



Staggering predictions from the Broward County Medical examiner and an epidemiologist at NOVA Southeastern University have revealed that Broward County is likely to see over 1,000 fatal drug overdoses by the end of the year, almost doubling 2016's total of 582 and quadrupling those in 2015. Beyond fatal overdoses, the Broward County Sheriff's office estimates there are approximately 15 to 20 non-fatal overdoses every day in every emergency room in the county. In Broward, where there is only one public detox treatment facility countywide, there are limited options for helping rehabilitate those revived from overdoses. The epidemic is taking its toll on many county and city departments, including the Sheriff's office, county hospitals, child protective services and the county morgue. City officials are scrambling for solutions and funding to respond to the crisis. Multiple Florida cities, including Pompano Beach, are considering lawsuits with pharmaceutical companies for misrepresenting the addictive nature of opioid painkillers, which are largely being blamed as the catalyst for the epidemic.

THE NATIONWIDE OPIOID EPIDEMIC IS HITTING BROWARD COUNTY HARD

BY DANIELLE CHARBONNEAU

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According to the CDC, there were roughly 64,000 fatal overdoses from opioid drugs in 2016, up 540 percent in three years. Public health experts believe that for every fatal overdose, there are roughly 30 non-fatal overdoses. That would mean over 1.9 million non-fatal overdoses nationwide in 2016 alone. According to the CDC, drug overdoses are now the leading cause of death among Americans under 50.



Linda and Glen's story is a tragic one, but not an uncommon one. Their son Dylan was prescribed Opioid pain medication for a root canal procedure in his early 20s. Within a year he was physically and mentally hooked on pain medication. When he couldn't get any pills, Dylan would suffer severe withdrawal symptoms, including hot-cold flashes, pins-and-needle gooseflesh, nausea, bouts of constipation and diarrhea, restless leg syndrome, racing thoughts and an insatiable feeling of wanting to literally crawl out of his own skin (the common manifestations of withdrawal from Opioids).

When doctors would no longer prescribe him medication, Dylan turned to the illegal market to obtain it. As regulations on Opioid prescription pain medications got stricter and law enforcement began taking down the vast majority of illegal pill mills across the nation (South Florida being notorious for them), pills began to get increasingly more difficult, and more expensive, to obtain. In 2010, one 90mg Oxycontin cost around \$90, and one pill would barely get an addicted person like Dylan well from withdrawal symptoms for even half a day, much less feeling any kind of high.

Dylan (and many others like him), started turning to the street drug form of Opioids: heroin. Dylan's addiction to heroin spiraled quickly. Linda and Glen did everything they could think to do, sending him to inpatient detoxes, treatment centers, church, counseling and 12-step groups. After a series of false starts, Dylan had some success. He made it almost a month, but on his 30th day of sobriety, Dylan relapsed. He overdosed and died in the hospital that evening at 26-years-old. His younger brother and best friend Tyson was so distraught over Dylan's death that a few months later he committed suicide. Linda and Glenn lost two sons in the course of a few

months.

This tragic story is all-too-familiar to David Scharf, the Executive Director of Broward County Sherrif's (BSO) Department of Community Programs. Scharf works on the frontline of the Opioid epidemic, running many of Broward County's drug court, community outreach and education programs. He said the toughest part of the Opioid epidemic for him has been the phone calls from family members who sent their child or loved one away for drug treatment in South Florida, thinking they were doing the right thing, only to find their loved one missing (having relapsed or left treatment), in the hospital, or worse, at the county morgue.

The 2017 numbers so far for fatal overdoses paint a stark picture. Broward County's Chief Medical Examiner, Craig Mallak, and Jim Hall, an epidemiologist from NOVA Southeastern University who has been tracking the Opioid epidemic, predict the county is likely to see over 1,000 fatal drug overdoses by the end of the year, almost doubling 2016's total of 582 and quadrupling those in 2015. Of the 22 states that report fatal overdoses to the U.S. Centers for Disease Control and Prevention (CDC), Florida has by far the most, totaling 5,167 in 2016, a 55 percent increase from 2015.

Beyond fatal overdoses, Scharf and the Broward County Sheriff's office estimate there are approximately 15 to 20 non-fatal overdoses every day, in every ER in the county.

Nationwide, the problem is catastrophic. The President's opioid commission says that about 142 Americans die every day from a drug overdose, equal to the death toll from the September 11 attacks every three weeks. Most of those overdoses are from opioids. According to the CDC, there were roughly 64,000 fatal overdoses from opioid drugs in 2016, up 540 percent in three years. Public health experts believe that for every fatal overdose, there are roughly 30 non-fatal overdoses. That would mean over 1.9 million non-fatal overdoses nationwide in 2016 alone. According to the CDC, drug overdoses are now the leading cause of death among Americans

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From 1999 to 2014, sales of prescription opioids in the US almost quadrupled, according to the US Centers for Disease Control and Prevention, yet there has been no change in pain reported by Americans.



under 50.

The number of overdose deaths have gotten so bad that in a phone conversation Mallak told Scharf “the morgue is literally running out of space.” Though Mallak wasn’t as vivid in his description when interviewed by Point! Publishing, he didn’t deny the comment, saying it was during a time when it was not unusual for him to see ten overdoses a day come into the county morgue. One day, Mallak had 12.

“We were making plans to get a refrigerated truck so that we were able to keep the numbers down far enough,” he said.

While the county gave Mallak’s department one additional doctor and one additional investigator, Mallak said everyone on his team is still overworked and staffed seven days a week. He summed up his personal experience with the epidemic in one word:

they are generally cheaper, are difficult to detect and can be transported in much smaller quantities with even stronger effect. Scharf said that while Florida has always been ripe for criminal drug activity because of its sea ports, these fentanyl analogues are actually being transported entirely differently — through the mail, often via the Dark Web.

“It’s a different transportation method,” said Scharf. “These days it is not coming in off boats. It’s coming to you from your friendly neighborhood post office. You can get on your computer right now and order a kilo and have it delivered to your home within a week.”

Scharf said some of the Dark Web distributors even guarantee a free replacement package if the product is seized by law enforcement. Scharf said that while the



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WHY THE INCREASE?

The dramatic rise in overdose deaths in recent years is largely attributed to the use of strong forms of non-pharmaceutical, synthetic fentanyl and its analogues. Most of these potent forms are being made in foreign, clandestine labs, believed primarily to be in China. The worst derivative to date is called carefentini. The DEA says it is a synthetic opioid 10,000 times more potent than morphine and 100 times more potent than fentanyl — which itself is 50 times more potent than heroin. The drug was designed as an animal tranquilizer and used as a weapon in 2002 when Russian soldiers pumped aerosolized carfentanil into a Moscow theatre where Chechen militants were holding more than 800 hostages. They meant to incapacitate them, but the strength of the drug ended up killing over 120 innocent civilians. The Drug Enforcement Administration (DEA) says just two milligrams of the substance — essentially the weight of a few grains of table salt — can be deadly.

Carefentini and other fentanyl derivatives are extremely dangerous, even to law enforcement and medical personnel, as the substance can be accidentally absorbed through the skin or through inhalation of airborne powder. Scharf said this year three of BSOs canine units had to be revived just from sniffing around a crime scene in the approximate vicinity of a synthetic fentanyl product.

Scharf said dealers use these analogues because

DEA has allocated a lot of manpower to the US Post Office’s central receiving facilities, especially checking packages from China, “there’s just so much of it, it’s impossible.”

“What is their option? Tear open every package?” he said.

While the strength of these drugs is astonishing, what was even more startling to Scharf was the opioid-addicted population’s response.

“We had thought that when people found out that these drugs were deadly, they would steer clear,” he said, “But the exact opposite happened. They were actually flocking to the areas of town where the carefentini was.”

Scharf said that’s how physically and mentally addictive these drugs are — an individual is willing to literally die for the chance to experience that next level high.

LIVES AFFECTED

For Jason, a professional working at a treatment facility in Pompano Beach, the Opioid epidemic

bleeds into every part of his life, both personally and professionally. A week before being interviewed by Point! Publishing, he attended the funeral of one of his former clients, a beautiful 18-year-old girl who had come to South Florida to get sober off Opioids. She was found dead in a public restroom in Pompano Beach just a week after relapsing and leaving treatment. Jason had given her his business card to carry in hopes she would come back to treatment. The Broward County Medical Examiner's Office called Jason when they found his card in her pocket after removing her from the body bag. The next phone call Jason received was from the deceased girl's grieving mother.

Though tragically sad, Jason couldn't help but feel a moment of relief when the medical examiner described the girl on the table. Jason initially thought the deceased was his niece, who is also an Opioid addict in Pompano Beach. Jason legally adopted his niece's son when she could no longer care for him.

This too, is a common story — kids adopted by the family members of addicts; so much so that Susan Farver, who also adopted her granddaughter

Jason's path to sobriety was a long and arduous one including dozens of detoxes, treatment facilities and a stay in prison. He says he can only attribute his recovery to the grace of God and the 12-step recovery community.

In the last few years (in which Jason has been sober), he said his Facebook feed reads more like the obituaries. Every day, he said, there is at least one, often multiple, RIP condolence posts and funeral announcements from fellow addicts who have overdosed. There was even a recent funeral for one of his professional co-workers who had been sober for four years and had been in a management position at the facility where Jason works before he relapsed during Hurricane Irma and died of an overdose.

The tales of Opioid addiction and overdoses don't just involve the young. As a small sampling, four out of seven of the reported overdose deaths in Lighthouse Point last year were people over the age of 50 including a 62, 65 and 67 year old. Mallak said he's seen the ages range from 16 to 91, though the general demographic is primarily white males under 50, followed by white



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when her daughter became addicted, started a Broward County non-profit organization called Kinship Connect to help families like herself and Jason who adopt their addicted family member's kin. Farver hosts monthly workshops and support groups for such families, who she said often don't get the monetary or emotional support foster families receive.

While he admits many don't have empathy for addicts like his niece, Jason said the lack of empathy comes from extreme misunderstanding of how an addiction happens and what its like to be addicted. He himself has experienced the spiral, strength and hopelessness of an Opioid addiction.

As a teenager Jason was a door-to-door missionary for the Jehovah's witnesses church when he was in a car accident that put him through multiple surgeries throughout his 20s. He was prescribed morphine at age 28 and said he was addicted to heroin by age 32.

females.

THE LINK TO PRESCRIPTION PAIN MEDS

The vast majority of the overdose victims, according to multiple anecdotal sources and one strategic study, were individuals who were initially introduced to Opioids through legal prescriptions to pain medication. According to the study, which was conducted through Washington University in St. Louis and re-published on the National Institute on Drug Abuse (NIDA) website, around 80 percent of today's heroin users were (like Dylan and Jason) introduced to Opioids through legal prescriptions to pain medication.

While it's difficult to confirm the statistic without widespread surveying, both Stacy Fruhling, the Division Director for Broward Addiction Recovery Center (BARC), and Scharf confirmed the statistic matches up with what they've experienced on the front lines of the epidemic. Fruhling says the narrative of the addict being introduced to gateway drugs like marijuana and working their way up to stronger drugs like heroin is no longer the pre-dominate story. Now, she said, people start off on pain medications,



Everyone knows someone who is being impacted directly by this epidemic," Fruhling said. "You are really doing yourself a disservice if you think this isn't going to touch your life in some way, shape or form."



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prescribed by their doctor, and develop a physiological dependence first.

The pharmaceutical industry has been so widely blamed for the Opioid epidemic that multiple cities across the country are pursuing lawsuits to sue for damages. Delray Beach is the first city in Florida poised to enter litigation. The city has contracted Robbins Geller Rudman & Dowd, LLP, a firm out of California, to pursue the suit against several pharmaceutical manufacturers and distributors.

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The City of Pompano Beach is also considering litigation.

“I’m starting to receive proposals from law firms — one out of New York, with a Florida office — for opioid litigation and to gauge the city’s interest in trying to recover monies,” said Mark Berman, Pompano Beach’s City Attorney at a City Commission meeting on July 25. Pompano Beach Mayor Lamar Fisher said at that meeting he looked forward to getting the information.

Part of the reasoning behind pursuing litigation is undoubtedly to recover some of the costs associated with responding to the Opioid epidemic. The costs for emergency response alone can be exorbitant. Narcan, the one drug on the market that can counteract the effects of opioids on a person experiencing an overdose, is expensive. The auto-inject version of the drug was originally released to the market in 2014 at a cost of \$575 for two doses. According to Politico, the same amount now costs \$3,750. The price gouging

unfortunately cannot, under current law, be regulated by the Food and Drug Administration.

Luckily, over the last few months, BSO received funds from a variety of sources including the Broward Sheriff’s Advisory Council and the Florida Sheriff’s Association for over 1,000 doses of the nasal spray variety of Narcan. Scharf said it was almost enough to equip most of BSO’s deputy sheriff’s with the life-saving drug. Each of these doses cost about \$38, but Scharf said sometimes it can take five or more doses to revive someone in the throes of an overdose, especially with strong synthetic fentanyl. BSO deputies have already saved about 15 lives in the last few months by deploying nasal Narcan prior to emergency medical personnel arriving on scene. Community partners across Broward have been hosting training workshops for other public personnel, such as librarians, who come across overdose victims.

REHABILITATION

When someone experiences a non-fatal overdose, Fruhling said there is a pivotal moment and a small window of opportunity to connect the individual with help before their physical craving and compulsion to use returns. This is why Scharf said his department, along with other community partners, have been focused on building up a force of “peer specialists” — individuals who can immediately connect with the survivor in the emergency room and help them get linked up with appropriate resources and support. While the force of these peer specialists is growing, Scharf and Fruhling both said there is nowhere near enough to cover all the ERs and victims yet, so many are slipping through the cracks.

This is why Scharf said there were plans drafted to create a “central receiving facility” in Broward where all individuals who survived a non-fatal overdose would be diverted, allowing the county to connect them with resources. Scharf said BSO had originally obtained a grant for the facility, but in the week before being interviewed by Point! Publishing in August, had been informed the funds had been slashed by 40 percent, putting the plans on hold. Scharf said community leaders are working hard to restore the original

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funding levels.

“Our ultimate goal is to be sure that those who overdose can be linked to services immediately upon discharge to reduce the rate of overdose recidivism,” said Scharf. “Those in the throes of addiction, or are experiencing mental health issues, need treatment, not jail time. Our jails are our number one provider of mental health services, which is a shame. Sheriff Scott Israel has consistently said that those experiencing substance abuse issues or mental health issues are ‘people with problems, not problem people.’”

Even if an individual does decide they’d like treatment after a non-fatal overdose, however, without health insurance, there are very few options. BARC is the only county-funded detox and treatment facility in Broward and currently only has 34 detox beds. A person is usually in detox for at least a few days, so considering the number of non-fatal overdoses every day, per ER, vs. the number of county detox beds available, the gap is profound. To bridge that gap, Scharf said some of the private treatment facilities have stepped up to offer a total of 50 scholarship beds, bringing the current total to 84.

BARC has a first-come, first-serve policy for detox beds, so Jason said when he encounters individuals interested in county treatment, he instructs them to get to BARC at 4am to get a spot in line in the parking lot. The fact that there are individuals “willing to go wait in line before sun-up for a detox bed,” he said, is a testament to the extreme need.

To respond to the need, Furling said that BARC has two main strategies on the table. The first is that BARC is expanding. She said a new, state-of-the-art facility will be opening around March of 2018 that will increase the number of detox beds from 34 to 50.

The second effort being made at BARC is a new Medication Assisted Treatment (MAT) program. BARC received a grant for the the MAT program in June and officially launched it in July. The MAT program provides either Vivitrol or Suboxone, two drugs that block Opioid receptors, help with the withdrawal process, reduce cravings and prevent relapse. The medications are either free or subsidized to participants who participate in an outpatient and counseling program. MAT allows BARC to treat more people who would, without medication, traditionally need inpatient treatment.

Ultimately both Scharf and Fruhling said the epidemic will have to be tackled from a lot of different angles — from prevention, to education, prescription medication reform, overseas regulations, the shutting down of foreign labs, prosecution of traffickers and dealers, availability of Narcan, protocol for connecting people to services, re-thinking treatment methods, reducing public stigma surrounding addiction and funding.

“If we don’t fund it, people die,” Fruhling said. “That’s the bottom line.” *



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