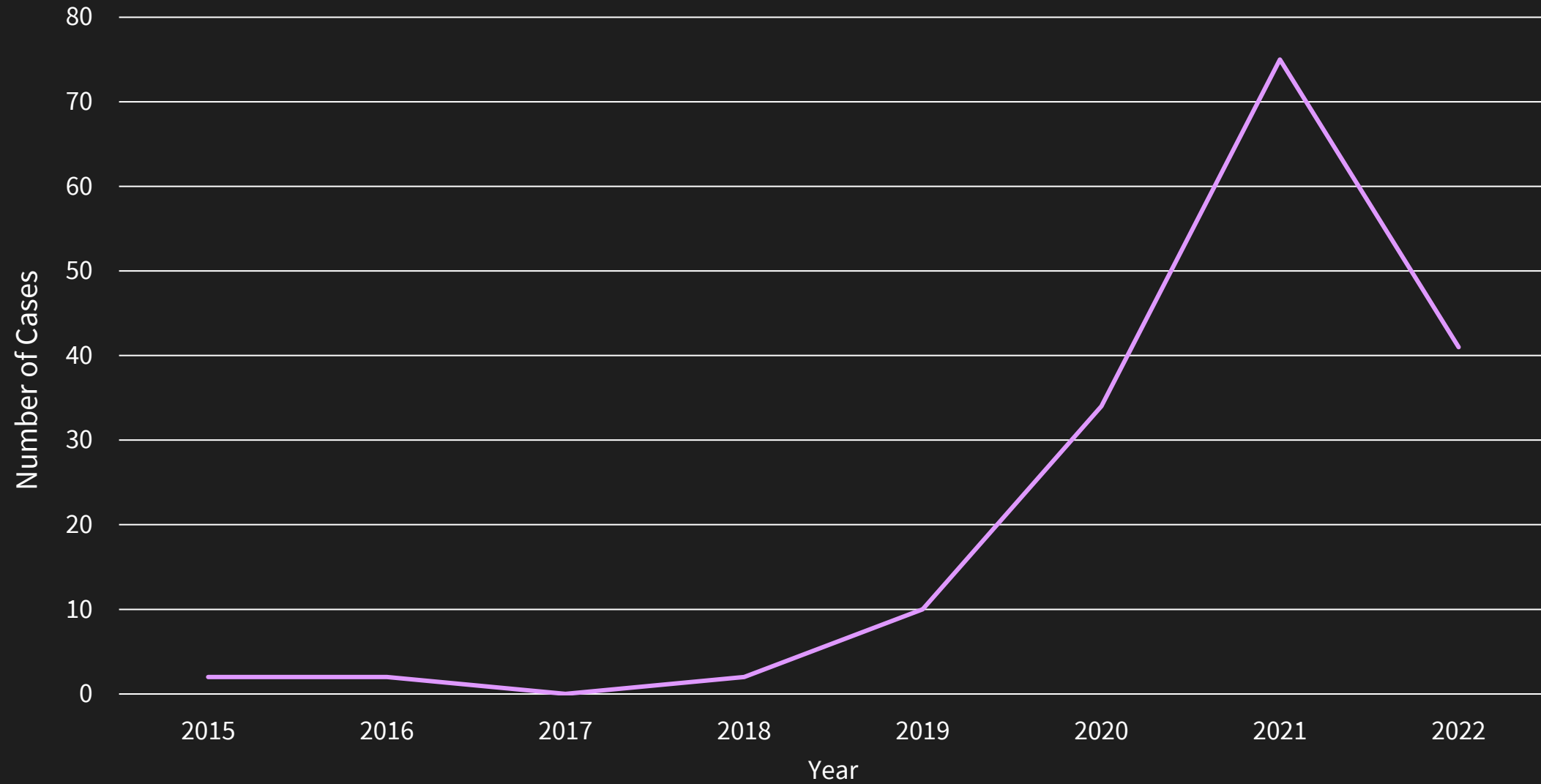


XYLAZINE IN FENTANYL

- 100% of cases contained fentanyl in COD
- Positivity of xylazine in fentanyl deaths is increasing
- Fentanyl concentrations range from 3 ng/mL to 158 ng/mL
 - Average: 25.8 ng/mL



XYLAZINE CASES FROM 2015 - 2022



CASE STUDY 1 - 2019

- 37 y/o female
- History of drug abuse (crack & heroin)
- Found unresponsive by ex-boyfriend in bathtub
- Syringe found on scene
- MOD: Accident
- COD: Acute Combined Drug Toxicity (Fentanyl, Acetyl Fentanyl, Methoxyacetyl Fentanyl, Heroin, **Xylazine**, Cocaine, and Eutylone)
 - 1st time xylazine was listed in COD at MDME
- 36.2 ng/mL fentanyl in iliac blood
- Xylazine quantity unknown



CASE STUDY 2 - 2022

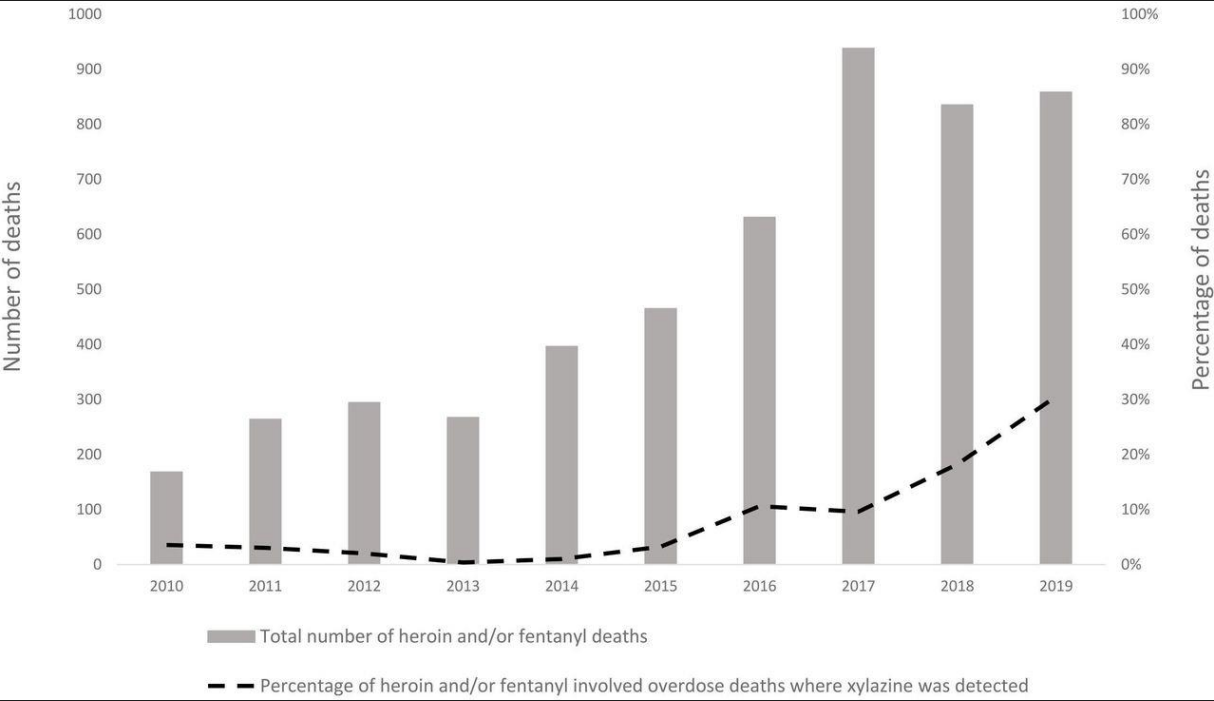
- 34 y/o female
- Found in woods by train tracks in area known for drug use
- History of narcotic use
- 35 ng/mL of fentanyl
- Benzoylcegonine required dilution, 2.5 mg/L
- COD: Combined Toxic Effects of Cocaine, Fentanyl, and Xylazine



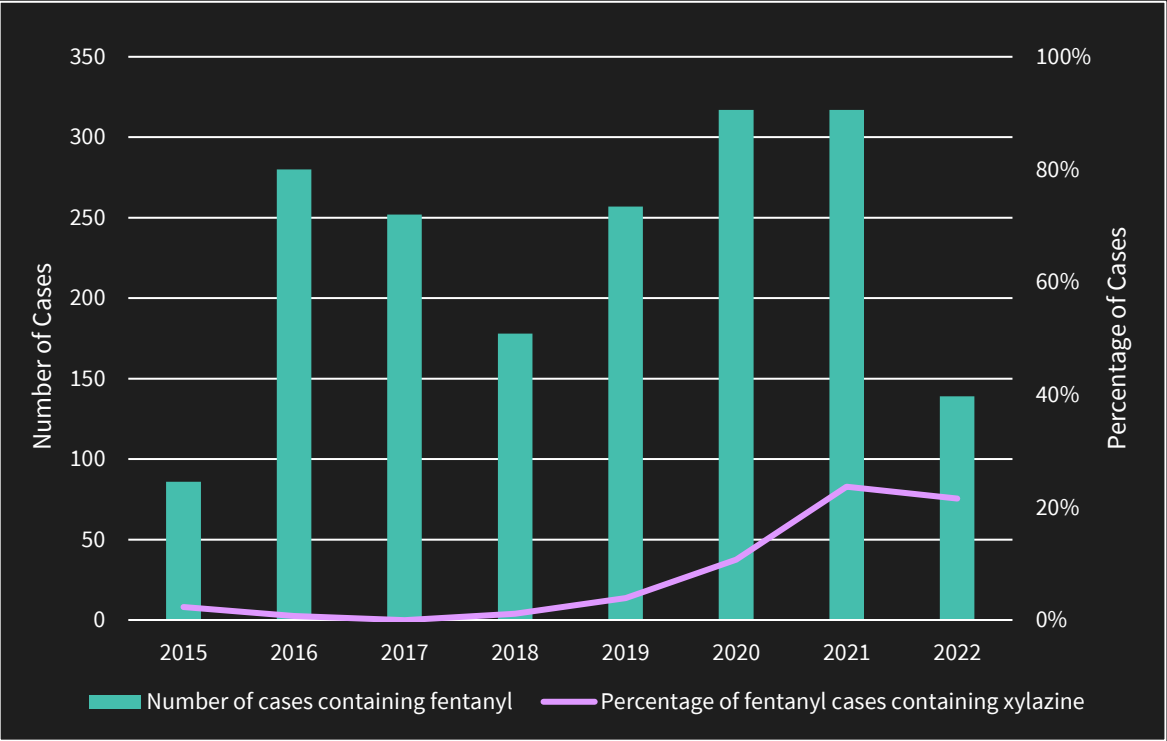
PHILADELPHIA'S XYLAZINE CRISIS

- Philadelphia Medical Examiner's Office has been seeing xylazine since 2014
- Analysis on deaths from unintentional heroin and/or fentanyl overdose revealed:
 - In less than 10 years, xylazine detection went from 0% to 31%
 - Predominantly white (65%), male (76%), between the ages 35-54 (47%)
 - 100% of cases contained fentanyl
 - 54% of cases contained cocaine
- Data coincides with MDME findings

XYLAZINE GROWTH IN PHILADELPHIA VS. MIAMI-DADE



Xylazine in Philadelphia 2010 - 2019



Xylazine in Miami-Dade 2015 - 2022

CONCLUSION

- Xylazine is a very dangerous cutting agent
- Higher profit and easy access for sellers
- White men aged 25-44 are primary victims
- Prevalence of xylazine may decrease as sellers find new adulterants



A close-up photograph of a spoon filled with a white, crystalline powder and a syringe containing a green liquid, both resting on a wooden surface. The image is used as a background for a public health message.

Thank You! Questions?

potour@miamidade.gov

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REF: XYL-18S2-100

Rapid Response® Xylazine Test Strip



Xylazine is a non-opioid tranquilizer used as a sedative, analgesic, and muscle relaxant used in veterinary medicine for animals including horse and cattle. Recently, it has commonly been encountered in the recreational drug supply, most commonly in opioid “dope” (e.g. fentanyl, heroin). Combining xylazine with other drugs that cause central nervous system depression compounds the sedative effects and can increase the risk of overdose and death.

The Rapid Response® Xylazine (XYL) Test Strip is an easy-to-use rapid lateral flow assay for the qualitative detection of xylazine in liquid or powder dope samples.

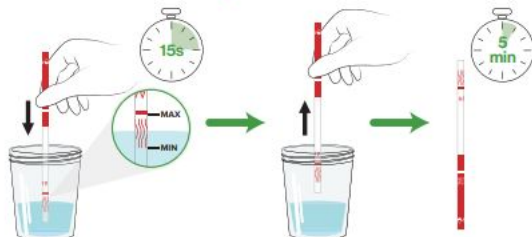
Kit Contents

- Individually packaged test strips
- Product insert
- Results interpretation card

Product Details

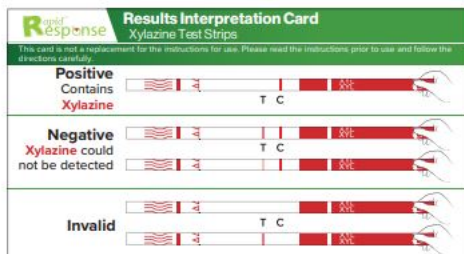
- Detects Xylazine in concentrations above 1000 ng/mL
- Results interpretation guide printed on each pouch
- Built-in procedural control
- Results in 5 minutes
- Compact format for easy distribution

Testing Procedure



For illustrative purposes only. Refer to product insert for more details.

Results Interpretation



Read the CFSRE Report

Rapid Response® Xylazine Test Strip's performance was deemed acceptable for drug checking purposes, demonstrating high sensitivity, specificity, and precision when evaluated by the Center for Forensic Science Research and Education (CFSRE) and the Philadelphia Department of Public Health (PDHP).



bit.ly/3G5RmXx



bit.ly/3GLz10X

Visit Our Website

To learn more about Rapid Response® Xylazine XYL Test Strip, scan this QR code.

REF XYL-18S2-100

Rapid Response® Xylazine Test Strip



Xylazine is a non-opioid tranquilizer used as a sedative, analgesic, and muscle relaxant used in veterinary medicine for animals including horse and cattle. Recently, it has commonly been encountered in the recreational drug supply, most commonly in opioid “dope” (e.g. fentanyl, heroin). Combining xylazine with other drugs that cause central nervous system depression compounds the sedative effects and can increase the risk of overdose and death.

The Rapid Response® Xylazine (XYL) Test Strip is an easy-to-use rapid lateral flow assay for the qualitative detection of xylazine in liquid or powder dope samples.

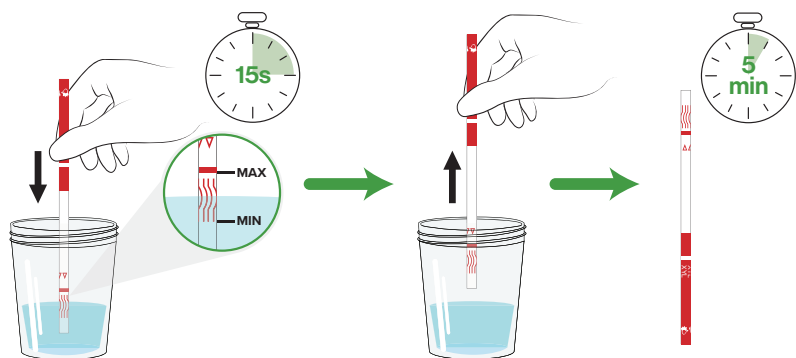
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- Product insert
- Results interpretation card

Product Details

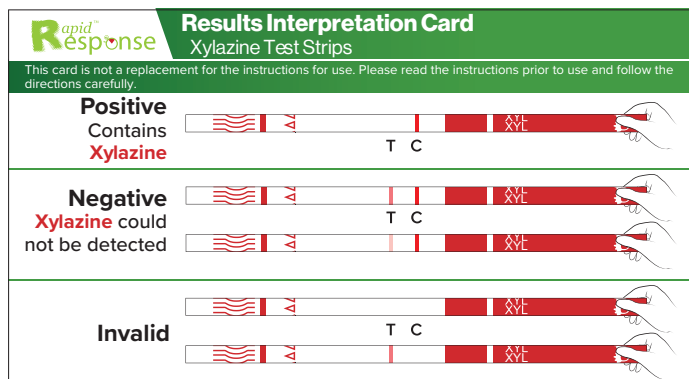
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Testing Procedure



For illustrative purposes only. Refer to product insert for more details.

Results Interpretation



Read the CFSRE Report

Rapid Response® Xylazine Test Strip's performance was deemed acceptable for drug checking purposes, demonstrating high sensitivity, specificity, and precision when evaluated by the Center for Forensic Science Research and Education (CFSRE) and the Philadelphia Department of Public Health (PDPH).



Visit Our Website

To learn more about Rapid Response® Xylazine XYL Test Strip, scan this QR code.

Ordering Information

Product Code	Product Name	Contents
XYL-18S2-100	Xylazine Single Drug Test Strip	100 Tests

To learn more contact your local **Sales Representative**, call us at +1 888 339-9964, or email us at sales@btnx.com

Item 6b



390088

LEGISLATIVE ACTION

Senate

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House

The Committee on Children, Families, and Elder Affairs (Harrell)
recommended the following:

Senate Amendment

Delete lines 37 - 91
and insert:
medication is prescribed. For the purposes of this paragraph,
"marijuana" includes marijuana that has been certified by a
qualified physician for medical use in accordance with s.
381.986.

Section 2. Paragraph (f) is added to subsection (1) of
section 397.410, Florida Statutes, to read:



390088

397.410 Licensure requirements; minimum standards; rules.—

(1) The department shall establish minimum requirements for licensure of each service component, as defined in s.

397.311(26), including, but not limited to:

(f) A prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For the purposes of this paragraph, "marijuana" includes marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

Section 3. Subsection (8) is added to section 397.411, Florida Statutes, to read:

397.411 Inspection; right of entry; classification of violations; records.—

(8) The department shall establish a mechanism for the imposition and collection of fines for violations under this section no later than January 1, 2024.

Section 4. Paragraph (a) of subsection (3) of section 397.487, Florida Statutes, is amended, and subsection (12) is added to that section, to read:

397.487 Voluntary certification of recovery residences.—

(3) A credentialing entity shall require the recovery residence to submit the following documents with the completed application and fee:

(a) A policy and procedures manual containing:

1. Job descriptions for all staff positions.

2. Drug-testing procedures and requirements.

3. A prohibition on the premises against alcohol,



390088

marijuana, illegal drugs, and the use of prescribed medications
by an individual other than the individual for whom the
medication is prescribed. For the purposes of this subsection,
"marijuana" includes marijuana that has been certified by a
qualified physician for medical use in accordance with s.
381.986.

4. Policies to support a resident's recovery efforts.

5. A good neighbor policy to address neighborhood concerns
and complaints.

(12) Any person discharged from a recovery residence under
subsection (11) who willfully refuses to depart after being
warned by the owner or an authorized employee of the recovery
residence commits the offense of trespass in a recovery
residence, a misdemeanor of the second degree, punishable as
provided in s. 775.082 or s. 775.083.

Section 5. Present subsections (3) through (7) of section
397.4873, Florida Statutes, are redesignated as subsections (4)
through (8), respectively, a new subsection (3) is added to that
section, and present subsections (3) and (6) of that section are
amended, to read:

397.4873 Referrals to or from recovery residences;
prohibitions; penalties.—

(3) Notwithstanding subsection (2), a service provider
licensed under this part may not make a referral of a
prospective, current, or discharged patient to, or accept a
referral of such patient from, a recovery residence that allows
on its premises the use of alcohol, marijuana, or illegal drugs
or the use of prescribed medications by an individual other than
the individual for whom the medication is prescribed. For the



390088

69 purposes of this subsection, "marijuana" includes marijuana that
70 has been certified by a qualified physician for medical use in
71 accordance with s. 381.986.

State Attorney Addiction Recovery Task Force (SAART)

HB295: Bullet Points

Section 1: Adds a provision to s. 397.403, Florida Statutes, *License applications*, requiring that treatment provider applications for licenses include a prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medications are prescribed. Currently, there are an increasing number of providers who facilitate and allow the use of marijuana at facilities and related housing. It should be noted that marijuana is not FDA approved and therefore, cannot be prescribed, only recommended. It is not accepted as a best practice by SAMHSA or ASAM.

Section 2: Adds a provision to s. 397.410, Florida Statutes, *Licensure requirements; minimum standards*, requiring the department to include in the minimum licensing requirements for treatment providers, a prohibition on the premises against the use of alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed.

Section 3: Adds a provision to s. 397.411, Florida Statutes, *Inspection; right of entry; classification of violations; records*, requiring the department to establish a mechanism for the imposition and collection of fines no later than January 1, 2024. There have been no fines assessed or collected by the department since the classification of violations and fines were enacted in 2017.

Section 4: Amends subsection (3) of s. 397.487, Florida Statutes, *Voluntary certification of recovery residences*, to add marijuana to the list of substances prohibited at a certified recovery residence. Currently, the prohibited list includes alcohol, illegal drugs and prescribed medication for persons other than the individual for whom the medication is prescribed. It should be noted that the national standards adopted by the Florida certifying entity, FARR, specifically contains a prohibition on the use of marijuana.

Section 4 (continued): Additionally adds a provision to s. 397.487, Florida Statutes, *Voluntary certification of recovery residences*, that a person who is discharged from a certified recovery residence by the owner or authorized

employee, pursuant to a valid discharge policy, and refuses to leave the residence, commits trespass in a recovery residence, a second degree misdemeanor. There have been a number of incidents around the state where a resident has been lawfully discharged, for the health and safety of the resident or other residents, and refuses to leave. Police are called and refuse to intervene because there is not a specific statute in place.

Section 5: replaces subsection (3) in s. 397.4873, Florida Statutes, *Referrals to or from recovery residences; prohibitions; penalties*, adding a prohibition against treatment providers referring to, or accepting referrals from a recovery residence that allows the use of alcohol, marijuana, illegal drugs, or the use of prescribed medication by an individual other than the individual for whom the medication is prescribed.

Section 5 (continued): Additionally, amends subsection (4) (currently (3)) in s.397.4873, Florida Statutes, *Referrals to or from recovery residences; prohibitions; penalties*, to require the residential component of day or night treatment with community housing to be certified regardless of whether or not the housing is a part of a component license. For several years, the legislature has passed legislation with the intent that these community residences be included in the voluntary certification process. In 2018, the legislature removed the exemption from certification previously provided to referrals made by licensed service providers to their wholly owned subsidiaries. Then in 2019, the legislature amended the definition of recovery residence to specifically include day or night treatment with community housing residences, with the intent that these recovery residences be subject to voluntary certification.

While the department issued a memo requiring certification when a day or night treatment provider accepts or receives referrals from “other licensed treatment providers, or existing recovery residences”, they have maintained that the current definition of a referral does not apply within the day or night license itself. In other words, there can be no referral of a patient who is directly marketed into the facility and is not referred by another provider or residence. This creates an unintended loophole, especially when the department does not have the resources to determine whether or not a patient came to a provider from an outside source or was directly marketed into the facility. It was never the intent

of the legislature to exempt recovery residences in residential neighborhoods from the voluntary certification process merely because the provider owns a residence and uses that residence within a particular license.

Section 5 (continued): Lastly, section 5 requires the department to establish a mechanism for the imposition and collection of fines for violations under the referral section.

State Attorney Addiction Recovery Task Force

SB210: Bullet Points

Section 1: Adds a provision to s. 397.403, Florida Statutes, *License applications*, requiring that treatment provider applications for licenses include a prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medications are prescribed. Currently, there are an increasing number of providers who facilitate and allow the use of marijuana at facilities and related housing. It should be noted that marijuana is not FDA approved and therefore, cannot be prescribed, only recommended.

Section 2: Adds a provision to s. 397.410, Florida Statutes, *Licensure requirements; minimum standards*, requiring the department to include in the minimum licensing requirements for treatment providers, a prohibition on the premises against the use of alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed.

Section 3: Adds a provision to s. 397.411, Florida Statutes, *Inspection; right of entry; classification of violations; records*, requiring the department to establish a mechanism for the imposition and collection of fines no later than January 1, 2024. There have been no fines assessed or collected by the department since the classification of violations and fines were enacted in 2017.

Section 4: Amends subsection (3) of s. 397.487, Florida Statutes, *Voluntary certification of recovery residences*, to add marijuana to the list of substances prohibited at a recovery residence. Currently, the prohibited list includes alcohol, illegal drugs and prescribed medication for persons other than the individual for whom the medication is prescribed. It should be noted that the national standards adopted by the Florida certifying entity, FARR, do contain a prohibition on the use of marijuana.

Section 4 (continued): Additionally adds a provision to s. 397.487, Florida Statutes, *Voluntary certification of recovery residences*, that a person who is discharged from a certified recovery residence by the owner or authorized employee, pursuant to a valid discharge policy, and refuses to leave the

residence, commits trespass in a recovery residence, a second degree misdemeanor. There have been a number of incidents around the state where a resident has been lawfully discharged, for the health and safety of the resident or other residents, and refuses to leave. Police are called and refuse to intervene because there is not a specific statute in place.

Section 5: replaces subsection (3) in s. 397.4873, Florida Statutes, *Referrals to or from recovery residences; prohibitions; penalties*, adding a prohibition against treatment providers referring to, or accepting referrals from a recovery residence that allows the use of alcohol, marijuana, illegal drugs, or the use of prescribed medication by an individual other than the individual for whom the medication is prescribed.

Section 5 (continued): Additionally, amends subsection (4) (currently (3)) in s.397.4873, Florida Statutes, *Referrals to or from recovery residences; prohibitions; penalties*, to require the residential component of day or night treatment with community housing to be certified regardless of whether or not the housing is a part of a component license. For several years, the legislature has passed legislation with the intent that these community residences be included in the voluntary certification process. In 2018, the legislature removed the exemption from certification previously provided to referrals made by licensed service providers to their wholly owned subsidiaries. Then in 2019, the legislature amended the definition of recovery residence to specifically include day or night treatment with community housing residences, with the intent that these recovery residences be subject to voluntary certification.

While the department issued a memo requiring certification when a day or night treatment provider accepts or receives referrals from “other licensed treatment providers, or existing recovery residences”, they have maintained that the current definition of a referral does not apply within the day or night license itself. In other words, there can be no referral of a patient who is directly marketed into the facility and is not referred by another provider or residence. This creates an unintended loophole, especially when the department does not have the resources to determine whether or not a patient came to a provider from an outside source or was directly marketed into the facility. It was never the intent of the legislature to exempt recovery residences in residential neighborhoods

from the voluntary certification requirement merely because the provider owns a residence and uses that residence within a particular license.

Section 5 (continued): Lastly, section 5 requires the department to establish a mechanism for the imposition and collection of fines for violations under the referral section.

By the Committee on Children, Families, and Elder Affairs; and
Senator Harrell

586-02085-23

2023210c1

A bill to be entitled

An act relating to substance abuse services; amending s. 397.403, F.S.; revising application requirements for licensure as a substance abuse service provider; defining the term "marijuana"; amending s. 397.410, F.S.; revising licensure requirements for substance abuse providers; defining the term "marijuana"; amending s. 397.411, F.S.; requiring the Department of Children and Families to establish, by a specified date, a mechanism to impose and collect fines for certain violations of law; amending s. 397.487, F.S.; revising credentialing requirements for recovery residences; defining the term "marijuana"; prohibiting persons discharged from a recovery residence from willfully refusing to depart after being warned by specified persons; providing criminal penalties; amending s. 397.4873, F.S.; prohibiting service providers from referring patients to, or accepting referrals from, specified recovery residences; revising requirements regarding patient referrals for substance abuse service providers and recovery residences; defining the term "marijuana"; requiring the department to establish, by a specified date, a mechanism to impose and collect fines for certain violations of law; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (k) is added to subsection (1) of

586-02085-23

2023210c1

section 397.403, Florida Statutes, to read:

397.403 License application.—

(1) Applicants for a license under this chapter must apply to the department on forms provided by the department and in accordance with rules adopted by the department. Applications must include at a minimum:

(k) Proof of a prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For the purposes of this paragraph, "marijuana" includes marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

Section 2. Paragraph (f) is added to subsection (1) of section 397.410, Florida Statutes, to read:

397.410 Licensure requirements; minimum standards; rules.—

(1) The department shall establish minimum requirements for licensure of each service component, as defined in s. 397.311(26), including, but not limited to:

(f) A prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For the purposes of this paragraph, "marijuana" includes marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

Section 3. Subsection (8) is added to section 397.411, Florida Statutes, to read:

397.411 Inspection; right of entry; classification of

586-02085-23

2023210c1

violations; records.—

(8) The department shall establish a mechanism for the imposition and collection of fines for violations under this section no later than January 1, 2024.

Section 4. Paragraph (a) of subsection (3) of section 397.487, Florida Statutes, is amended, and subsection (12) is added to that section, to read:

397.487 Voluntary certification of recovery residences.—

(3) A credentialing entity shall require the recovery residence to submit the following documents with the completed application and fee:

(a) A policy and procedures manual containing:

1. Job descriptions for all staff positions.

2. Drug-testing procedures and requirements.

3. A prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For the purposes of this subsection, "marijuana" includes marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

4. Policies to support a resident's recovery efforts.

5. A good neighbor policy to address neighborhood concerns and complaints.

(12) Any person discharged from a recovery residence under subsection (11) who willfully refuses to depart after being warned by the owner or an authorized employee of the recovery residence commits the offense of trespass in a recovery residence, a misdemeanor of the second degree, punishable as

586-02085-23

2023210c1

provided in s. 775.082 or s. 775.083.

Section 5. Present subsections (3) through (7) of section 397.4873, Florida Statutes, are redesignated as subsections (4) through (8), respectively, a new subsection (3) is added to that section, and present subsections (3) and (6) of that section are amended, to read:

397.4873 Referrals to or from recovery residences; prohibitions; penalties.—

(3) Notwithstanding subsection (2), a service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such patient from, a recovery residence that allows on its premises the use of alcohol, marijuana, or illegal drugs or the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For the purposes of this subsection, "marijuana" includes marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

(4) (a) ~~(3)~~ For purposes of this section, a licensed service provider or recovery residence shall be considered to have made a referral if the provider or recovery residence has informed a patient by any means about the name, address, or other details of a recovery residence or licensed service provider, or informed a licensed service provider or a recovery residence of any identifying details about a patient.

(b) A referral shall also include the placement of a patient by a licensed service provider into the housing component of the provider's day or night treatment, which has a community housing license, regardless of whether the community

586-02085-23

2023210c1

housing component is affiliated with the licensed service provider.

(7)~~(6)~~ A licensed service provider that violates this section is subject to an administrative fine of \$1,000 per occurrence. If such fine is imposed by final order of the department and is not subject to further appeal, the service provider shall pay the fine plus interest at the rate specified in s. 55.03 for each day beyond the date set by the department for payment of the fine. If the service provider does not pay the fine plus any applicable interest within 60 days after the date set by the department, the department shall immediately suspend the service provider's license. Repeat violations of this section may subject a provider to license suspension or revocation pursuant to s. 397.415. The department shall establish a mechanism no later than January 1, 2024, for the imposition and collection of fines for violations under this section.

Section 6. This act shall take effect July 1, 2023.

CS/HB 295

2023

A bill to be entitled

An act relating to substance abuse service providers; amending ss. 397.403 and 397.410, F.S.; prohibiting the use of specified substances on certain premises; providing a definition for the term "medical marijuana"; amending s. 397.411, F.S.; requiring the Department of Children and Families to establish a mechanism for the imposition and collection of fines for certain violations; amending s. 397.487, F.S.; prohibiting the use of medical marijuana on certain premises; providing a definition for the term "medical marijuana"; providing penalties for trespass in a recovery residence; amending s. 397.4873, F.S.; prohibiting a service provider from referring patients to, or accepting referrals of patients from, certain recovery residences; providing a definition for the term "medical marijuana"; requiring a referral to include the placement of a patient into specified programs; requiring the department to establish a mechanism for the imposition and collection of fines for certain violations; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (k) is added to subsection (1) of

CS/HB 295

2023

section 397.403, Florida Statutes, to read:

397.403 License application.—

(1) Applicants for a license under this chapter must apply to the department on forms provided by the department and in accordance with rules adopted by the department. Applications must include at a minimum:

(k) A prohibition on the premises against illegal drugs, alcohol, medical marijuana, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For purposes of this paragraph, the term "medical marijuana" means marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

Section 2. Paragraph (f) is added to subsection (1) of section 397.410, Florida Statutes, to read:

397.410 Licensure requirements; minimum standards; rules.—

(1) The department shall establish minimum requirements for licensure of each service component, as defined in s. 397.311(26), including, but not limited to:

(f) A prohibition on the premises against illegal drugs, alcohol, medical marijuana, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For purposes of this paragraph, the term "medial marijuana" means marijuana certified by a qualified physician for medical use in accordance with s.

CS/HB 295

2023

381.986.

Section 3. Subsection (8) is added to section 397.411, Florida Statutes, to read:

397.411 Inspection; right of entry; classification of violations; records; penalties.—

(8) The department shall establish a mechanism for the imposition and collection of fines for violations of this section no later than January 1, 2024.

Section 4. Paragraph (a) of subsection (3) of section 397.487, Florida Statutes, is amended, and subsection (12) is added to that section, to read:

397.487 Voluntary certification of recovery residences.—

(3) A credentialing entity shall require the recovery residence to submit the following documents with the completed application and fee:

(a) A policy and procedures manual containing:

1. Job descriptions for all staff positions.
2. Drug-testing procedures and requirements.

3. A prohibition on the premises against illegal drugs, alcohol, medical marijuana, ~~illegal drugs,~~ and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For purposes of this subparagraph, the term "medical marijuana" means marijuana certified by a qualified physician for medical use in accordance with s. 381.986.

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4. Policies to support a resident's recovery efforts.

5. A good neighbor policy to address neighborhood concerns and complaints.

(12) Any person who is discharged from a recovery residence under subsection (11) who willfully refuses to depart after being warned by the owner or an authorized employee of the recovery residence commits the offense of trespass in a recovery residence, a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 5. Subsections (3) through (7) of section 397.4873, Florida Statutes, are renumbered as subsections (4) through (8), respectively, present subsections (3) and (6) are amended, and a new subsection (3) is added to that section, to read:

397.4873 Referrals to or from recovery residences; prohibitions; penalties.—

(3) Notwithstanding subsection (2), a service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such patient from, a recovery residence that allows the use of illegal drugs, alcohol, or medical marijuana, or the use of prescribed medications by an individual other than the individual for whom the medication is prescribed, on the premises. For purposes of this subsection, the term "medical marijuana" means marijuana certified by a qualified physician

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for medical use in accordance with s. 381.986.

(4)~~(3)~~ For purposes of this section, a licensed service provider or recovery residence shall be considered to have made a referral if the provider or recovery residence has informed a patient by any means about the name, address, or other details of a recovery residence or licensed service provider, or informed a licensed service provider or a recovery residence of any identifying details about a patient. A referral must also include the placement of a patient by a licensed service provider into the community housing component of the provider's day or night treatment with community housing regardless of whether the community housing component is affiliated with the licensed service provider.

(7)~~(6)~~ A licensed service provider that violates this section is subject to an administrative fine of \$1,000 per occurrence. If such fine is imposed by final order of the department and is not subject to further appeal, the service provider shall pay the fine plus interest at the rate specified in s. 55.03 for each day beyond the date set by the department for payment of the fine. If the service provider does not pay the fine plus any applicable interest within 60 days after the date set by the department, the department shall immediately suspend the service provider's license. Repeat violations of this section may subject a provider to license suspension or revocation pursuant to s. 397.415. The department shall

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126 | establish a mechanism for the imposition and collection of fines
127 | for violations of this subsection no later than January 1, 2024.
128 | Section 6. This act shall take effect July 1, 2023.



2023 AGENCY LEGISLATIVE BILL ANALYSIS

Department of Children and Families

ITEM 6B

BILL INFORMATION

BILL NUMBER:	SB 210
BILL TITLE:	<u>Substance Abuse Services</u>
BILL SPONSOR:	Senator Harrell
EFFECTIVE DATE:	July 1, 2023

COMMITTEES OF REFERENCE

1) Children, Families, and Elder Affairs
2) Appropriations Committee on Health and Human Services
3) Fiscal Policy
4)
5)

CURRENT COMMITTEE

Children, Families, and Elder Affairs

SIMILAR BILLS

BILL NUMBER:	HB 295
SPONSOR:	Representative Caruso

IDENTICAL BILLS

BILL NUMBER:	
SPONSOR:	

PREVIOUS LEGISLATION

BILL NUMBER:	N/A
SPONSOR:	
YEAR:	
LAST ACTION:	

Is this bill part of an agency package?

No.

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	01/25/23 For further information, please contact Alexander Guzman at (850) 488-9410.
LEAD AGENCY ANALYST:	Hillary Crow, Office of Licensing
ADDITIONAL ANALYST(S):	Courtney Smith, Office of Licensing
LEGAL ANALYST:	Susan Hetrick, General Counsel
FISCAL ANALYST:	Julie Mayo, Budget Services

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

This bill revises the requirements for the licensure application of each service provider and each individual service component to require proof of prohibition of alcohol, marijuana, illegal drugs, and the use of prescribed medications by any individual other than the individual from whom the medication is prescribed on the premises of the substance abuse providers. The Department of Children and Families (Department) will be required to establish a system for issuing and collecting fines for violations. Alcohol is added to the list of substances that are not permitted on the premises of recovery residences. A second-degree misdemeanor criminal penalty is established for a trespassing offense committed on the recovery residence premises.

In addition, a licensed service provider, such as Addictions Receiving Facilities; Day or Night Treatment with Community Housing; Day or Night Treatment; Inpatient Detoxification; Inpatient Methadone Detoxification; Intensive Inpatient Treatment; Residential Level I-IV; Intensive Outpatient Treatment; Outpatient Treatment; or Methadone or Medication-Assisted Treatment programs, may not receive referral from or refer a patient to any recovery residence that allows alcohol, marijuana, illegal drugs, and the use of prescribed medications by any individual other than the individual from whom the medication is prescribed on their premises. The referral shall now include the placement from the licensed service provider into the housing component regardless of whether the day-or-night treatment is affiliated with a licensed service provider.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Section 1:

Currently, under s. 397.403, F.S., an application for licensure of a substance abuse service provider must include at a minimum:

- Established name and address of the potential service provider, the director's name and any applicable members, owners, officers, and shareholders, if any.
- Established competency and ability information of the potential service provider and director.
- Proof of the potential service provider's financial ability and organizational capability to operate.
- Proof of liability insurance coverage, as set by the Department.
- Background screening information for all owners, directors, chief financial officers, and clinical supervisors.
- Proof of satisfactory fire, safety, and health inspections, and compliance with local zoning.
- Comprehensive outline of proposed services.
- Proof of ability to provide services in accordance with Department rules.
- Any other information the Department finds necessary to make a licensure determination.
- Names and location of all recovery residences that potential service providers will refer patients to or will accept patient referrals from.

The application is initiated, completed, and resides in the Provider Licensure and Designation System (PLADS) under which service components can be added per the licensed provider's decision to offer those services.

The burden of proof for all requirements listed above is with the potential service provider. A potential service provider who willfully and knowingly makes a false representation regarding any required application information or willfully and knowingly omits such information from the application commits a third-degree felony.

A "recovery residence" is a residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment. This form of housing is not licensed by the Department, but can voluntarily be certified by the Florida Association of Recovery Residences (FARR) to show compliance with their established requirements for certification. It is FARR, not the Department, that monitors and inspects the recovery residence for compliance.

FARR administers the application, certification, recertification and disciplinary processes for recovery residences that volunteer to become certified. They monitor and conduct inspections of the recovery residence and its staff to ensure compliance and provide training for owners, managers and staff.

Along with a maximum \$100 initial application fee, the recovery residence will need to submit the following as part of the completed application:

- A policy and procedures manual that contains job descriptions for all staff positions, drug-testing procedures and requirements, a prohibition on the premises against alcohol, illegal drugs and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed, policies to support a resident's recovery efforts, and a good neighbor policy addressing neighborhood concerns and complaints.
- Rules for residents
- Copies of all forms provided to residents
- Intake procedures
- Sexual predator and sexual offender registry compliance policy
- Relapse policy
- Fee schedule
- Refund policy
- Eviction procedures and policy
- Code of ethics
- Proof of insurance
- Proof of background screening
- Proof of satisfactory fire, safety, and health inspections

The certified recovery residence must be actively managed by a certified recovery residence administrator.

Additionally, all owners, directors and chief financial officers of the recovery residence are subject to level 2 background screening.

Once a complete application is received, FARR conducts an on-site inspection of the recovery residence. If compliant, FARR approves the application and inspection then issues the certification. The recovery residence must renew the certification annually, which includes an annual on-site inspection by FARR.

Section 2:

Per s. 397.410, F.S., each component is licensed individually under the licensed service provider in PLADS. Minimum licensure requirements include, but not limited to:

- Standards and procedures for the administrative management of the component.
- Standards consistent with clinical and treatment best practices that ensure the provision of quality treatment.
- The number and qualifications of all personnel, pursuant to s. 397.410(c), F.S.
- Service provider facility standards, pursuant to s. 397.410(d), F.S.
- Disaster planning policies and procedures.

Section 3:

The Department is authorized under s. 397.415, F.S., to impose and collect fines for violations occurring in licensed service provider programs and components.

Section 4:

The credentialing entity, Florida Association of Recovery Residences, administers the application, certification, recertification, and disciplinary processes; monitors and inspects recovery residences and their staff to ensure compliance with certification requirements. The credentialing entity establishes the application, inspection, and annual certification, new applicant, and renewal application fees. The policy and procedures manual that a recovery residence must submit for certification shall include a prohibition on the premises against alcohol, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed.

Per s. 397.487(11), F.S., a certified recovery residence that has a discharge policy approved by a Department-recognized credentialing agency may immediately discharge or transfer a resident in accordance with that policy under any of the following circumstances:

- Necessary for resident's welfare.
- Resident's needs cannot be met at the recovery residence.

- The health and safety of other residents or employees is at risk or would be at risk.

Section 5:

Per s. 397.4873, F.S., a licensed service provider can only make or accept referrals from a recovery residence if the recovery residence has a valid certificate of compliance and managed by a certified recovery residence administrator. Statute permits for the licensed service provider and recovery residence to complete a referral when they inform the patient about the name, address, or other details of a recovery residence or licensed service provider or inform a licensed service provider or a recovery residence of any identifying details about a patient.

Violation of the above referral procedure results in a \$1,000 administrative fine per occurrence. Repeated violations of the above may result in license suspension or revocation.

2. EFFECT OF THE BILL:**Section 1:**

This section adds a new application requirement. The Department's application for licensure of a substance abuse provider will now require proof of the provider's prohibition of alcohol, marijuana, illegal drugs, and the use of prescribed medications by any individual other than the individual from whom the medication is prescribed.

Section 2:

This section adds a minimum requirement for licensure that prohibits the use of alcohol, marijuana, illegal drugs, and prescribed medications by any individual other than the individual from whom the medication is prescribed.

Section 3:

This section directs the Department to establish a mechanism for the issuance and collection of fines for violations under s. 397.411, F.S.

Section 4:

This section requires marijuana be added to the list of prohibited substances in recovery residence's policy and procedures manual.

Any patient that is discharged from a recovery residence under s. 397.487(11), F.S., who willfully refuses to depart after the owner or an authorized employee's warning will be committing the offense of trespassing in a recovery residence, a second-degree misdemeanor.

Section 5:

This section prohibits licensed service providers from accepting a patient from or referring a patient to a recovery residence that allows, on their premises, the use of alcohol, marijuana, illegal drugs, or prescribed medications by any individual other than the individual from whom the medication is prescribed.

The referral will need to include the placement of the patient by the licensed service provider into the housing component of the provider's day-or-night treatment. The referral can be made to the day-or-night treatment of the licensed service provider who is making the referral or that of another licensed service provider.

The Department is directed to establish a mechanism for the issuance and collection of fines for violations of all licensed substance abuse treatment providers who violate the referral requirements under s. 397.4873, F.S.

3. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?

If yes, explain:	Yes, the bill language directs the adoption of a mechanism for issuing and collecting fines for violations of law and applicable rules.
What is the expected impact to the agency's core mission?	None.
Rule(s) impacted (provide references to F.A.C., etc.):	65C-30.0038, F.A.C.

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

List any known proponents and opponents:	Unknown
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Provide a summary of the proponents' and opponents' positions:	N/A
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5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC. REQUIRED BY THIS BILL?

Board:	N/A
Board Purpose:	N/A
Who Appoints:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS**1. WHAT IS THE FISCAL IMPACT TO LOCAL GOVERNMENT?**

Revenues:	None.
Expenditures:	None.
Does the legislation increase local taxes or fees?	No.
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. WHAT IS THE FISCAL IMPACT TO STATE GOVERNMENT?

Revenues:	None.
Expenditures:	Determined to be \$20,000 to pay vendor. Please see the Technology Impact section for more details.
Does the legislation contain a State Government appropriation?	No.
If yes, was this appropriated last year?	N/A

3. WHAT IS THE FISCAL IMPACT TO THE PRIVATE SECTOR?

Revenues:	None.
Expenditures:	None.

Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?

Does the bill increase taxes, fees or fines?	No.
Does the bill decrease taxes, fees or fines?	No.
What is the impact of the increase or decrease?	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

Does the legislation impact the agency's technology systems (i.e., IT support, licensing software, data storage, etc.)?	Yes
If yes, describe the anticipated impact to the agency including any fiscal impact.	The application used to manage the licensure of substance abuse and mental health providers will need to be modified to include monitoring of proof of the provider's prohibition of alcohol, marijuana, illegal drugs, and the use of prescribed medications by any individual other than the individual from whom the medication is prescribed. The vendor has provided an estimate of \$20,000 to complete this work. The cost for these changes can be absorbed by the existing budget for PLADS enhancements.

FEDERAL IMPACT

Does the legislation have a federal impact (i.e., federal compliance, federal funding, federal agency involvement, etc.)?	N/A
If yes, describe the anticipated impact including any fiscal impact.	N/A

ADDITIONAL COMMENTS

It is unclear how other providers will know if a recovery residence is not in compliance with the statute and is unable to receive or make referrals. The only way the Department will know if a recovery residence is out of compliance with the statute is if there is a complaint filed with the Department. It may be difficult to establish that this regulation was not followed by the recovery residence, as the Department is not the monitoring authority.

The language suggests that placement of the client is a required part of the referral process. Clients have the right to choose the licensed provider and recovery residence that they feel will suit their needs.

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments and recommended action:	<p>As written, the changes to the law do not specifically address medical marijuana, which is authorized through a certification card in accordance with s. 381.986, F.S.</p> <p>Section 397.4873(4)(b), F.S., indicates that housing is a component of the provider's treatment but can be unaffiliated with the service provider. For example, under this language the unaffiliated community housing component could be a converted hotel, if unlawful events or transactions occur at the housing, the service provider could assert that they are not responsible because, although the patient was placed there by the service provider as a component of the treatment, the housing component was not affiliated with the provider. This lack of clarity could make enforcement difficult.</p>
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Item 6c

ITEM 6C

PROVISO FOR A STATEWIDE STUDY OF COMMUNITY RESIDENCE ZONING

Ask support for nonrecurring general revenue funding for a statewide study on zoning regulations for community residences (group homes, sober living homes, assisted living arrangements small enough to emulate a family) for people with disabilities and recovery communities for people in recovery from substance use disorder. Such a study will enable the legislature to enact a standard zoning template for local governments to follow for community residences and recovery communities. The Department of Housing and Urban Development (HUD) and the Department of Justice (DOJ) recommended that, “in situations where a group home seeks a reasonable accommodation to exceed the number of unrelated persons who are permitted by local ordinance to reside together, the Fair Housing Act does not prevent state or local governments from taking into account concerns about the over-concentration of group homes that are located in close proximity to each other” in their 2016 Joint Statement on, State and Local Land Use Laws and **Local Land Use Laws and Practices** and the Application of the Fair Housing Act”.

The study would support reasonable requirements, such as state licensure or certification, in exchange for granting a reasonable accommodation as to the number of unrelated adults living in a residential dwelling unit. Palm Beach County just approved land use amendments supported by its own study last year. A statewide study, supporting subsequent legislation, would encourage and provide a uniform approach for all local governments around the state saving time and resources. The study also provides a basis for these changes in accord with Federal law.

ITEM 6C

The State Attorney would commission and oversee the study. The cost would be \$110,000 through funding provided to the Florida Institute of Government.

ITEM 6c**STATEWIDE STUDY ON SOBER HOME ZONING LANGUAGE**

From the funds provided in Specific Appropriation ____, \$110,000 in nonrecurring general revenue funds is provided to conduct a study aimed to identify the feasibility of creating a statewide standard zoning template for local governments to use regarding recovery residences for people in recovery from substance use disorder; provide the basis and justification for statewide zoning regulation of these land uses and provide guidance for drafting statewide zoning regulation for recovery residences in compliance with the federal Fair Housing Act Amendment of 1988. The State Attorney shall submit the study to the Governor, President of the Senate, and Speaker of the House of Representatives by October 1, 2023.

ARTICLES

NEWS • Opinion Columnist

Will U.S. Supreme Court engage on Costa Mesa's sober living rules?

Column: As one city fights, others try to craft a universal sober home law. 'If we can create a uniform ordinance, we are now the 800 pound gorilla instead of the five pound chimp.'



(iStockphoto)



PUBLISHED: March 15, 2023 at 7:00 a.m. | UPDATED: March 15, 2023 at 9:07 a.m.

Costa Mesa plans to take it all the way to the top, asking the U.S. Supreme Court to weigh in as it battles discrimination suits over its sober living home laws.

The city's winning streak in court — defending rules meant to rein in unruly homes — hit a bump in January, when a panel of judges from the U.S. Court of Appeals for the 9th Circuit reversed a lower court's ruling in the city's favor.

At issue is a very specific question: How do you determine who is disabled? That's a vital first step for a federal discrimination claim.

Sober home operators argue that the city's rules target people recovering from addiction. The homes don't have to prove, one by one, that their clients are actually disabled; their *intent* to serve recovering addicts is enough, they argue. Two of three judges from the 9th Circuit agreed.

Costa Mesa argues that federal law requires disability to be proven on a case-by-case basis in a discrimination claim, which a lower court judge agreed with. The city asked a *full* panel of 9th Circuit judges to reconsider the issue, but that was denied.

Now, the city will ask the highest court in the nation to weigh in.



U.S. Supreme Court. Seated from left are Justices Sonia Sotomayor, Clarence Thomas, Chief Justice John G. Roberts, Jr., and Justices Samuel A. Alito and Elena Kagan. Standing from left are Justices Amy Coney Barrett, Neil M. Gorsuch, Brett M. Kavanaugh, and Ketanji Brown Jackson. (Fred Schilling, Collection of the Supreme Court of the United States)

"The law in this area from Supreme Court has been contrary to this decision," city attorney Kim Barlow said. "The courts have required individual proof of disability to make a claim for disability discrimination."

The city isn't worried about its ordinances — it has prevailed in other courtroom settings — but is taking a stand on the larger issue.

"The main point in pursuing this is that it sets the barrier for suits so low that it really will force cities to go to trial" on weak claims, costing lots of public money, Barlow said.

The 9th Circuit decision overreaches "and sets a dangerous precedent that removes accountability for sober living home operators and ultimately puts people who suffer from addiction at risk," added Seymour B. Everett III of Everett Dorey LLP, Costa Mesa's outside attorney on these cases.

The city wants to protect disabled people from unscrupulous operators, he said. "Holding sober living home operators accountable preserves the character of communities by ensuring that operators are actually serving disabled persons

Costa Mesa's petition must be filed by May 24. The Supreme Court typically grants fewer than 2% of the review requests it gets each year — but the relationship between disability and discrimination and sober homes has been festering in California, Florida and elsewhere in the nation, and might get a more sympathetic hearing at the Supreme Court than it did at the 9th Circuit.

Setting standards

Other cities are watching Costa Mesa's drama the way a dingo watches a human baby (credit: "Megamind").

Costa Mesa's rules say that no convicted sex offenders, violent felons or drug dealers can run sober homes. Supervision of clients 24/7 is required, sober homes must be at least 650 feet apart, residents must be actively participating in "legitimate" recovery programs and transportation must be provided when residents leave.

This protects the people in sober homes, as well as the neighbors around them, the city says.

Sober home operators say this discriminates against the disabled, as people suffering from addiction are disabled.

But Costa Mesa's regulations have borne fruit, even as they're challenged in court. There are far fewer licensed addiction treatment centers and sober homes in Costa Mesa today, and far more in many other Orange County cities, than there were six years ago, according to state data.

Since 2017, the number of state-licensed addiction treatment centers in Mission Viejo has increased by 50%. In Anaheim, it's up 22%. In Newport Beach, it's up 58%.



The Orange County District Attorney formed a Sober Living Home Accountability Task Force (Photo by Bill Alkofer, Contributing Photographer)

Meanwhile, in Costa Mesa, it has plummeted by nearly half. And the number of unlicensed sober homes rises, or falls, in tandem with the number of licensed treatment centers.

‘800-pound gorilla’

As the Rehab Riviera migrates, Costa Mesa’s tales of woe are becoming other cities’ tales of woe.

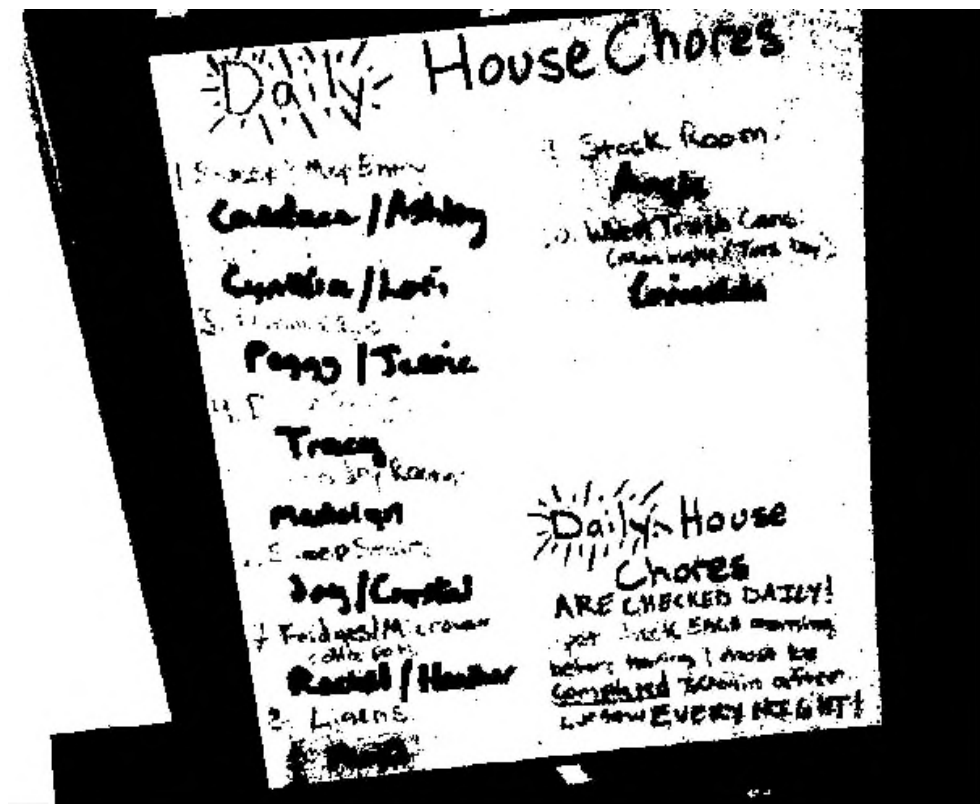
Led by Mission Viejo, they’re banding together into the newly renamed Southern California Sober Living and Recovery Task Force, hoping to form a unified front. With an eagle’s eye on Costa Mesa’s litigation, they’re working on a sober living ordinance that can be adopted by one and all.

"What's gone wrong?" said Bill Curley, city attorney for Mission Viejo, at a recent task force meeting. "We're hoping to get from all cities the horror stories. Then we can craft an ordinance that deals with those situations. If someone wants to take a swing at us, they're taking on five, 10, 15, 20 cities' ordinances, not just one particular city's."

"If we can create a uniform ordinance, we are now the 800-pound gorilla instead of the 5-pound chimp."

Court rulings in lawsuits challenging Costa Mesa's rules suggest that an ordinance "must focus on land use determination and the regulation of business activity through administrative discretion or conditional use permits rather than whether the sober living homes are allowed to exist," a backgrounder from Mission Viejo said.

"If we can take care of those people in these homes," said Mission Viejo councilmember Wendy Bucknum, "we'll take care of the neighborhoods."



A sober home's chore list (Courtesy of Orange County Superior Court case file of Hurwitz et al v. Scolari)

"I watch from a distance with great compassion our Costa Mesa friends," Curley said. "Costa Mesa was requiring residents to be proved to be in need. A burden? Or good governance to make sure the right people get the right protection in the right way?"

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Tags: **local government, Rehab Riviera, Top Stories OCR**

Author **Teri Sforza** | Reporter

Teri Sforza is one of the lead reporters on the OCR/SCNG probe of fraud, abuse and death in the Southern California addiction treatment industry. Our "Rehab Riviera" coverage won first place for investigative reporting from the California Newspaper Publishers Association, first place for projects reporting from Best of the West and is a finalist for the National Institute for Health Care Management Foundation's print award, competing with the New York Times, the Washington Post and ProPublica. Sforza birthed the Watchdog column for The Orange County Register in 2008, aiming to keep a critical (but good-humored) eye on governments and nonprofits, large and small. It won first place for public service reporting from the California Newspaper Publishers Association in 2010. She also contributed to the OCR's Pulitzer Prize-winning investigation of fertility fraud at UC Irvine, covered what was then the largest municipal bankruptcy in America's history, and is the author of "The Strangest Song," the first book to tell the story of a genetic condition called Williams syndrome and the extraordinary musicality of many of the people who have it. She earned her M.F.A. from UCLA's School of Theater, Film and Television, and enjoys making documentaries, including the OCR's first: "The Boy Monk," a story that was also told as a series in print. Watchdogs need help: Point us to documents that can help tell stories that need to be told, and we'll do the rest. Send tips to watchdog@ocregister.com.

tsforza@scng.com

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