

**Drug Policy Advisory Council Meeting  
Minutes  
September 24, 2008  
10 – 3 pm  
The Capitol, Conference Room 2103**

<b>Members in Attendance:</b>	<b>Members not in attendance</b>	<b>Others in Attendance:</b>
<b>Nicolas Thompson</b>	Frank Peterman	<b>William Lutz</b>
<b>Bernie DeCastro</b>	Phil Diaz	<b>Iris Wilson</b>
Melanie May	<b>Babette Hankey</b>	Bruce Grant
<b>William Stewart</b>	<b>Ana Viamonte Ros</b>	<b>Nancy Hamilton</b>
<b>Gail Honea</b>	<b>Burt Saunders</b>	<b>Mark Fontaine</b>
<b>William Janes</b>	<b>Walter McNeil</b>	Jasper Watkins
	John Czernis	Pam Denmark
	<b>Kevin Beary</b>	Gayla Sumner
	Mike Hansen	<b>Emery Gainey</b>
	Gerald Bailey	<b>Randy Ball</b>
	<b>BG Burnett</b>	Stephenie Colston
	Mary Tappen	Joe Chapman
		Jennifer Pritt
		Jeff Beasley
		Shairi Turner
		<b>Claude Shipley</b>
		<b>William Hightower</b>
		Sandeep Rahangdale
		Ernie Duarte

**Note\*: Numbered items correspond to order in which presentations were conducted.**

**Welcome and Opening remarks by William Janes, Director, Office of Drug Control**

- Discussion of Sunshine State Law requirements
- Administrative comments to include payment for lunch
- Council informed to look at the CY09 proposed meetings

Note: Minutes from last meeting were provided to Council for review in their binder.

**1. Jeff Beasley – Florida Department of Law Enforcement – Communication**

There are two types of concerns law enforcement has with marijuana:

- a. Domestic Marijuana
  - a. Outdoor Grow – Generally small in size and produce relatively low grade material that will be consumed locally.
  - b. Indoor Grow – Generally more organized producing high grade material that can be sold to local markets or shipped to other areas for distribution.

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- b. Imported Marijuana
  - a. Mexican/ Caribbean outdoor grown marijuana generally similar in quality to domestic outdoor grown marijuana. Very competitive because of price. Widely available statewide.
  - b. Canadian indoor grown marijuana. Generally considered high quality but, is usually more expensive and availability varies statewide.
- c. The eradication of outdoor grow marijuana has decreased significantly since 2005 to 2007: near 30,000 plants in 2005 and almost 5,000 plants in 2007. It is generally felt the reason is that outdoor grows are labor intensive and are not cash generators because of heavy competition from imported marijuana.
- d. The eradication of indoor grow marijuana has increased significantly since 2005 to 2007: nearly 45,000 plants in 2005 and almost 75,000 plants in 2007. This is probably due to the price of high quality indoor domestic marijuana has been three to six times that of outdoor marijuana.
- e. There are a number of concerns with indoor grow marijuana operations:
  - a. The indoor grow operations have continued to increase in number and sophistication.
  - b. They are found in predominately discovered in urban/metropolitan areas.
  - c. The increase in public safety concerns has increased due the problem of more electrical/fire hazards.
  - d. The biggest concern is the multiple grow house operations that have been identified with Cuban Drug Trafficking Organizations (DTO)s.
- f. The meth lab seizures have decreased significantly since 2005 to 2007: nearly 337 meth labs in 2005 and 194 meth labs in 2007. This is probably due to the increase with law enforcement actions and there requirement to move over the counter products containing ephedrine to behind the counter.
- g. Mr. Beasley discussed the following trends law enforcement is seeing:
  - a. Lab size has remained relatively the same. (The produce only a few ounces per cook)
  - b. Law enforcement ontinues to see mixture of anhydrous ammonia and Red P (Iodine lab) around the state.
  - c. Meth cooks are forced to use multiple individuals to maintain their supply of ephedrine.
  - d. There has been a noticeable concentration of meth labs in certain geographic portions of the state. However, meth labs are being seized statewide.

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Director Janes: The Council, the Attorney General and the bill sponsored by Representative Thompson that passed demonstrates the ability to work together to impact drug problems in the state.

Representative Thompson's HB 173 passed regarding grow houses for marijuana. This is for clarification purposes for those reading the minutes so they understand the intent of the bill and was not read by Mr. Janes:

“Defines "cultivating" for specified purposes; prohibits owning, leasing, or possessing place, structure trailer, or other described place with knowledge that it will be used to manufacture, sell, or traffic in controlled substance; provides that possession of specified number or more of cannabis plants is prima facie evidence of intent to sell or distribute; “

The housing of evidence from meth labs and grow houses for marijuana is a significant challenge that impacts upon the budgets for local law enforcement that greatly appreciates the requirements set out by the bill. The indoor grow folks are impacted upon if not sledge-hammered. The challenge of storing chemicals and large amounts of marijuana stalks is significant, especially with marijuana as it could be dozens if not hundreds of plants. The impact of this bill being passed will be assessed during the next calendar year.

Representative Thompson: I appreciate the efforts of the Attorney General McCollum, the Governor's office and the legislature with passing HB 173. The bill goes into affect October 1<sup>st</sup> which will increase the penalties for the people operating the grow houses. Hopefully that will get them to “flip” on those organizers of the operation.

Director Janes discussed the types of bills that the Office of Drug Control will emphasize during the next legislative session: Control the internet with Prescription Drug Monitoring Program and VIPPS; Uniform Policy Provision Law (UPPL); suicide prevention in the education in schools; routine scheduling of drugs; ALCOPOS---moving to a liquor status instead of beer status.

## **2. Claude Shipley – Office of Drug Control – Communication**

- a. During the June 10, 2008 DPAC meeting a motion to have a sub-committee examine and provide a method to routinely recommend the scheduling of drugs to the Governor and the legislature was approved.
- b. The sub-committee composed of members from the Attorney General's office, Emery Gainey, Department of Health—Jasper Watkins, Florida Department of Law Enforcement, Jeff Beasley and the Florida Alcohol and Drug Abuse Association, Mary Booker met on September 12, 2008.
- c. Discussion of the current legislature to schedule drugs to include the ability to use the emergency scheduling process under statute by the Attorney General.
- d. Discussion of the federal method of scheduling drugs.

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- e. The recommendation was to have a two option approach to the solution.
- f. The first option was with a Drug Enforcement Administration (DEA) scheduled drug.
- g. The second option was with a non-federally i.e. not scheduled by the DEA nor a Food and Drug Administration approved drug.
- h. Jennifer Pruitt from FDLE recommended changes to improve the process. Request was for ODC to coordinate with FDLE to coordinate the changes. Final results are provided at enclosure 1.

**3. Emery Gainey – Attorney General’s Office – Florida Gang Reduction Strategy**

- a. Clarified that the presentation by Claude Shipley on a “routine method of scheduling drugs” would not preclude the ability of any agency/organization or person from requesting the legislature to schedule a drug.
- b. In December 2007, the Attorney General’s Office called together a workgroup composed of state agencies to look at our gang problem and do something different than before.
- c. Most gangs are formed by youth between 14-24 years of age.
- d. Briefed the goal of the strategy and the three main goals of the strategy: 1) Stop the growth of criminal street gangs in Florida; 2) Reduce the number of gangs and gang members; 3) Render gangs ineffective.
- e. Primary Areas to Address:
  - a. Prevention and Intervention. Give them alternatives to gang involvement. Attack king pins/leaders of these gangs. Take them off the street by incarcerating them.
  - b. Educate youth, parents and other mentoring adults to help Florida’s youth reject gang involvement.
  - c. Rehabilitate and use re-entry programs and education to assist them when they return to their community.
- f. This is not a law enforcement problem; this is a community problem and that is the approach we need to take to resolve the problem with gangs in our communities. It is a different mindset.
- g. The strategy is an overview of the things we think are essential and critical for every jurisdiction across the state. In order to achieve that end the Attorney General’s office is hosting in the seven Regional Gang Reduction Task Force meetings. Tallahassee can not and should not be in the business of trying to run everything.
- h. Then intent is to include appropriate members from concerned organizations and people to develop a regional plan. The plan would be devoid of funding constraints. We will work with the seven regional Task Forces, so that they will coordinate their efforts in order to use their unique plans that fit their own areas.
- i. The Hillsborough County Regional Task Force (consists of nine counties) was conducted on September 9. The next regional task force meeting will be in

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Orlando on October 10<sup>th</sup> until all seven regions have their meetings to develop their strategies.

Note: There was a member discussion on “seizure dollars” to help with funding some of the strategies that the regions develop.

**4. Pam Denmark – Department of Corrections (DOC)**

- a. Secretary of Corrections is reviewing the need for a significant Re-entry Program to get off the path that we have been following for years.
- b. One in forty-seven Florida adults is in prison or supervised. Florida has one of the highest incarceration rates in the nation.
- c. Prison population over the next seven years will go from almost 93,000 to 128,000 prisoners. The numbers of “supervised” will increase by 30,000.
- d. The Department of Correction’s Re-entry program is designed to reduce prison beds, save taxpayer’s money and contribute to a lower crime rate.
- e. The challenge with our current situation is the number returned to prison:
  - i. 43% of inmate admissions are prison recommitments
  - ii. 41.5% of inmate admissions are probation violators
  - iii. Of the 17,562 (41.5%) probation violators admitted to prison in FY 2007-08:
    1. 57.5% (10,093) had ‘Technical’ violations
    2. 42.5% (7,469) had ‘New Offense’ violations
- f. Dr. Rahangdale (Assistant Secretary DOH for Health) said that they are spending nearly \$500M on prisoner health. This is due to mandated requirements to take care of incarcerated prisoners.
- g. Incarceration rates in Texas, California, and New York have declined, while Florida’s rate has increased by 4.8%. Florida’s prison incarceration rate is projected to grow by 30% over the next five years.
- h. Discussion amongst members over the challenges of how to break the cycle of people returning to prison given a public perception that wants retribution.
- i. Rhetorical question by Pam Denmark “What are we going to do when we can not build more prisons?” The crime rate leading to prison is no longer going down. We are probably going to have let more people out of prison early within federal guidelines, though that is not her personal position.
- j. Representative Thompson asked rhetorically “Can we make prisons bad enough to make people not want to return?” Discussion on that subject roundly agreed that the great majority of prisoners do not have the skill sets that keep them out of prisons. Discussion then revolved around how do we inform the public
- k. Discussion revolved around the ability to provide substance abuse programs with support programs built-into the overall program for prisoners and those who have been released under supervision. This would reduce recidivism.
- l. Discussion: Educate the public on the issues of prisons versus substance abuse treatment in prison and during supervision to achieve support in the

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legislature; what can we do to save the state money and keep the public safe is the challenge going forward.

- m. Assistant Secretary DOC, Bruce Grant: Secretary McNeil absolutely committed to substance abuse treatment in the prisons and the communities. DOC is submitting legislation that all those in prison and under supervision with substance abuse history must receive an evaluation for possible needed treatment.
- n. Director Janes said that Corrections can not do this alone and that maybe members should work together in separate venues and talk about what can be done.
- o. Suggestion from a DPAC member was to develop a media campaign on this problem. Director Janes felt it was outside the scope of the committee and others agreed. The thought was that separate members within their groups could work on this subject to educate the public and key members.

**Motion:**

**Motion was made by Mark Fontaine that the Council proceeds with drafting a letter to the Governor, Speaker of the House and President of the Senate, that summarizes the efforts by the Department of Corrections to reduce recidivism with community supervision in substance abuse treatment programs, while keeping the public safe, thereby reducing admissions to prisons. Bernie DeCastro seconded the motion and the motion was approved by the full Council.**

**Motion:**

**Motion was made by Director Janes that Council establishes a workgroup to track the re-entry initiative by the Department of Corrections from now to the end of session to look for policy opportunities to complement the re-entry Task Force's work. The workgroup members should identify these opportunities and provide them to the Council. Judge May seconded the motion and the motion was approved by the full Council.**

**5. Greg Lindskoog - Miami Field Division, Division Chief of Intelligence, Drug Enforcement Administration**

- a. Stated area covered by Miami's region and his professional background.
- b. Looking to put up to 70 people in Afghanistan; have people around the world mostly in Latin and South America. Newest area will be West Africa due to amount of cocaine flowing through that area.
- c. Florida is the only state not shared between DEA divisions; only one division the Miami division.
- d. Priority Targeting System: This is organizational targeting by ICE, DEA, FBI and the US Attorney. There are over 100 targets. As the priority targets are assigned to the DEA, they are they broken down to the

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appropriate areas. For example some targets the DEA is working state law enforcement in Florida gangs and marijuana based targets.

- e. The DEA is able to charge drug traffickers who never leave their South American country in the USA due to the anti-drugs efforts by the DEA in Florida. Large amounts of drugs and money flow into and out of Florida allowing the charges to occur.
- f. Crime lab training and drug diversion programs are provided by the DEA.
- g. Panama Express: Multi-ton seizures in the Florida area are most often from this operation.
- h. Director Janes: Where do these seizures mostly occur? I am questioned quite often about the crime in our ports. Not in Florida proper.
- i. DEA answer:
  - i. Expect to see a 25 ton seizure in S. Florida--No; 100 kilos or smaller in the Florida ports---yes. It is a matter of scope. We assess that we interdict about 10%.
  - ii. Containerized cargo is hard to detect without hard intelligence.
  - iii. Go fast boats would have 30-50 kilos coming in from the Bahamas.
- j. Discussion on semi-submersibles; only seen in the Pacific at this time. If they are used in the Florida area in the future, they would be able to come very close or onto shore for discharging their cargo.
- k. Discussion of how there being no need to clear customs in Key West; Huge numbers of people get off a cruise ship and FedEx their illicit drugs as they don't have to clear customs at Key West; only Ft. Lauderdale.
- l. Operation Bahamas/Turcos/Cacaos: Helicopter operation out of the Bahamas against go fast boats. Resources are limited and "on station" time is not long when chasing these boats. Concern is the decreased capability will allow more of this type of movement into Florida.
- m. Mobile Enforcement Teams: Provides assistance to a local police/sheriff to help defeat a local crime problem: gang, meth or marijuana.
- n. Meth Strategy: Work with FDLE to respond to a lab site to help its clean-up. Run a training program to teach how to deal with the hazardous waste.
- o. 60-80% of the seizure and forfeitures (DEA: \$80M in Florida last year) is shared with state/local law enforcement.
- p. DEA is very active in trying to shut-down the doctors illegally providing prescription drugs---painkillers. They are very interested in Broward County as a high problem area. DEA looks at the amounts shipped to a certain doctor or clinic to determine if there is potential drug diversion

#### **6. Gary Powers – Gateway Community Services**

- a. Initial discussion about how to use a telemedicine piece of technology for eCounseling.
- b. Gateway Community Services saw a gap in those who were receiving services and those needing help but were unable to access services:

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- i. Inability to access services: the elderly, those with transportation issues, childcare responsibilities or are incarcerated and military personnel.
- c. Results:
  - i. Provides more services and delivers them faster.
  - ii. Provides an immediate engagement and reduces outpatient waiting lists
  - iii. Reduces costs and increases productivity
- d. Increase in Productivity:
  - i. Productivity has increased as much as 200%
  - ii. All services are offered face-to-face, over the phone, and over the internet. Note: all services are digitally recorded.
  - iii. Groups and services are offered at different times during the day and week
- e. Reduction in Waiting Time:
  - i. Eliminate the waiting list for our Outpatient Services
  - ii. Clients are engaged immediately and put into a Motivational Enhancement Therapy (MET) group.
  - iii. After completing 4 MET groups, clients are transitioned into their treatment group.
- f. Reduce Costs:
  - i. Gateway has proposed a Service Code for the provision of e-therapy services which if approved would reduce the cost of the same face to face services by almost 30%
  - ii. 1 million dollars in face to face services would now buy almost 1.3 million dollars of e-therapy treatment services.
- g. Outcomes: 6 month follow-up
  - i. Increase of 112.5% of abstinence from drugs and alcohol
  - ii. A 9.5% increase of participants who experienced no alcohol or illegal drug related health, behavioral, or social consequences
  - iii. Increase of 4.7% of those who did not have involvement in the criminal justice system
- h. Myths and Fears:
  - i. Myth: Quality of services are compromised if not conducted face to face
    - 1. Counselors develop different skill sets to compensate for lack of face to face
    - 2. Eliminates first impressions formed when the counselor first sees the client
  - ii. Fear: Information not secure over the phone and the internet
    - 1. Services are provided over secure lines which meet HIPPA and CFR-42 Federal Confidentiality guidelines.
  - iii. Fear: One agency dominating
    - 1. Referrals to other agencies are made as appropriate.

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- i. Summary:
  - i. Proper use of technology is an effective and efficient means of delivering needed services to a broad population base.
  - ii. Engaging the client is immediate or almost immediate and services can be delivered when most needed as opposed to when most convenient to staff i.e. 9 am to 5 pm; Monday thru Friday.
  - iii. Barriers such as time and distance traveling to and from treatment, conflicting work schedules, social stigmas attached to substance abuse, which in the past have prevented some individuals from receiving services, are eliminated.
  - iv. Early outcomes indicate that this method of delivering services is in many cases more effective in meeting the overall needs of the client and the community.

**7. Stephenie Colston – Department of Children and Families**

- a. Comprehensive, Continuous, Integrated System of Care is the highest priority programic project for the DCF Office of Substance Abuse D
- b. Dr. Kate Lyon with Stephenie are supervised by Assistant Secretary DCF Janes with two nationally recognized contractors Doctors Kenneth Minkoff and Christine Cline are the state level people involved with this project.
- c. They are the first operational year are conducting an assessment by region of where we are with MH/SA systems with the ability to provide support.
- d. There is separate funding and other systems are in different silos with different priorities. What drives the provision of services is different for mental health and substance abuse e.g. substance abuse financing is from the substance abuse prevention treatment block grant, whereas mental services is driven by Medicaid. This does not allow accurate diagnosis with people served by different systems.
- e. The assessment is a bottoms-up by each region; after completion of the work DCF in a peer to peer relationship will assist each region to develop their plan. This is a community level assistance program; a multi-prong process. Working on behavioral health issues is first.

**8. Stephenie Colston – Department of Children and Families**

- a. Medication Assisted Treatment (MAT): Increase engagement in services as quickly reduce or eliminate their abuse with medication and counseling.
- b. The number of people in the program is small due to funding. The results are encouraging that this avenue of approach will work; actually they are dramatic. The presentation of the charts demonstrated the potential of the program though the numbers are small; single digit.
- c. As an addiction field we need to figure out how to use innovative, cutting edge methods to assist people.

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- d. \$750 is the cost for Vivitrol; the state can not afford it. It will take seven years before the patent is over for the treatment drug Buprenorphine and generics can be manufactured.
- e. Types of services currently offered:
  - i. 90% Outpatient
  - ii. 55% Long-term Residential
  - iii. 48% Inpatient Detoxification
  - iv. 46% Short-term Residential
  - v. 52% Medication-Assisted Treatment (MAT)
- f. Interest by providers to expand or implement use of MAT; the largest number was for Vivitrol at 89%.
- g. Next steps in widening the potential for MAT.
  - i. Spread and Dissemination
  - ii. Increase number of agencies
  - iii. Increase clients receiving MAT (medicaid eligible)
  - iv. Increase types of medications offered
  - v. Continue to evaluate client outcomes
  - vi. Recidivism
  - vii. Employment
  - viii. Develop Business Case
  - ix. Sustain Changes
- h. Nancy Hamilton made the point that there is a moral component that many people often bring up that works against implementation of treatment of addiction as a disease. Her point was that we need to get beyond this and treat for substance abuse as a disease.

**9. Claude W. Shipley – Office of Drug Control**

- a. Director Janes said the objectives are at Tab E in the provided binder. He asked if there were any questions on them and encourages dialogue to have any added/deleted/changed. The ones that are there are very specific and are probably very good at the state level.
- b. The treatment objectives are not finished yet, though we are getting close to completion.
- c. Once completed and “on the street” ODC will be asking what everybody is doing to help meet the objectives.

**10. Pam Denmark – Department of Corrections (DOC)**

- a. The Legislative Budget Request agenda is the same as last year with a desire to increase substance abuse treatment. DOC is moving forward with legislation to restore community and prison substance abuse funding that has been cut since 1991, cost of living adjustment for our programs, ensure every probationer and prisoner with substance abuse problem can be treated.

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- b. Looking at increasing capacity for half-way houses as a re-entry step-down; the programs have been quite successful. The people are in supervision or not under supervision and are provided room and board.
- c. DOC will also promote probation violation restitution centers for probationers not doing well. This is the last step before a judge puts them in prison. They are required to work, pay restitution and receive substance abuse treatment; looking at establishing three centers and work with the local community so that we could send appropriate people to live and work.
- d. DOC is working with communities to keep people that have committed a crime that need substance abuse treatment in the communities though with a conviction; given that the severity of the crime does not warrant being in jail. Everybody wins; restitution is provided, jails are not as full, people can move on with their lives.
- e. The desire is to support an initiative for reinvestment of grant dollars into substance abuse; \$3 million through DCF for a grant to local communities to target and reduce prison admissions and devise programs that best fit the local areas for those people with substance abuse problems.
- f. DOC is considering proposal to recommend that they petition the court to consider having some low risk prisoners with substance abuse problems be allowed to serve less of a sentence; they would be entered into a substance abuse treatment program. A council member suggestion was to have the sentencing discussion occur at the original sentencing so that the option is agreed to when everybody is present instead of having to reconvene all the participants.

**11. Dr. Sumner – Department of Juvenile Justice.**

- a. No direct LBRs for substance abuse; the following do indirectly impact substance abuse:
  - i. Funding to address increased medical costs
  - ii. Funding for the continuation of medical funding for juvenile substance centers is a priority: (\$3.7M)
  - iii. Funding being sought for regional mental health/substance abuse professionals to provide technical assistant and help services to be provided appropriately

**12. Stephenie Colston – Department of Children and Families**

- a. There are several treatment programs that have not been vetted by the department yet.
  - i. Intent is to request restoration of the Adult TANF funding
  - ii. Adult substance abuse reductions be restored
  - iii. Non-recurring special projects be moved to recurring
  - iv. Transitional housing that is focused on methamphetamine.

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- v. Co-occurring infrastructure development grant that also has a training component and out-patient component.
- vi. Funding money for veterans substance abuse
- b. There are a number of prevention funding initiatives:
  - i. Expanding coalitions and sustain them
    - 1. community anti-drug coalitions
  - ii. Youth Survey indicates girls are not listening so dollars will be requested to focus on girls
  - iii. Infrastructure development centralizing and counting licenses; OPPAGA and DCF IG were clear that they did not believe we were able to currently perform the regulatory accountability functions.
  - iv. Adult epistemology and cost study; need to have this done short of hiring an actuarial at a greater cost.
  - v. Establishing electronic health records for behavioral health services to assist with moving forward with co-occurring initiative and be more efficient.

**Next meeting is November 13, 2008**

**Adjournment**

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**Enclosure 1**

