

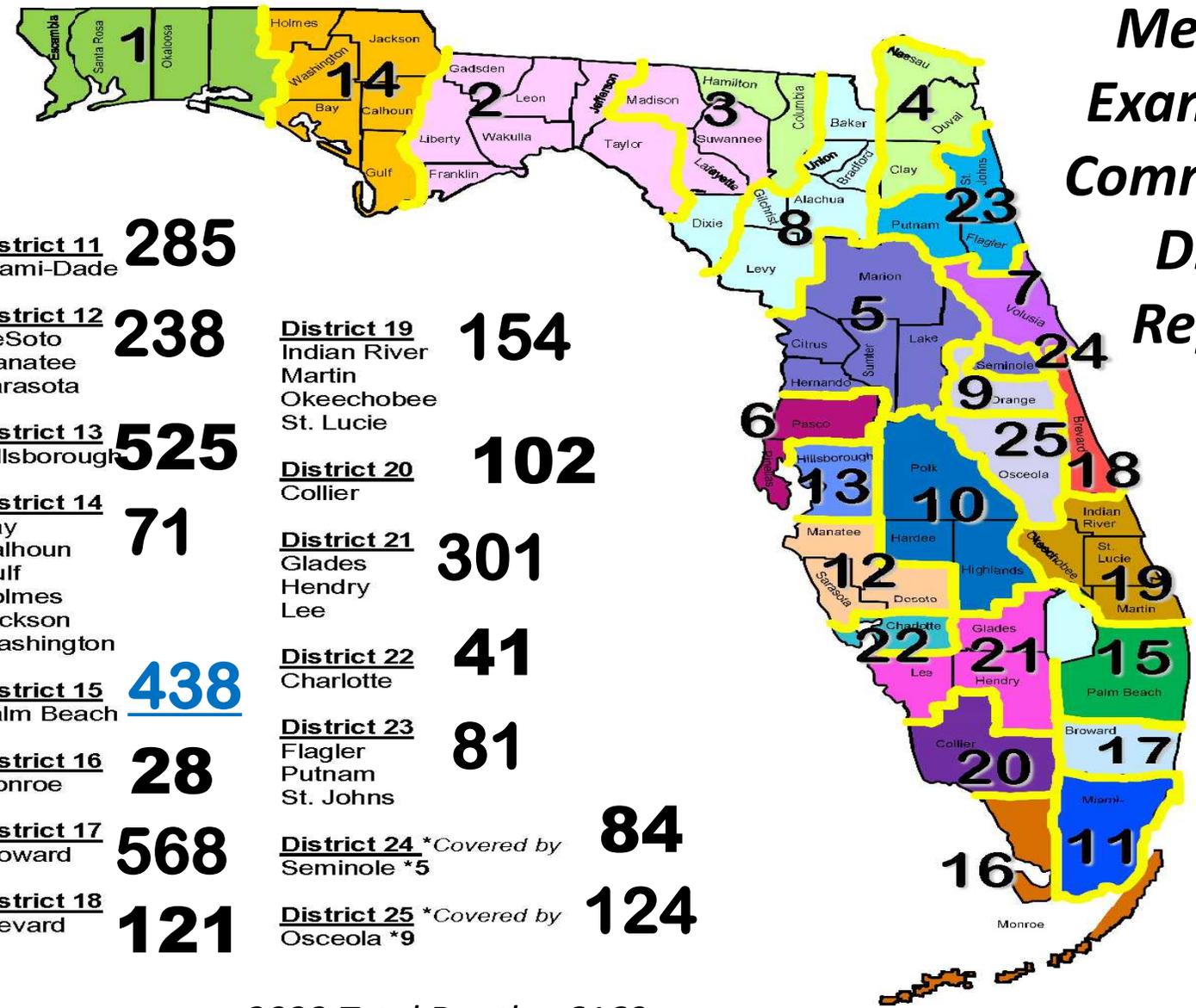
Agenda – January 15, 2025
State Attorney Addiction Recovery Task Force
(SAART) Special Meeting

1. Introduction
2. Update Overdose statistics: PBC ME & PBCFR: Al Johnson
3. FARR Update: Michael Schlossman
4. Oxford House Update: Michael McKeough
5. MAT Best Practices: Michael Schossman
6. 2025 Legislative Proposals:
 - a. FARR Legislative Recommendations:
 - b. Chapter 419 Site Selection of Community Residences and Recovery Communities:
7. SAART Comments.
8. Public comments.
9. Closing remarks.

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Coverage Map

Florida Medical Examiner Districts



371 District 1
Escambia
Okaloosa
Santa Rosa
Walton

51 District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

30 District 3 *Covered by
Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

543 District 4
Clay
Duval
Nassau

District 5 **342**
Citrus
Hernando
Lake
Marion
Sumter

District 6 **765**
Pasco
Pinellas

District 7 **295**
Volusia

District 8 **80**
Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9 **364**
Orange

District 10 **159**
Hardee
Highlands
Polk

District 11 **285**
Miami-Dade

District 12 **238**
DeSoto
Manatee
Sarasota

District 13 **525**
Hillsborough

District 14 **71**
Bay
Calhoun
Gulf
Holmes
Jackson
Washington

District 15 **438**
Palm Beach

District 16 **28**
Monroe

District 17 **568**
Broward

District 18 **121**
Brevard

District 19 **154**
Indian River
Martin
Okeechobee
St. Lucie

District 20 **102**
Collier

District 21 **301**
Glades
Hendry
Lee

District 22 **41**
Charlotte

District 23 **81**
Flagler
Putnam
St. Johns

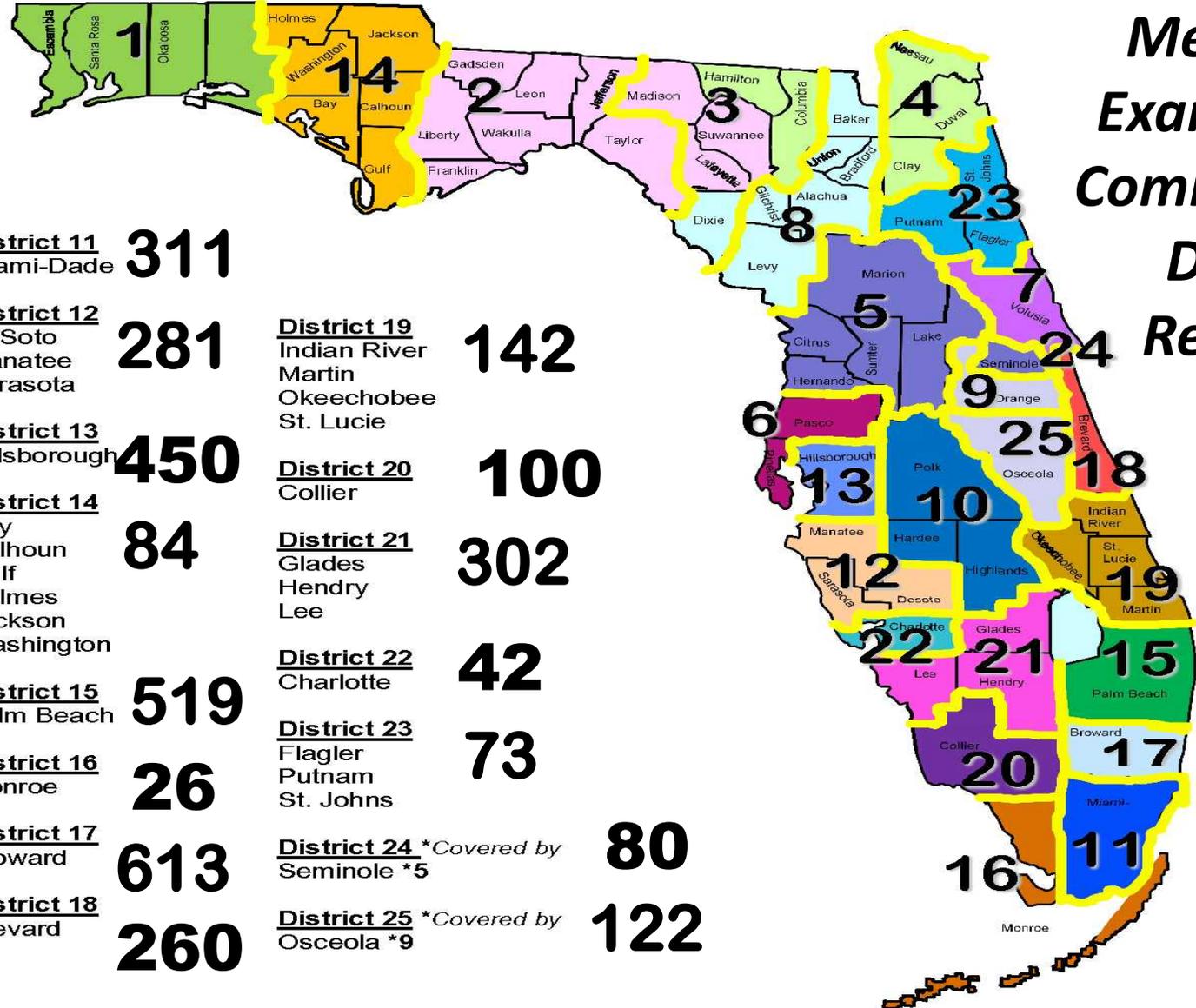
District 24 *Covered by
Seminole *5 **84**

District 25 *Covered by
Osceola *9 **124**

2022 Total Deaths 6169
Average 17 Deaths Per Day

Coverage Map

Florida Medical Examiner Districts



323

District 1
Escambia
Okaloosa
Santa Rosa
Walton

45

District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

25

District 3 *Covered by
Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

539

District 4
Clay
Duval
Nassau

District 5 **328**
Citrus
Hernando
Lake
Marion
Sumter

District 6 **720**
Pasco
Pinellas

District 7 **311**
Volusia

District 8 **63**
Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9 **452**
Orange

District 10 **155**
Hardee
Highlands
Polk

District 11 **311**
Miami-Dade

District 12 **281**
DeSoto
Manatee
Sarasota

District 13 **450**
Hillsborough

District 14 **84**
Bay
Calhoun
Gulf
Holmes
Jackson
Washington

District 15 **519**
Palm Beach

District 16 **26**
Monroe

District 17 **613**
Broward

District 18 **260**
Brevard

District 19 **142**
Indian River
Martin
Okeechobee
St. Lucie

District 20 **100**
Collier

District 21 **302**
Glades
Hendry
Lee

District 22 **42**
Charlotte

District 23 **73**
Flagler
Putnam
St. Johns

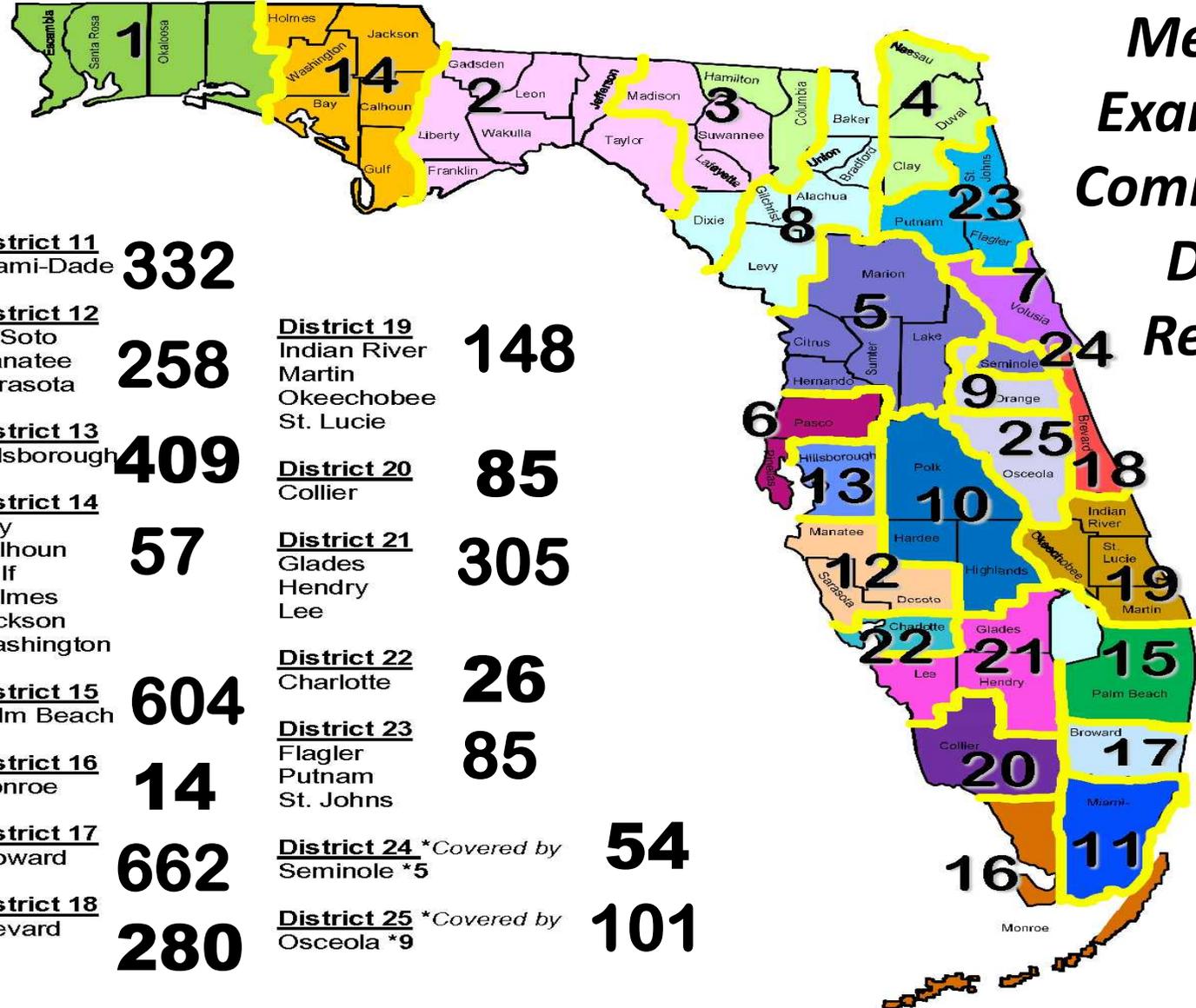
District 24 *Covered by
Seminole *5 **80**

District 25 *Covered by
Osceola *9 **122**

2021 Total Deaths 6366
Average 18 Deaths Per Day

Coverage Map

Florida Medical Examiner Districts



221

District 1
Escambia
Okaloosa
Santa Rosa
Walton

26

District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

24

District 3 *Covered by
Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

581

District 4
Clay
Duval
Nassau

District 5
Citrus
Hernando
Lake
Marion
Sumter **238**

District 6
Pasco
Pinellas **688**

District 7
Volusia **304**

District 8
Alachua
Baker
Bradford
Gilchrist
Levy
Union **57**

District 9
Orange **370**

District 10
Hardee
Highlands
Polk **160**

District 11
Miami-Dade **332**

District 12
DeSoto
Manatee
Sarasota **258**

District 13
Hillsborough **409**

District 14
Bay
Calhoun
Gulf
Holmes
Jackson
Washington **57**

District 15
Palm Beach **604**

District 16
Monroe **14**

District 17
Broward **662**

District 18
Brevard **280**

District 19
Indian River
Martin
Okeechobee
St. Lucie **148**

District 20
Collier **85**

District 21
Glades
Hendry
Lee **305**

District 22
Charlotte **26**

District 23
Flagler
Putnam
St. Johns **85**

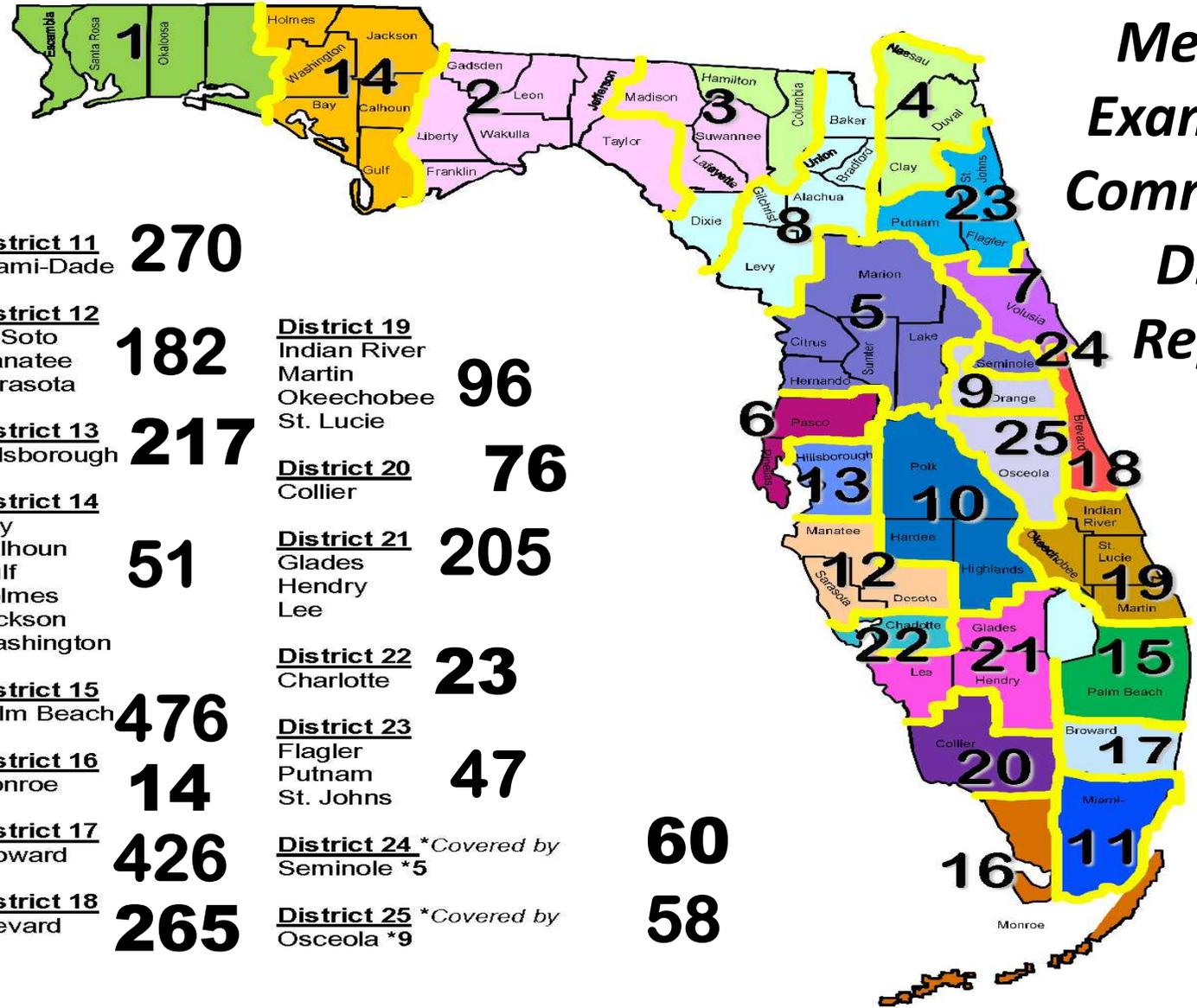
District 24 *Covered by
Seminole *5 **54**

District 25 *Covered by
Osceola *9 **101**

2020 Total Deaths 6089
Average 17 Deaths Per Day

Coverage Map

Florida Medical Examiner Districts



129

District 1
Escambia
Okaloosa
Santa Rosa
Walton

24

District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

9

District 3 *Covered by
Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

425

District 4
Clay
Duval
Nassau

District 5 **195**
Citrus
Hernando
Lake
Marion
Sumter

District 6 **492**
Pasco
Pinellas

District 7 **142**
Volusia

District 8 **32**
Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9 **297**
Orange

District 10 **83**
Hardee
Highlands
Polk

District 11 **270**
Miami-Dade

District 12 **182**
DeSoto
Manatee
Sarasota

District 13 **217**
Hillsborough

District 14 **51**
Bay
Calhoun
Gulf
Holmes
Jackson
Washington

District 15 **476**
Palm Beach

District 16 **14**
Monroe

District 17 **426**
Broward

District 18 **265**
Brevard

District 19 **96**
Indian River
Martin
Okeechobee
St. Lucie

District 20 **76**
Collier

District 21 **205**
Glades
Hendry
Lee

District 22 **23**
Charlotte

District 23 **47**
Flagler
Putnam
St. Johns

District 24 *Covered by
Seminole *5 **60**

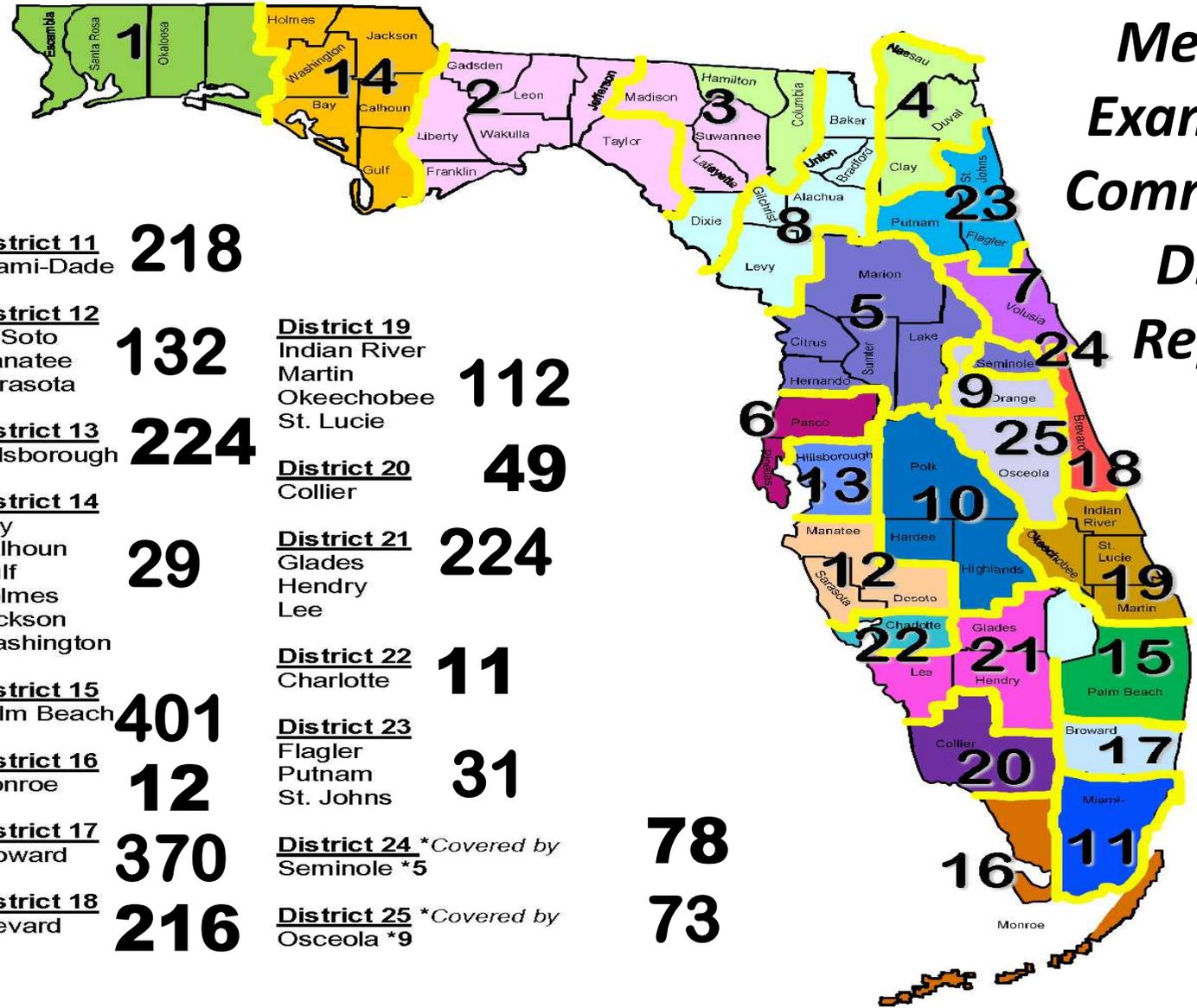
District 25 *Covered by
Osceola *9 **58**

2019 Total Deaths 4294

Average 12 Deaths Per Day

Coverage Map

Florida Medical Examiner Districts



122	District 1 Escambia Okaloosa Santa Rosa Walton
14	District 2 Franklin Gadsden Jefferson Leon Liberty Taylor Wakulla
16	District 3 *Covered by Columbia *4 Dixie *8 Hamilton *4 Lafayette *2 Madison *2 Suwannee *2
330	District 4 Clay Duval Nassau

174	District 5 Citrus Hernando Lake Marion Sumter
388	District 6 Pasco Pinellas
149	District 7 Volusia
31	District 8 Alachua Baker Bradford Gilchrist Levy Union
270	District 9 Orange
80	District 10 Hardee Highlands Polk

218	District 11 Miami-Dade
132	District 12 DeSoto Manatee Sarasota
224	District 13 Hillsborough
29	District 14 Bay Calhoun Gulf Holmes Jackson Washington
401	District 15 Palm Beach
12	District 16 Monroe
370	District 17 Broward
216	District 18 Brevard

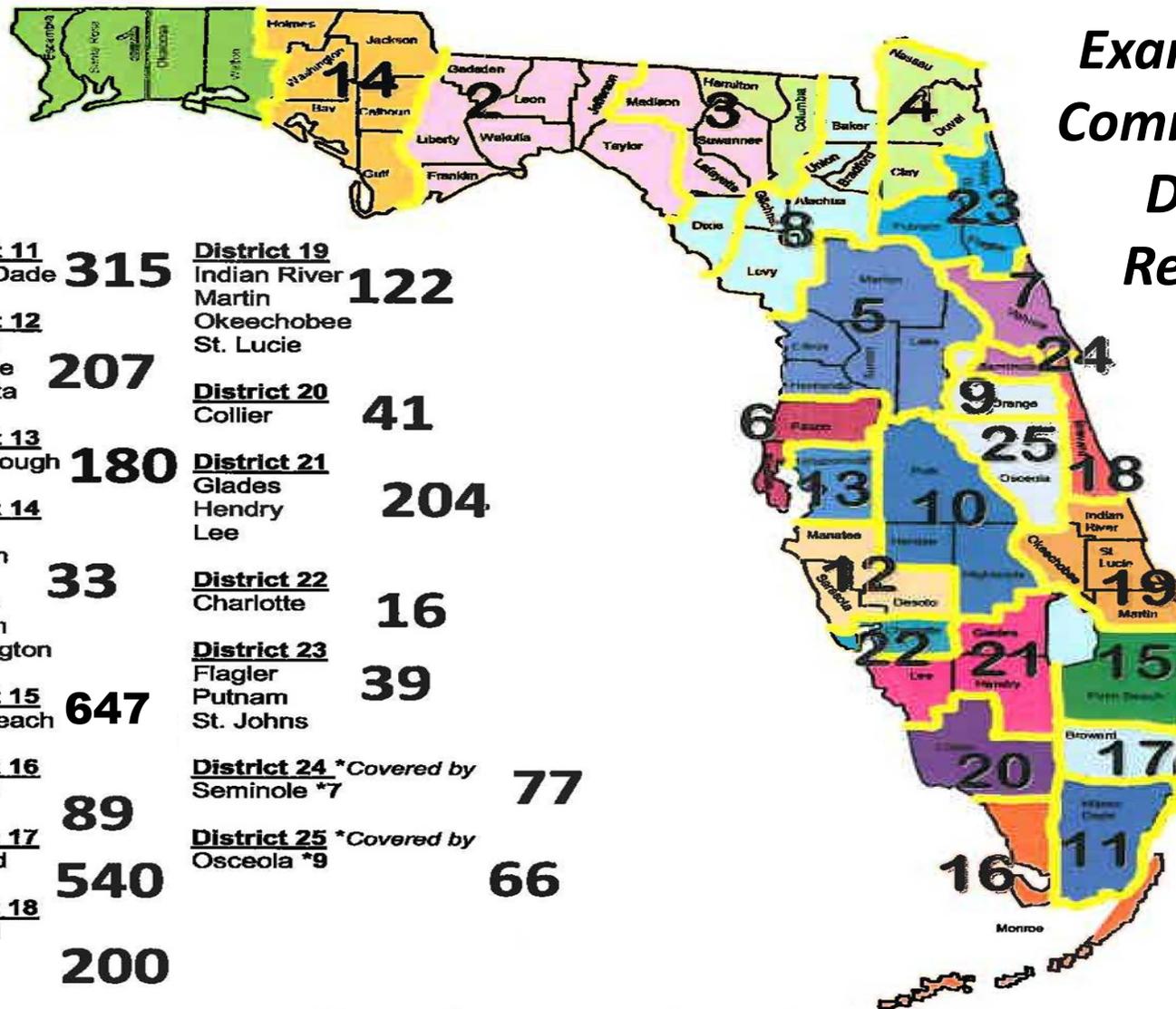
112	District 19 Indian River Martin Okeechobee St. Lucie
49	District 20 Collier
224	District 21 Glades Hendry Lee
11	District 22 Charlotte
31	District 23 Flagler Putnam St. Johns
78	District 24 *Covered by Seminole *5
73	District 25 *Covered by Osceola *9

2018 Total Deaths 3754
Average 10 Deaths Per Day

2017
 Medical
 Examiners
 Commission
 Drug
 Report

Coverage Map

Florida Medical Examiner Districts



District 1
 Escambia 78
 Okaloosa
 Santa Rosa
 Walton

District 2
 Franklin 22
 Gadsden
 Jefferson
 Leon
 Liberty
 Taylor
 Wakulla

District 3 *Covered by
 Columbia *4
 Dixie *8
 Hamilton *4
 Lafayette *2
 Madison *2
 Suwannee *2
 20

District 4
 Clay
 Duval
 Nassau 489

District 5
 Citrus
 Hernando 214
 Lake
 Marion
 Sumter

District 6
 Pasco 332
 Pinellas

District 7
 Volusia 129

District 8
 Alachua
 Baker 47
 Bradford
 Gilchrist
 Levy
 Union

District 9
 Orange 239

District 10
 Hardee
 Highlands
 Polk 89

District 11
 Miami-Dade 315

District 12
 DeSoto
 Manatee 207
 Sarasota

District 13
 Hillsborough 180

District 14
 Bay
 Calhoun
 Gulf 33
 Holmes
 Jackson
 Washington

District 15
 Palm Beach 647

District 16
 Monroe 89

District 17
 Broward 540

District 18
 Brevard 200

District 19
 Indian River
 Martin 122
 Okeechobee
 St. Lucie

District 20
 Collier 41

District 21
 Glades
 Hendry
 Lee 204

District 22
 Charlotte 16

District 23
 Flagler
 Putnam
 St. Johns 39

District 24 *Covered by
 Seminole *7 77

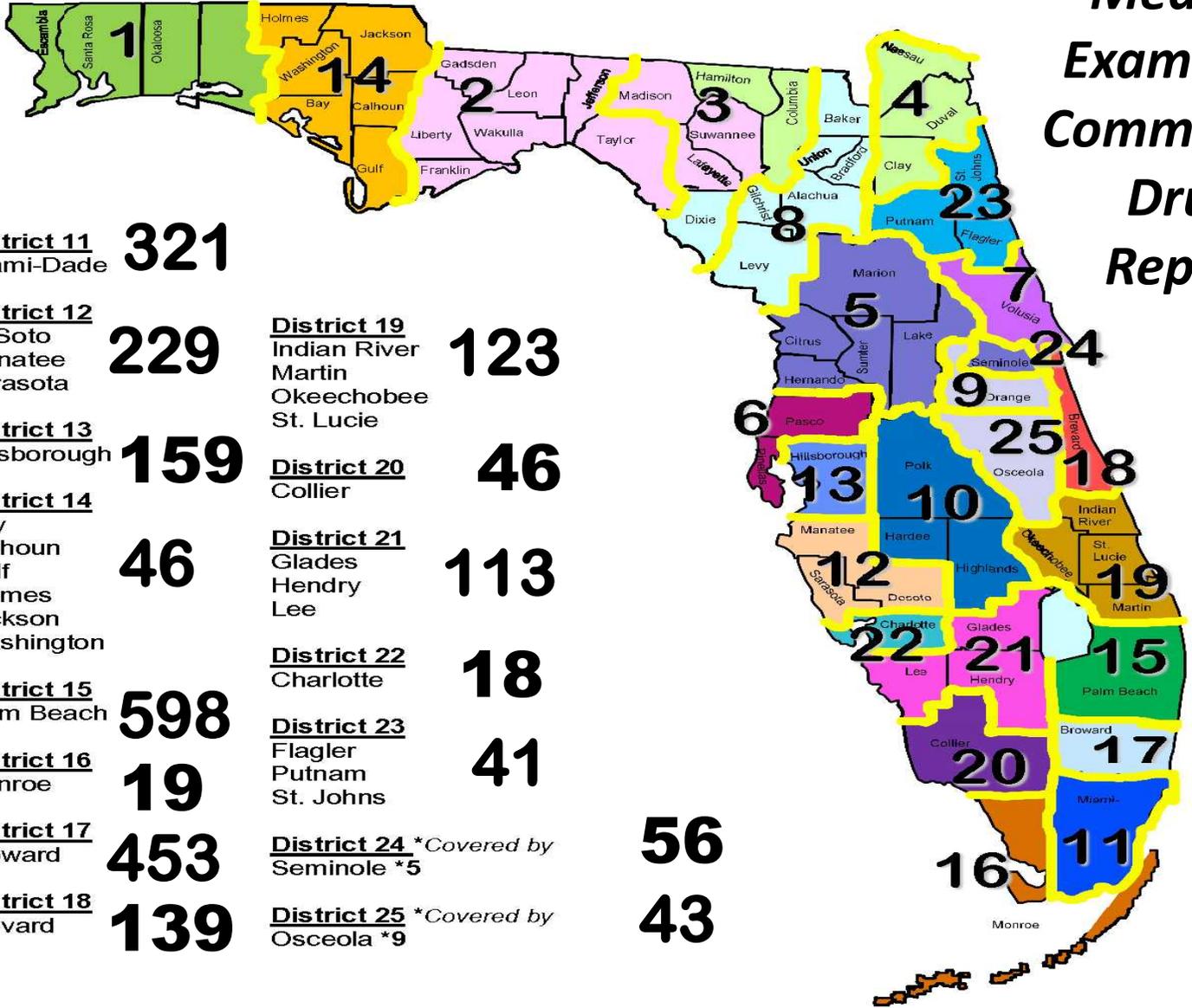
District 25 *Covered by
 Osceola *9 66

Total 4279 deaths
Deaths per day 12

2016 Medical Examiners Commission Drug Report

Coverage Map

Florida Medical Examiner Districts



88

District 1
Escambia
Okaloosa
Santa Rosa
Walton

28

District 2
Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

15

District 3 *Covered by
Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

426

District 4
Clay
Duval
Nassau

District 5

Citrus
Hernando
Lake
Marion
Sumter

238

District 6

Pasco
Pinellas

323

District 7

Volusia

78

District 8

Alachua
Baker
Bradford
Gilchrist
Levy
Union

38

District 9

Orange

202

District 10

Hardee
Highlands
Polk

82

District 11

Miami-Dade

321

District 12

DeSoto
Manatee
Sarasota

229

District 13

Hillsborough

159

District 14

Bay
Calhoun
Gulf
Holmes
Jackson
Washington

46

District 15

Palm Beach

598

District 16

Monroe

19

District 17

Broward

453

District 18

Brevard

139

District 19

Indian River
Martin
Okeechobee
St. Lucie

123

District 20

Collier

46

District 21

Glades
Hendry
Lee

113

District 22

Charlotte

18

District 23

Flagler
Putnam
St. Johns

41

District 24 *Covered by

Seminole *5

56

District 25 *Covered by

Osceola *9

43

2016 Total Deaths 3922

Average 11 Deaths Per Day

Coverage Map

Florida Medical Examiner Districts

District 1

Escambia
Santa Rosa
Okaloosa
Walton **269**

District 2

Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla **55**

District 3 *Covered by

Columbia *4
Dixie *8
Hamilton *4 **35**
Lafayette *2
Madison *2
Suwannee *2

District 4

Clay
Duval
Nassau **493**

District 5

Citrus
Hernando
Lake
Marion
Sumter **207**

District 6

Pasco
Pinellas **659**

District 7

Volusia **236**

District 8

Alachua
Baker
Bradford
Gilchrist
Levy
Union **54**

District 9

Orange **373**

District 10

Hardee
Highlands
Polk **129**

District 11

Miami-Dade **297**

District 12

DeSoto
Manatee
Sarasota **247**

District 13

Hillsborough **430**

District 14

Bay
Calhoun
Gulf
Holmes
Jackson
Washington **54**

District 15

Palm Beach **440**

District 16

Monroe **12**

District 17

Broward **477**

District 18

Brevard **211**

District 19

Indian River
Martin
Okeechobee
St. Lucie **140**

District 20

Collier **83**

District 21

Glades
Hendry
Lee **223**

District 22

Charlotte **33**

District 23

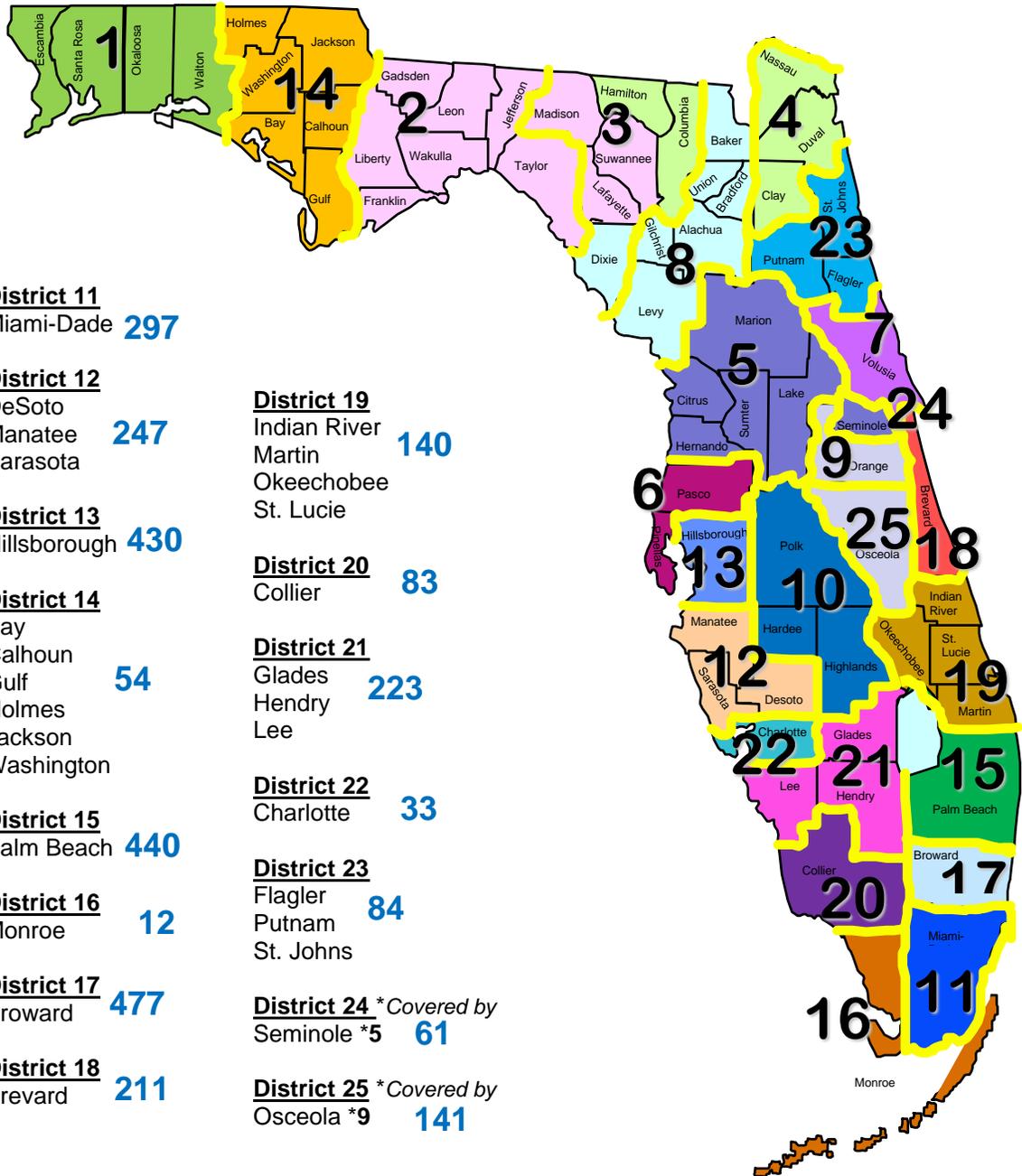
Flagler
Putnam
St. Johns **84**

District 24 *Covered by

Seminole *5 **61**

District 25 *Covered by

Osceola *9 **141**



FINAL 2017 12 MONTHS



9/25/2018

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2017 to 12/31/2017

2017

January	# of Calls:	162	# of Patients:	165
February	# of Calls:	135	# of Patients:	138
March	# of Calls:	329	# of Patients:	343
April	# of Calls:	238	# of Patients:	251
May	# of Calls:	414	# of Patients:	429
June	# of Calls:	340	# of Patients:	373
July	# of Calls:	180	# of Patients:	183
August	# of Calls:	209	# of Patients:	215
September	# of Calls:	176	# of Patients:	180
October	# of Calls:	185	# of Patients:	195
November	# of Calls:	135	# of Patients:	136
December	# of Calls:	172	# of Patients:	177
GRAND TOTALS	# of Calls:	2,675	# of Patients:	2,785

FINAL 12 MONTHS 2018



1/10/2019

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2018 to 12/31/2018

2018

January	# of Calls:	144	# of Patients:	148
February	# of Calls:	128	# of Patients:	130
March	# of Calls:	116	# of Patients:	120
April	# of Calls:	129	# of Patients:	133
May	# of Calls:	124	# of Patients:	126
June	# of Calls:	180	# of Patients:	182
July	# of Calls:	149	# of Patients:	151
August	# of Calls:	124	# of Patients:	129
September	# of Calls:	113	# of Patients:	114
October	# of Calls:	127	# of Patients:	129
November	# of Calls:	99	# of Patients:	99
December	# of Calls:	76	# of Patients:	80
GRAND TOTALS	# of Calls:	1,509	# of Patients:	1,541

FINAL 12 MONTHS 2019



1/10/2020

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2019 to 12/31/2019

2019

January	# of Calls:	100	# of Patients:	102
February	# of Calls:	105	# of Patients:	107
March	# of Calls:	97	# of Patients:	100
April	# of Calls:	103	# of Patients:	104
May	# of Calls:	137	# of Patients:	139
June	# of Calls:	113	# of Patients:	115
July	# of Calls:	127	# of Patients:	132
August	# of Calls:	127	# of Patients:	128
September	# of Calls:	125	# of Patients:	128
October	# of Calls:	156	# of Patients:	159
November	# of Calls:	131	# of Patients:	133
December	# of Calls:	162	# of Patients:	163
GRAND TOTALS	# of Calls:	1,483	# of Patients:	1,510

Final 12 Months 2020



1/5/2021

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2020 to 12/31/2020

2020

January	# of Calls:	183	# of Patients:	187
February	# of Calls:	147	# of Patients:	149
March	# of Calls:	147	# of Patients:	148
April	# of Calls:	143	# of Patients:	148
May	# of Calls:	151	# of Patients:	154
June	# of Calls:	148	# of Patients:	153
July	# of Calls:	144	# of Patients:	147
August	# of Calls:	141	# of Patients:	143
September	# of Calls:	183	# of Patients:	190
October	# of Calls:	147	# of Patients:	150
November	# of Calls:	119	# of Patients:	119
December	# of Calls:	118	# of Patients:	118
GRAND TOTALS	# of Calls:	1,771	# of Patients:	1,806

Final 12 Months 2021



1/3/2022

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2021 to 12/31/2021

2021

January	# of Calls:	127	# of Patients:	129
February	# of Calls:	119	# of Patients:	121
March	# of Calls:	151	# of Patients:	156
April	# of Calls:	143	# of Patients:	144
May	# of Calls:	153	# of Patients:	159
June	# of Calls:	128	# of Patients:	130
July	# of Calls:	120	# of Patients:	122
August	# of Calls:	146	# of Patients:	150
September	# of Calls:	151	# of Patients:	154
October	# of Calls:	177	# of Patients:	185
November	# of Calls:	133	# of Patients:	134
December	# of Calls:	154	# of Patients:	159
GRAND TOTALS	# of Calls:	1,702	# of Patients:	1,743

Final 12 Months 2022



1/3/2023

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2022 to 12/31/2022

2022

January	# of Calls:	140	# of Patients:	144
February	# of Calls:	148	# of Patients:	150
March	# of Calls:	126	# of Patients:	130
April	# of Calls:	102	# of Patients:	103
May	# of Calls:	123	# of Patients:	127
June	# of Calls:	101	# of Patients:	104
July	# of Calls:	135	# of Patients:	137
August	# of Calls:	137	# of Patients:	140
September	# of Calls:	118	# of Patients:	118
October	# of Calls:	119	# of Patients:	119
November	# of Calls:	96	# of Patients:	96
December	# of Calls:	101	# of Patients:	103
GRAND TOTALS	# of Calls:	1,446	# of Patients:	1,471

Final 12 Months 2023



1/2/2024

Palm Beach County Fire Rescue Primary or Secondary Impression = Suspected Opioid

1/1/2023 to 12/31/2023

2023

January	# of Calls:	97	# of Patients:	98
February	# of Calls:	81	# of Patients:	83
March	# of Calls:	115	# of Patients:	116
April	# of Calls:	112	# of Patients:	114
May	# of Calls:	112	# of Patients:	115
June	# of Calls:	125	# of Patients:	132
July	# of Calls:	111	# of Patients:	113
August	# of Calls:	102	# of Patients:	105
September	# of Calls:	101	# of Patients:	104
October	# of Calls:	115	# of Patients:	115
November	# of Calls:	115	# of Patients:	116
December	# of Calls:	97	# of Patients:	98
	2023	956		980

GRAND TOTALS	# of Calls:	1,272	# of Patients	1,298
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1/14/2025

Palm Beach County Fire Rescue

Primary or Secondary Impression = Suspected Opioid

1/1/2024 to 12/31/2024

2024

January	# of Calls:	88	# of Patients:	93
February	# of Calls:	96	# of Patients:	97
March	# of Calls:	90	# of Patients:	90
April	# of Calls:	94	# of Patients:	98
May	# of Calls:	85	# of Patients:	87
June	# of Calls:	92	# of Patients:	98
July	# of Calls:	80	# of Patients:	82
August	# of Calls:	54	# of Patients:	54
September	# of Calls:	59	# of Patients:	59
October	# of Calls:	57	# of Patients:	57
November	# of Calls:	55	# of Patients:	55
December	# of Calls:	55	# of Patients:	56

GRAND TOTALS	# of Calls:	905	# of Patients:	926
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2022/2023 PBCME Opiate OD Deaths

Partial year comparison 01/01-10/15

- ▶ PBC Medical Examiner –2022 - **no pending cases**
 - ▶ Total drug overdose cases 553
 - ▶ Total opioid OD deaths 421 (76% of total OD cases)
 - ▶ Total Fentanyl & Fentanyl analog cause or presence 391 (93%)**
 - ▶ **Decline in Opioid OD deaths - 2021/2022 (19%)**
- PBC Medical Examiner –2023 (01/01-12/22) snapshot- 125 pending cases
 - Total drug overdose cases 522
 - Total opioid OD deaths 363 (70% of total OD cases) – **projected total 450 > 6%**
 - Total fentanyl & fentanyl analog cause or presence 276 (93%)

* Xylazine: “tranq” non-opioid animal tranquilizer – 2022- 34/ 2023-26

** New Fentanyl analogues:

- N-Pyrrolidino Etonitazene (NPE) – 20x more potent than Fentanyl – 2022-9/2023-0
- Fleurofentanyl – similar potency to Fentanyl – 2022-87/2023-58

PBCFR TRANSPORTS 2017-2024

January 1 – December 31

YEAR	#CALLS	# PATIENTS	%CHANGE/CALLS
2017	2675	2785	
2018	1509	1541	< 44 %
2019	1483	1510	< 2 %
2020	1771	1806	> 16 %
2021	1702	1743	< 4%
2022	1446	1471	< 15%
2023	1283	1309	< 11%
2024	905	926	< 29%

Net change 2017-2024 66% reduction in transports

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State Attorney Addiction Recovery Task Force January 15, 2025

STATEWIDE PROGRAMS CERTIFIED - 244

January 2025:

Units: 1,893
Beds: 9,440

Levels I, II & III:	Units: 1,049	Beds: 5,976
Level IV:	Units: 844	Beds: 3,464

- Broward County has 31.9% of the units and 28.9% of the beds.
- Palm Beach County has 37.4% of the units and 37.5% of the beds.

PALM BEACH COUNTY NUMBERS

- 101 Certified Providers
- 741 Units, 3,543 Beds (Men: 1,700, Women: 581, Both: 1,238, LGBTQ+: 24)

Level I: 2 Programs, 11 Units, 40 Beds
Level II: 62 Programs, 316 Units, 1,797 Beds
Level III: 5 Programs, 37 Units, 116 Beds
Level IV: 44 Programs, 377 Units, 1,590 Beds

FLORIDA COUNTIES

County	Units	Beds
Alachua	4	20
Brevard	18	196
Broward	604	2,728
Clay	1	8
Collier	9	64
Duval	47	309
Escambia	14	65
Flagler	7	48
Hillsborough	83	463
Indian River	21	113
Lee	48	327
Manatee	22	111
Marion	2	9
Martin	24	128
Miami-Dade	28	213
Orange	24	197
Okaloosa	1	6
Palm Beach	741	3,543
Pasco	37	178
Pinellas	89	302
Polk	2	14
Sarasota	28	144
Seminole	2	20
St. Lucie	13	87
Volusia	24	147

RUNNING TOTALS
STATE CAPACITY TREND
January 2025

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
January	2023	8,122	beds
July	2024	9,497	beds
January	2025	9,440	beds

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FLORIDA STATE OXFORD HOUSES

Total Houses	235
Total Beds	2109
Men Houses	141
Men Beds	1271
Women Houses	41
Women Beds	344
Women with Children Houses	48
Women with Children Beds	447
Men with Children Houses	5
Men with Children Beds	47

Cities that currently have Oxford Houses

West Palm Beach	Vero Beach	Lakeland	Bradenton
Lantana	Port St. Lucie	St. Petersburg	Ft. Myers
Riviera Beach	Ft. Lauderdale	Temple Terrace	Cape Coral
Lake Park	Lauderhill	Largo	Pensacola
Fort Pierce	Tampa	Clearwater	Panama City
Seminole	Winter Haven	Land O' Lakes	Panama City Beach
Tallahassee	Altamonte Springs	Apopka	Orlando
Winter Park	Jacksonville	Orange Park	St. Augustine
Palm Coast	Daytona	Port Orange	Ocala

Gainesville	Miami Gardens	Miami	Kissimmee	Deltona
New Port Richie	Jacksonville Beach	Ft. Walton	Sarasota	Deland
Palm Bay	Sanford	Crestview	Naples	Spring Hill
Maitland	Port Charlotte	Lady Lake		

Overdoses since the last meeting: 1 Nonfatal (Orange Co.)

MOUD Monthly Stats for December 2024

72% of Oxford Houses in Florida have at least one member using medication for opioid use disorder (MOUD).

18.5% of current Oxford House members are utilizing MOUD.

Oxford House Florida Focus for 2025

In 2025, Oxford House staff in Florida are prioritizing continued expansion with an emphasis on sustainable growth. The team is collaborating with members to strengthen and expand the service structure across the state. Key initiatives will include:

- Chapter splits in areas with multiple new houses, leading to the creation of new chapters.
- The formation of new subcommittees and the further development of existing ones within chapters.
- Establishing multi-chapter committees in regions with multiple chapters.

Continued growth and development of the State Association and its subcommittees.

Additionally, several regional training workshops will be held across the state, along with a statewide convention and training event. These efforts aim to enhance the understanding and application of the Oxford House model among members. Regular training at the chapter and house levels will also continue.

Oxford House staff recognize that as the number of Oxford Houses grow, a strong focus on education, implementation, and follow-through is essential to ensure ongoing success.

Upcoming Oxford House Florida State Convention 9th – 11th May 2025

Please check out our newly updated National Website at

www.oxfordhouse.org

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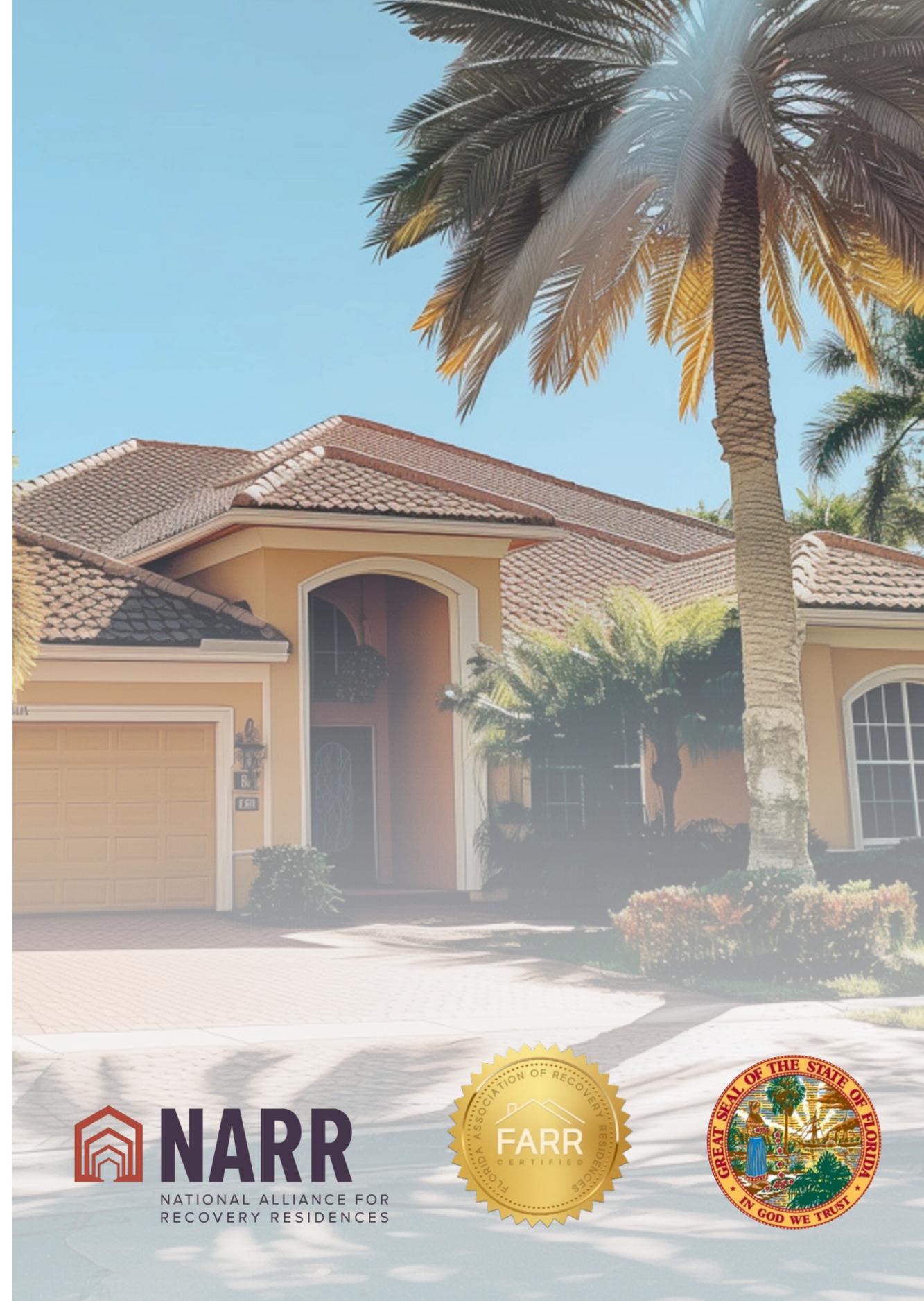
MAT Best Practices

Presented by:
Michael Schlossman, CEO/Chief Legal Officer

 www.farronline.org

 561-299-0405

 info@farronline.org





PRE-SURVEY

TODAY'S AGENDA



- 1 New Legislation – January 1, 2025
- 2 What the changes mean.
- 3 What the changes do not mean
- 4 How the changes may affect you
- 5 Steps to prepare
- 6 Best Practices
- 7 Templates, Guidance, Training
- 8 Q&A



New Legislation - Jan 1, 2025

Fl Stat 397.487(13):

Beginning January 1, 2025, a certified recovery residence may not deny an individual access to housing solely on the basis that he or she has been prescribed federally approved medication that assists with treatment for substance use disorders by a licensed physician, a physician's assistant, or an advanced practice registered nurse registered under s. 464.0123.



PUBLIC POLICY

To protecting individuals in recovery, reducing stigma, and supporting access to comprehensive, evidence-based care that improves recovery outcomes.



- 1 Combatting Discrimination in Recovery Settings**
- 2 Promoting Evidence-Based Practices**
- 3 Supporting Comprehensive Recovery**
- 4 Aligning with Federal Policies and Best Practices**
- 5 Reducing Barriers to Treatment**
- 6 Encouraging Compliance Among Recovery Residences**

BEST PRACTICES



1. Comprehensive Training for Staff and Residents

- **Education on MAT:** All staff members, including owners and directors, should undergo training on the benefits and proper implementation of MAT.
- **Stigma Reduction:** Incorporate empathy-based workshops for all staff to reduce stigma, challenge misconceptions, and promote a non-judgmental, inclusive approach to MAT.
- **Emphasize Therapeutic Integration:** Encourage the use of behavioral therapies, contingency management, and motivational interviewing, which are often paired with MAT for optimal results.

BEST PRACTICES



2. Developing Individualized Recovery Plans

- **Person-Centered Approach:** Develop individualized recovery plans that address each resident's medical, psychological, spiritual, and social needs. These plans should be created in collaboration with healthcare providers who prescribe MAT and reviewed regularly to ensure effectiveness.
- **Collaboration with Prescribers:** Maintain strong communication between residence staff and MAT prescribers, ensuring medication management is a central part of the resident's ongoing recovery plan.

BEST PRACTICES



3. Medication Management and Safety Protocols

- **Secure Storage and Dispensation:** Medications should be securely stored, with clear protocols for dispensation to prevent misuse.
- **Monitoring and Accountability:** Regular monitoring of residents using MAT is crucial. Ensure progress is tracked, side effects are addressed, and adherence to treatment plans is maintained.

BEST PRACTICES



4. Inclusive Environment for Residents on MAT

- **No Discriminatory Policies:** FARR-certified residences should not implement policies that discriminate against individuals using MAT in accordance with FI Stat 397.487(13) . Banning medications, taper requirements, and dosage limitations, as a condition of residency, is not in line with best practices.
- **Fostering Peer Support:** Encourage an inclusive community that supports MAT, offering peer groups and 12-step meetings that welcome MAT participants. Tailor support networks for individuals on MAT.

BEST PRACTICES



5. Data-Driven Approaches – NARR Standard 3.G.21.

- **Ongoing Evaluation:** Continuously assess the effectiveness of MAT programs through data collection. Use this data to make necessary adjustments and improvements.
- **Outcome Tracking:** Track relapse rates, resident satisfaction, and health outcomes for individuals using MAT compared to other recovery strategies to measure success.
- **Recovery Capital Index (RCI):** Available at no-cost to all FARR-certified recovery residences. Scan QR code below.



BEST PRACTICES



6. Challenges and Solutions

- 1. Resistance from Peer Recovery Models:** Peer recovery communities rooted in abstinence-only models may resist MAT integration. Educating staff and residents on the diversity of recovery pathways and facilitating discussions can reduce resistance and foster inclusion.
- 2. Access to Medication Providers:** In some areas, access to MAT prescribers is limited. Establish partnerships with local healthcare providers or use telemedicine services to bridge this gap.
- 3. Insurance and Cost Issues:** Medication costs can pose a financial burden for residents. Help them navigate insurance coverage or locate grant programs that can subsidize medication expenses.

BEST PRACTICES

7. Templates, Guidance, & Training



Medication-Assisted Treatment (MAT) Medication Storage and Use Policy and Procedure

Policy: Medication-Assisted Treatment described in this policy pertains to federally approved treatment for opioid addiction that uses medications such as methadone, buprenorphine, and naltrexone to treat addiction for short acting opioids, such as heroin, morphine, codeine, as well as synthetic opioids. Medication-Assisted Treatment is certified by the Substance Abuse and Mental Health Services Administration (SAMSHA) in conformance with Title 42 of the Code of Federal Regulations (C.F.R.), Part 8, to provide supervised assessment and medication-assisted treatment for patients who are opioid addicted. FARR supports programming of federally approved Medical Assisted Recovery, such as Medication Assisted Treatment.

Facility Name will not make medical decisions or dispense medications for their residents. These policies have been crafted to determine resident safety within the framework of a recovery residence.

Facility Name will not admit any residents who do not fit the criteria for housing including residents who are not able to manage basic activities and instrumental activities of daily living such as self-managing medications.

Facility Name will house MAT residents with non-MAT residents and furthermore will not treat MAT residents any differently than non-MAT residents other than medication storage outlined in this policy.

Facility Name will keep MAT residents' information confidential and will not disclose that the resident is in a MAT program to non-MAT residents.

Facility Name will not allow residents to keep MAT medications in their units. All MAT medications will be stored in the manager's office. Residents will retrieve their daily medication each day. Any residents caught stockpiling MAT medications will be immediately discharged from the property. Any residents that do not turn in a MAT medication prescription immediately after coming back onto property into the manager's office will be discharged from the property.

Facility Name will notify the police if any MAT medications are reported lost or stolen immediately. FARR must be notified within 72 hours of the incident through FARR's incident reporting portal on their website.

Procedure: All potential MAT residents will be screened prior to entry to ensure they fit the criteria for admission (see above resident screening policy and procedure).

All MAT medications must be kept and locked in the manager's office behind a minimum two lock storage set up (office door lock, closet door lock). Paper medication observation records (MORs) will be kept for each resident on MAT to correlate the correct medication count. Facility Name will not dispense medication, Facility Name will allow resident access daily to medications. Facility Name will then note on medication observation record the corresponding remaining medication count with resident and staff initials.

Facility Name will house all MAT residents with non-MAT residents and will not disclose to any persons that a resident is on MAT. Residents will also be instructed to not disclose to other residents they are in a MAT program.

Facility Name will monitor MAT residents to ensure they are not showing signs of intoxication from medication. Any residents showing signs of intoxication will be drug and alcohol tested.



Q&A



POST-SURVEY



THANK YOU

for your time and attention



FARR is Honored to Present

MAT Best Practices

FOR CERTIFIED RECOVERY RESIDENCES

IMPORTANT UPDATE

New Medication-Assisted Treatment Legislation Started January 1st.

Presenting at the
**Palm Beach
County
State Attorney
Addiction Recovery
Task Force.**

**WEDNESDAY
January 15th
1:00 PM - 3:00 PM**

Join us to learn:

- What the changes mean
- How they may affect you
- Steps to prepare

If you are interested in attending, email Mary Ann Senatore
for the zoom link: **Msenatore@sa15.org**



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Incorporates full zoning regulation of congregate living facilities and corrects some typos

1 Section 1. Chapter 419, Florida Statutes, is stricken and replaced
2 to read:

3 ~~CHAPTER 419 COMMUNITY RESIDENTIAL HOMES~~

4 ~~419.001. Site selection of community residential homes~~

5 ~~(1) For the purposes of this section, the term:~~

6 ~~(a) "Community residential home" means a dwelling unit~~
7 ~~licensed to serve residents who are clients of the Department of~~
8 ~~Elderly Affairs, the Agency for Persons with Disabilities, the~~
9 ~~Department of Juvenile Justice, or the Department of Children and~~
10 ~~Families or licensed by the Agency for Health Care Administration~~
11 ~~which provides a living environment for 7 to 14 unrelated residents~~
12 ~~who operate as the functional equivalent of a family, including~~
13 ~~such supervision and care by supportive staff as may be necessary~~
14 ~~to meet the physical, emotional, and social needs of the residents.~~

15 ~~(b) "Licensing entity" or "licensing entities" means the~~
16 ~~Department of Elderly Affairs, the Agency for Persons with~~
17 ~~Disabilities, the Department of Juvenile Justice, the Department~~
18 ~~of Children and Families, or the Agency for Health Care~~
19 ~~Administration, all of which are authorized to license a community~~
20 ~~residential home to serve residents.~~

21 ~~(c) "Local government" means a county as set forth in~~
22 ~~chapter 7 or a municipality incorporated under the provisions of~~
23 ~~chapter 165.~~

24 ~~(d) "Planned residential community" means a local~~
25 ~~government approved, planned unit development that is under unified~~
26 ~~control, is planned and developed as a whole, has a minimum gross~~
27 ~~lot area of 8 acres, and has amenities that are designed to serve~~
28 ~~residents with a developmental disability as defined in [s. 393.063](#)~~
29 ~~but that shall also provide housing options for other individuals.~~
30 ~~The community shall provide choices with regard to housing~~
31 ~~arrangements, support providers, and activities. The residents'~~
32 ~~freedom of movement within and outside the community may not be~~

Incorporates full zoning regulation of congregate living facilities and corrects some typos

33 ~~restricted. For the purposes of this paragraph, local government~~
34 ~~approval must be based on criteria that include, but are not limited~~
35 ~~to, compliance with appropriate land use, zoning, and building~~
36 ~~codes. A planned residential community may contain two or more~~
37 ~~community residential homes that are contiguous to one another. A~~
38 ~~planned residential community may not be located within a 10-mile~~
39 ~~radius of any other planned residential community.~~

40 ~~(e) "Resident" means any of the following: a frail elder as~~
41 ~~defined in [s. 429.65](#); a person who has a disability as defined in~~
42 ~~[s. 760.22\(3\)\(a\)](#); a person who has a developmental disability as~~
43 ~~defined in [s. 393.063](#); a nondangerous person who has a mental~~
44 ~~illness as defined in [s. 394.455](#); or a child who is found to be~~
45 ~~dependent as defined in [s. 39.01](#) or [s. 984.03](#), or a child in need~~
46 ~~of services as defined in [s. 984.03](#) or [s. 985.03](#).~~

47 ~~(f) "Sponsoring agency" means an agency or unit of~~
48 ~~government, a profit or nonprofit agency, or any other person or~~
49 ~~organization which intends to establish or operate a community~~
50 ~~residential home.~~

51 ~~(2) Homes of six or fewer residents which otherwise meet the~~
52 ~~definition of a community residential home shall be deemed a single-~~
53 ~~family unit and a noncommercial, residential use for the purpose of~~
54 ~~local laws and ordinances. Homes of six or fewer residents which~~
55 ~~otherwise meet the definition of a community residential home shall~~
56 ~~be allowed in single family or multifamily zoning without approval~~
57 ~~by the local government, provided that such homes are not located~~
58 ~~within a radius of 1,000 feet of another existing such home with~~
59 ~~six or fewer residents or within a radius of 1,200 feet of another~~
60 ~~existing community residential home. Such homes with six or fewer~~
61 ~~residents are not required to comply with the notification~~
62 ~~provisions of this section; provided that, before licensure, the~~
63 ~~sponsoring agency provides the local government with the most~~
64 ~~recently published data compiled from the licensing entities that~~
65 ~~identifies all community residential homes within the~~

Incorporates full zoning regulation of congregate living facilities and corrects some typos

~~jurisdictional limits of the local government in which the proposed site is to be located in order to show that there is not a home of six or fewer residents which otherwise meets the definition of a community residential home within a radius of 1,000 feet and not a community residential home within a radius of 1,200 feet of the proposed home. At the time of home occupancy, the sponsoring agency must notify the local government that the home is licensed by the licensing entity. For purposes of local land use and zoning determinations, this subsection does not affect the legal nonconforming use status of any community residential home lawfully permitted and operating as of July 1, 2016.~~

~~(3)(a) When a site for a community residential home has been selected by a sponsoring agency in an area zoned for multifamily, the agency shall notify the chief executive officer of the local government in writing and include in such notice the specific address of the site, the residential licensing category, the number of residents, and the community support requirements of the program. Such notice shall also contain a statement from the licensing entity indicating the licensing status of the proposed community residential home and specifying how the home meets applicable licensing criteria for the safe care and supervision of the clients in the home. The sponsoring agency shall also provide to the local government the most recently published data compiled from the licensing entities that identifies all community residential homes within the jurisdictional limits of the local government in which the proposed site is to be located. The local government shall review the notification of the sponsoring agency in accordance with the zoning ordinance of the jurisdiction.~~

~~(b) Pursuant to such review, the local government may:~~

~~1. Determine that the siting of the community residential home is in accordance with local zoning and approve the siting. If the siting is approved, the sponsoring agency may establish the home at the site selected.~~

Incorporates full zoning regulation of congregate living facilities and corrects some typos

99 2. ~~Fail to respond within 60 days. If the local government fails~~
100 ~~to respond within such time, the sponsoring agency may establish~~
101 ~~the home at the site selected.~~

102 3. ~~Deny the siting of the home.~~

103 ~~(c) The local government shall not deny the siting of a community~~
104 ~~residential home unless the local government establishes that the~~
105 ~~siting of the home at the site selected:~~

106 1. ~~Does not otherwise conform to existing zoning~~
107 ~~regulations applicable to other multifamily uses in the area.~~

108 2. ~~Does not meet applicable licensing criteria established~~
109 ~~and determined by the licensing entity, including requirements that~~
110 ~~the home be located to assure the safe care and supervision of all~~
111 ~~clients in the home.~~

112 3. ~~Would result in such a concentration of community~~
113 ~~residential homes in the area in proximity to the site selected,~~
114 ~~or would result in a combination of such homes with other residences~~
115 ~~in the community, such that the nature and character of the area~~
116 ~~would be substantially altered. A home that is located within a~~
117 ~~radius of 1,200 feet of another existing community residential home~~
118 ~~in a multifamily zone shall be an overconcentration of such homes~~
119 ~~that substantially alters the nature and character of the area. A~~
120 ~~home that is located within a radius of 500 feet of an area of~~
121 ~~single family zoning substantially alters the nature and character~~
122 ~~of the area.~~

123 ~~(4) Community residential homes, including homes of six or fewer~~
124 ~~residents which would otherwise meet the definition of a community~~
125 ~~residential home, which are located within a planned residential~~
126 ~~community are not subject to the proximity requirements of this~~
127 ~~section and may be contiguous to each other. A planned residential~~
128 ~~community must comply with the applicable local government's land~~
129 ~~development code and other local ordinances. A local government~~
130 ~~may not impose proximity limitations between homes within a planned~~

Incorporates full zoning regulation of congregate living facilities and corrects some typos

131 ~~residential community if such limitations are based solely on the~~
132 ~~types of residents anticipated to be living in the community.~~

133 ~~(5) All distance requirements in this section shall be measured~~
134 ~~from the nearest point of the existing home or area of single-~~
135 ~~family zoning to the nearest point of the proposed home.~~

136 ~~(6) If agreed to by both the local government and the sponsoring~~
137 ~~agency, a conflict may be resolved through informal mediation. The~~
138 ~~local government shall arrange for the services of an independent~~
139 ~~mediator. Mediation shall be concluded within 45 days of a request~~
140 ~~therefor. The resolution of any issue through the mediation process~~
141 ~~shall not alter any person's right to a judicial determination of~~
142 ~~any issue if that person is entitled to such a determination under~~
143 ~~statutory or common law.~~

144 ~~(7) The licensing entity shall not issue a license to a sponsoring~~
145 ~~agency for operation of a community residential home if the~~
146 ~~sponsoring agency does not notify the local government of its~~
147 ~~intention to establish a program, as required by subsection (3). A~~
148 ~~license issued without compliance with the provisions of this~~
149 ~~section shall be considered null and void, and continued operation~~
150 ~~of the home may be enjoined.~~

151 ~~(8) A dwelling unit housing a community residential home~~
152 ~~established pursuant to this section shall be subject to the same~~
153 ~~local laws and ordinances applicable to other noncommercial,~~
154 ~~residential family units in the area in which it is established.~~

155 ~~(9) Nothing in this section shall be deemed to affect the~~
156 ~~authority of any community residential home lawfully established~~
157 ~~prior to October 1, 1989, to continue to operate.~~

158 ~~(10) Nothing in this section shall permit persons to occupy a~~
159 ~~community residential home who would constitute a direct threat to~~
160 ~~the health and safety of other persons or whose residency would~~
161 ~~result in substantial physical damage to the property of others.~~

Incorporates full zoning regulation of congregate living facilities and corrects some typos

162 ~~(11) The siting of community residential homes in areas zoned for~~
163 ~~single family shall be governed by local zoning ordinances. Nothing~~
164 ~~in this section prohibits a local government from authorizing the~~
165 ~~development of community residential homes in areas zoned for~~
166 ~~single family.~~

167 ~~(12) Nothing in this section requires any local government to adopt~~
168 ~~a new ordinance if it has in place an ordinance governing the~~
169 ~~placement of community residential homes that meet the criteria of~~
170 ~~this section. State law on community residential homes controls~~
171 ~~over local ordinances, but nothing in this section prohibits a~~
172 ~~local government from adopting more liberal standards for siting~~
173 ~~such homes.~~

174 CHAPTER 419 SITE SELECTION OF COMMUNITY RESIDENCES AND RECOVERY
175 COMMUNITIES.-

176 419.001 Definitions.- As used in this chapter, the term:

177 (1) "Community residence" means a residential living arrangement,
178 with the exceptions established in s419.002(1), (2), and (3), for
179 up to 12 unrelated individuals with disabilities living as a single
180 functional family in a dwelling unit, town home, duplex, or triplex
181 who need the mutual support furnished by other residents of the
182 dwelling as well as the support services, if any, provided by any
183 staff of the community residence. Residents may be self-governing
184 or supervised by a sponsoring entity or its staff, which provide
185 habilitative or rehabilitative services related to the residents'
186 disabilities. A community residence emulates a biological family
187 to foster normalization of its residents, integrate them into the
188 surrounding community, and use neighbors as role models for those
189 residents capable of going into the community and interacting with
190 neighbors. Supportive inter-relationships between residents are an
191 essential component. Its primary purpose is to provide shelter;
192 foster and facilitate life skills; and meet the physical,
193 emotional, and social needs of the residents in a mutually
194 supportive family-like environment. Community residences include,

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195 but are not limited to, those residences licensed by the Florida
196 Agency for Persons with Disabilities, the Florida Department of
197 Elder Affairs, the Florida Agency for Health Care Administration,
198 and the Florida Department of Children and Families, and Recovery
199 Residences certified as Level 1 or 2 by the state's designated
200 credentialing entity established under S. 397.487, and recovery
201 residences democratically operated by their residents pursuant to
202 a charter from an entity recognized or sanctioned by Congress. A
203 community residence shall be considered a residential use of
204 property for purposes of all local government land-use and zoning
205 codes.

206 (2) "Congregate living facility" means a group living arrangement
207 that provides long-term care, accommodations, food service, and
208 one or more personal care services to people without disabilities
209 and not related to the owner or administrator by blood or marriage.
210 A congregate living facility may be a group living arrangement too
211 large to emulate a family, a group living arrangement in which
212 normalization and/or community integration are not integral
213 elements, an intermediate care or assisted living facility that
214 does not emulate a family, a group living arrangement that is an
215 alternative to incarceration for people who pose a direct threat
216 to the health or safety of others, a group living arrangement for
217 people undergoing treatment in a program at the same site, or a
218 facility for the treatment of substance use disorder where
219 treatment is the primary purpose and use, whether it provides only
220 services or includes a residential component on site. A congregate
221 living facility is not a community residence or a recovery
222 community.

223 (3) "Disability" means a physical or mental impairment that
224 substantially limits one or more of an individual's major life
225 activities, impairs an individual's ability to live independently,
226 having a record of such an impairment, or being regarded as having
227 such an impairment as defined in the Federal Fair Housing Act and
228 Americans With Disabilities Act. People with disabilities do not

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229 include individuals who are currently using alcohol, illegal drugs,
230 or using legal drugs to which they are addicted, nor individuals
231 who constitute a direct threat to the health and safety of others.
232 People with disabilities include, but are not limited to:

233 (a) An elderly person with disabilities as defined in
234 s.429.65(9)

235 (b) A person with physical disabilities as defined in
236 s.760.22(7)(a)

237 (c) A person with developmental disabilities as defined in
238 s.393.063(11)

239 (d) A person with mental illness as defined in s.394.455(3)

240 (e) A person in recovery from substance abuse, as defined in
241 s.397.311(48)

242 (4) "Family community residence" means a community residence that
243 provides a relatively permanent living arrangement and does not
244 limit how long a resident may live there. The intent is for
245 residents to live in the family community residence on a long-term
246 basis of at least six months. Typical uses can include, but are
247 not limited to, the following:

248 (a) A community residential home for people with disabilities
249 who do not pose a threat to the health and safety of other persons
250 or whose residency would result in substantial physical damage to
251 the property of others.

252 (b) Group homes for people with disabilities that emulate a
253 family, including, but not limited to, people with mental illness,
254 substance use disorder, or physical disabilities

255 (c) An assisted living facility for the elderly or other
256 people with disabilities licensed under s.429.02(5)

257 (d) An adult family-care home licensed under Florida
258 s.429.60

Incorporates full zoning regulation of congregate living facilities and corrects some typos

259 (e) An intermediate care facility for people with
260 developmental disabilities licensed under s.400.96

261 (f) Housing licensed under ch.394

262 (g) Recovery residences certified under s.397.487,
263 typically Levels 1 and 2 certified recovery residences, where
264 residency is at least six months)

265 (h) Recovery residences democratically operated by their
266 residents pursuant to a charter from an entity recognized or
267 sanctioned by Congress.

268 (5) "Local government" means a county as set forth in ch.125 or a
269 municipality incorporated under the provisions of chapter 166.

270 (6) "Planned residential community" means a local government-
271 approved, planned unit development that is under unified control,
272 is planned and developed as a whole, has a minimum gross lot area
273 of 8 acres, and has amenities that are designed to serve residents
274 with a developmental disability as defined in s. 393.063 but that
275 shall also provide housing options for other individuals. The
276 community shall provide choices with regard to housing
277 arrangements, support providers, and activities. The residents'
278 freedom of movement within and outside the community is not
279 restricted. For the purposes of this subsection, local government
280 approval must be based on criteria that include, but are not limited
281 to; compliance with appropriate land use, zoning, and building
282 codes. A planned residential community may contain two or more
283 community residential homes that are contiguous to one another. A
284 planned residential community may not be located within a 10-mile
285 radius of any other planned residential community.

286 (7) "Reasonable accommodation" means providing an individual or
287 individuals with a disability and providers of housing for
288 individuals with a disability, as defined in this section,
289 flexibility in the application of land use, zoning and building
290 code regulations, practices, procedures, or policies, including

Incorporates full zoning regulation of congregate living facilities and corrects some typos

291 the modification or waiver of certain requirements when it is
292 necessary to give a person with a disability an equal opportunity
293 to use and enjoy a dwelling, within the meaning of 42 U.S.C
294 s.3604(f).

295 (8) "Recovery community" means multiple dwelling units in
296 multifamily housing districts including duplexes, triplexes, and
297 quadraplexes; attached single-family dwellings; or a group of these
298 types of dwellings that are not held out to the general public for
299 rent or occupancy, that provide a mutually supportive drug-free
300 and alcohol-free living arrangement for people in recovery from
301 substance use disorder which, taken together, do not emulate a
302 single biological family and are under the auspices of a single
303 sponsoring agency or group of related sponsoring agencies.
304 Recovery communities include land uses for which the operator is
305 eligible to apply for certification pursuant to s. 397.487. The
306 term does not include any other group living arrangements for
307 people who are not disabled nor any community residence, congregate
308 living facility, institutional or medical use, shelter, lodging or
309 boarding house, extended stay hotel, nursing home, vacation rental,
310 or other like use.

311 (9) "Recovery residence" means a residential dwelling unit, the
312 community housing component of a licensed day or night treatment
313 facility with community housing, or other form of group housing,
314 that provides a peer-supported, alcohol-free, and drug-free living
315 environment as defined in s. 397.311(39).

316 (10) "Resident" means any of the following: a frail elder as defined
317 in s. 429.65; a person who has a disability as defined in s.
318 760.22(3)(a); a person who has a developmental disability as
319 defined in s. 393.063; a nondangerous person who has a mental
320 illness as defined in s. 394.455, or a person in recovery from a
321 substance use disorder abuse as defined in s. 397.311(48); and
322 live-in staff.

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323 (11) "Sponsoring agency" means an agency or unit of government, a
324 profit or nonprofit agency, or any other person or organization
325 which intends to establish or operate a community residential home
326 community residence, or recovery community.

327 (12) "Transitional community residence" means a community residence
328 that provides a relatively temporary living arrangement for
329 unrelated people with disabilities with a limit on length of
330 tenancy, typically less than six months, which may be measured in
331 weeks or months. Typical uses can include, but are not limited to,
332 the following:

333 (a) Group homes for people with disabilities that emulate a
334 family, including, but not limited to, people with mental illness,
335 substance use disorder, or physical disabilities

336 (b) Community residential home for people with disabilities
337 who do not pose threat to the health and safety of other persons
338 or whose residency would result in substantial physical damage to
339 the property of others.

340 (c) Housing connected to outpatient treatment licensed under
341 ch.394.

342 (d) Level 3 and 4 certified recovery residences as defined in
343 s. 397.311(48).

344 (e) The separate community housing component for people with
345 substance use disorder who may be undergoing detoxification or
346 treatment at another location such as a day or night residential
347 treatment center licensed under chapter 397.

348 **419.002. Restrictions on site selection of community residences,**
349 **exemptions.-**

350 (1) When a local government's land use or zoning code establishes
351 a maximum number of unrelated individuals that constitute a
352 "family" or "household" or similar term, a community residence
353 occupied by no more than the maximum number of unrelated
354 individuals that constitute a "family" or "household" or similar

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355 term shall constitute a "family" or "household" or similar term
356 and shall not be subject to this chapter.

357 (2) When a local government's land use or zoning code allows any
358 number of unrelated people to constitute a "family" or "household"
359 or similar term, all community residences shall constitute a
360 "family" or "household" or similar term and shall not be subject
361 to this chapter.

362 (3) When a local government's land use or zoning code does not
363 define "family," "household," or define a similar term, community
364 residences shall be allowed as of right in all zoning districts
365 where residential uses are permitted and shall not be subject to
366 this chapter

367 (4) A community residence that is exempted from this section under
368 subsections (1), 2, and (3) shall not be used to determine distances
369 between community residences, recovery communities, or congregate
370 living facilities under this chapter.

371 (5) All distance requirements in this chapter shall be measured
372 from the lot line of the existing community residence, recovery
373 community, or congregate living facility nearest to the proposed
374 community residence to the lot line of the proposed community
375 residence nearest to the closest existing community residence,
376 recovery community, or congregate living facility.

377 (5) A local government shall revoke zoning approval when the
378 operator of a community residence fails to provide evidence of
379 permanent licensure, certification, or is not operated pursuant to
380 a charter from an entity recognized or sanctioned by Congress. An
381 operator that has not received licensure, certification, or
382 charter; or where a license or certification was denied or revoked,
383 shall not be allowed to operate in the State of Florida and zoning
384 approval shall become null and void upon termination of such
385 license, certification, or charter. An operator must notify the
386 designated local government official that its license,
387 certification, or charter has been, denied, suspended or revoked

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388 within five-calendar days of the operator being notified of the
389 denial suspension or revocation. Such operator shall cease
390 operation and vacate the premises within 60-calendar days of the
391 date of denial, suspension or revocation, and the operator of the
392 community residence shall safely return residents to their families
393 or relocate them to a safe and secure living environment.

394 (6) For purposes of local land use and zoning determinations,
395 this subsection does not affect the legal nonconforming use status
396 of any community residence lawfully permitted and operating prior
397 to July 1, 2025.

398 (7) Nothing in this section shall be deemed to affect the
399 authority of any community residence lawfully established prior to
400 July 1, 2025, to continue to operate.

401 (8) Nothing in this section shall permit persons to occupy a
402 community residence ~~or~~ who would constitute a direct threat to the
403 health and safety of other persons or whose residency would result
404 in substantial physical damage to the property of others.

405 (9) Nothing in this section requires any local government to
406 create an ordinance or adopt a new ordinance if it has in place an
407 ordinance governing the placement of community residences that is
408 in substantial compliance with the criteria of this ~~section~~
409 chapter.

410 **419.003 Community residences; permitted use.-**

411 (1) Family community residences constitute a residential use
412 allowed as of right in all zoning districts where single-family
413 residences are allowed and transitional community residences
414 constitute a residential use allowed as of right in all zoning
415 districts where duplexes, triplexes, or other forms of multi-family
416 structures are allowed, provided that:

417 (a) Such community residences are not located within a radius
418 of 660 feet or 9 lots, whichever is greater, from the closest
419 existing community residence, recovery community, or congregate
420 living facility; and

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421 (b) Such community residences have been issued and maintain:

422 (i) The license, certification or charter required to
423 operate the proposed family community residence; or

424 (ii) A provisional or conditional license, certification
425 or charter during an application process as determined by the
426 designated licensing, certifying or chartering entity;

427 (c) No more than twelve individuals will occupy the community
428 residence subject to the local government's standard housing,
429 building, or property maintenance code's provisions to prevent
430 overcrowding, except that fourteen people may occupy a community
431 residence licensed as a "community residential home."

432 (2) A community residence that does not comply with s. 419.002 (1)
433 (a), (b), or (c) shall be approved when it meets the standards
434 for a reasonable accommodation in 419.004.

435 **419.004 Community residences; reasonable accommodation.-**

436 (1) A proposed community residence that does not comply with
437 standards in s.419.002 shall be allowed as a reasonable
438 accommodation through the local government's chosen zoning process
439 or dedicated reasonable accommodation process, when:

440 (a) The proposed location is within 660 linear feet or 9
441 lots, whichever is greater, of the closest existing community
442 residence, recovery community, or congregate living facility. A
443 reasonable accommodation shall be granted only when it is found
444 that the applicant has demonstrated that:

445 (i) The proposed community residence will not interfere
446 with the normalization and community integration of the residents
447 of the closest existing community residence or recovery community
448 and that the closest community residence, recovery community, or
449 congregate living facility will not interfere with the
450 normalization and community integration of the residents of the
451 proposed community residence. Primary factors when determining
452 compliance with this provision include:

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453 1. The on-the-ground distance along the pedestrian right
454 of way,

455 2. The likelihood of residents of each site interacting
456 with residents of the other site, and

457 3. Whether the residents of both sites have different
458 Disabilities or no disability.

459 (ii) The proposed community residence in combination
460 with any existing community residences, recovery communities,
461 and/or congregate living facilities will not alter the residential
462 character of the surrounding neighborhood by creating an
463 institutional atmosphere or by creating or intensifying an
464 institutional atmosphere or de facto social service district by
465 clustering community residences, recovery communities, and/or
466 congregate living facilities on a block face or concentrating them
467 in a neighborhood.

468 (b) When the State of Florida does not offer a license or
469 certification for the type of community residence proposed and the
470 population it would serve, or the community residence proposed is
471 not eligible for a charter for recovery residences democratically
472 operated by its residents from an entity recognized or sanctioned
473 by Congress, a reasonable accommodation through the local
474 government's chosen zoning process shall be approved only when it
475 is found that the applicant has demonstrated that:

476 (i) The proposed community residence will be operated
477 in a manner effectively similar to that of a licensed or certified
478 community residence; and

479 (ii) Staff who reside and/or work in the community
480 residence will be adequately trained in accordance with standards
481 typically required by licensing or state certification for a
482 community residence; and

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483 (iii) The community residence will emulate a biological
484 family and be operated to achieve normalization and community
485 integration; and

486 (iv) The rules and practices governing how the community
487 residence operates will actually protect the residents from abuse,
488 exploitation, fraud, theft, neglect, insufficient support, use of
489 illegal drugs or alcohol, and misuse of prescription medications.

490 (c) A community residence may house more than twelve unrelated
491 people by obtaining a reasonable accommodation through the local
492 government's chosen zoning process. The reasonable accommodation
493 shall be approved only when it is found that the applicant has
494 demonstrated that:

495 (i) The proposed number of residents greater than twelve
496 is necessary to ensure the therapeutic and/or financial viability
497 of the proposed community residence; and

498 (ii) The primary function of the proposed community
499 residence is residential where any medical treatment is merely
500 incidental to the residential use of the property; and

501 (iii) The proposed community residence will emulate a
502 biological family and operate as a functional family rather than
503 as a boarding or rooming house; nursing home; short term rental;
504 continuing care facility; motel; hotel; treatment center;
505 rehabilitation center; institutional use; assisted living facility
506 or community residential home that does not comport with the
507 definition of community residence; or other nonresidential use;
508 and

509 (iv) The requested number of residents in the proposed
510 community residence will not interfere with the normalization and
511 community integration of the occupants of closest existing
512 community residence or recovery community per s. 419.003(a).

513 (2) Transitional community residences shall be allowed in single-
514 family zoning districts where duplexes and other forms of multi-

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515 family housing are prohibited as a reasonable accommodation through
516 the local government's chosen zoning process provided that:

517 (a) The proposed transitional community residence complies
518 with s. 419.002 and s. 419.003, and

519 (b) The transitional community residence is found to be
520 compatible with the residential uses allowed as of right in the
521 zoning district.

522 **419.005 Recovery communities as a permitted use.-**

523 (1) Recovery communities constitute a residential use allowed as
524 of right in all zoning districts where duplexes, triplexes, and
525 other forms of multi-family structures are allowed, provided that:

526 (a) The operator or applicant has receives and maintains
527 provisional and then permanent certification from the designated
528 certifying entity as established by s. 397.487; and

529 (b) A proposed recovery community housing up to 16
530 occupants is located at least 660 feet or nine lots, whichever is
531 greater, from the closest recovery community, community residence,
532 or congregate living facility; and

533 (c) A proposed recovery community housing 17 to 30 occupants
534 is located at least 900 feet or twelve lots, whichever is greater,
535 from the closest recovery community or community residence; and

536 (d) A proposed recovery community housing 31 to 50 occupants
537 is located at least 1,300 feet or fourteen lots, whichever is
538 greater, from the closest recovery community, community residence,
539 or congregate living facility; and

540 (e) A proposed recovery community housing 51 to 100
541 occupants is located at least 1,300 feet or sixteen lots, whichever
542 is greater, from the closest recovery community, community
543 residence, or congregate living facility; and

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544 (f) A proposed recovery community housing more than 100
545 occupants is located at least 1,500 feet or twenty lots, whichever
546 is greater from the closest recovery community, community
547 residence, or congregate living facility.

548 (2) All distance requirements in this section and s.419.005 shall
549 be measured from the lot line of the existing community residence,
550 recovery community, congregate living facility nearest to the
551 proposed recovery community to the lot line of the proposed
552 recovery community nearest to the closest existing community
553 residence, recovery community, or congregate living facility.

554 (3) An operator of a recovery community that has not received
555 certification; or where a certification was denied, or revoked,
556 shall not be allowed to operate in the State of Florida and zoning
557 approval shall become null and void upon termination of such
558 certification. An operator must notify the designated local
559 government official that its certification has been denied,
560 revoked within five-calendar days of the operator being notified
561 of the denial or revocation. Such operator shall cease operation
562 and vacate the premises within 60-calendar days of the date of
563 denial or revocation and the operator shall safely return residents
564 to their families or relocate them to a safe and secure living
565 environment.

566 (4) For purposes of local land use and zoning determinations,
567 this section and s.419.005 do not affect the legal nonconforming
568 use status of any recovery community lawfully permitted and
569 operating as of July 1, 2025.

570 (5) Nothing in this section or s. 419.005 shall be deemed to
571 affect the authority of any recovery community lawfully established
572 prior to July 1, 2025, to continue to operate.

573 (6) Nothing in this section or s. 419.005 shall permit persons to
574 occupy a recovery community or who would constitute a direct threat

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575 to the health and safety of other persons or whose residency would
576 result in substantial physical damage to the property of others.

577 (7) Nothing in this section or s. 419.005 requires any local
578 government to adopt a new ordinance if it has in place an ordinance
579 governing the placement of recovery communities that meet the
580 criteria of this section. State law on recovery communities
581 controls over local ordinances, but nothing in this section
582 prohibits a local government from adopting lesser standards for
583 siting recovery communities.

584 **419.006 Recovery communities as reasonable accommodation.-**

585 (1) A recovery community proposed to be located within the spacing
586 distances specified in s. 419.005 from the closest existing
587 community residence, recovery community, or congregate living
588 facility shall be allowed as a reasonable accommodation through
589 the local government's chosen zoning process or dedicated
590 reasonable accommodation process, when it is found that the
591 applicant has demonstrated that:

592 (a) The proposed recovery community will not interfere with
593 the normalization and community integration of the residents of
594 the closest existing community residence or recovery community and
595 that the closest existing community residence, recovery community,
596 or congregate living facility will not interfere with the
597 normalization and community integration of the residents of the
598 proposed recovery community. primary factors when determining
599 compliance with this provision include:

- 600 1. The on-the-ground distance along the pedestrian right
601 of way,
- 602 2. The likelihood of residents of each site interacting
603 with residents of the other site, and
- 604 3. Whether the residents of both sites have different
605 Disabilities or no disability.

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606 (b) The proposed recovery community in combination with any
607 existing community residences, recovery communities, and/or
608 congregate living facilities will not alter the residential
609 character of the surrounding neighborhood by creating an
610 institutional atmosphere or by creating or intensifying an
611 institutional atmosphere or de facto social service district by
612 clustering recovery communities, community residences, or
613 congregate living facilities on a block face or concentrating them
614 in a neighborhood.

615 **419.007 Congregate living facilities; permitted use. -**

616 (1) Congregate living facilities constitute a permitted use allowed
617 as of right in medical, commercial, business, mixed-use, and other
618 nonresidential zoning, provided that:

619 (a) Such congregate living facilities are not located within
620 a radius of 1,200 feet or 13 lots, whichever is greater, from the
621 closest existing community residence, recovery community, or
622 congregate living facility; and

623 (b) Such congregate living facilities have been issued and
624 maintain:

625 (i) The license or certification required to operate
626 the proposed congregate living facility; or

627 (ii) A provisional or conditional license or certification
628 during an application process as determined by the designated
629 licensing or certifying entity.

630 (2) Nothing in this chapter prohibits a local government from
631 allowing in residential zoning districts congregate living
632 facilities that comply with the standards in s. 419.007(1)(a) and
633 (b).

634 (3) An operator of a congregate living facility that has not
635 received licensure or certification; or where a license or
636 certification was denied, suspended or revoked, shall not be
637 allowed to operate in the State of Florida and zoning approval

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638 shall become null and void upon termination of such licensure or
639 certification. An operator must notify the designated local
640 government official that its license or certification has been
641 denied, suspended or revoked within five-calendar days of the
642 operator being notified of the denial, suspension or revocation.
643 Such operator shall cease operation and vacate the premises within
644 60-calendar days of the date of denial or revocation and the
645 operator shall safely return residents to their families or
646 relocate them to a safe and secure living environment.

647 (4) For purposes of local land use and zoning determinations,
648 this subsection does not affect the legal nonconforming use status
649 of any congregate living facility lawfully permitted and operating
650 prior to July 1, 2025.

651 (5) Nothing in this section shall be deemed to affect the
652 authority of any congregate living facility lawfully established
653 prior to July 1, 2025, to continue to operate.

654 (6) Nothing in this section requires any local government to
655 create an ordinance or adopt a new ordinance if it has in place an
656 ordinance governing the placement of congregate living facility
657 that is in substantial compliance with the criteria of this
658 chapter.

659 **419.008 Congregate living facilities; exception -**

660 (1) A proposed congregate living facility that does not comply
661 with the standard in s.419.007(1)(a) shall be allowed through the
662 local government's chosen zoning process when:

663 (a) The proposed congregate living facility will not
664 interfere with the normalization and community integration of the
665 residents of the closest existing community residence or recovery
666 community. Primary factors when determining compliance with this
667 provision include:

668 (1) The on-the-ground distance along the pedestrian
669 right of way, and

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670 (2) The likelihood of residents of each site interacting
671 with residents of the other site.

672 (b) The proposed congregate living facility in combination
673 with any existing community residences, recovery communities,
674 and/or congregate living facilities will not alter the residential
675 character of the surrounding neighborhood by creating an
676 institutional atmosphere or by creating or intensifying an
677 institutional atmosphere or de facto social service district by
678 clustering community residences, recovery communities, and/or
679 congregate living facilities on a block face or concentrating them
680 in a neighborhood.

681 **419.009 Community residences, recovery communities, and congregate**
682 **living facilities; applicable spacing distance, assistance.-**

683 (1) A local government shall respond in writing within five
684 business days to a request from a housing provider as to whether a
685 proposed site for a community residence, recovery community, or
686 congregate living facility is within the applicable spacing
687 distance established by this chapter from any existing community
688 residence, recovery community, or congregate living facility. The
689 response shall include the distance calculation relied upon for a
690 denial of an otherwise permitted use.

691 (2) When a proposed community residence, recovery community, or
692 congregate living facility is within the applicable spacing
693 distance established by this chapter, the local government shall,
694 if requested, provide to the applicant in writing the following
695 information:

696 (a) The address of the existing community residence, recovery
697 community, or congregate living facility within whose spacing
698 distance the proposed site is located, and

699 (b) The exact distance of the proposed site from the existing
700 community residence, recovery community, or congregate living
701 facility; and

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702 (c) The general nature of the disabilities of the occupants
703 of the existing community residence or recovery community and/or
704 nature of the population served by the existing congregate living
705 facility.

706 (d) The addresses and general nature of the residents'
707 disabilities in any additional existing community residences and
708 recovery communities as well as the nature of the population served
709 at any congregate living facilities within a half mile radius of
710 the proposed site.

711

712

1 Section 1. Subsection (5)(d) of section 397.311, Florida Statutes,
2 is amended to read:

3 397.311 Definitions.-As used in this chapter, except part VIII,
4 the term:

5 (5) "Certified recovery residence" means a recovery residence
6 that holds a valid certificate of compliance and is actively
7 managed by a certified recovery residence administrator.

8 (a) A Level I certified recovery residence houses individuals
9 in recovery who have completed treatment, with a minimum of 9
10 months of sobriety. A Level I certified recovery residence is
11 democratically run by the members who reside in the home.

12 (b) A Level II certified recovery residence encompasses the
13 traditional perspectives of sober living homes. There is oversight
14 from a house manager who has experience with living in recovery.
15 Residents are expected to follow rules outlined in a resident
16 handbook provided by the certified recovery residence
17 administrator. Residents must pay dues, if applicable, and work
18 toward achieving realistic and defined milestones within a chosen
19 recovery path. Residents in a Level II certified recovery residence
20 are not attending intensive outpatient treatment programs.

21 (c) A Level III certified recovery residence offers higher
22 supervision by staff with formal training to ensure resident
23 accountability. Such residences are staffed 24 hours a day, 7 days
24 a week, and offer residents peer-support services, which may
25 include, but are not limited to, life skill mentoring, recovery
26 planning, and meal preparation. Clinical services may not be
27 performed at the residence. Such residences are most appropriate

28 for persons who require a more structured environment during early
29 recovery from addiction.

30 (d) A Level IV certified recovery residence is a residence
31 offered, referred to, or provided by, a licensed service provider
32 to its patients ~~who are required to~~ who reside at the residence
33 while receiving intensive outpatient and higher levels of
34 outpatient care. Such residences are required to be staffed 24
35 hours a day and combine outpatient licensable services with
36 recovery residential living. Residents are required to follow a
37 treatment plan and attend group and individual sessions, in
38 addition to developing a recovery plan within the social model of
39 living in a sober lifestyle. No clinical services are provided at
40 the residence and all licensable services are provided off-site.

41

42 Section 2. Subsection (2) of s. 397.4873 is amended to read:

43 397.4873 Referrals to or from recovery residences; prohibitions;
44 penalties.

45 (1) A service provider licensed under this part may not make a
46 referral of a prospective, current, or discharged patient to, or
47 accept a referral of such a patient from, a recovery residence
48 unless the recovery residence holds a valid certificate of
49 compliance as provided in s. 397.487 and is actively managed by a
50 certified recovery residence administrator as provided in
51 s. 397.4871.

52 (2) Subsection (1) does not apply to:

53 ~~(a) A licensed service provider under contract with a~~
54 ~~managing entity as defined in s. 394.9082.~~

55 (a)~~(b)~~ Referrals by a recovery residence to a licensed
56 service provider when the recovery residence or its owners,

57 directors, operators, or employees do not benefit, directly or
58 indirectly, from the referral.

59 (b)~~(e)~~ Referrals made before July 1, 2018, by a licensed
60 service provider to that licensed service provider's wholly owned
61 subsidiary.

62 (c)~~(d)~~ The referral of a patient to, or acceptance of a
63 referral of such a patient from, a recovery residence that has no
64 direct or indirect financial or other referral relationship with
65 the licensed service provider and that is democratically operated
66 by its residents pursuant to a charter from an entity recognized
67 or sanctioned by Congress, and where the residence or any
68 resident of the residence does not receive a benefit, directly or
69 indirectly, for the referral.

70
71
72
73

DRAFT

Guiding rule from the case law:

To make the “reasonable accommodation” that the Fair Housing Act requires, zoning regulations must be fact-based and:

- Be **intended to achieve** a legitimate government interest
- **Actually accomplish** that legitimate government interest
- Constitute the **least drastic means** needed to actually attain that legitimate government interest

To comply with Fair Housing Act, the proposed state law exempts community residences for people with disabilities from the statewide zoning in these 3 situations:



Local zoning code doesn't define "family" or "household"



Local zoning's definition of "family" or "household" allows any number of unrelated individuals to live together as a single housekeeping unit



Community residence fits within local zoning's cap on number of unrelated individuals that constitutes a "family" or "household"

Basic legal principle from the case law:

**Zoning that treats a group of people with disabilities differently than the same sized group of people without disabilities
= **discriminatory on its face****

**Example:
Local definition of “family”
allows up to 4 unrelated**

**Fits within the cap of 4
unrelated individuals that
constitutes a “family”**

**Therefore, it’s a “family” and
must be treated the same as
any other “family.”**

All community residences for
people with disabilities with up
to 4 residents are a permitted
use in all districts where
residences are allowed with *no
additional* zoning requirements

**Exceeds cap of 4 unrelated
individuals that constitutes a
“family”**

**Zoning code must make a
“**reasonable accommodation**”
for community residences for
people with disabilities
**using the least drastic
means that actually
achieve a legitimate
government interest****

Community residence occupied by more than the maximum number of unrelated individuals that constitute a “family”

Family Community Residence

- ✓ **Relatively *permanent* tenancy**
- ✓ **No time limit on length of residency**
- ✓ **Typically at least 6 months by rules and/or in practice**

Transitional Community Residence

- ✓ **Relatively *shorter* tenancy**
- ✓ **Residency limited to weeks or months**
- ✓ **Typically fewer than 6 months by rules and/or in practice**

Family Community Residences
occupied by more than the number of
unrelated individuals that constitutes
a “family” in local zoning code

**Permitted use in all zoning districts
where residences are allowed when:**

- A. Located more than 660 feet or 9 lots, whichever is greater, from the closest existing community residence or recovery community**
- B. Licensed, certified, or Oxford House Charter**
- C. No more than 12 occupants (including live-in staff)**

If A, B, or C is *not* met: Apply for a “reasonable accommodation”

Local zoning can make the reasonable accommodation via a special use or conditional use permit, or by a dedicated “reasonable accommodation” process

Transitional Community Residences

**occupied by more than the number of
unrelated individuals that constitutes
a “family” in the local zoning code**

**Permitted use in all zoning districts where
multi-family housing is allowed when:**

- A. Located more than 660 feet or 9 lots, whichever is greater, from the closest existing community residence or recovery community**
- B. Licensed or certified**
- C. No more than 12 occupants (including live-in staff)**

**If A, B, or C is *not* met or the site is in a pure single-family district:
[Apply for case-by-case review](#)**

Reasonable accommodation can be made via a special use or conditional use permit, or by a codified “reasonable accommodation” process

Summary:

Community residences occupied by more than the number of unrelated individuals that constitutes a “family”

Family Community Residences

Relatively *permanent* tenancy
No time limit on length of residency
Typically at least 6 months

Transitional Community Residences

Relatively *transient* tenancy
Residency limited to weeks or months
Typically less than 6 months

Permitted use in all districts where residences are allowed when:

- A. Located more than 660 feet or 9 lots, whichever is greater, from the closest existing community residence or recovery community
- B. Licensed, certified, Oxford House Charter
- C. No more than 12 occupants

Permitted use in all districts where multi-family housing is allowed when:

- A. Located more than 660 feet or 9 lots, whichever is greater, from the closest existing community residence or recovery community
- B. Licensed or certified
- C. No more than 12 occupants

If A, B, or C is *not* met:

Apply for reasonable accommodation

If A, B, or C is *not* met, or the site is in a pure single-family district:

Apply for reasonable accommodation

Local zoning can make the reasonable accommodation via a special use or conditional use permit, or via a dedicated “reasonable accommodation” process

Recovery Communities

**Pure single–family zoning
Districts that allow only
single–family
detached housing**

Not allowed

Except an existing recovery community may continue as a lawful nonconforming use if it obtains and maintains state license or certification

Zoning districts where multi–family (town houses, duplex, triplex, etc.) or institutional uses are allowed

Permitted use when:

- ✓ Located outside applicable tiered spacing distance from the closest existing community residence or recovery community
- ✓ State licensed or certified

When located within applicable tiered spacing distance of the closest existing community residence or recovery community:

Apply for reasonable accommodation

Bottom line on number of residents



Local property maintenance code, minimum housing code, building code, etc. usually includes ...



... a formula to prevent overcrowding



Applies to *all* residences



One occupant of sleeping area:
Typically 70 square feet



More than one occupant of sleeping area:
Typically 50 square feet per occupant

Select Year:

The 2024 Florida Statutes

[Title XXX](#)

SOCIAL WELFARE

[Chapter 419](#)

COMMUNITY RESIDENTIAL HOMES

[View Entire Chapter](#)

419.001 Site selection of community residential homes.—

(1) For the purposes of this section, the term:

(a) “Community residential home” means a dwelling unit licensed to serve residents who are clients of the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice, or the Department of Children and Families or licensed by the Agency for Health Care Administration which provides a living environment for 7 to 14 unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents.

(b) “Licensing entity” or “licensing entities” means the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice, the Department of Children and Families, or the Agency for Health Care Administration, all of which are authorized to license a community residential home to serve residents.

(c) “Local government” means a county as set forth in chapter 7 or a municipality incorporated under the provisions of chapter 165.

(d) “Planned residential community” means a local government-approved, planned unit development that is under unified control, is planned and developed as a whole, has a minimum gross lot area of 8 acres, and has amenities that are designed to serve residents with a developmental disability as defined in s. [393.063](#) but that shall also provide housing options for other individuals. The community shall provide choices with regard to housing arrangements, support providers, and activities. The residents’ freedom of movement within and outside the community may not be restricted. For the purposes of this paragraph, local government approval must be based on criteria that include, but are not limited to, compliance with appropriate land use, zoning, and building codes. A planned residential community may contain two or more community residential homes that are contiguous to one another. A planned residential community may not be located within a 10-mile radius of any other planned residential community.

(e) “Resident” means any of the following: a frail elder as defined in s. [429.65](#); a person who has a disability as defined in s. [760.22\(3\)\(a\)](#); a person who has a developmental disability as defined in s. [393.063](#); a nondangerous person who has a mental illness as defined in s. [394.455](#); or a child who is found to be dependent as defined in s. [39.01](#) or s. [984.03](#), or a child in need of services as defined in s. [984.03](#) or s. [985.03](#).

(f) “Sponsoring agency” means an agency or unit of government, a profit or nonprofit agency, or any other person or organization which intends to establish or operate a community residential home.

(2) Homes of six or fewer residents which otherwise meet the definition of a community residential home shall be deemed a single-family unit and a noncommercial, residential use for the purpose of local laws and ordinances. Homes of six or fewer residents which otherwise meet the definition of a community residential home shall be allowed in single-family or multifamily zoning without approval by the local government, provided that such homes are not located within a radius of 1,000 feet of another existing such home with six or fewer residents or within a radius of 1,200 feet of another existing community residential home. Such homes with six or fewer residents are not required to comply with the notification provisions of this section; provided that, before licensure, the sponsoring agency provides the local government with the most recently published data compiled from the licensing entities that identifies all community residential homes within the jurisdictional limits of the local

government in which the proposed site is to be located in order to show that there is not a home of six or fewer residents which otherwise meets the definition of a community residential home within a radius of 1,000 feet and not a community residential home within a radius of 1,200 feet of the proposed home. At the time of home occupancy, the sponsoring agency must notify the local government that the home is licensed by the licensing entity. For purposes of local land use and zoning determinations, this subsection does not affect the legal nonconforming use status of any community residential home lawfully permitted and operating as of July 1, 2016.

(3)(a) When a site for a community residential home has been selected by a sponsoring agency in an area zoned for multifamily, the agency shall notify the chief executive officer of the local government in writing and include in such notice the specific address of the site, the residential licensing category, the number of residents, and the community support requirements of the program. Such notice shall also contain a statement from the licensing entity indicating the licensing status of the proposed community residential home and specifying how the home meets applicable licensing criteria for the safe care and supervision of the clients in the home. The sponsoring agency shall also provide to the local government the most recently published data compiled from the licensing entities that identifies all community residential homes within the jurisdictional limits of the local government in which the proposed site is to be located. The local government shall review the notification of the sponsoring agency in accordance with the zoning ordinance of the jurisdiction.

(b) Pursuant to such review, the local government may:

1. Determine that the siting of the community residential home is in accordance with local zoning and approve the siting. If the siting is approved, the sponsoring agency may establish the home at the site selected.
2. Fail to respond within 60 days. If the local government fails to respond within such time, the sponsoring agency may establish the home at the site selected.
3. Deny the siting of the home.

(c) The local government shall not deny the siting of a community residential home unless the local government establishes that the siting of the home at the site selected:

1. Does not otherwise conform to existing zoning regulations applicable to other multifamily uses in the area.
2. Does not meet applicable licensing criteria established and determined by the licensing entity, including requirements that the home be located to assure the safe care and supervision of all clients in the home.
3. Would result in such a concentration of community residential homes in the area in proximity to the site selected, or would result in a combination of such homes with other residences in the community, such that the nature and character of the area would be substantially altered. A home that is located within a radius of 1,200 feet of another existing community residential home in a multifamily zone shall be an overconcentration of such homes that substantially alters the nature and character of the area. A home that is located within a radius of 500 feet of an area of single-family zoning substantially alters the nature and character of the area.

(4) Community residential homes, including homes of six or fewer residents which would otherwise meet the definition of a community residential home, which are located within a planned residential community are not subject to the proximity requirements of this section and may be contiguous to each other. A planned residential community must comply with the applicable local government's land development code and other local ordinances. A local government may not impose proximity limitations between homes within a planned residential community if such limitations are based solely on the types of residents anticipated to be living in the community.

(5) All distance requirements in this section shall be measured from the nearest point of the existing home or area of single-family zoning to the nearest point of the proposed home.

(6) If agreed to by both the local government and the sponsoring agency, a conflict may be resolved through informal mediation. The local government shall arrange for the services of an independent mediator. Mediation shall be concluded within 45 days of a request therefor. The resolution of any issue through the mediation process shall not alter any person's right to a judicial determination of any issue if that person is entitled to such a determination under statutory or common law.

(7) The licensing entity shall not issue a license to a sponsoring agency for operation of a community residential home if the sponsoring agency does not notify the local government of its intention to establish a program, as

required by subsection (3). A license issued without compliance with the provisions of this section shall be considered null and void, and continued operation of the home may be enjoined.

(8) A dwelling unit housing a community residential home established pursuant to this section shall be subject to the same local laws and ordinances applicable to other noncommercial, residential family units in the area in which it is established.

(9) Nothing in this section shall be deemed to affect the authority of any community residential home lawfully established prior to October 1, 1989, to continue to operate.

(10) Nothing in this section shall permit persons to occupy a community residential home who would constitute a direct threat to the health and safety of other persons or whose residency would result in substantial physical damage to the property of others.

(11) The siting of community residential homes in areas zoned for single family shall be governed by local zoning ordinances. Nothing in this section prohibits a local government from authorizing the development of community residential homes in areas zoned for single family.

(12) Nothing in this section requires any local government to adopt a new ordinance if it has in place an ordinance governing the placement of community residential homes that meet the criteria of this section. State law on community residential homes controls over local ordinances, but nothing in this section prohibits a local government from adopting more liberal standards for siting such homes.

History.—s. 1, ch. 89-372; s. 1, ch. 90-192; s. 4, ch. 91-429; s. 36, ch. 93-206; s. 6, ch. 95-152; s. 42, ch. 96-169; s. 222, ch. 97-101; s. 46, ch. 98-280; s. 14, ch. 98-338; s. 53, ch. 99-193; s. 23, ch. 99-284; s. 7, ch. 2000-135; s. 93, ch. 2004-267; s. 34, ch. 2006-86; s. 110, ch. 2006-120; s. 1, ch. 2006-177; s. 99, ch. 2007-5; s. 30, ch. 2008-245; s. 3, ch. 2010-193; s. 237, ch. 2014-19; s. 29, ch. 2015-30; s. 1, ch. 2016-74; s. 3, ch. 2020-76.

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Drugs Identified in Deceased Persons by Florida Medical Examiners



2023 Annual Report

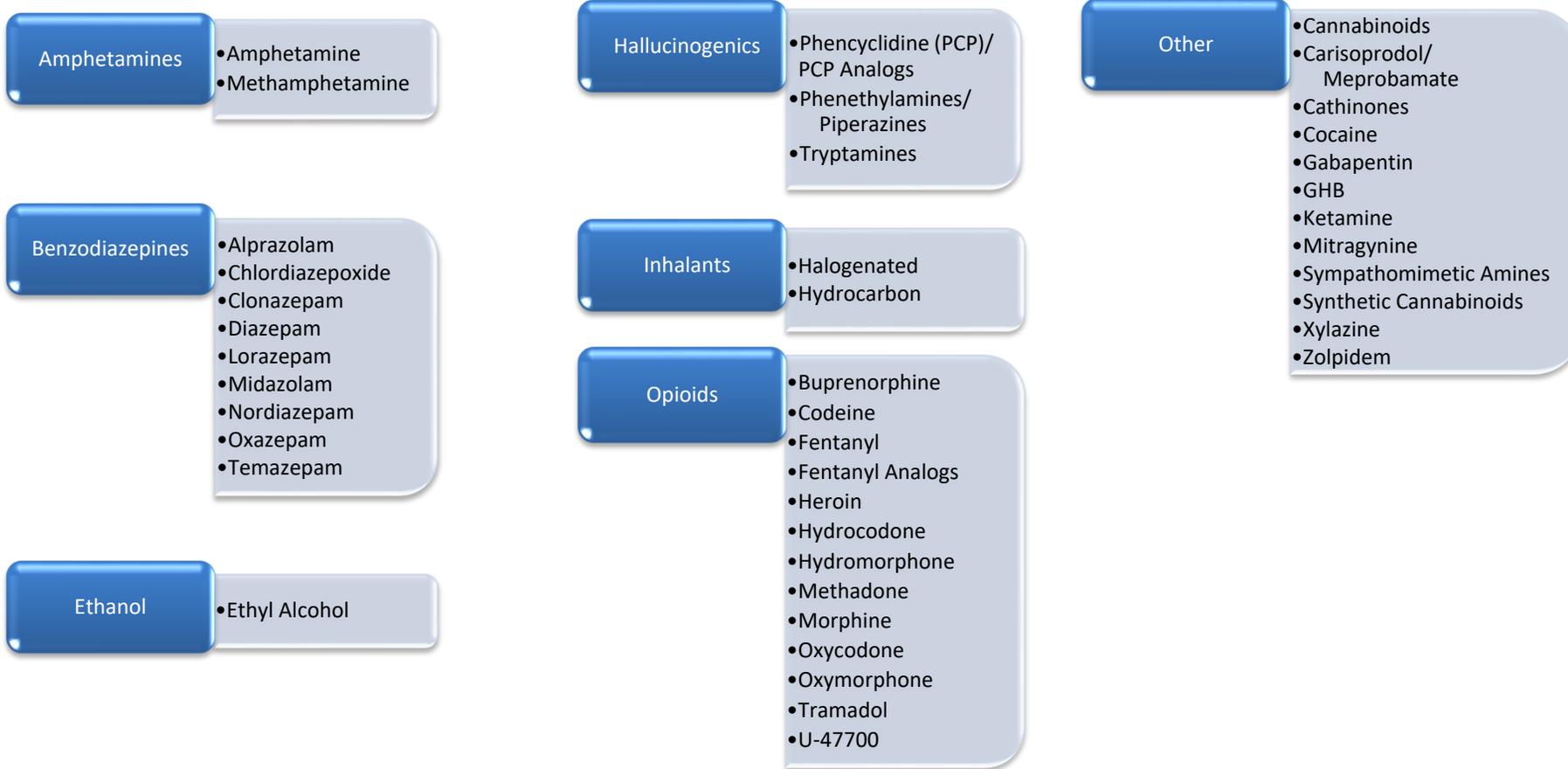
Data Collection

The State of Florida's Bureau of Vital Statistics reported 231,925 deaths in Florida during 2023. Of the 34,274 deaths investigated by Florida's medical examiners; toxicology results determined that the drugs listed below were present at the time of death in 14,798 deaths. The medical examiners assessed whether the drug(s) identified was the cause of death or merely present at the time of death. The data were then submitted to the Medical Examiners Commission (MEC) for presentation in this report. It is important to note that each death is a single case, while each time a drug is detected represents an occurrence. The vast majority of the 14,798 deaths had more than one drug occurrence.

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

The MEC would like to acknowledge with much appreciation the crucial role of the members of the Quality Assurance Committee.

Data were collected on the following drugs:



Highlights

All comparisons are made to 2022 calendar year data unless otherwise noted.

- ✓ Total drug-related deaths decreased by 5 percent (794 less).
- ✓ 7,235 opioid-related deaths were reported, which is a 10 percent decrease (777 less). The opioids were identified as either the cause of death or merely present in the decedent.
- ✓ 5,476 opioid-caused deaths were reported, which is a 11 percent decrease (681 less).
- ✓ 8,461 (8 percent decrease, 769 less) individuals died with one or more prescription drugs in their system. The drugs were identified as either the cause of death or merely present in the decedent. These drugs may have also been mixed with illicit drugs and/or alcohol. While fentanyl is a prescription drug, data indicates that at least 79 percent of fentanyl occurrences were illicitly obtained.
- ✓ 5,595 (10 percent decrease, 639 less) individuals died with at least one prescription drug in their system that was identified as the cause of death. These drugs may have been mixed with other prescription drugs, illicit drugs and/or alcohol.
- ✓ Benzodiazepines, carisoprodol/meprobamate, zolpidem, gabapentin and all opioids excluding heroin, fentanyl analogs and U-47700 account for 48 percent of all drug occurrences in this report when ethyl alcohol is excluded.
- ✓ The most frequently occurring drugs found in decedents were ethyl alcohol (5,890), fentanyl (5,530), cocaine (3,565), benzodiazepines (3,419, including 1,106 alprazolam occurrences), cannabinoids (3,153), methamphetamine (2,682), amphetamine (2,467), oxycodone (1,015), cathinones (917), gabapentin (897), fentanyl analogs (881), morphine (635). Since heroin is rapidly metabolized to morphine, this may lead to a substantial over-reporting of morphine-related deaths as well as significant under-reporting of heroin-related deaths.
- ✓ The drugs that caused the most deaths were fentanyl (4,962), cocaine (2,377), methamphetamine (1,983), ethyl alcohol (1,236), amphetamine (860), benzodiazepines (849, including 493 alprazolam deaths), fentanyl analogs (749) and cathinones (642). Halogenated Inhalants (93 percent), fentanyl (90 percent), fentanyl analogs (85 percent), synthetic cannabinoids (83 percent), heroin (81 percent), methamphetamine (74 percent), cathinones (70 percent), cocaine (67 percent), mitragynine (66 percent), hallucinogenic phenethylamines/piperazines (64 percent), xylazine (62 percent) and methadone (58 percent) were listed as causing death in more than 50 percent of the deaths in which these drugs were found.
- ✓ Occurrences of heroin decreased by 59 percent (134 less) and deaths caused by heroin decreased by 54.5 percent (90 less).
- ✓ Occurrences of fentanyl decreased by 11 percent (700 less) and deaths caused by fentanyl decreased by 12 percent (660 less).
- ✓ Occurrences of fentanyl analogs decreased by 12 percent (124 less) and deaths caused by fentanyl analogs decreased by 11 percent (95 less).
- ✓ Occurrences of methadone decreased by 9 percent (27 less) and deaths caused by methadone decreased by 10 percent (18 less).
- ✓ Occurrences of hydrocodone decreased by 17 percent (77 less) and deaths caused by hydrocodone decreased by 6 percent (8 less).

Highlights (continued)

- ✓ Occurrences of oxycodone increased by 0.1 percent (1 more) and deaths caused by oxycodone increased by 4 percent (16 more).
- ✓ Occurrences of buprenorphine decreased by 17 percent (39 less) and deaths caused by buprenorphine decreased by 4 percent (2 less).
- ✓ Occurrences of cocaine decreased by 9 percent (365 less) and deaths caused by cocaine decreased by 8.5 percent (221 less).
- ✓ Occurrences of morphine decreased by 26 percent (226 less) and deaths caused by morphine decreased by 39 percent (129 less).
- ✓ Occurrences of mitragynine decreased by 11 percent (34 less) and deaths caused by mitragynine increased by 6 percent (10 more).
- ✓ Occurrences of gabapentin decreased by 7 percent (70 less) and deaths caused by gabapentin decreased by 11 percent (20 less).
- ✓ Alprazolam (Xanax) still dominated the category of benzodiazepines even though occurrences decreased by 11 percent (132 less).
- ✓ Occurrences of methamphetamine decreased by 8 percent (236 less) and deaths caused by methamphetamine decreased by 10 percent (210 less). Occurrences of amphetamine decreased by 8 percent (205 less) and deaths caused by amphetamine increased by 1 percent (10 more). In the body, methamphetamine is metabolized to amphetamine, thus many occurrences of amphetamine likely represent illicit methamphetamine ingestion rather than pharmaceutical amphetamine use.
- ✓ Occurrences of cathinones increased by 67 percent (368 more) and deaths caused by cathinones increased by 73.5 percent (272 more). The majority of the cathinones reported were N,N-Dimethylpentylone.
- ✓ Occurrences of xylazine increased by 17 percent (79 more) and deaths caused by xylazine increased by 27 percent (72 more).
- ✓ There was a total of 25 occurrences of difluoroethane reported in the halogenated inhalants category, which is all drug occurrences.
- ✓ *NOTE: 4-Anilino-N-phenethylpiperidine (4-ANPP, despropionyl fentanyl) is an intermediate precursor of fentanyl production, as well as a minor metabolite (1%) of fentanyl. 4-ANPP is widely considered to be pharmacologically inactive and appears to have no significant psychoactive effect. 4-ANPP appears unlikely to be a contributor to morbidity or mortality but is a valuable indicator of the recent ingestion of illicitly manufactured fentanyl or fentanyl analogs. Accordingly, 4-ANPP will not be listed as a fentanyl analog in drug reports moving forward. However, the Commission continues to request submissions of 4-ANPP occurrences.*

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Coverage Map

Florida Medical Examiner Districts

District 1

Escambia
Okaloosa
Santa Rosa
Walton

District 2

Franklin
Gadsden
Jefferson
Leon
Liberty
Taylor
Wakulla

District 3 *Covered by

Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

District 4

Clay
Duval
Nassau

District 5

Citrus
Hernando
Lake
Marion
Sumter

District 6

Pasco
Pinellas

District 7

Volusia

District 8

Alachua
Baker
Bradford
Gilchrist
Levy
Union

District 9

Orange

District 10

Hardee
Highlands
Polk

District 11

Miami-Dade

District 12

DeSoto
Manatee
Sarasota

District 13

Hillsborough

District 14

Bay
Calhoun
Gulf
Holmes
Jackson
Washington

District 15

Palm Beach

District 16

Monroe

District 17

Broward

District 18

Brevard

District 19

Indian River
Martin
Okeechobee
St. Lucie

District 20

Collier

District 21

Glades
Hendry
Lee

District 22

Charlotte

District 23

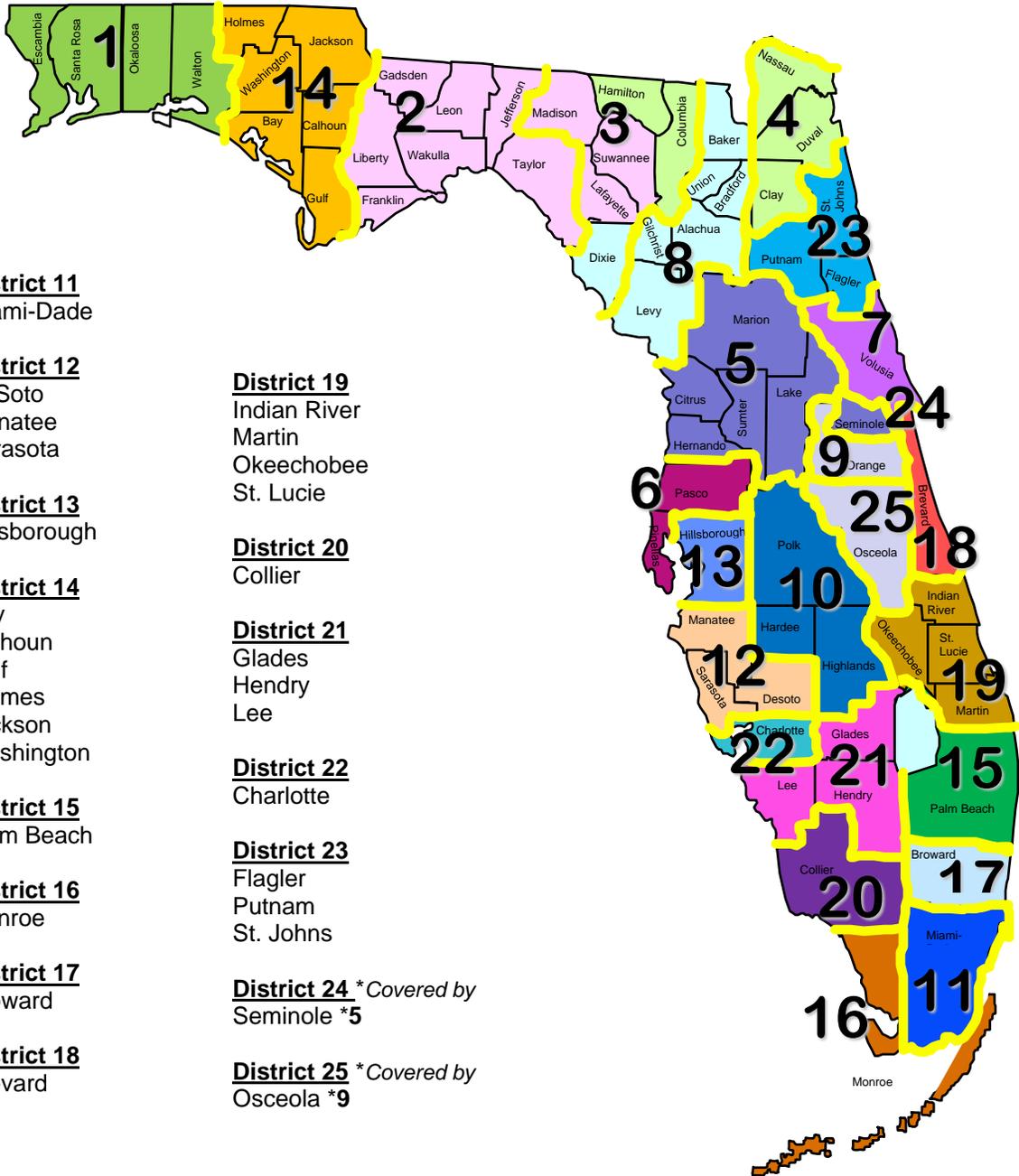
Flagler
Putnam
St. Johns

District 24 *Covered by

Seminole *5

District 25 *Covered by

Osceola *9



Summary of Drug Occurrences in Decedents 2023

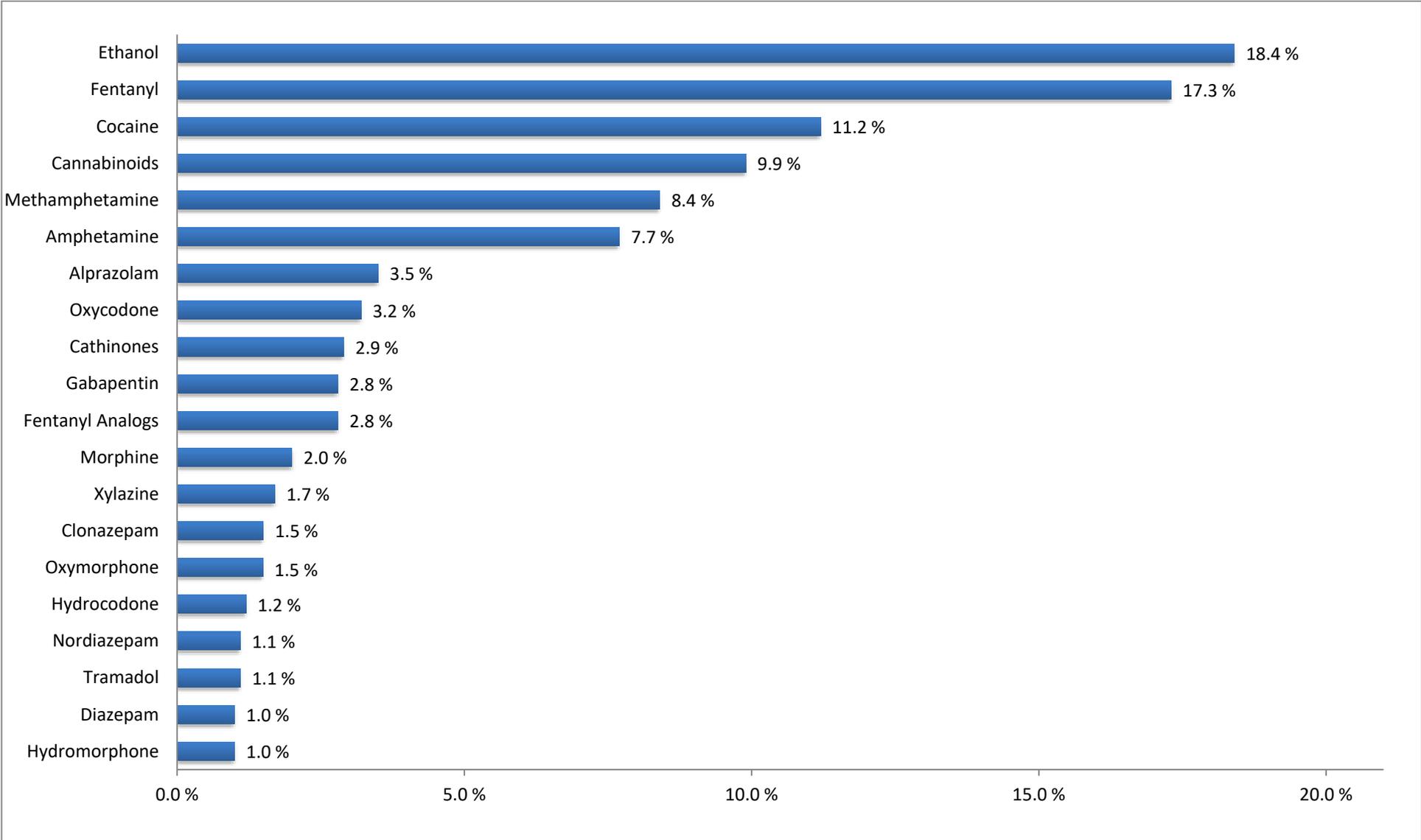
	DRUG PRESENT IN BODY	CAUSE	PRESENT	TOTAL OCCURRENCES
Amphetamines	Amphetamine	860	1,607	2,467
	Methamphetamine	1,983	699	2,682
Benzodiazepines	Alprazolam	493	613	1,106
	Chlordiazepoxide	14	81	95
	Clonazepam	116	371	487
	Diazepam	122	212	334
	Lorazepam	27	269	296
	Midazolam	6	279	285
	Nordiazepam	32	320	352
	Oxazepam	7	202	209
	Temazepam	32	223	255
Ethanol		1,236	4,654	5,890
Hallucinogenics	Phencyclidine (PCP)/PCP Analogs	0	0	0
	Phenethylamines/Piperazines	67	38	105
	Tryptamines	1	6	7
Inhalants	Halogenated	25	2	27
	Hydrocarbon	1	0	1

Summary of Drug Occurrences in Decedents (continued)

	DRUG PRESENT IN BODY	CAUSE	PRESENT	TOTAL OCCURRENCES
Opioids	Buprenorphine	46	142	188
	Codeine	24	97	121
	Fentanyl	4,962	568	5,530
	Fentanyl Analogs	749	132	881
	Heroin	75	18	93
	Hydrocodone	125	245	370
	Hydromorphone	76	238	314
	Methadone	157	113	270
	Morphine	199	436	635
	Oxycodone	448	567	1,015
	Oxymorphone	51	424	475
	Tramadol	86	252	338
U-47700	0	1	1	
Other	Cannabinoids	32	3,121	3,153
	Carisoprodol/Meprobamate	10	26	36
	Cathinones	642	275	917
	Cocaine	2,377	1,188	3,565
	GHB	1	1	2
	Gabapentin	159	738	897
	Ketamine	38	244	282
	Mitragynine	182	92	274
	Sympathomimetic Amines	4	24	28
	Synthetic Cannabinoids	15	3	18
	Xylazine	340	210	550
	Zolpidem	51	98	149

Note: The total occurrences for buprenorphine and cannabinoids are under-reported due to the variability in analytical protocols in place at medical examiner offices. Medical examiners were asked to identify any metabolites of parent drugs. Since heroin is rapidly metabolized to morphine, this may lead to a substantial over-reporting of morphine-related deaths as well as significant under-reporting of heroin-related deaths. Many deaths were found to have several drugs contributing to the death; therefore, the count of specific drugs listed is greater than the number of deaths.

Frequency of Occurrence of Drugs in Decedents¹ January – December 2023



¹Drugs not included individually constituted less than one percent of occurrences.

Note: Percentages may not sum to 100 percent because of rounding.

Comparison of Drug Occurrences in Decedents 2022 to 2023

DRUG PRESENT IN BODY		2022	2023	PERCENTAGE CHANGE
Amphetamines	Amphetamine	2,672	2,467	-7.7%
	Methamphetamine	2,918	2,682	-8.1%
Benzodiazepines	Alprazolam	1,238	1,106	-10.7%
	Chlordiazepoxide	70	95	35.7%
	Clonazepam	516	487	-5.6%
	Diazepam	421	334	-20.7%
	Lorazepam	294	296	0.7%
	Midazolam	273	285	4.4%
	Nordiazepam	386	352	-8.8%
	Oxazepam	230	209	-9.1%
	Temazepam	310	255	-17.7%
Ethanol		6,196	5,890	-4.9%
Hallucinogenics	Phencyclidine (PCP) / PCP Analogs	0	0	0%
	Phenethylamines/Piperazines	93	105	12.9%
	Tryptamines	3	7	*
Inhalants	Halogenated	26	27	3.8%
	Hydrocarbon	1	1	0%

*Due to the small number of occurrences, percent changes were not calculated.

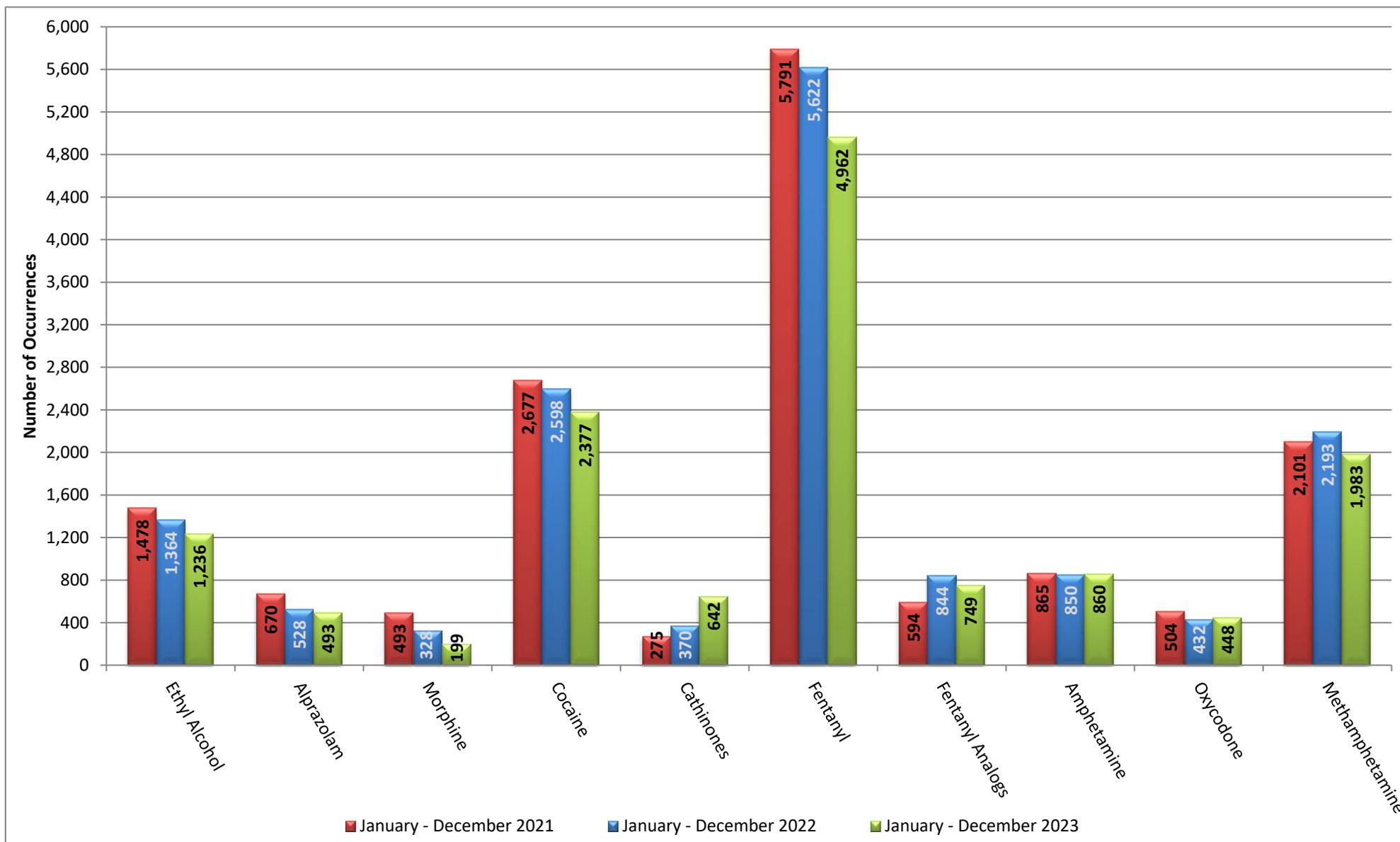
Comparison of Drug Occurrences in Decedents (continued)

DRUG PRESENT IN BODY		2022	2023	PERCENTAGE CHANGE
Opioids	Buprenorphine	227	188	-17.2%
	Codeine	176	121	-31.3%
	Fentanyl	6,230	5,530	-11.2%
	Fentanyl Analogs	1,005	881	-12.3%
	Heroin	227	93	-59.0%
	Hydrocodone	447	370	-17.2%
	Hydromorphone	369	314	-14.9%
	Methadone	297	270	-9.1%
	Morphine	861	635	-26.2%
	Oxycodone	1,014	1,015	0.1%
	Oxymorphone	474	475	0.2%
	Tramadol	350	338	-3.4%
	U-47700	0	1	*
	Other	Cannabinoids	3,564	3,153
Carisoprodol/Meprobamate		32	36	12.5%
Cathinones		549	917	67.0%
Cocaine		3,930	3,565	-9.3%
GHB		8	2	-75.0%
Gabapentin		967	897	-7.2%
Ketamine		214	282	31.8%
Mitragynine		308	274	-11.0%
Sympathomimetic Amines		24	28	16.7%
Synthetic Cannabinoids		12	18	50.0%
Xylazine		471	550	16.8%
Zolpidem		115	149	29.6%

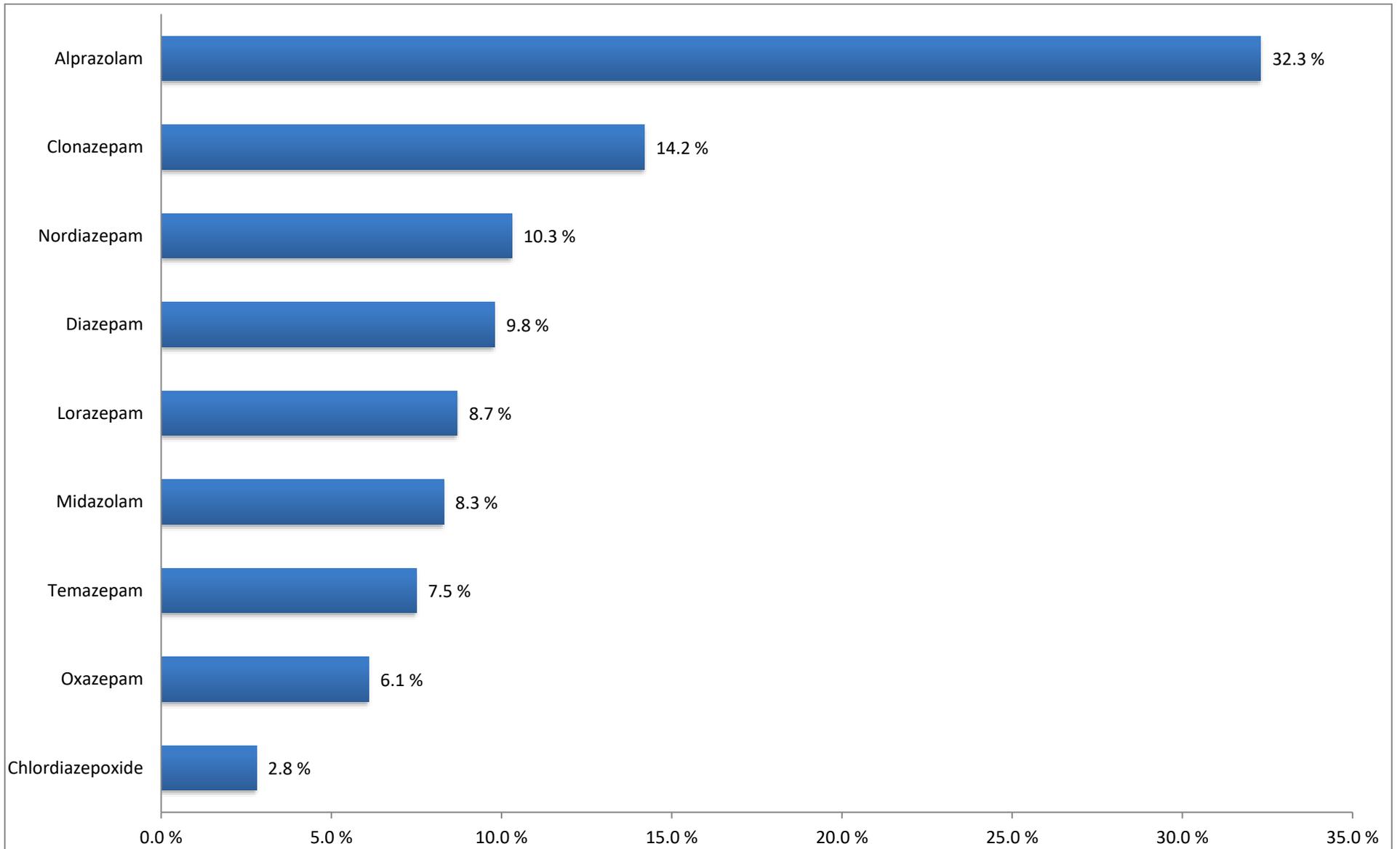
**Due to the small number of occurrences, percent changes were not calculated.*

Note: Many deaths were found to have several drugs contributing to the death; therefore, the count of specific drugs listed is greater than the number of deaths.

Comparison of Drug Caused Deaths 2021 to 2023



Frequency of Occurrence of Benzodiazepines January – December 2023



Note: Several benzodiazepines (for example, diazepam) are metabolized to other benzodiazepines in the body (for example, nordiazepam, oxazepam, and temazepam). Thus, occurrences of nordiazepam, oxazepam and temazepam may be due to the ingestion of diazepam, chlordiazepoxide and/or temazepam.

Alprazolam Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Alprazolam		
Total	Cause	Present
24	13	11
2	2	0
11	5	6
43	14	29
38	8	30
157	95	62
39	18	21
8	2	6
37	11	26
38	8	30
148	50	98
61	29	32
91	54	37
18	8	10
118	24	94
6	4	2
93	57	36
28	15	13
15	7	8
19	11	8
60	40	20
19	9	10
13	6	7
10	1	9
10	2	8
1,106	493	613

Deaths with Alprazolam Only		
Total	Cause	Present
3	0	3
0	0	0
0	0	0
6	0	6
2	0	2
9	2	7
2	0	2
1	0	1
3	0	3
8	1	7
17	0	17
4	1	3
11	1	10
3	0	3
8	0	8
1	0	1
6	1	5
0	0	0
2	1	1
3	1	2
7	4	3
2	0	2
1	0	1
1	0	1
101	12	89

Deaths with Alprazolam in Combination with Other Drugs		
Total	Cause	Present
21	13	8
2	2	0
11	5	6
37	14	23
36	8	28
148	93	55
37	18	19
7	2	5
34	11	23
30	7	23
131	50	81
57	28	29
80	53	27
15	8	7
110	24	86
5	4	1
87	56	31
28	15	13
13	6	7
16	10	6
53	36	17
17	9	8
12	6	6
9	1	8
9	2	7
1,005	481	524

Alprazolam Deaths by Age

January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	24
2	Tallahassee	2
3	Live Oak	11
4	Jacksonville	43
5	Leesburg	38
6	St. Petersburg	157
7	Daytona Beach	39
8	Gainesville	8
9	Orlando	37
10	Lakeland	38
11	Miami	148
12	Sarasota	61
13	Tampa	91
14	Panama City	18
15	West Palm Beach	118
16	Florida Keys	6
17	Ft. Lauderdale	93
18	Melbourne	28
19	Ft. Pierce	15
20	Naples	19
21	Ft. Myers	60
22	Port Charlotte	19
23	St. Augustine	13
24	Sanford	10
25	Kissimmee	10
Statewide Totals		1,106

Alprazolam Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
13	0	1	3	6	3
2	0	0	0	1	1
5	0	0	1	3	1
14	0	0	2	7	5
8	0	0	2	4	2
95	0	3	9	42	41
18	0	4	2	5	7
2	0	0	0	0	2
11	0	1	3	5	2
8	0	2	2	1	3
50	0	5	17	13	15
29	0	2	4	13	10
54	0	5	13	17	19
8	0	1	3	3	1
24	0	1	2	14	7
4	0	1	0	1	2
57	0	4	10	23	20
15	0	0	1	7	7
7	0	0	2	3	2
11	0	0	4	3	4
40	0	0	8	13	19
9	0	0	1	5	3
6	0	0	2	0	4
1	0	0	1	0	0
2	0	1	1	0	0
493	0	31	93	189	180

Alprazolam Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
11	0	2	0	5	4
0	0	0	0	0	0
6	0	0	1	3	2
29	0	1	3	12	13
30	0	1	3	11	15
62	0	3	7	26	26
21	0	0	4	5	12
6	0	0	2	2	2
26	0	2	7	11	6
30	0	3	3	10	14
98	0	7	21	31	39
32	1	0	3	15	13
37	0	4	5	8	20
10	0	0	1	3	6
94	0	6	20	35	33
2	0	0	2	0	0
36	0	3	5	11	17
13	0	0	2	3	8
8	0	0	1	3	4
8	0	0	4	0	4
20	0	0	0	3	17
10	0	0	3	0	7
7	0	0	0	4	3
9	0	2	3	2	2
8	0	0	4	3	1
613	1	34	104	206	268

Clonazepam Deaths by Age

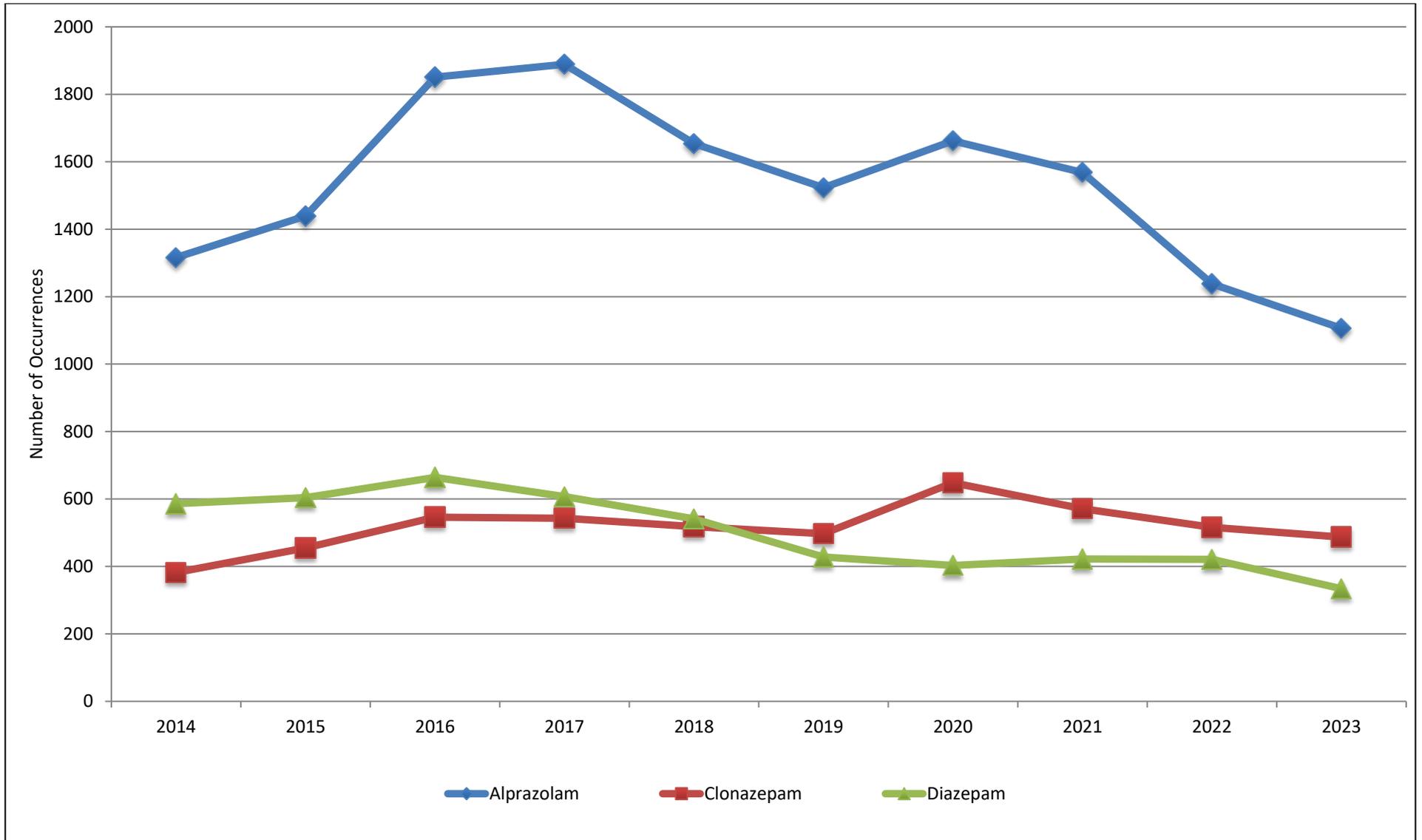
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	9
2	Tallahassee	11
3	Live Oak	6
4	Jacksonville	39
5	Leesburg	13
6	St. Petersburg	79
7	Daytona Beach	16
8	Gainesville	0
9	Orlando	32
10	Lakeland	1
11	Miami	84
12	Sarasota	2
13	Tampa	4
14	Panama City	3
15	West Palm Beach	72
16	Florida Keys	1
17	Ft. Lauderdale	28
18	Melbourne	18
19	Ft. Pierce	11
20	Naples	1
21	Ft. Myers	29
22	Port Charlotte	9
23	St. Augustine	6
24	Sanford	3
25	Kissimmee	10
Statewide Totals		487

Clonazepam Caused Death					
Age of Decedent					
Total	< 18	18-25	26-34	35-50	>50
3	0	0	0	2	1
1	0	0	0	0	1
2	0	0	1	1	0
5	0	0	1	1	3
2	0	0	1	1	0
23	0	0	2	15	6
1	0	0	0	0	1
0	0	0	0	0	0
4	0	1	1	0	2
0	0	0	0	0	0
14	0	1	2	5	6
1	0	0	0	0	1
2	0	0	0	1	1
0	0	0	0	0	0
8	0	0	3	3	2
0	0	0	0	0	0
16	0	0	4	3	9
13	0	0	2	5	6
1	0	0	0	1	0
1	0	0	0	1	0
14	0	1	6	3	4
2	0	0	0	1	1
0	0	0	0	0	0
0	0	0	0	0	0
3	0	0	1	1	1
116	0	3	24	44	45

Clonazepam Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
6	0	0	1	2	3
10	0	2	2	4	2
4	0	0	1	3	0
34	0	0	8	11	15
11	0	0	4	2	5
56	0	0	8	21	27
15	0	0	2	8	5
0	0	0	0	0	0
28	0	1	7	11	9
1	0	1	0	0	0
70	0	5	10	14	41
1	0	0	0	0	1
2	0	0	0	1	1
3	0	0	1	0	2
64	0	2	14	26	22
1	0	0	0	0	1
12	0	1	1	5	5
5	0	0	1	2	2
10	0	0	0	4	6
0	0	0	0	0	0
15	0	0	0	3	12
7	0	0	3	1	3
6	0	1	3	1	1
3	0	0	0	1	2
7	0	0	2	2	3
371	0	13	68	122	168

Historical Overview of Alprazolam, Clonazepam and Diazepam Occurrences (Present and Cause) 2014 to 2023



Oxycodone Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Oxycodone		
Total	Cause	Present
30	15	15
14	9	5
9	2	7
69	30	39
30	11	19
100	60	40
28	16	12
11	1	10
58	19	39
34	9	25
96	23	73
41	19	22
85	46	39
14	6	8
116	50	66
4	3	1
96	46	50
48	28	20
22	9	13
16	8	8
50	22	28
16	8	8
13	5	8
5	1	4
10	2	8
1,015	448	567

Deaths with Oxycodone Only		
Total	Cause	Present
2	0	2
0	0	0
0	0	0
1	0	1
3	0	3
3	2	1
0	0	0
5	0	5
11	4	7
6	1	5
5	0	5
6	2	4
3	0	3
1	0	1
5	1	4
0	0	0
8	0	8
4	1	3
6	3	3
2	0	2
3	1	2
0	0	0
2	1	1
0	0	0
1	0	1
77	16	61

Deaths with Oxycodone in Combination with Other Drugs		
Total	Cause	Present
28	15	13
14	9	5
9	2	7
68	30	38
27	11	16
97	58	39
28	16	12
6	1	5
47	15	32
28	8	20
91	23	68
35	17	18
82	46	36
13	6	7
111	49	62
4	3	1
88	46	42
44	27	17
16	6	10
14	8	6
47	21	26
16	8	8
11	4	7
5	1	4
9	2	7
938	432	506

Oxycodone Deaths by Age

January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	30
2	Tallahassee	14
3	Live Oak	9
4	Jacksonville	69
5	Leesburg	30
6	St. Petersburg	100
7	Daytona Beach	28
8	Gainesville	11
9	Orlando	58
10	Lakeland	34
11	Miami	96
12	Sarasota	41
13	Tampa	85
14	Panama City	14
15	West Palm Beach	116
16	Florida Keys	4
17	Ft. Lauderdale	96
18	Melbourne	48
19	Ft. Pierce	22
20	Naples	16
21	Ft. Myers	50
22	Port Charlotte	16
23	St. Augustine	13
24	Sanford	5
25	Kissimmee	10
Statewide Totals		1,015

Oxycodone Caused Death					
Age of Decedent					
Total	< 18	18-25	26-34	35-50	>50
15	0	0	2	6	7
9	0	2	0	4	3
2	0	0	1	0	1
30	0	0	3	13	14
11	0	0	1	2	8
60	1	0	5	24	30
16	0	0	0	4	12
1	0	0	0	0	1
19	1	2	7	5	4
9	0	2	1	3	3
23	0	4	5	4	10
19	0	0	3	5	11
46	0	3	4	15	24
6	0	0	2	1	3
50	0	1	13	19	17
3	0	0	0	0	3
46	0	3	9	11	23
28	0	0	1	8	19
9	0	0	0	0	9
8	0	0	0	1	7
22	0	0	0	4	18
8	0	0	0	6	2
5	0	0	0	2	3
1	0	0	0	1	0
2	0	0	1	0	1
448	2	17	58	138	233

Oxycodone Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
15	0	2	1	5	7
5	0	0	2	1	2
7	0	0	0	2	5
39	0	3	4	10	22
19	0	0	0	5	14
40	0	5	2	10	23
12	0	2	1	2	7
10	0	0	0	3	7
39	0	1	2	8	28
25	1	1	2	6	15
73	1	12	19	12	29
22	0	1	3	6	12
39	0	2	4	1	32
8	0	0	0	3	5
66	1	7	15	17	26
1	0	0	0	1	0
50	0	5	8	10	27
20	1	1	3	6	9
13	0	0	0	3	10
8	0	0	0	2	6
28	0	0	2	3	23
8	0	0	0	1	7
8	0	0	0	3	5
4	0	0	0	2	2
8	0	0	0	4	4
567	4	42	68	126	327

Hydrocodone Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Hydrocodone		
Total	Cause	Present
41	16	25
7	2	5
6	4	2
37	13	24
23	7	16
33	10	23
19	12	7
2	0	2
23	9	14
18	3	15
11	1	10
16	4	12
14	4	10
8	3	5
21	7	14
2	0	2
12	2	10
18	7	11
6	1	5
4	0	4
22	13	9
9	2	7
8	2	6
6	3	3
4	0	4
370	125	245

Deaths with Hydrocodone Only		
Total	Cause	Present
10	0	10
1	0	1
0	0	0
9	1	8
2	0	2
2	0	2
2	1	1
1	0	1
7	2	5
3	1	2
2	0	2
0	0	0
2	0	2
0	0	0
2	1	1
0	0	0
2	0	2
1	0	1
2	0	2
1	0	1
0	0	0
1	0	1
1	0	1
1	0	1
53	6	47

Deaths with Hydrocodone in Combination with Other Drugs		
Total	Cause	Present
31	16	15
6	2	4
6	4	2
28	12	16
21	7	14
31	10	21
17	11	6
1	0	1
16	7	9
15	2	13
9	1	8
16	4	12
12	4	8
8	3	5
19	6	13
2	0	2
10	2	8
17	7	10
4	1	3
3	0	3
22	13	9
8	2	6
7	2	5
5	3	2
3	0	3
317	119	198

Hydrocodone Deaths by Age

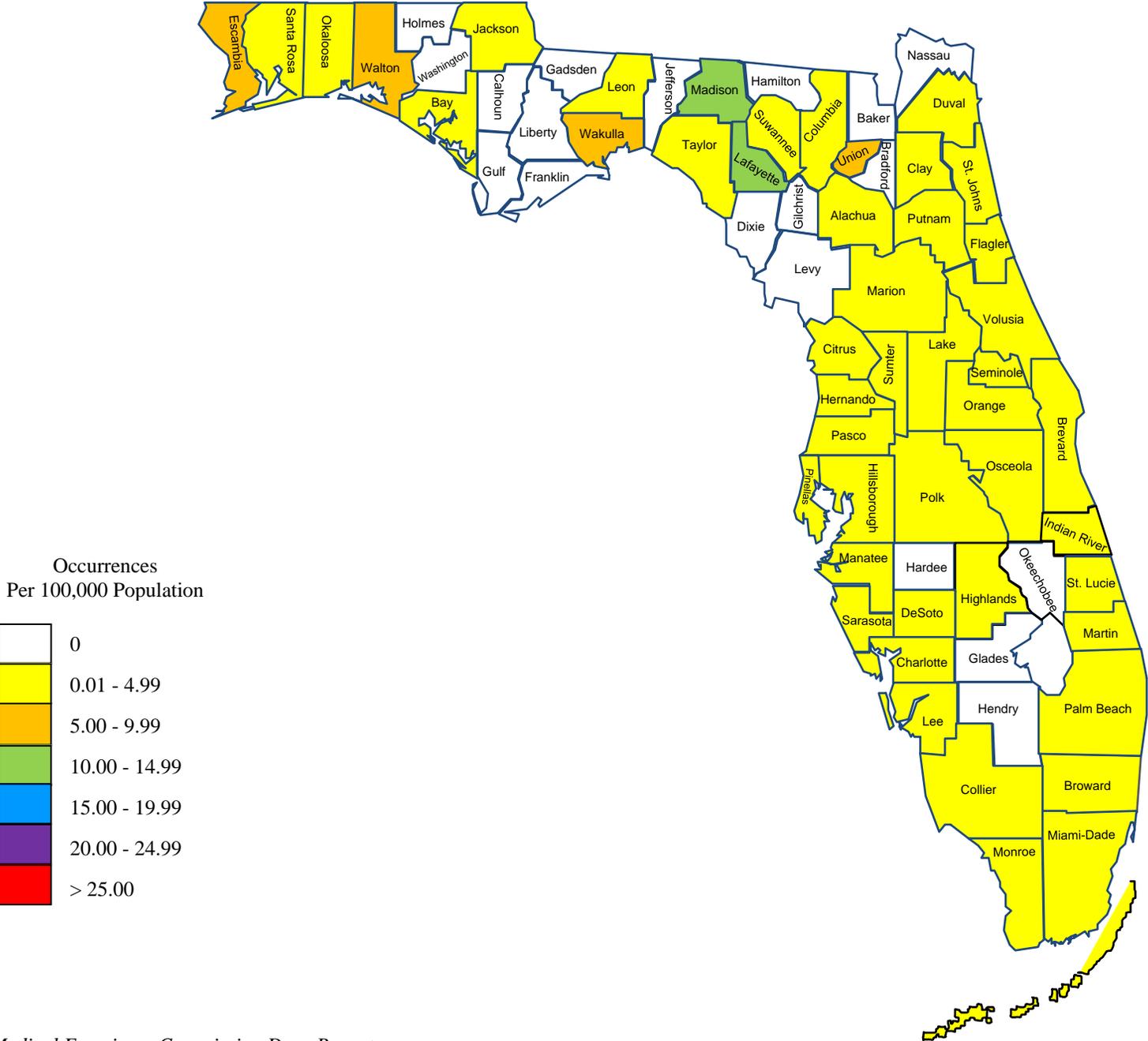
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	41
2	Tallahassee	7
3	Live Oak	6
4	Jacksonville	37
5	Leesburg	23
6	St. Petersburg	33
7	Daytona Beach	19
8	Gainesville	2
9	Orlando	23
10	Lakeland	18
11	Miami	11
12	Sarasota	16
13	Tampa	14
14	Panama City	8
15	West Palm Beach	21
16	Florida Keys	2
17	Ft. Lauderdale	12
18	Melbourne	18
19	Ft. Pierce	6
20	Naples	4
21	Ft. Myers	22
22	Port Charlotte	9
23	St. Augustine	8
24	Sanford	6
25	Kissimmee	4
Statewide Totals		370

Hydrocodone Caused Death					
Age of Decedent					
Total	< 18	18-25	26-34	35-50	>50
16	0	1	1	6	8
2	0	0	0	2	0
4	0	0	0	1	3
13	0	0	1	5	7
7	0	0	0	1	6
10	0	0	0	3	7
12	0	0	0	4	8
0	0	0	0	0	0
9	0	0	0	4	5
3	0	0	0	1	2
1	0	0	0	0	1
4	0	0	1	0	3
4	0	0	0	0	4
3	0	0	0	0	3
7	0	0	2	1	4
0	0	0	0	0	0
2	0	0	0	1	1
7	0	0	0	1	6
1	0	0	0	0	1
0	0	0	0	0	0
13	0	1	0	6	6
2	0	0	0	1	1
2	0	0	0	0	2
3	0	0	0	0	3
0	0	0	0	0	0
125	0	2	5	37	81

Hydrocodone Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
25	0	1	1	3	20
5	0	0	1	1	3
2	0	0	0	0	2
24	0	0	2	3	19
16	1	0	0	2	13
23	0	0	4	2	17
7	0	0	0	1	6
2	0	0	0	0	2
14	0	0	1	4	9
15	1	1	0	1	12
10	0	0	0	3	7
12	0	0	0	2	10
10	0	0	0	1	9
5	0	0	0	3	2
14	0	0	1	3	10
2	0	0	0	1	1
10	0	1	0	0	9
11	0	0	0	0	11
5	0	0	0	0	5
4	0	0	0	1	3
9	0	0	0	1	8
7	0	0	1	3	3
6	0	0	1	2	3
3	0	0	0	0	3
4	0	0	0	1	3
245	2	3	12	38	190

Hydrocodone Deaths by County 2023



Methadone Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Methadone		
Total	Cause	Present
9	5	4
3	3	0
1	1	0
35	22	13
13	7	6
47	29	18
11	10	1
2	1	1
24	9	15
7	4	3
7	4	3
10	6	4
27	18	9
1	1	0
14	8	6
1	0	1
11	5	6
7	5	2
8	2	6
3	2	1
7	0	7
3	2	1
4	3	1
3	2	1
12	8	4
270	157	113

Deaths with Methadone Only		
Total	Cause	Present
4	2	2
0	0	0
0	0	0
7	4	3
0	0	0
6	2	4
0	0	0
2	1	1
5	3	2
3	1	2
1	0	1
2	1	1
7	5	2
0	0	0
1	1	0
0	0	0
2	1	1
0	0	0
5	0	5
0	0	0
2	0	2
0	0	0
2	1	1
0	0	0
1	0	1
50	22	28

Deaths with Methadone in Combination with Other Drugs		
Total	Cause	Present
5	3	2
3	3	0
1	1	0
28	18	10
13	7	6
41	27	14
11	10	1
0	0	0
19	6	13
4	3	1
6	4	2
8	5	3
20	13	7
1	1	0
13	7	6
1	0	1
9	4	5
7	5	2
3	2	1
3	2	1
5	0	5
3	2	1
2	2	0
3	2	1
11	8	3
220	135	85

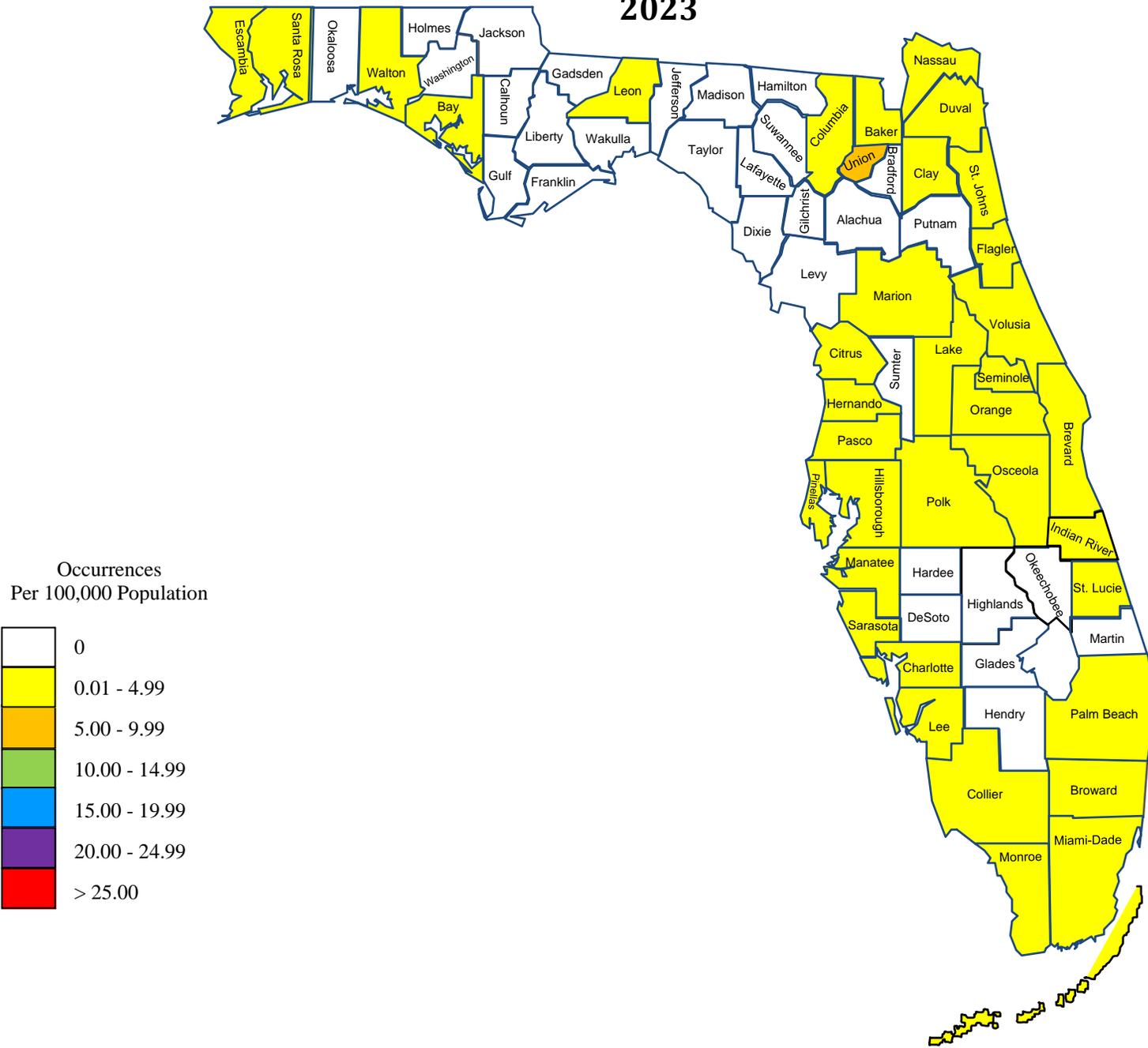
Methadone Deaths by Age January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	9
2	Tallahassee	3
3	Live Oak	1
4	Jacksonville	35
5	Leesburg	13
6	St. Petersburg	47
7	Daytona Beach	11
8	Gainesville	2
9	Orlando	24
10	Lakeland	7
11	Miami	7
12	Sarasota	10
13	Tampa	27
14	Panama City	1
15	West Palm Beach	14
16	Florida Keys	1
17	Ft. Lauderdale	11
18	Melbourne	7
19	Ft. Pierce	8
20	Naples	3
21	Ft. Myers	7
22	Port Charlotte	3
23	St. Augustine	4
24	Sanford	3
25	Kissimmee	12
Statewide Totals		270

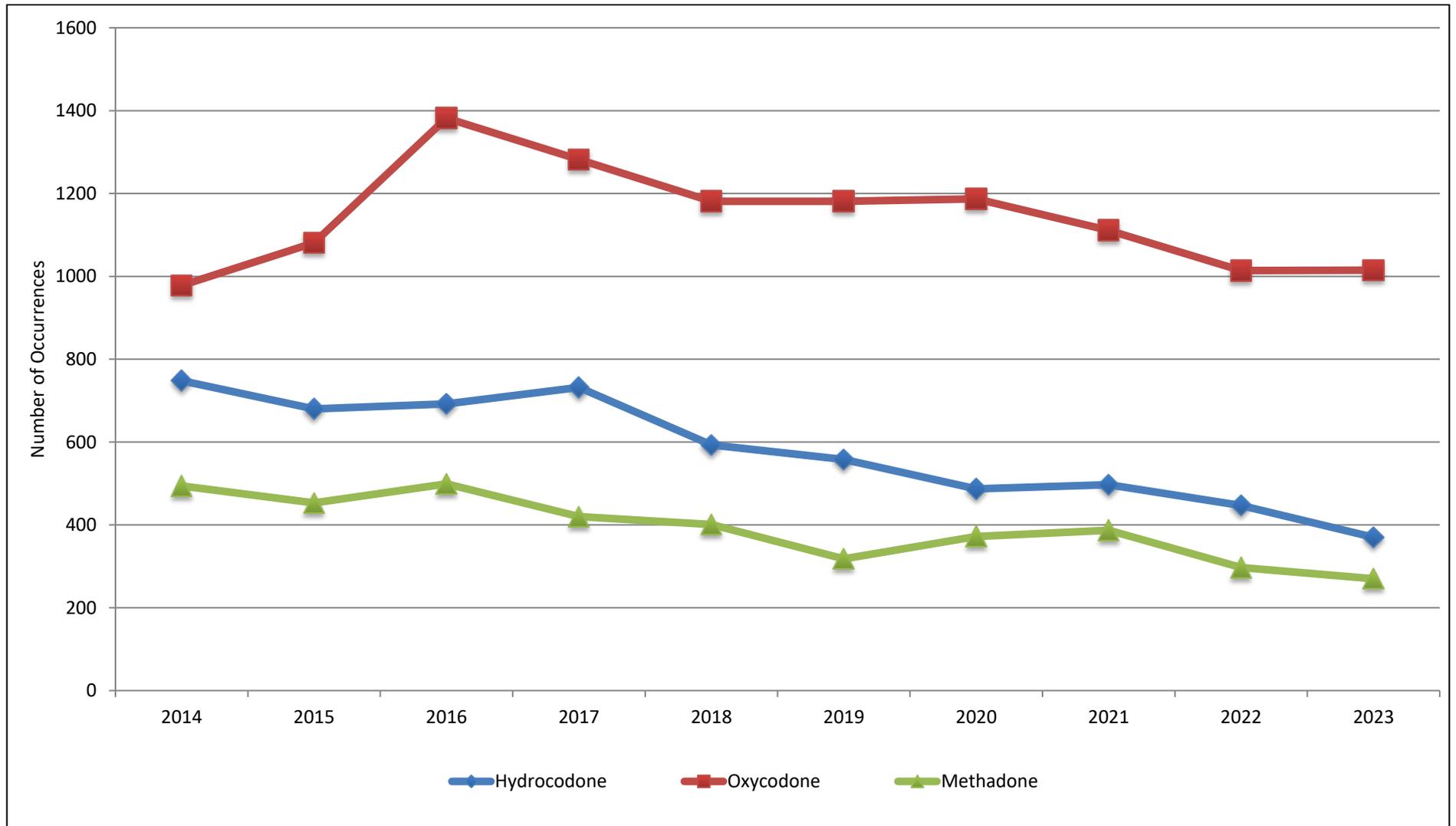
Methadone Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
5	0	0	0	2	3
3	0	0	0	1	2
1	0	0	0	1	0
22	0	1	6	11	4
7	0	0	0	6	1
29	0	0	3	12	14
10	0	1	1	5	3
1	0	0	0	1	0
9	0	0	4	4	1
4	0	0	1	2	1
4	0	1	0	2	1
6	0	0	0	3	3
18	0	1	2	7	8
1	0	0	0	1	0
8	0	0	0	3	5
0	0	0	0	0	0
5	0	0	0	2	3
5	0	0	2	2	1
2	0	0	0	1	1
2	0	0	0	1	1
0	0	0	0	0	0
2	0	0	1	0	1
3	1	0	0	1	1
2	0	0	0	2	0
8	0	0	1	5	2
157	1	4	21	75	56

Methadone Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
4	0	0	0	0	4
0	0	0	0	0	0
0	0	0	0	0	0
13	0	0	2	2	9
6	0	0	0	3	3
18	0	1	1	8	8
1	0	0	0	0	1
1	0	0	0	0	1
15	0	2	0	5	8
3	0	0	0	2	1
3	0	0	0	0	3
4	0	0	0	2	2
9	0	1	3	2	3
0	0	0	0	0	0
6	0	0	0	2	4
1	0	0	0	0	1
6	0	0	1	2	3
2	0	0	0	1	1
6	0	0	0	3	3
1	0	0	0	0	1
7	0	0	2	1	4
1	0	0	0	1	0
1	0	0	0	0	1
1	0	0	0	1	0
4	0	0	1	0	3
113	0	4	10	35	64

Methadone Deaths by County 2023

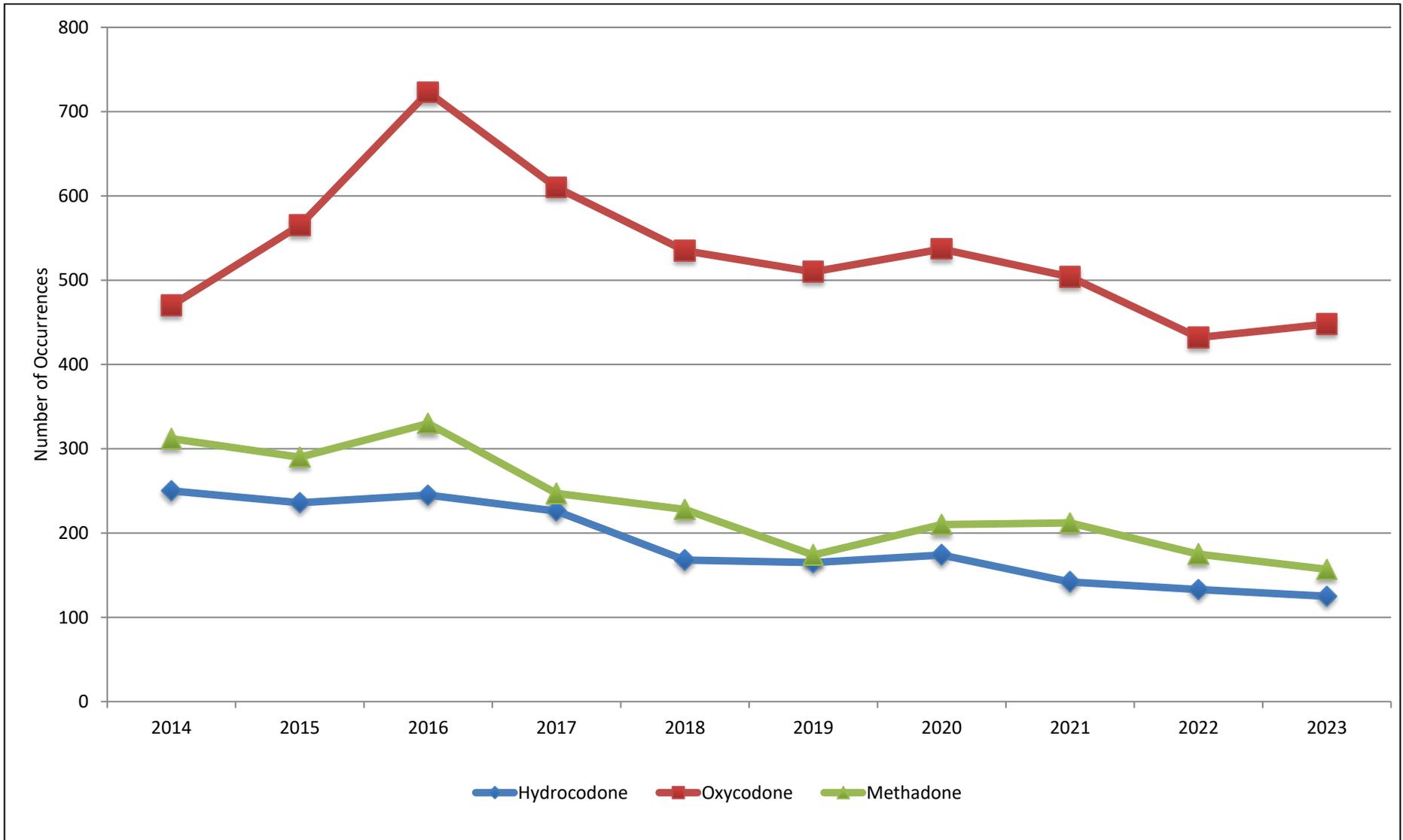


Historical Overview of Hydrocodone, Oxycodone, and Methadone Occurrences (Present and Cause) 2014 to 2023



Historical Overview of Deaths Caused by Hydrocodone, Oxycodone, and Methadone

2014 to 2023



Morphine Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Morphine		
Total	Cause	Present
29	6	23
6	1	5
5	1	4
32	8	24
18	10	8
62	35	27
7	2	5
0	0	0
119	11	108
31	7	24
42	16	26
19	6	13
45	19	26
7	1	6
87	24	63
2	1	1
34	12	22
11	5	6
9	5	4
12	3	9
26	12	14
7	2	5
11	5	6
3	3	0
11	4	7
635	199	436

Deaths with Morphine Only		
Total	Cause	Present
6	0	6
0	0	0
0	0	0
3	0	3
3	1	2
5	1	4
0	0	0
0	0	0
18	0	18
5	3	2
3	0	3
3	0	3
5	0	5
0	0	0
0	0	0
1	0	1
0	0	0
3	0	3
1	0	1
3	0	3
1	0	1
2	0	2
0	0	0
0	0	0
62	5	57

Deaths with Morphine in Combination with Other Drugs		
Total	Cause	Present
23	6	17
6	1	5
5	1	4
29	8	21
15	9	6
57	34	23
7	2	5
0	0	0
101	11	90
26	4	22
39	16	23
16	6	10
40	19	21
7	1	6
87	24	63
2	1	1
33	12	21
11	5	6
6	5	1
11	3	8
23	12	11
6	2	4
9	5	4
3	3	0
11	4	7
573	194	379

Morphine Deaths by Age

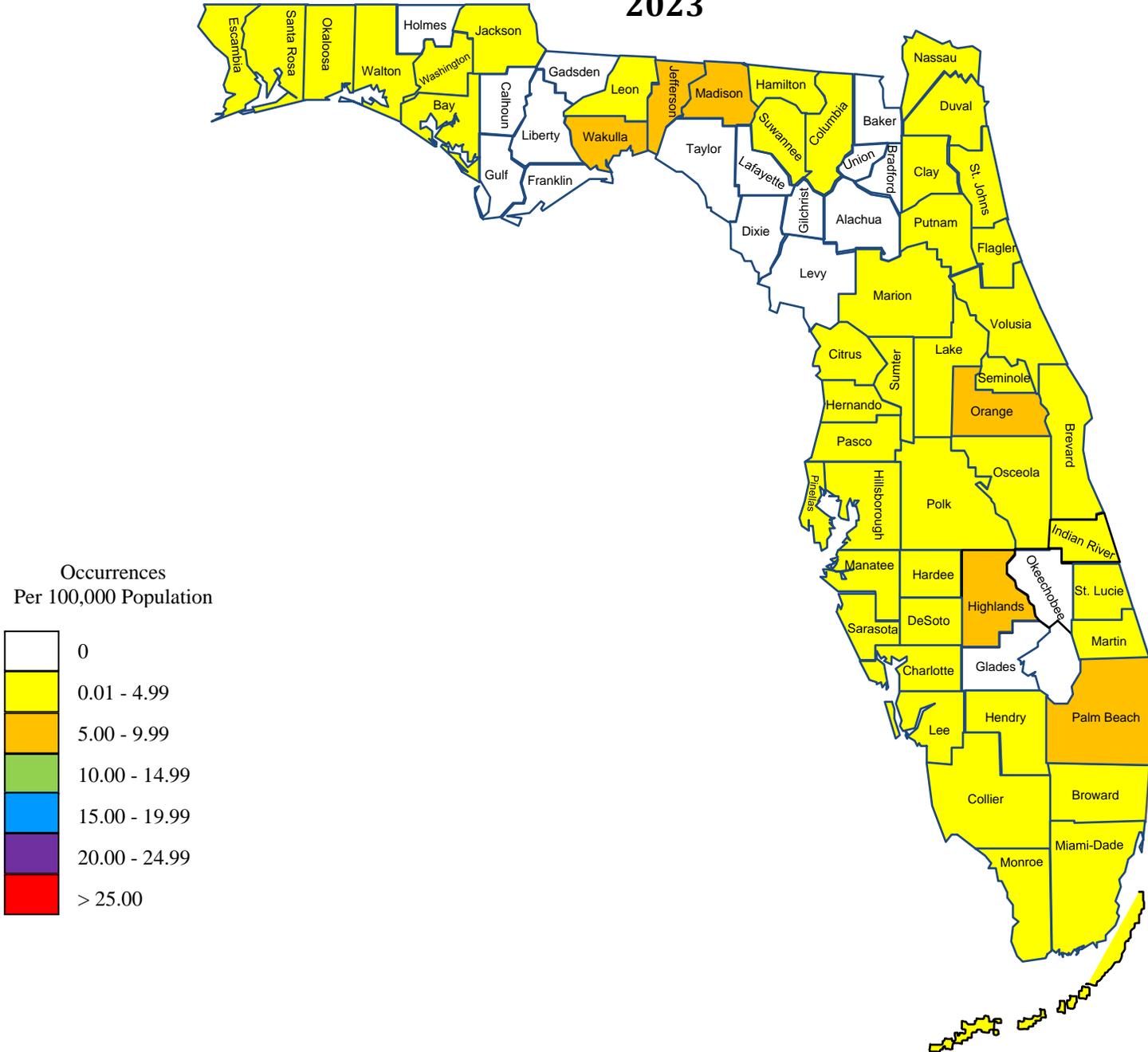
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	29
2	Tallahassee	6
3	Live Oak	5
4	Jacksonville	32
5	Leesburg	18
6	St. Petersburg	62
7	Daytona Beach	7
8	Gainesville	0
9	Orlando	119
10	Lakeland	31
11	Miami	42
12	Sarasota	19
13	Tampa	45
14	Panama City	7
15	West Palm Beach	87
16	Florida Keys	2
17	Ft. Lauderdale	34
18	Melbourne	11
19	Ft. Pierce	9
20	Naples	12
21	Ft. Myers	26
22	Port Charlotte	7
23	St. Augustine	11
24	Sanford	3
25	Kissimmee	11
Statewide Totals		635

Morphine Caused Death						
Age of Decedent						
Total	<18	18-25	26-34	35-50	>50	
6	0	0	0	5	1	
1	0	0	0	0	1	
1	0	0	0	0	1	
8	0	0	0	3	5	
10	0	0	0	4	6	
35	0	0	3	15	17	
2	0	0	0	0	2	
0	0	0	0	0	0	
11	0	0	3	1	7	
7	0	0	0	4	3	
16	0	0	2	7	7	
6	0	0	0	1	5	
19	0	1	3	5	10	
1	0	0	0	0	1	
24	0	2	6	7	9	
1	0	0	0	0	1	
12	0	0	2	2	8	
5	0	0	0	1	4	
5	0	1	0	2	2	
3	0	0	1	1	1	
12	0	0	2	4	6	
2	0	0	0	1	1	
5	0	0	0	3	2	
3	0	0	0	3	0	
4	0	0	1	2	1	
199	0	4	23	71	101	

Morphine Present at Death						
Age of Decedent						
Total	<18	18-25	26-34	35-50	>50	
23	0	0	0	4	19	
5	0	1	0	3	1	
4	0	0	0	3	1	
24	0	0	5	4	15	
8	0	0	0	0	8	
27	0	0	1	5	21	
5	0	0	0	3	2	
0	0	0	0	0	0	
108	3	0	0	12	93	
24	1	1	2	2	18	
26	0	0	1	5	20	
13	0	0	2	3	8	
26	0	1	3	3	19	
6	0	0	1	2	3	
63	0	3	8	26	26	
1	0	0	0	0	1	
22	0	1	4	3	14	
6	0	0	1	2	3	
4	0	0	0	0	4	
9	0	0	2	3	4	
14	1	0	1	1	11	
5	0	0	0	0	5	
6	0	0	0	1	5	
0	0	0	0	0	0	
7	0	0	0	2	5	
436	5	7	31	87	306	

Morphine Deaths by County 2023



Fentanyl Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Fentanyl		
Total	Cause	Present
284	249	35
50	45	5
29	29	0
514	453	61
199	184	15
606	579	27
233	220	13
54	52	2
436	347	89
128	106	22
338	277	61
251	222	29
409	393	16
58	50	8
474	412	62
10	9	1
470	441	29
226	198	28
139	126	13
84	76	8
220	206	14
34	28	6
80	73	7
58	55	3
146	132	14
5,530	4,962	568

Deaths with Fentanyl Only		
Total	Cause	Present
30	24	6
4	3	1
1	1	0
59	54	5
21	19	2
33	31	2
22	21	1
20	20	0
45	35	10
10	8	2
12	7	5
15	13	2
61	61	0
8	5	3
24	7	17
0	0	0
32	27	5
12	10	2
19	17	2
9	7	2
30	26	4
6	6	0
11	10	1
5	4	1
12	11	1
501	427	74

Deaths with Fentanyl in Combination with Other Drugs		
Total	Cause	Present
254	225	29
46	42	4
28	28	0
455	399	56
178	165	13
573	548	25
211	199	12
34	32	2
391	312	79
118	98	20
326	270	56
236	209	27
348	332	16
50	45	5
450	405	45
10	9	1
438	414	24
214	188	26
120	109	11
75	69	6
190	180	10
28	22	6
69	63	6
53	51	2
134	121	13
5,029	4,535	494

Fentanyl Deaths by Age

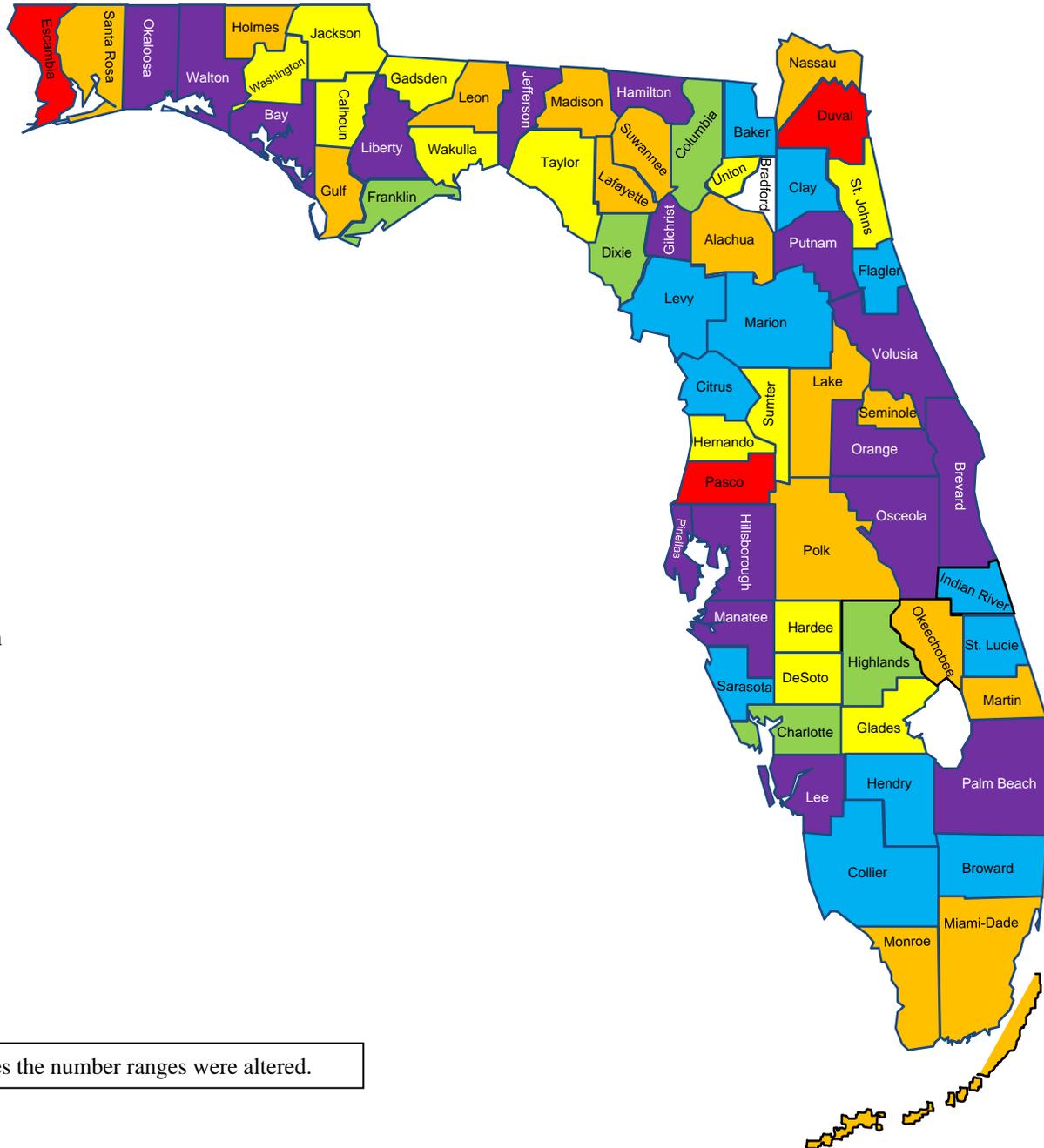
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	284
2	Tallahassee	50
3	Live Oak	29
4	Jacksonville	514
5	Leesburg	199
6	St. Petersburg	606
7	Daytona Beach	233
8	Gainesville	54
9	Orlando	436
10	Lakeland	128
11	Miami	338
12	Sarasota	251
13	Tampa	409
14	Panama City	58
15	West Palm Beach	474
16	Florida Keys	10
17	Ft. Lauderdale	470
18	Melbourne	226
19	Ft. Pierce	139
20	Naples	84
21	Ft. Myers	220
22	Port Charlotte	34
23	St. Augustine	80
24	Sanford	58
25	Kissimmee	146
Statewide Totals		5,530

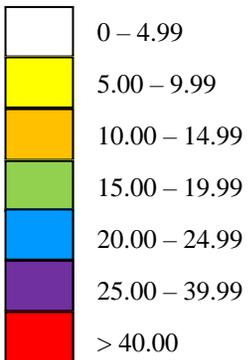
Fentanyl Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
249	1	12	48	108	80
45	1	3	9	23	9
29	0	1	7	12	9
453	5	18	102	203	125
184	2	8	33	80	61
579	2	20	103	274	180
220	1	11	37	101	70
52	1	3	14	18	16
347	4	18	90	142	93
106	0	8	21	47	30
277	1	32	63	99	82
222	1	8	40	111	62
393	1	25	78	168	121
50	0	6	6	28	10
412	0	26	105	174	107
9	0	1	1	3	4
441	0	32	108	172	129
198	0	5	41	100	52
126	1	12	33	47	33
76	0	5	16	30	25
206	5	9	43	84	65
28	0	2	7	11	8
73	0	6	12	28	27
55	0	3	10	24	18
132	0	8	28	63	33
4,962	26	282	1,055	2,150	1,449

Fentanyl Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
35	1	3	4	10	17
5	0	0	1	2	2
0	0	0	0	0	0
61	2	2	11	24	22
15	0	1	2	5	7
27	0	0	4	15	8
13	0	0	0	6	7
2	0	0	0	0	2
89	2	3	9	16	59
22	0	1	4	6	11
61	2	5	10	13	31
29	0	2	7	15	5
16	0	2	4	6	4
8	1	2	1	3	1
62	3	6	10	20	23
1	0	0	0	0	1
29	2	2	7	4	14
28	1	1	8	10	8
13	0	3	1	7	2
8	0	0	1	4	3
14	4	0	1	3	6
6	0	0	1	1	4
7	0	0	2	2	3
3	0	0	0	2	1
14	0	0	1	5	8
568	18	33	89	179	249

Fentanyl Deaths by County 2023

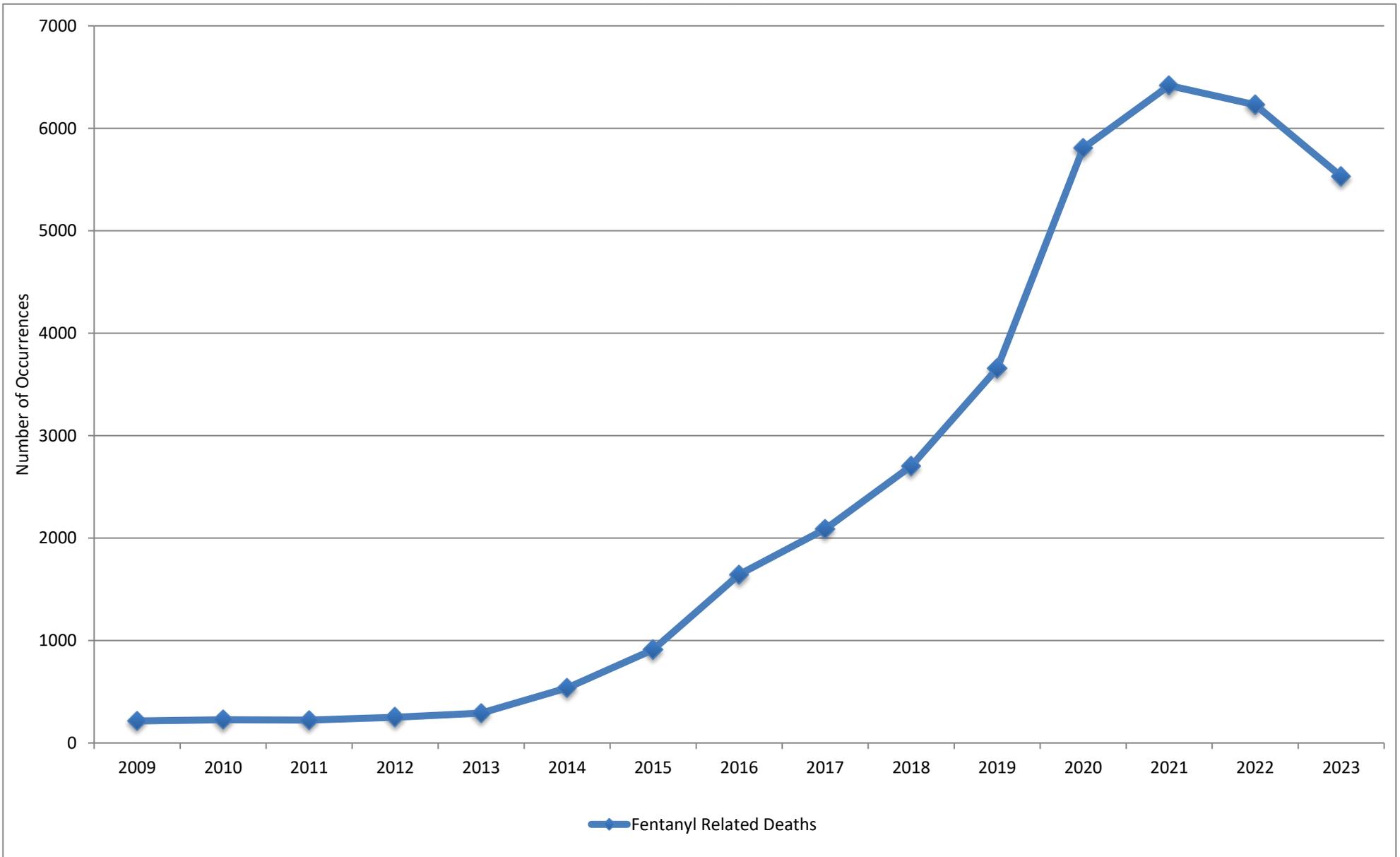


Occurrences
Per 100,000 Population



Due to the amount of cases the number ranges were altered.

Historical Overview of Fentanyl Occurrences¹ (Present and Cause) 2009 to 2023



¹Prior to 2016, the number of fentanyl occurrences indicated includes occurrences of fentanyl analogs. Starting in 2016, fentanyl analogs were tracked separately.

Prescription Drugs in Medical Examiner Deaths 2022 versus 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	
<p><i>These tables are based on prescription drugs tracked by the Medical Examiners Commission and reported by Florida Medical Examiners. Do not add across columns.</i></p>	

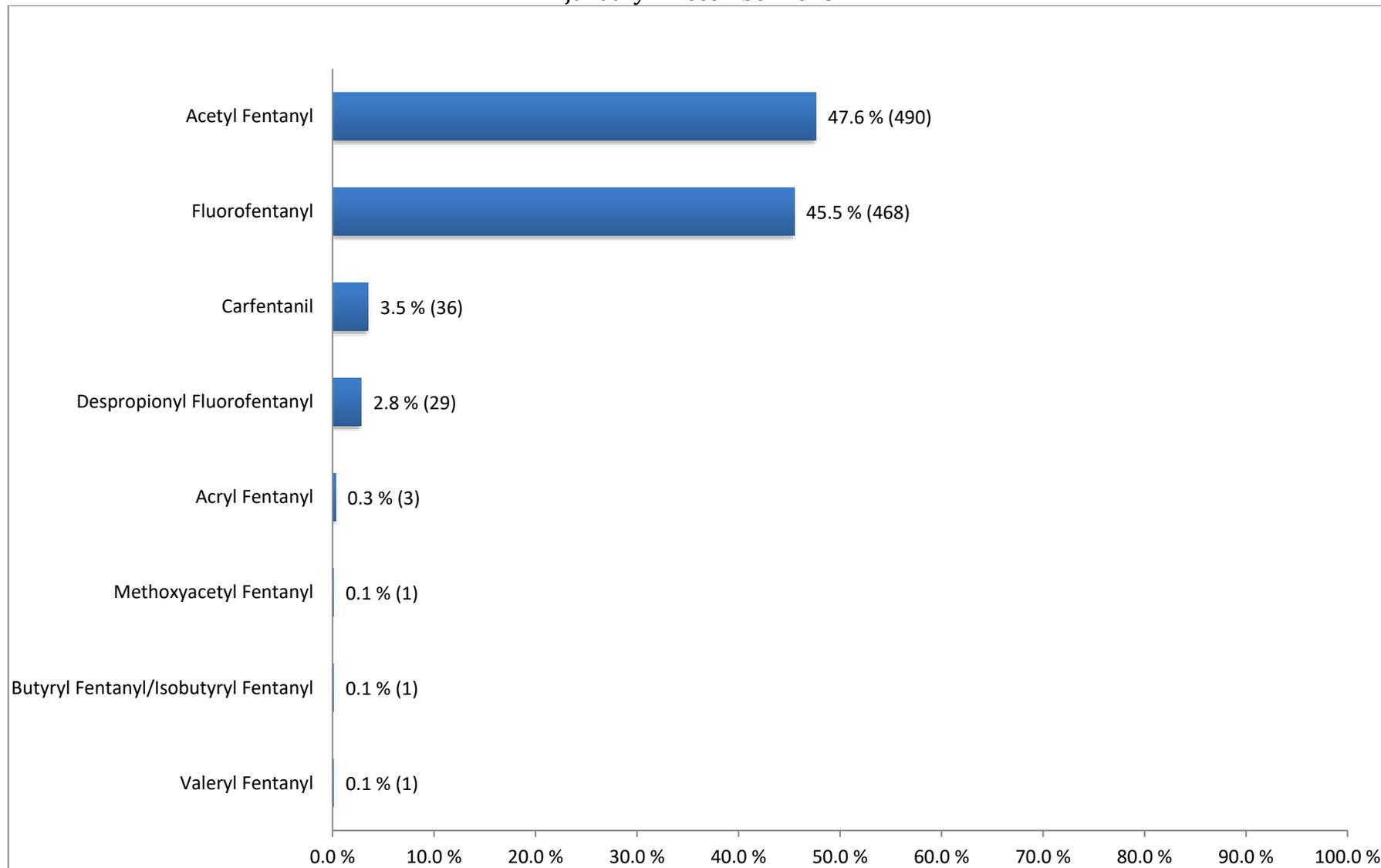
Total Prescription Drug Deaths in ME Deaths (Present and Cause)		
2022	2023	Percent Change
535	387	-27.7%
108	74	-31.5%
61	58	-4.9%
777	756	-2.7%
474	310	-34.6%
1,027	905	-11.9%
372	310	-16.7%
125	85	-32.0%
712	735	3.2%
270	259	-4.1%
555	633	14.1%
328	356	8.5%
720	606	-15.8%
124	96	-22.6%
718	682	-5.0%
39	27	-30.8%
730	659	-9.7%
187	324	73.3%
283	240	-15.2%
155	124	-20.0%
421	353	-16.2%
74	71	-4.1%
135	125	-7.4%
107	76	-29.0%
193	210	8.8%
9,230	8,461	-8.3%
<p><i>These individuals died with one or more prescription drugs in their system. The drugs were identified as either the cause of death or merely present in the decedent and also may have been mixed with illicit drugs and/or alcohol.</i></p>		

Accidental Deaths with Prescription Drugs (Present and Cause)		
2022	2023	Percent Change
414	307	-25.8%
75	58	-22.7%
38	45	18.4%
621	581	-6.4%
383	234	-38.9%
838	724	-13.6%
320	265	-17.2%
99	67	-32.3%
557	583	4.7%
193	171	-11.4%
373	413	10.7%
259	266	2.7%
562	485	-13.7%
94	70	-25.5%
539	516	-4.3%
33	18	-45.5%
618	521	-15.7%
130	229	76.2%
181	174	-3.9%
114	97	-14.9%
331	255	-23.0%
48	46	-4.2%
104	97	-6.7%
90	65	-27.8%
149	178	19.5%
7,163	6,465	-9.7%
<p><i>The manner of death for these decedents was reported as accidental. These individuals died with one or more prescription drugs in their system. The drugs were identified as either the cause of death or merely present in the decedent and also may have been mixed with illicit drugs and/or alcohol.</i></p>		

Accidental Deaths Caused by Prescription Drugs		
2022	2023	Percent Change
368	268	-27.2%
51	49	-3.9%
27	37	37.0%
532	487	-8.5%
327	198	-39.4%
746	645	-13.5%
286	231	-19.2%
79	54	-31.6%
355	354	-0.3%
143	125	-12.6%
278	292	5.0%
234	236	0.9%
514	430	-16.3%
69	56	-18.8%
429	438	2.1%
29	13	-55.2%
565	484	-14.3%
112	191	70.5%
150	137	-8.7%
99	82	-17.2%
292	221	-24.3%
40	33	-17.5%
83	80	-3.6%
83	58	-30.1%
116	140	20.7%
6,007	5,339	-11.1%
<p><i>The manner of death for these decedents was reported as accidental. These individuals died with at least one prescription drug in their system that was identified as causing or contributing to the death. These drugs may also have been mixed with illicit drugs and/or alcohol.</i></p>		

Frequency of Occurrence of Fentanyl Analogs

January – December 2023



Note: Fluorobutyryl / Fluoroisobutyryl fentanyl includes the analytes para-fluoroisobutyryl fentanyl, para-fluorobutyryl fentanyl, fluoroisobutyryl fentanyl, and fluorobutyryl fentanyl. Isobutyryl / Butyryl includes the analytes para-isobutyryl and para-butyryl. Fluorofentanyl includes the analytes fluorofentanyl, ortho-fluorofentanyl, and para-fluorofentanyl. Despropionyl fluorofentanyl includes the analytes despropionyl fluorofentanyl, despropionyl ortho-fluorofentanyl, and despropionyl para-fluorofentanyl. Percentages may not sum to 100 percent because of rounding.

Fentanyl Analog* Deaths by Age

January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	24
2	Tallahassee	20
3	Live Oak	2
4	Jacksonville	70
5	Leesburg	13
6	St. Petersburg	62
7	Daytona Beach	19
8	Gainesville	5
9	Orlando	6
10	Lakeland	32
11	Miami	81
12	Sarasota	55
13	Tampa	2
14	Panama City	16
15	West Palm Beach	207
16	Florida Keys	1
17	Ft. Lauderdale	196
18	Melbourne	7
19	Ft. Pierce	2
20	Naples	19
21	Ft. Myers	28
22	Port Charlotte	1
23	St. Augustine	6
24	Sanford	4
25	Kissimmee	3
Statewide Totals		881

Fentanyl Analogs Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
22	0	1	7	9	5
20	0	2	3	12	3
2	0	0	2	0	0
65	1	1	17	28	18
10	0	0	1	5	4
46	0	1	8	28	9
18	0	1	2	4	11
2	1	0	1	0	0
6	0	0	3	1	2
8	0	1	1	5	1
75	0	5	21	24	25
18	0	1	3	8	6
1	0	0	0	1	0
16	0	3	2	8	3
203	0	15	52	88	48
0	0	0	0	0	0
186	0	15	47	83	41
3	0	0	1	1	1
2	0	0	1	1	0
6	0	1	2	1	2
26	1	2	1	14	8
1	0	0	1	0	0
6	0	0	0	2	4
4	0	0	0	0	4
3	0	0	1	2	0
749	3	49	177	325	195

Fentanyl Analogs Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
2	0	0	1	1	0
0	0	0	0	0	0
0	0	0	0	0	0
5	0	1	1	3	0
3	0	1	0	1	1
16	0	0	4	5	7
1	0	0	1	0	0
3	0	0	1	1	1
0	0	0	0	0	0
24	0	1	8	9	6
6	0	0	2	2	2
37	0	1	9	21	6
1	0	0	0	1	0
0	0	0	0	0	0
4	0	0	2	0	2
1	0	0	0	0	1
10	0	0	4	2	4
4	0	0	0	2	2
0	0	0	0	0	0
13	0	0	5	6	2
2	0	0	0	1	1
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
132	0	4	38	55	35

*Does not include 4-ANPP.

Cocaine Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Cocaine		
Total	Cause	Present
121	102	19
21	15	6
12	11	1
317	239	78
72	57	15
371	241	130
106	79	27
29	20	9
318	225	93
87	60	27
422	293	129
151	100	51
244	143	101
16	9	7
381	172	209
19	11	8
349	255	94
102	58	44
72	53	19
54	37	17
108	65	43
13	5	8
39	18	21
28	25	3
113	84	29
3,565	2,377	1,188

Deaths with Cocaine Only		
Total	Cause	Present
21	18	3
5	5	0
2	2	0
36	24	12
11	9	2
29	12	17
12	6	6
13	8	5
45	30	15
18	16	2
48	30	18
18	11	7
41	19	22
1	0	1
29	13	16
1	0	1
35	19	16
16	6	10
8	6	2
3	0	3
9	4	5
0	0	0
9	3	6
3	3	0
12	8	4
425	252	173

Deaths with Cocaine in Combination with Other Drugs		
Total	Cause	Present
100	84	16
16	10	6
10	9	1
281	215	66
61	48	13
342	229	113
94	73	21
16	12	4
273	195	78
69	44	25
374	263	111
133	89	44
203	124	79
15	9	6
352	159	193
18	11	7
314	236	78
86	52	34
64	47	17
51	37	14
99	61	38
13	5	8
30	15	15
25	22	3
101	76	25
3,140	2,125	1,015

Cocaine Deaths by Age

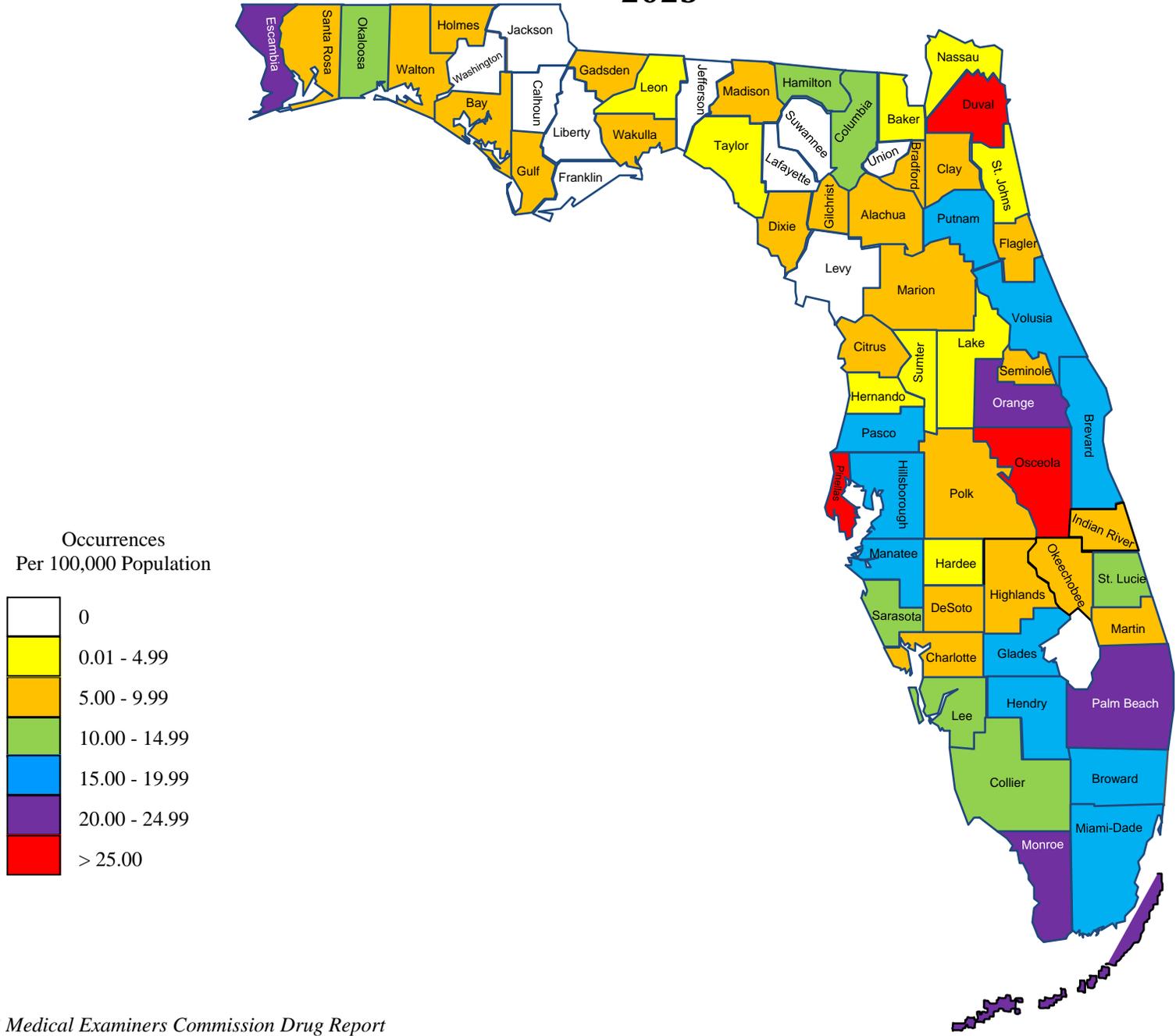
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	121
2	Tallahassee	21
3	Live Oak	12
4	Jacksonville	317
5	Leesburg	72
6	St. Petersburg	371
7	Daytona Beach	106
8	Gainesville	29
9	Orlando	318
10	Lakeland	87
11	Miami	422
12	Sarasota	151
13	Tampa	244
14	Panama City	16
15	West Palm Beach	381
16	Florida Keys	19
17	Ft. Lauderdale	349
18	Melbourne	102
19	Ft. Pierce	72
20	Naples	54
21	Ft. Myers	108
22	Port Charlotte	13
23	St. Augustine	39
24	Sanford	28
25	Kissimmee	113
Statewide Totals		3,565

Cocaine Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
102	0	4	13	33	52
15	0	2	0	6	7
11	0	0	1	5	5
239	0	5	34	92	108
57	0	2	6	16	33
241	1	8	38	99	95
79	0	2	9	26	42
20	0	0	2	9	9
225	1	4	44	89	87
60	0	2	7	22	29
293	0	18	51	94	130
100	0	4	14	44	38
143	0	6	17	45	75
9	0	1	0	5	3
172	0	5	33	70	64
11	0	0	2	4	5
255	1	11	44	104	95
58	0	2	8	23	25
53	0	4	7	22	20
37	0	3	5	16	13
65	1	1	14	22	27
5	0	0	0	1	4
18	0	1	0	8	9
25	0	1	3	9	12
84	1	7	17	37	22
2,377	5	93	369	901	1,009

Cocaine Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
19	0	2	1	9	7
6	0	0	0	2	4
1	0	0	0	1	0
78	0	1	11	30	36
15	0	1	2	8	4
130	0	7	22	46	55
27	0	1	6	15	5
9	0	0	2	2	5
93	1	5	22	32	33
27	0	2	2	13	10
129	1	13	23	51	41
51	1	2	10	25	13
101	0	6	12	41	42
7	0	0	1	4	2
209	0	15	63	76	55
8	0	0	2	2	4
94	0	7	21	28	38
44	0	2	10	19	13
19	0	0	3	7	9
17	0	0	5	6	6
43	1	4	6	18	14
8	0	0	1	4	3
21	0	1	6	7	7
3	0	0	1	0	2
29	0	2	3	16	8
1,188	4	71	235	462	416

Cocaine Deaths by County 2023



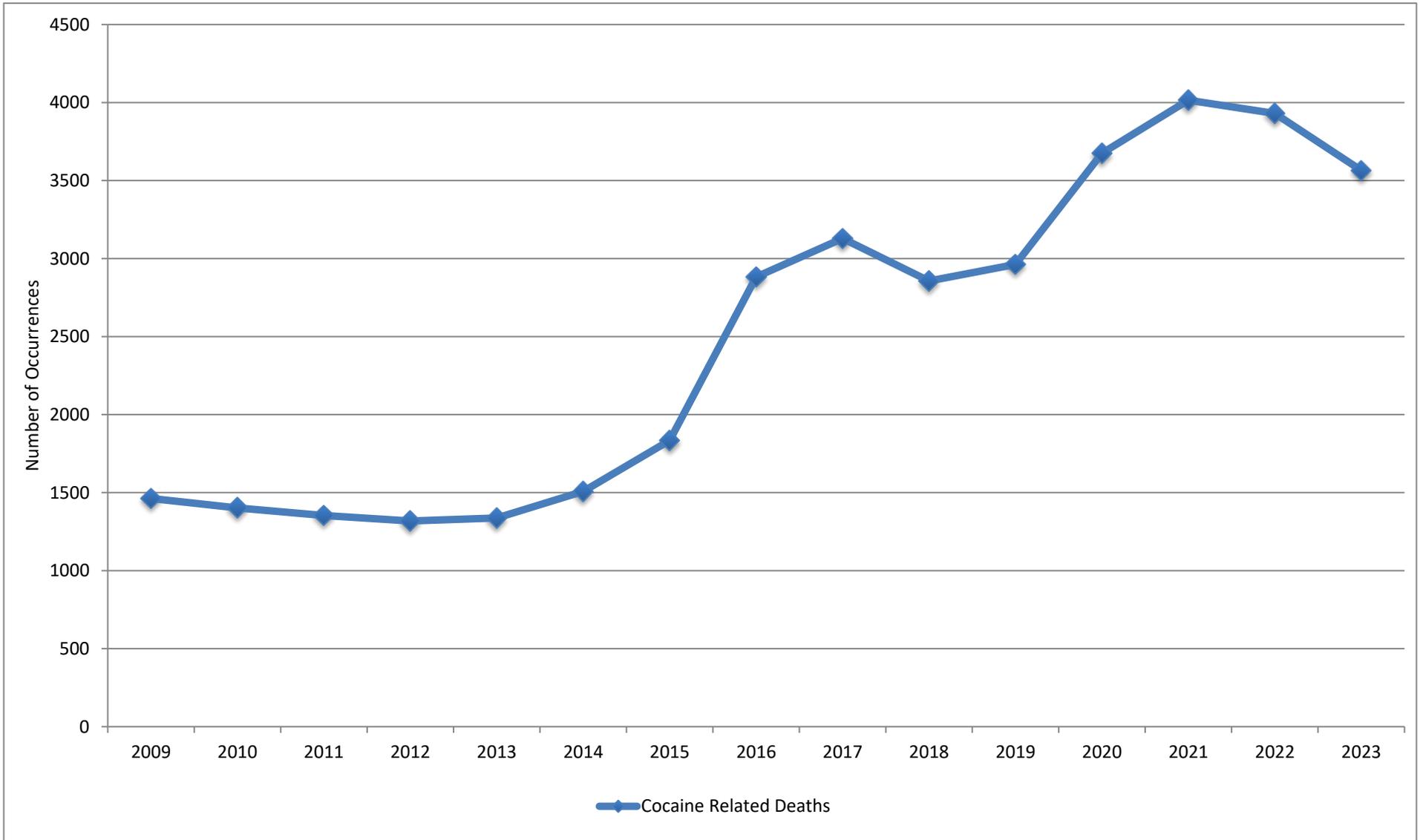
Cocaine Related Deaths by Medical Examiner District
(Present and Cause)
2009 to 2023

District	Area of Florida	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1	Pensacola	33	36	34	34	31	56	80	57	58	71	73	93	120	165	121
2	Tallahassee	30	25	36	25	23	20	18	32	15	11	20	27	26	32	21
3	Live Oak	16	9	8	13	10	6	5	10	4	12	7	6	12	15	12
4	Jacksonville	125	115	113	119	119	107	146	266	359	251	279	335	341	357	317
5	Leesburg	56	52	48	46	57	62	54	128	109	84	77	87	98	110	72
6	St. Petersburg	139	134	112	125	100	98	101	157	187	225	250	284	334	354	371
7	Daytona Beach	58	44	43	36	37	34	37	51	88	102	76	127	130	117	106
8	Gainesville	39	39	34	30	29	30	31	41	43	35	46	48	55	60	29
9	Orlando	145	128	124	120	137	181	203	230	234	266	265	290	364	326	318
10	Lakeland	35	42	29	27	37	33	33	53	70	67	50	77	93	95	87
11	Miami	155	198	184	198	226	234	289	439	401	363	418	449	471	425	422
12	Sarasota	59	57	54	60	60	84	134	147	132	96	117	157	158	174	151
13	Tampa	54	83	96	59	74	65	84	108	109	140	140	216	255	241	244
14	Panama City	20	9	9	10	11	13	15	5	15	20	30	26	22	20	16
15	West Palm Beach	126	106	91	87	105	143	173	405	417	338	343	407	434	429	381
16	Florida Keys	14	11	7	13	4	6	13	20	20	11	15	12	15	29	19
17	Ft. Lauderdale	135	127	115	129	102	99	152	328	321	236	277	427	449	423	349
18	Melbourne	59	49	38	52	53	60	86	103	128	114	130	158	132	58	102
19	Ft. Pierce	35	20	40	24	34	50	49	71	88	69	66	89	102	93	72
20	Naples	21	13	23	16	10	29	23	40	32	45	61	58	78	80	54
21	Ft. Myers	48	53	73	56	51	63	71	99	152	146	98	128	135	134	108
22	Port Charlotte	9	5	7	9	2	10	12	9	13	10	12	17	20	15	13
23	St. Augustine	19	23	15	11	11	1	9	23	39	33	24	53	39	35	39
24	Sanford	32	24	20	19	14	24	16	37	41	50	44	33	40	48	28
25	Kissimmee								23	54	61	44	71	92	95	113
Statewide Total		1,462	1,402	1,353	1,318	1,337	1,508	1,834	2,882	3,129	2,856	2,962	3,675	4,015	3,930	3,565

Prior to 2016, District 9 included Orange and Osceola counties. Both counties enacted Home Rule authority in 2016 and District 9 was split into two districts, with Orange County staying District 9 and Osceola County becoming District 25

Historical Overview of Cocaine Occurrences

(Present and Cause)
2009 to 2023



Heroin Deaths

January – December 2023

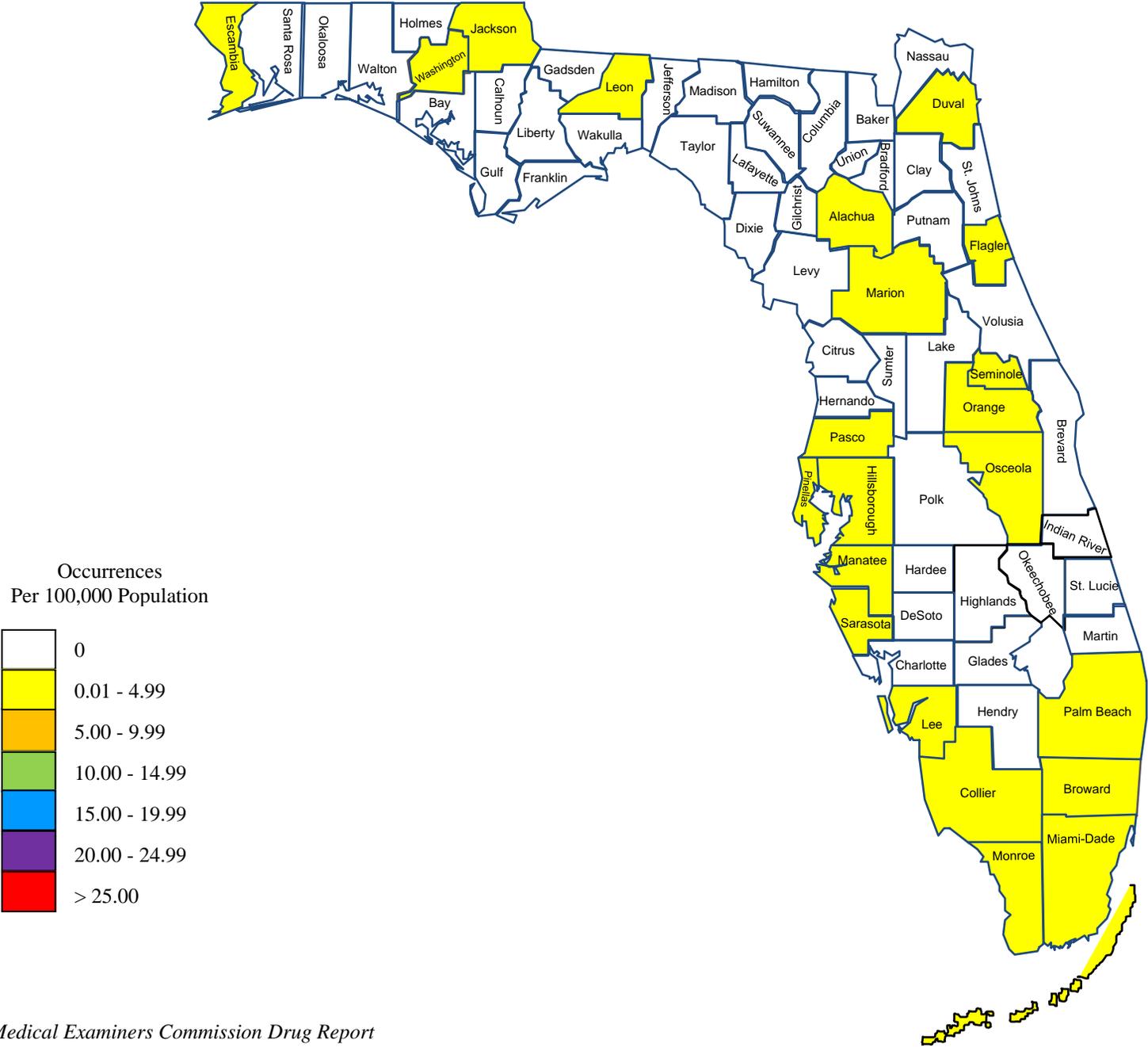
Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Heroin		
Total	Cause	Present
5	5	0
2	1	1
0	0	0
3	3	0
2	2	0
12	11	1
0	0	0
2	2	0
2	2	0
0	0	0
9	9	0
2	2	0
8	8	0
2	2	0
20	12	8
1	1	0
15	7	8
0	0	0
0	0	0
1	1	0
4	4	0
0	0	0
1	1	0
1	1	0
1	1	0
93	75	18

Deaths with Heroin Only		
Total	Cause	Present
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Deaths with Heroin in Combination with Other Drugs		
Total	Cause	Present
5	5	0
2	1	1
0	0	0
3	3	0
2	2	0
12	11	1
0	0	0
2	2	0
2	2	0
0	0	0
9	9	0
2	2	0
8	8	0
2	2	0
20	12	8
1	1	0
15	7	8
0	0	0
0	0	0
1	1	0
4	4	0
0	0	0
1	1	0
1	1	0
1	1	0
93	75	18

Heroin Deaths by County 2023



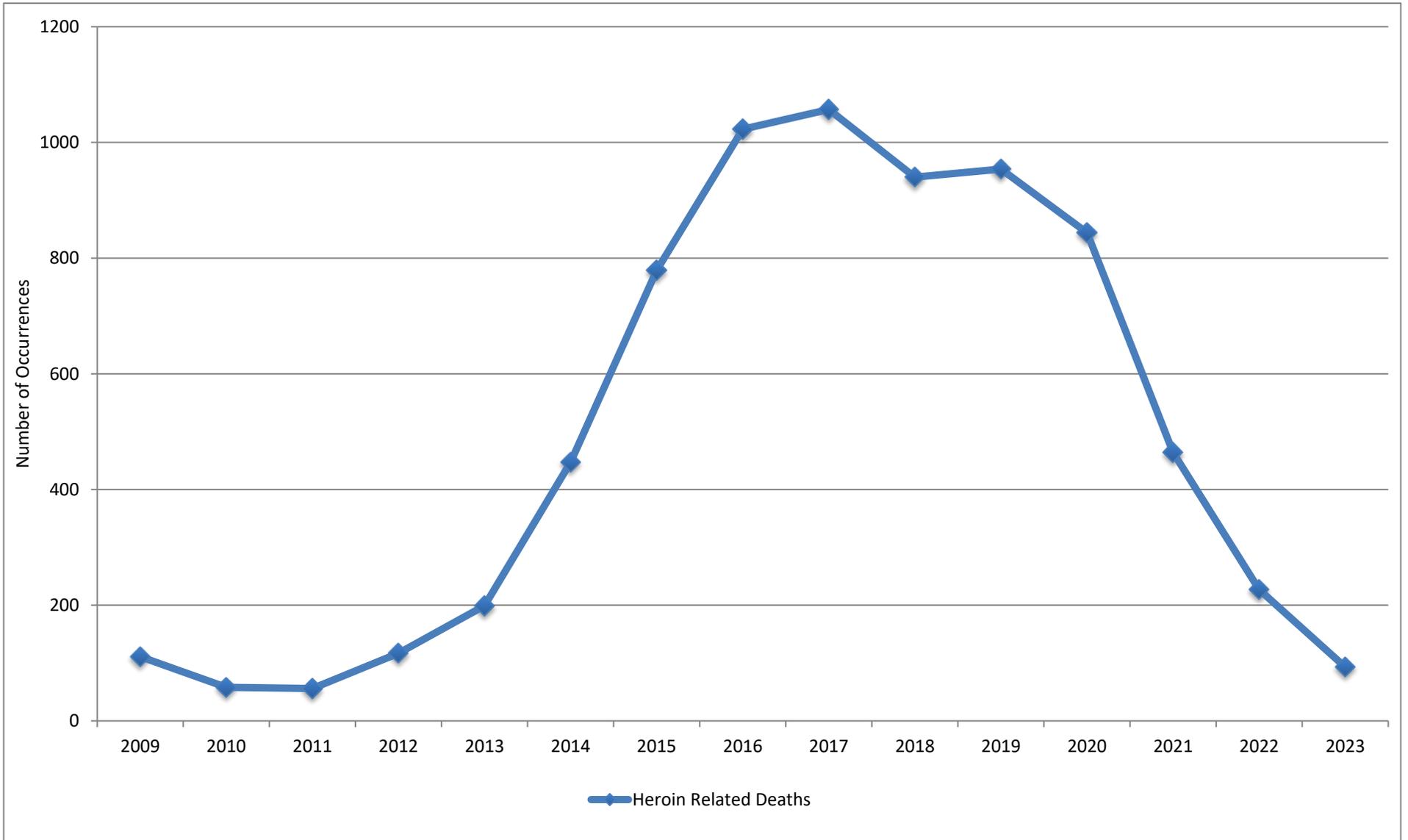
Heroin Related Deaths by Medical Examiner District
(Present and Cause)
2009 to 2023

District	Area of Florida	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1	Pensacola	2	0	0	1	3	12	28	34	30	35	35	63	46	22	5
2	Tallahassee	0	0	1	0	1	2	0	1	2	1	4	5	4	3	2
3	Live Oak	0	0	0	0	1	0	1	0	2	0	0	5	0	0	0
4	Jacksonville	4	1	3	14	15	16	45	81	98	60	50	35	6	7	3
5	Leesburg	1	0	1	3	2	16	8	40	34	44	56	46	30	12	2
6	St. Petersburg	9	3	1	1	4	7	14	18	22	56	73	55	20	12	12
7	Daytona Beach	3	1	0	1	3	4	20	21	37	75	34	44	21	11	0
8	Gainesville	0	0	0	2	1	2	3	2	4	2	5	4	6	2	2
9	Orlando	24	10	18	26	41	83	108	68	59	54	58	37	17	6	2
10	Lakeland	2	1	0	1	4	7	10	11	10	5	11	19	4	6	0
11	Miami	30	26	15	33	40	60	92	139	97	59	68	43	21	8	9
12	Sarasota	4	2	2	8	19	55	68	32	22	17	20	15	6	1	2
13	Tampa	2	1	2	2	3	22	35	52	75	114	77	119	49	32	8
14	Panama City	0	1	0	0	2	2	4	8	4	7	18	12	8	0	2
15	West Palm Beach	7	4	6	6	20	51	165	205	215	174	205	138	98	59	20
16	Florida Keys	1	0	0	1	1	0	1	7	4	0	1	2	1	0	1
17	Ft. Lauderdale	8	5	3	9	11	28	80	180	186	110	133	118	73	32	15
18	Melbourne	2	0	0	0	2	7	12	21	25	18	8	2	4	1	0
19	Ft. Pierce	1	1	1	2	3	7	8	7	13	4	3	3	1	0	0
20	Naples	0	0	0	0	2	14	11	15	15	14	17	24	18	4	1
21	Ft. Myers	9	0	1	4	12	30	43	30	34	35	22	22	10	3	4
22	Port Charlotte	1	0	0	1	1	3	2	3	1	3	4	3	4	0	0
23	St. Augustine	0	1	0	1	1	1	2	6	14	5	11	9	3	1	1
24	Sanford	1	1	2	1	7	18	19	27	33	31	23	7	5	0	1
25	Kissimmee								15	21	17	18	14	9	5	1
Statewide Totals		111	58	56	117	199	447	779	1,023	1,057	940	954	844	464	227	93

Prior to 2016, District 9 included Orange and Osceola counties. Both counties enacted Home Rule authority in 2016 and District 9 was split into two districts, with Orange County staying District 9 and Osceola County becoming District 25.

Historical Overview of Heroin Occurrences

(Present and Cause)
2009 to 2023



Methamphetamine Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Methamphetamine		
Total	Cause	Present
258	193	65
42	26	16
38	24	14
253	187	66
174	144	30
395	326	69
141	109	32
36	23	13
137	92	45
157	116	41
101	56	45
107	80	27
200	154	46
63	37	26
57	30	27
3	3	0
78	50	28
115	83	32
48	39	9
33	25	8
111	88	23
27	17	10
42	34	8
22	18	4
44	29	15
2,682	1,983	699

Deaths with Methamphetamine Only		
Total	Cause	Present
4	1	3
2	1	1
1	1	0
2	1	1
3	3	0
5	0	5
0	0	0
3	0	3
6	5	1
9	9	0
2	1	1
7	2	5
17	11	6
2	1	1
1	0	1
0	0	0
2	1	1
0	0	0
8	6	2
0	0	0
1	0	1
1	1	0
0	0	0
0	0	0
3	1	2
79	45	34

Deaths with Methamphetamine in Combination with Other Drugs		
Total	Cause	Present
254	192	62
40	25	15
37	23	14
251	186	65
171	141	30
390	326	64
141	109	32
33	23	10
131	87	44
148	107	41
99	55	44
100	78	22
183	143	40
61	36	25
56	30	26
3	3	0
76	49	27
115	83	32
40	33	7
33	25	8
110	88	22
26	16	10
42	34	8
22	18	4
41	28	13
2,603	1,938	665

Methamphetamine Deaths by Age

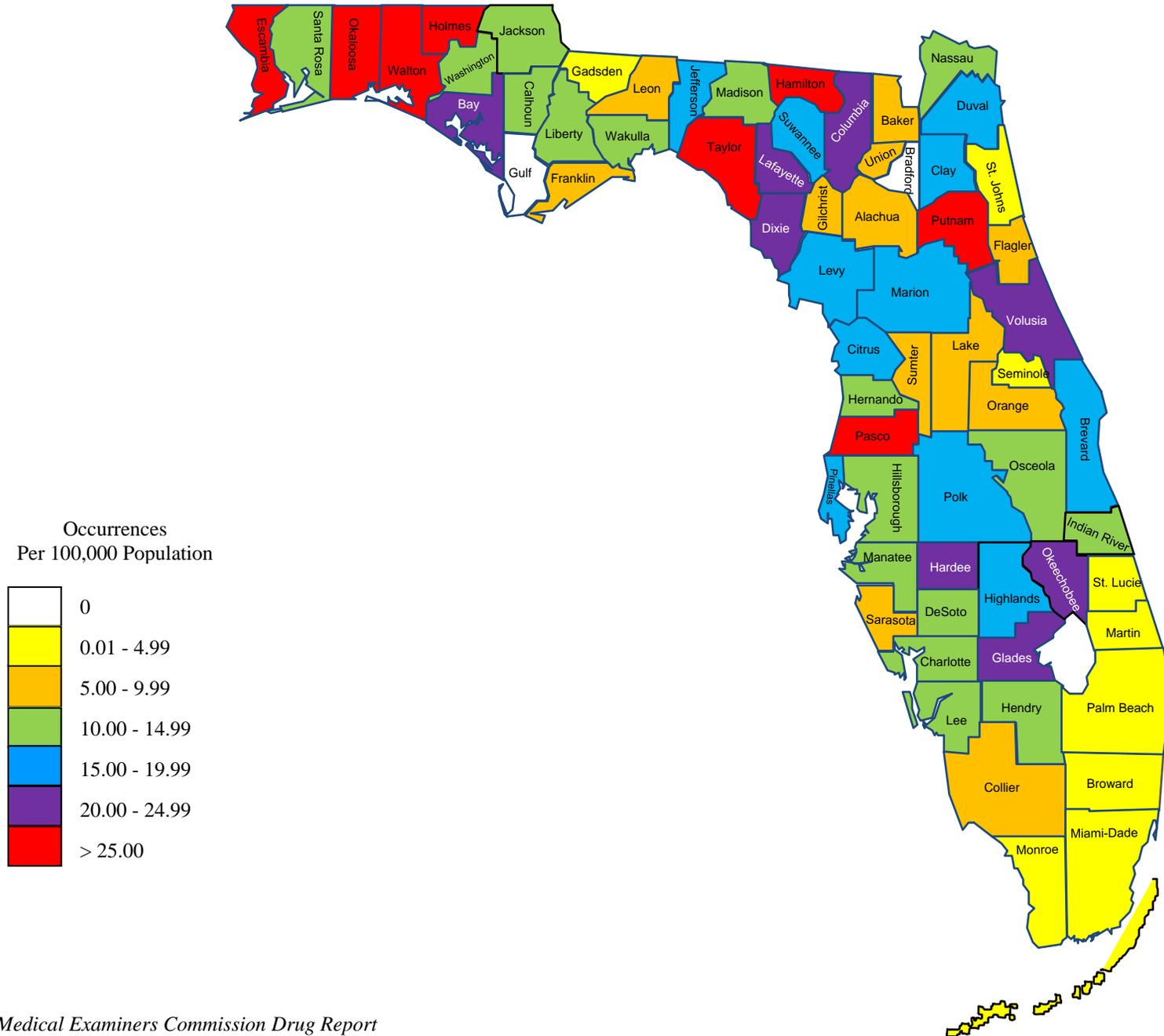
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	258
2	Tallahassee	42
3	Live Oak	38
4	Jacksonville	253
5	Leesburg	174
6	St. Petersburg	395
7	Daytona Beach	141
8	Gainesville	36
9	Orlando	137
10	Lakeland	157
11	Miami	101
12	Sarasota	107
13	Tampa	200
14	Panama City	63
15	West Palm Beach	57
16	Florida Keys	3
17	Ft. Lauderdale	78
18	Melbourne	115
19	Ft. Pierce	48
20	Naples	33
21	Ft. Myers	111
22	Port Charlotte	27
23	St. Augustine	42
24	Sanford	22
25	Kissimmee	44
Statewide Totals		2,682

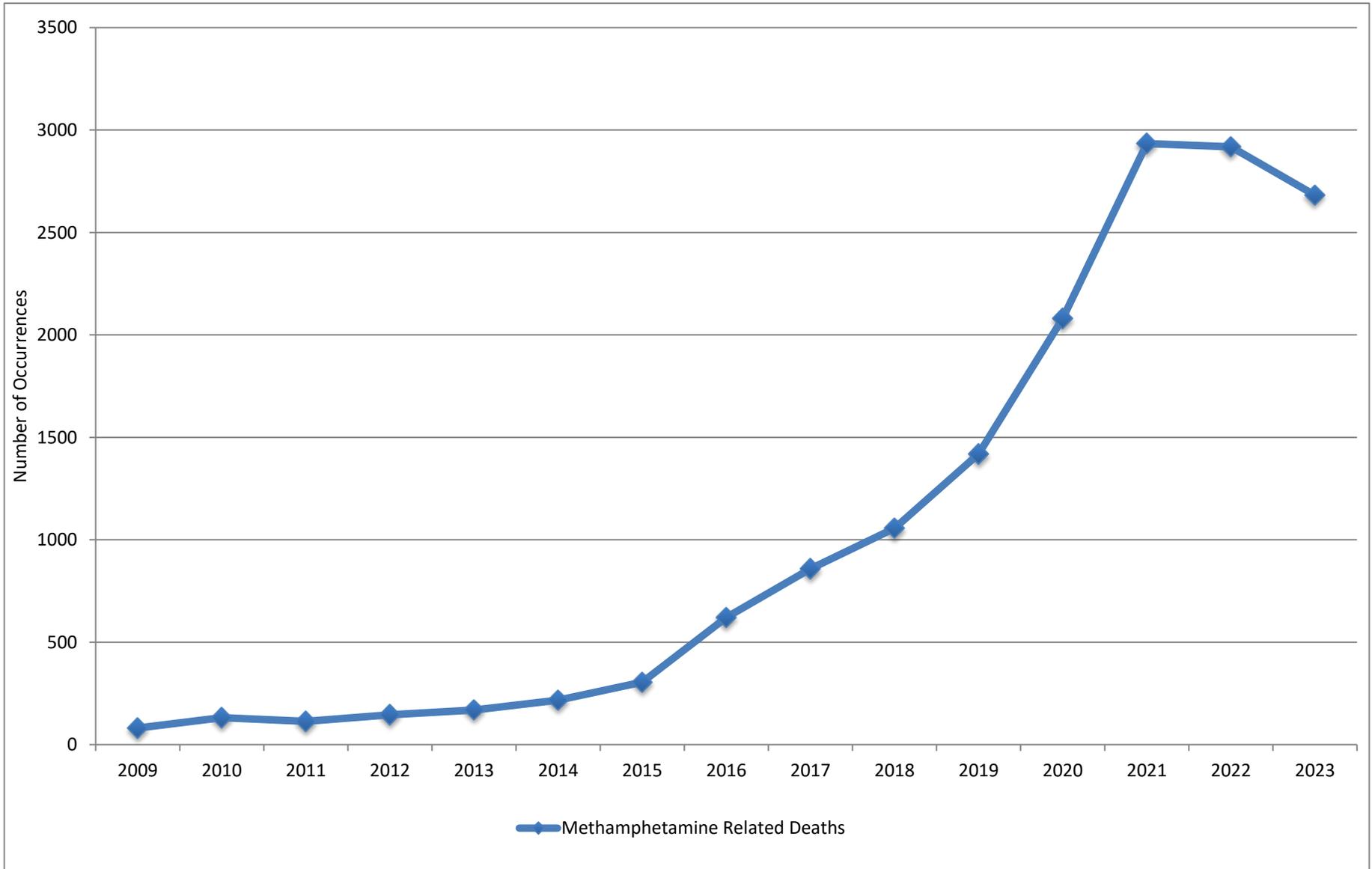
Methamphetamine Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
193	0	4	32	89	68
26	0	0	7	13	6
24	0	1	2	13	8
187	0	3	46	84	54
144	1	5	23	55	60
326	0	9	53	148	116
109	0	3	16	56	34
23	0	0	5	11	7
92	0	3	19	46	24
116	2	3	17	47	47
56	0	4	14	24	14
80	0	3	12	45	20
154	0	3	25	77	49
37	0	2	2	22	11
30	0	1	9	13	7
3	0	0	0	0	3
50	0	0	14	21	15
83	0	2	13	34	34
39	0	2	8	22	7
25	0	1	4	15	5
88	1	0	14	46	27
17	0	0	3	9	5
34	0	1	7	12	14
18	0	1	5	5	7
29	0	0	7	16	6
1,983	4	51	357	923	648

Methamphetamine Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
65	2	7	18	22	16
16	0	1	4	5	6
14	0	2	3	4	5
66	2	1	13	39	11
30	0	0	3	21	6
69	1	5	20	30	13
32	0	0	4	18	10
13	0	2	1	5	5
45	0	2	14	19	10
41	0	3	10	21	7
45	0	5	17	17	6
27	0	2	2	19	4
46	0	4	8	17	17
26	0	1	4	11	10
27	0	2	10	10	5
0	0	0	0	0	0
28	0	5	7	14	2
32	0	1	9	14	8
9	0	0	2	7	0
8	0	0	2	2	4
23	2	0	3	9	9
10	0	0	3	5	2
8	0	0	1	5	2
4	0	0	2	2	0
15	0	0	4	6	5
699	7	43	164	322	163

Methamphetamine Deaths by County 2023



Historical Overview of Methamphetamine Occurrences (Present and Cause) 2009 to 2023



Xylazine Deaths

January – December 2023

Medical Examiner District and Area of Florida	
District	Area of Florida
1	Pensacola
2	Tallahassee
3	Live Oak
4	Jacksonville
5	Leesburg
6	St. Petersburg
7	Daytona Beach
8	Gainesville
9	Orlando
10	Lakeland
11	Miami
12	Sarasota
13	Tampa
14	Panama City
15	West Palm Beach
16	Florida Keys
17	Ft. Lauderdale
18	Melbourne
19	Ft. Pierce
20	Naples
21	Ft. Myers
22	Port Charlotte
23	St. Augustine
24	Sanford
25	Kissimmee
Statewide Totals	

Total Deaths with Xylazine		
Total	Cause	Present
4	4	0
1	1	0
1	0	1
119	63	56
2	2	0
44	21	23
29	29	0
0	0	0
5	4	1
22	8	14
83	68	15
94	15	79
0	0	0
1	1	0
36	35	1
2	0	2
47	43	4
1	1	0
3	3	0
15	1	14
26	26	0
0	0	0
14	14	0
0	0	0
1	1	0
550	340	210

Deaths with Xylazine Only		
Total	Cause	Present
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Deaths with Xylazine in Combination with Other Drugs		
Total	Cause	Present
4	4	0
1	1	0
1	0	1
119	63	56
2	2	0
44	21	23
29	29	0
0	0	0
5	4	1
22	8	14
83	68	15
94	15	79
0	0	0
1	1	0
36	35	1
2	0	2
47	43	4
1	1	0
3	3	0
15	1	14
26	26	0
0	0	0
14	14	0
0	0	0
1	1	0
550	340	210

Xylazine Deaths by Age

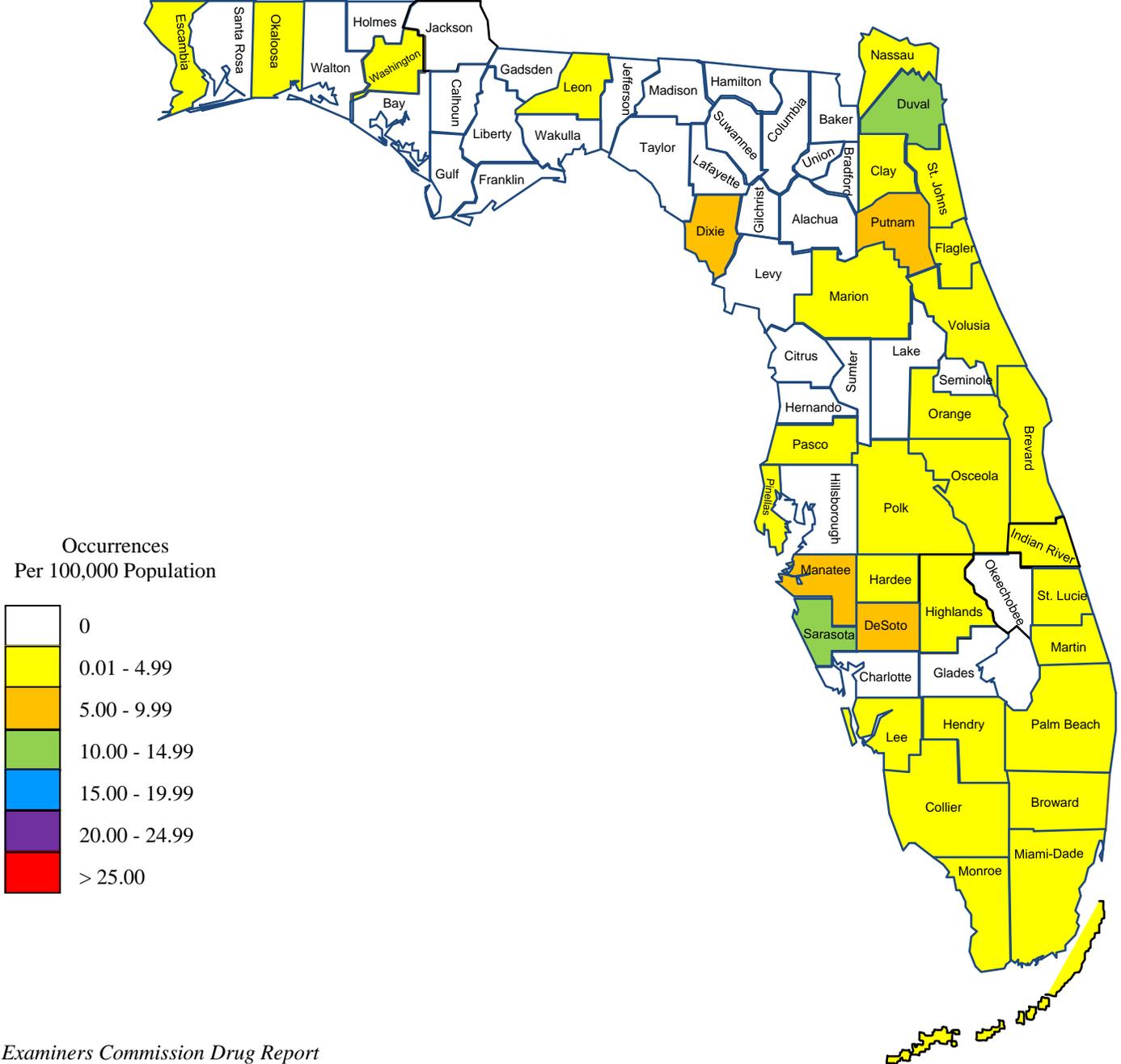
January – December 2023

Medical Examiner District and Area of Florida		
District	Area of Florida	Total
1	Pensacola	4
2	Tallahassee	1
3	Live Oak	1
4	Jacksonville	119
5	Leesburg	2
6	St. Petersburg	44
7	Daytona Beach	29
8	Gainesville	0
9	Orlando	5
10	Lakeland	22
11	Miami	83
12	Sarasota	94
13	Tampa	0
14	Panama City	1
15	West Palm Beach	36
16	Florida Keys	2
17	Ft. Lauderdale	47
18	Melbourne	1
19	Ft. Pierce	3
20	Naples	15
21	Ft. Myers	26
22	Port Charlotte	0
23	St. Augustine	14
24	Sanford	0
25	Kissimmee	1
Statewide Totals		550

Xylazine Caused Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
4	0	0	1	3	0
1	0	0	1	0	0
0	0	0	0	0	0
63	0	2	15	30	16
2	1	0	0	0	1
21	0	0	3	14	4
29	0	1	6	11	11
0	0	0	0	0	0
4	0	0	2	0	2
8	0	0	2	4	2
68	0	12	13	26	17
15	0	1	3	8	3
0	0	0	0	0	0
1	0	0	1	0	0
35	0	1	9	16	9
0	0	0	0	0	0
43	0	4	9	15	15
1	0	0	0	1	0
3	0	1	1	1	0
1	0	0	0	1	0
26	0	0	6	16	4
0	0	0	0	0	0
14	0	1	4	6	3
0	0	0	0	0	0
1	0	0	0	1	0
340	1	23	76	153	87

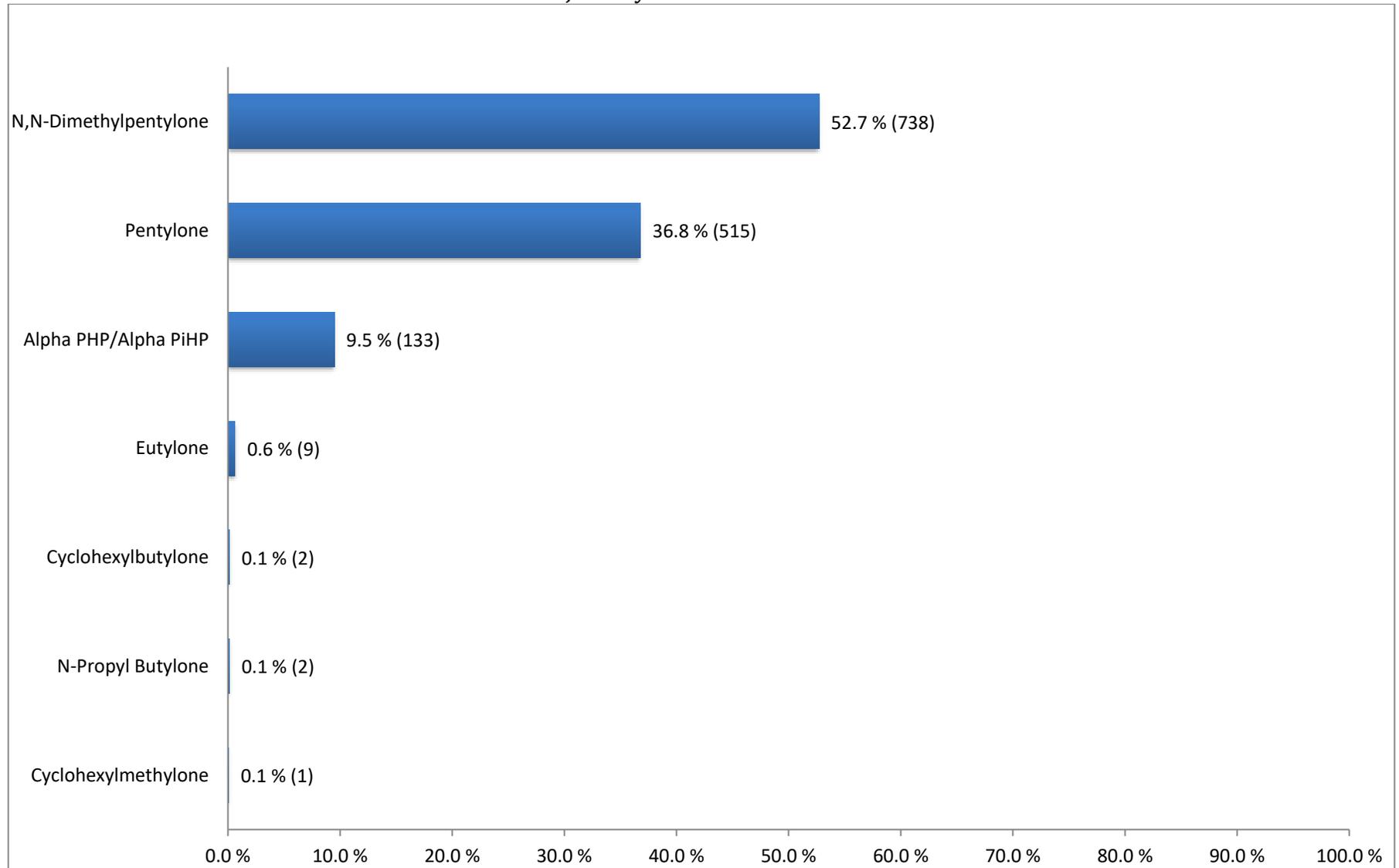
Xylazine Present at Death					
Age of Decedent					
Total	<18	18-25	26-34	35-50	>50
0	0	0	0	0	0
0	0	0	0	0	0
1	0	0	0	0	1
56	0	3	15	24	14
0	0	0	0	0	0
23	0	1	4	11	7
0	0	0	0	0	0
0	0	0	0	0	0
1	0	0	1	0	0
14	0	1	4	6	3
15	0	3	5	2	5
79	0	1	23	38	17
0	0	0	0	0	0
0	0	0	0	0	0
1	0	0	0	0	1
2	0	0	0	0	2
4	0	1	1	1	1
0	0	0	0	0	0
0	0	0	0	0	0
14	0	3	3	7	1
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
210	0	13	56	89	52

Xylazine Deaths by County 2023



Frequency of Occurrence of Cathinones

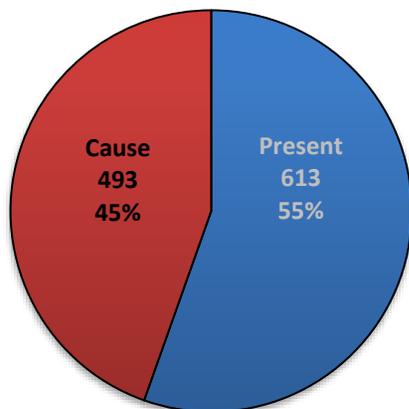
January – December 2023



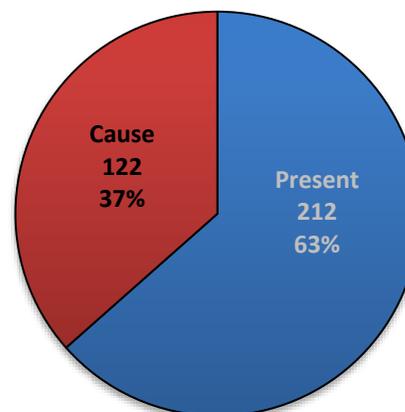
Note: Percentages may not sum to 100 percent because of rounding.

2023 Drug Detected at Death: Cause vs. Present

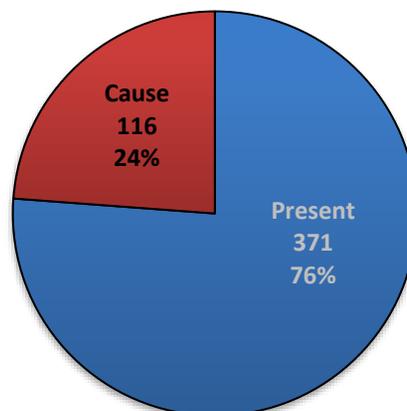
Alprazolam Deaths
Total Occurrences = 1,106



Diazepam Deaths
Total Occurrences = 334

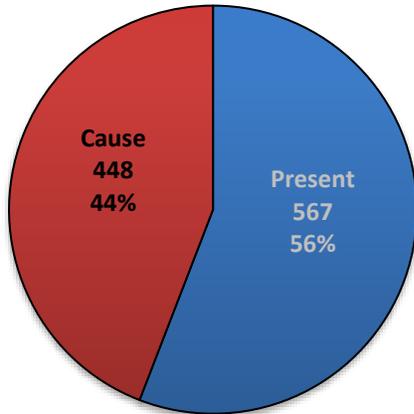


Clonazepam Deaths
Total Occurrences = 487

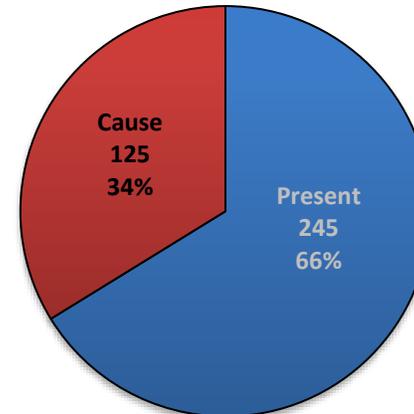


2023 Drug Detected at Death: Cause vs. Present

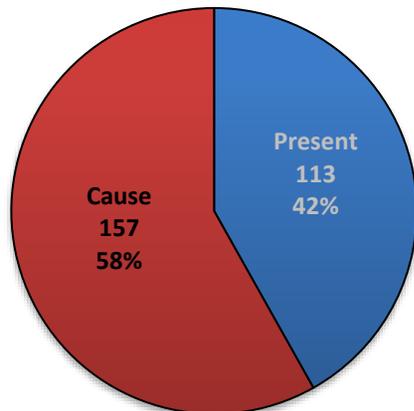
Oxycodone Deaths
Total Occurrences = 1,015



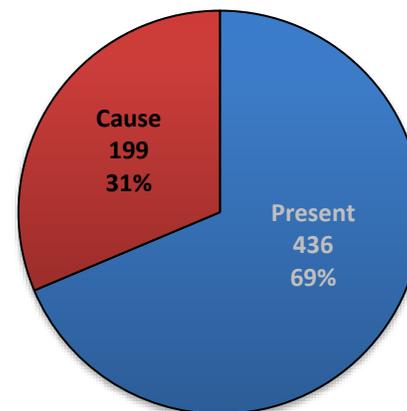
Hydrocodone Deaths
Total Occurrences = 370



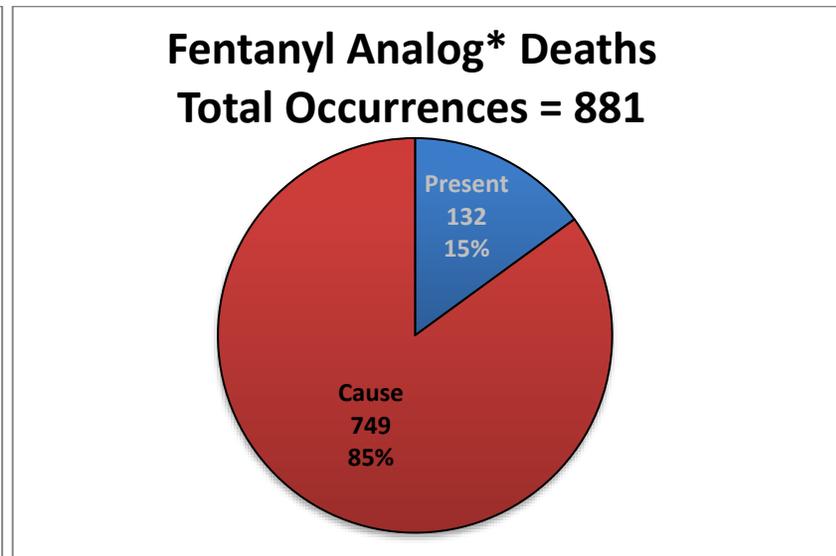
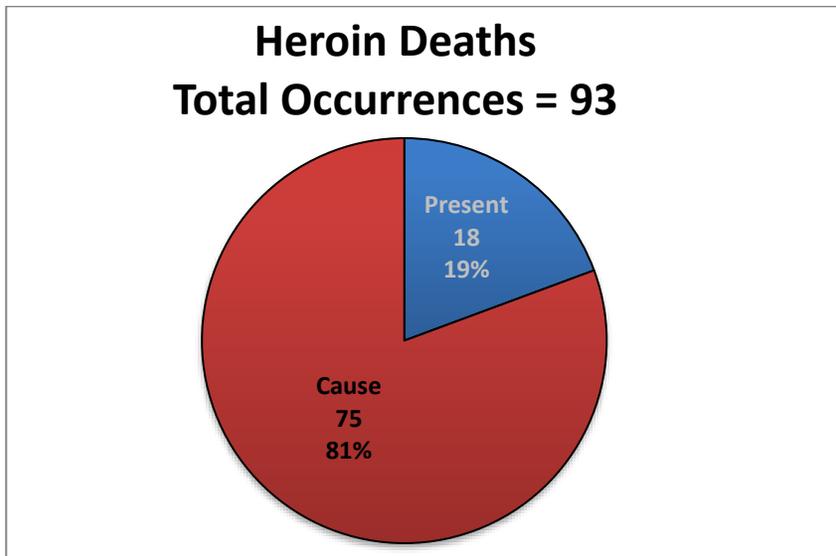
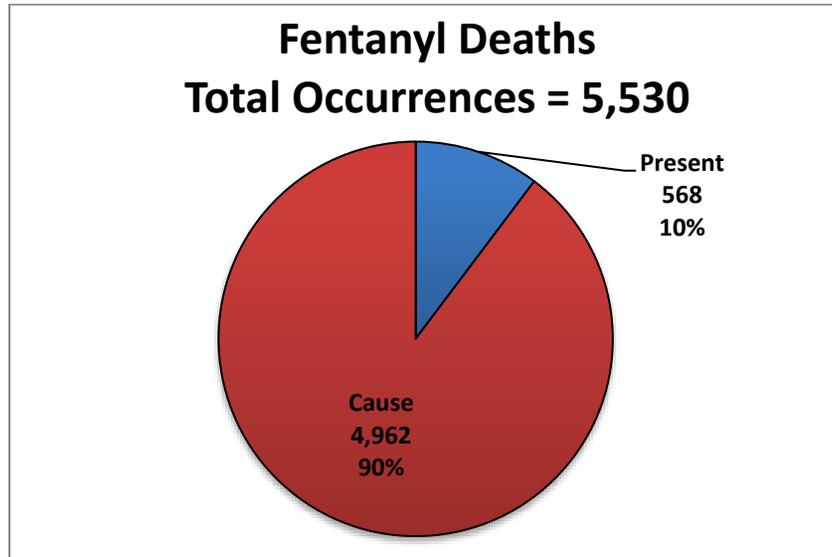
Methadone Deaths
Total Occurrences = 270



Morphine Deaths
Total Occurrences = 635



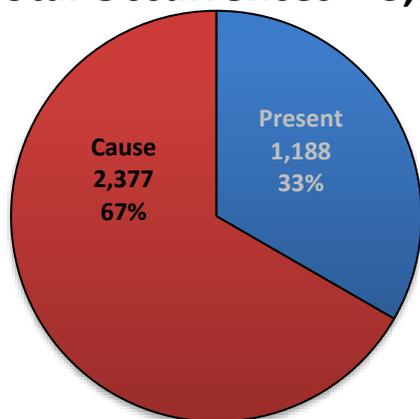
2023 Drug Detected at Death: Cause vs. Present



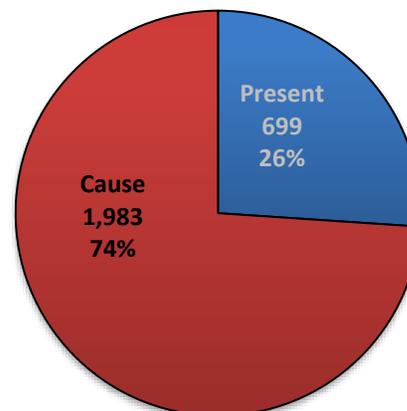
*Does not include 4-ANPP

2023 Drug Detected at Death: Cause vs. Present

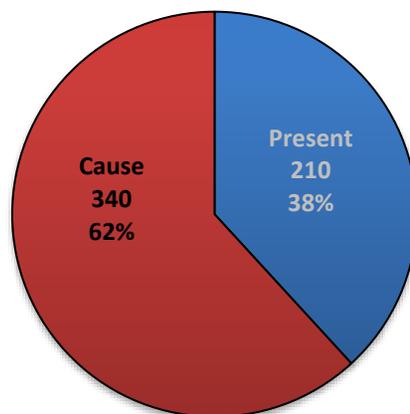
Cocaine Deaths
Total Occurrences = 3,565



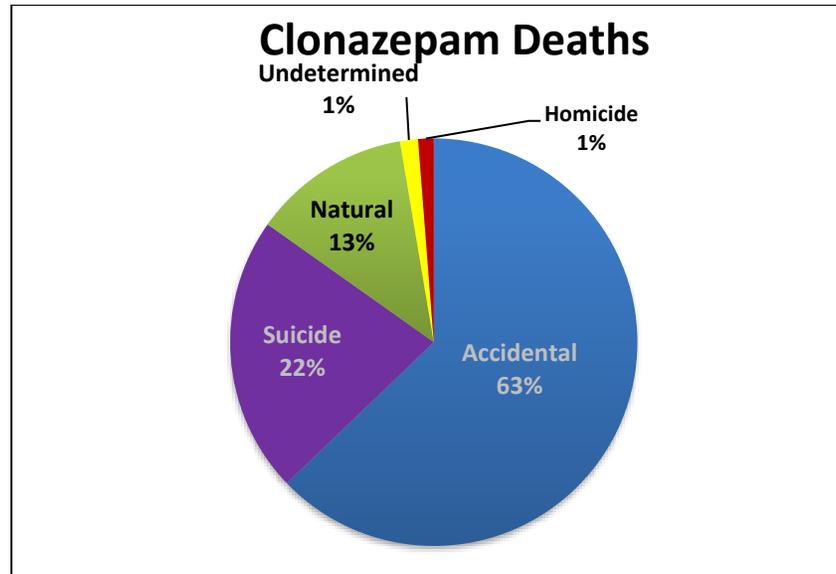
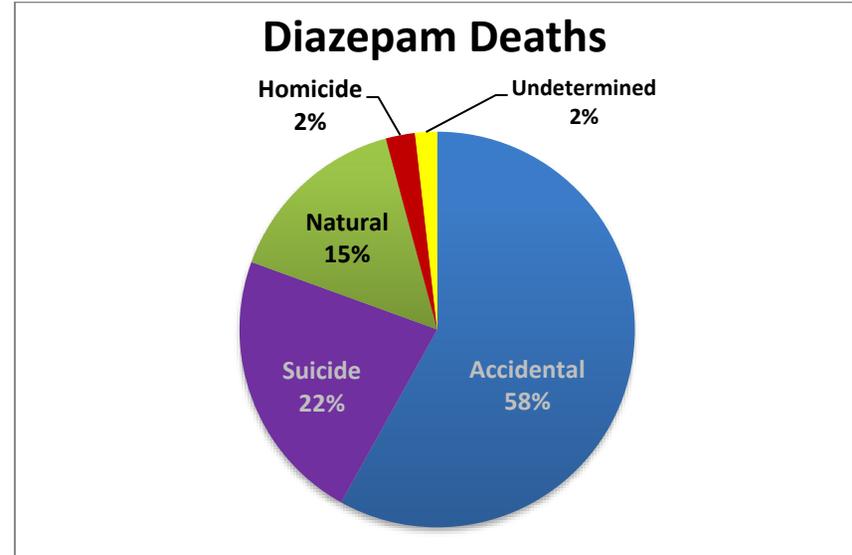
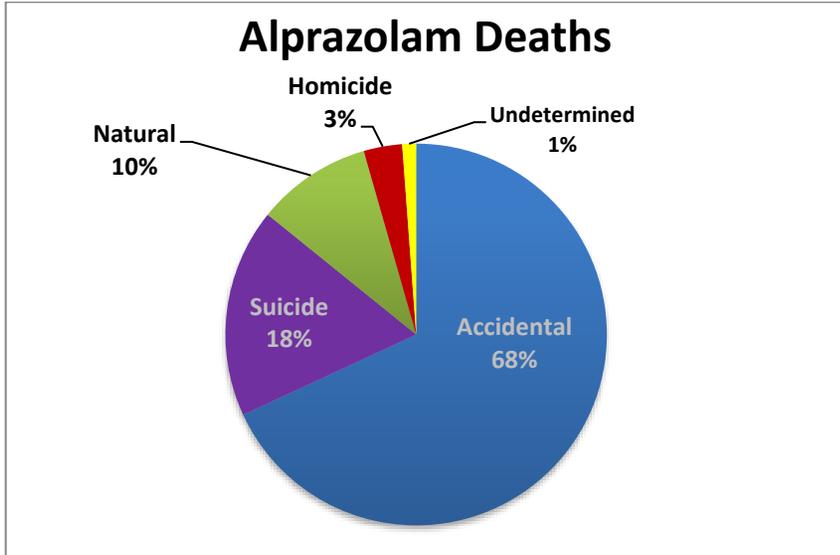
Methamphetamine Deaths
Total Occurrences = 2,682



Xylazine Deaths
Total Occurrences = 550

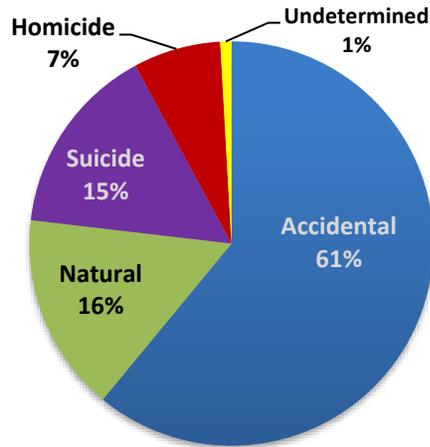


2023 Manner of Death for Reported Drug Occurrences

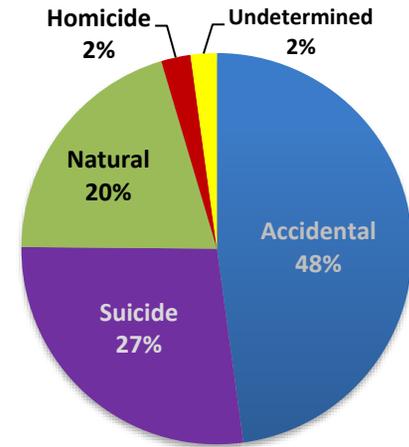


2023 Manner of Death for Reported Drug Occurrences

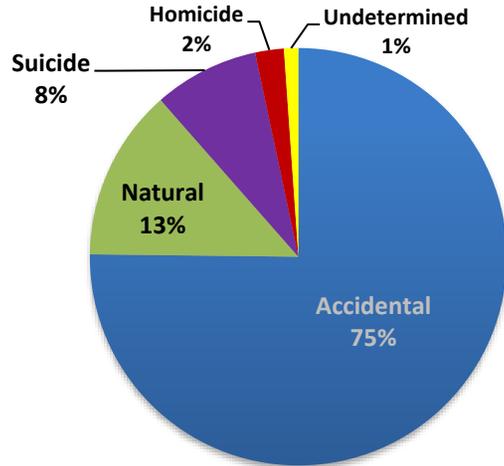
Oxycodone Deaths



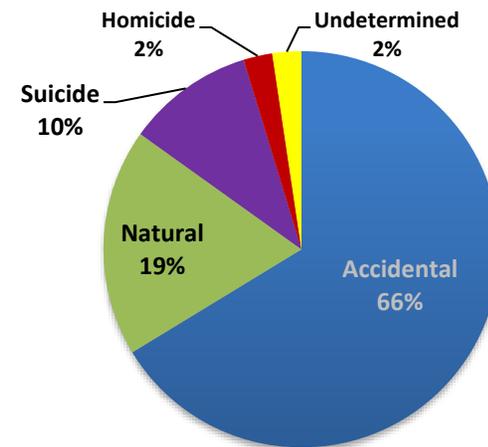
Hydrocodone Deaths



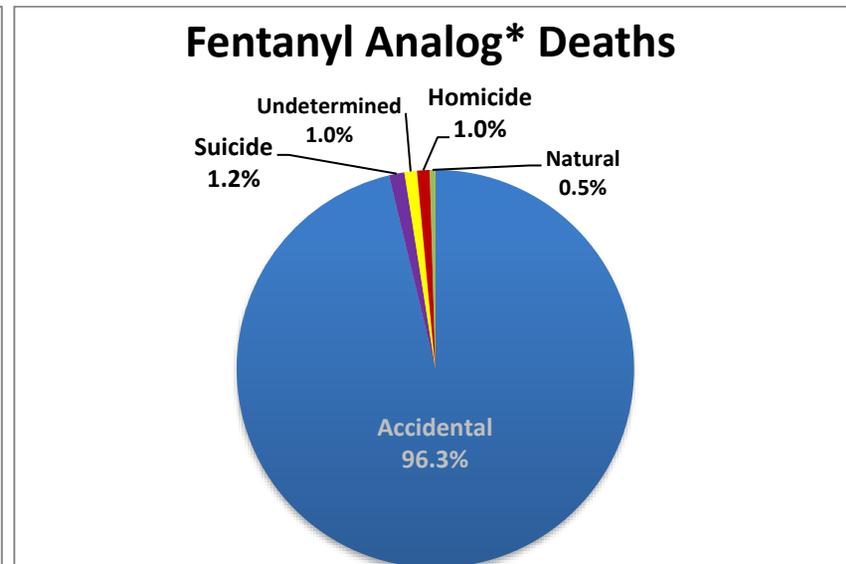
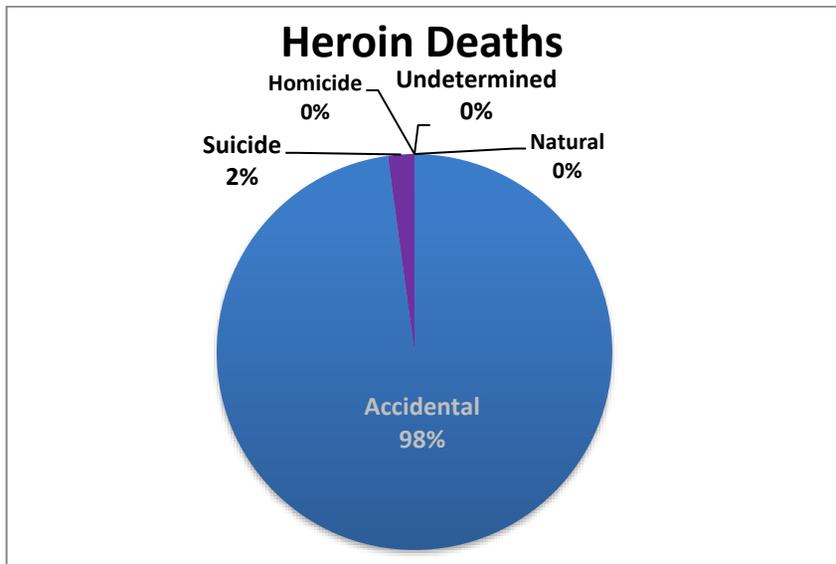
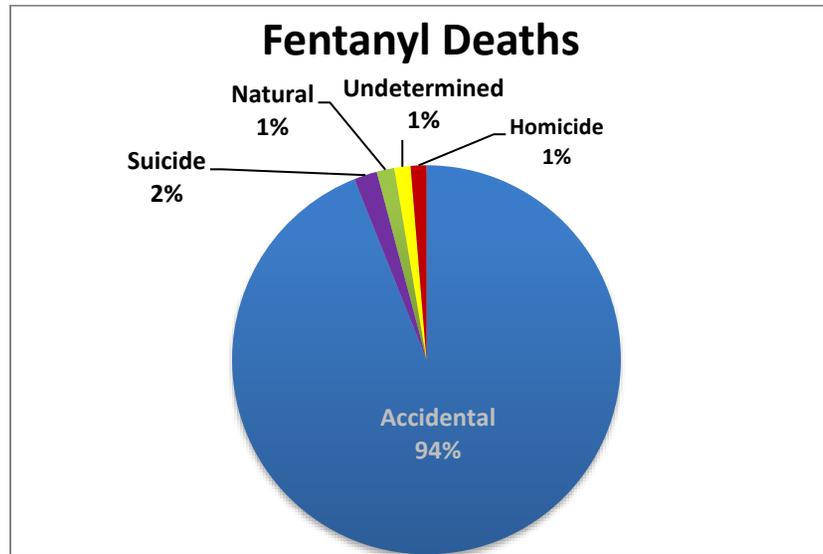
Methadone Deaths



Morphine Deaths

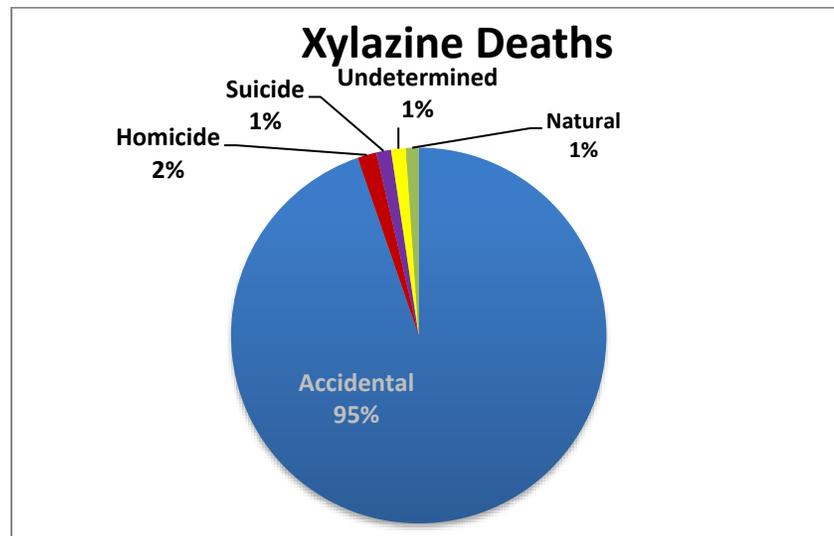
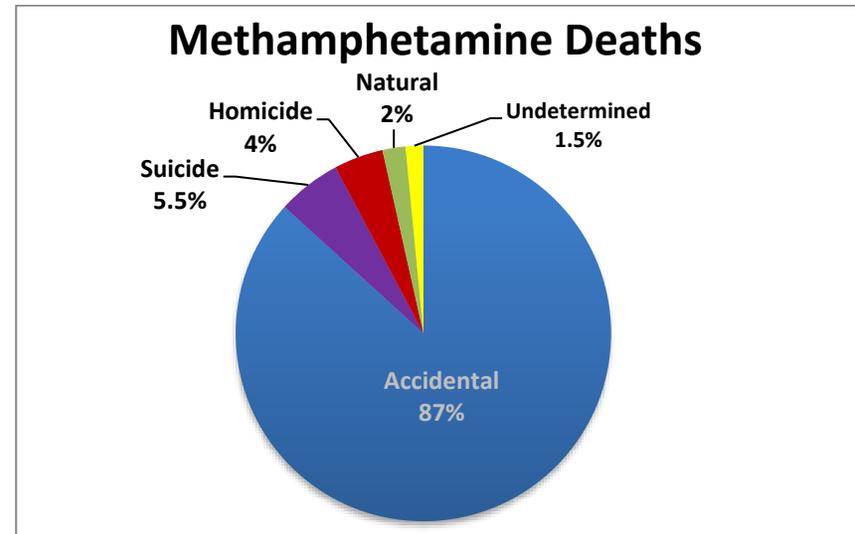
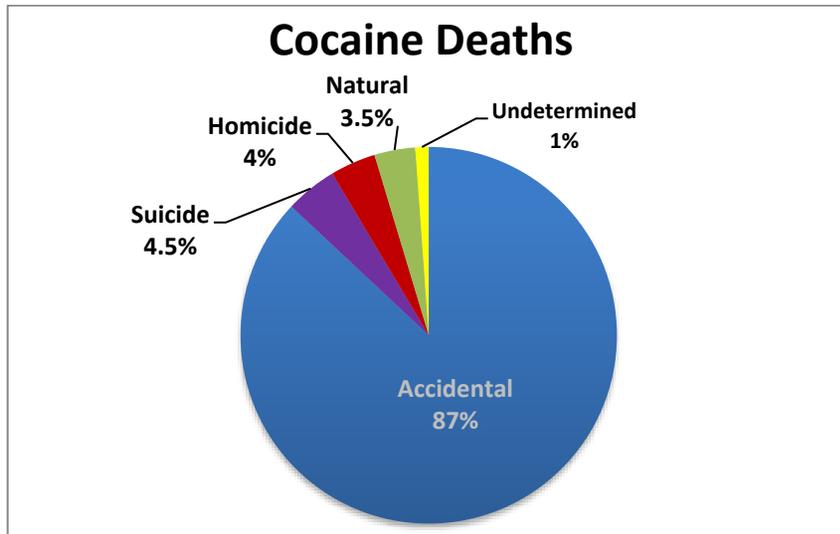


2023 Manner of Death for Reported Drug Occurrences



*Does not include 4-ANPP

2023 Manner of Death for Reported Drug Occurrences



Glossary

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

Amphetamines – A group of synthetic psychoactive drugs called central nervous system (CNS) stimulants. The collective group of amphetamines includes amphetamine, dextroamphetamine, and methamphetamine. Methamphetamine is also known as “meth,” “crank,” “speed,” and “tina.” Methamphetamine is metabolized to amphetamine, and thus, occurrences of amphetamine may represent methamphetamine ingestion rather than amphetamine ingestion.

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

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

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

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

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

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

Ethanol – Ethyl alcohol.

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

Glossary (Continued)

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

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

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

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

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

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

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

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

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

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

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

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

Glossary (Continued)

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

Methadone – A synthetic narcotic analgesic (pain killer) commonly associated with heroin detoxification and maintenance programs and is also prescribed to treat severe pain. It has been increasingly prescribed in place of oxycodone for pain management. Dolophine is one form of methadone.

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

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

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

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

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

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

PCP Analog – A drug structurally related to phencyclidine.

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

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

Glossary (Continued)

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

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

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