



SB 482 (Lara) Requiring Checks of CURES – Addressing the Growing Problem of Prescription Drug Abuse

ISSUE:

According to the Centers for Disease Control and Prevention (CDC), drug overdoses are the No. 1 cause of accidental death in the United States.¹ The CDC noted that in 2007, drug-induced deaths had become more common than alcohol-induced or firearm-related deaths in the United States, that the increase in drug abuse and related deaths was associated with “prescription opioid painkillers and psychotherapeutic drugs being prescribed more widely by physicians,” and that these drugs had “supplanted illicit drugs as the leading cause of drug-related overdose deaths.”²

Emergency department visits, substance treatment admissions and economic costs associated with opioid abuse have all increased in recent years.³ Law enforcement agencies across the country have reported that these pharmaceuticals are the most problematic drug threat today, leading to addiction, overdoses, suicides, violence and illegal trafficking.

It is critical to prevent overdose deaths and addiction from occurring in the first place by attacking the problem at its source.

CA's Prescription Drug Monitoring Program- CURES: California's Controlled Substance Utilization Review and Evaluation System (CURES), maintained by the California Department of Justice was first established in 1996, and in electronic form in 2009, to help health care prescribers, dispensers and law enforcement officers identify patterns of overprescribing by prescribers and prescription drug-shopping by patients. Use of the database allows providers to make better-informed decisions by accessing a patient's prescription drug history before prescribing or dispensing a dangerous prescription drug.

However, health care prescribers and dispensers are still not required to check the CURES database. The current voluntary approach has not been able to



attract sufficient participation to make it truly effective.

BACKGROUND: Who is at risk?

Research shows that some groups are particularly vulnerable to prescription painkiller overdose, including:

- ***Youth:*** In a survey by the Partnership for a Drug-Free America, 19% of U.S. teenagers reported having taken prescription painkillers such as Vicodin, OxyContin and other drugs to get high.
- ***Women:*** Studies show that prescription-painkiller overdoses are a serious and growing problem among women. More than five times as many women died from prescription painkiller overdoses in 2010 as in 1999.⁴
- ***Low-income people and those living in rural areas:*** People on Medicaid are prescribed painkillers at twice the rate of non-Medicaid patients and are at six times the risk of prescription painkillers overdose.⁵
- ***Injured Workers:*** Numerous studies have documented a viral-like growth in the use of Schedule II drugs in California workers' compensation. These injured workers face an increased risk for overdose and addiction.⁶
- ***Doctor- Shoppers:*** According to a recent U.S. General Accounting Office audit, prescription drug abuse is costing taxpayers millions of dollars in Medicaid fraud each year through a practice known as "doctor-shopping" that allows purchasers to exceed the legal limit of drugs by going to multiple doctors. These drugs can later be sold on the streets for a huge profit.⁷

What can be done?

According to the CDC, state prescription drug databases, like CURES can have a direct impact on reducing a patient's risk for overdose and provide an opportunity to intervene with patients who are abusing medications. However, these databases are significantly underutilized by providers where their use is not mandatory.

¹<http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>

² <http://www.cwci.org/search.html>

³http://www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf

⁴<http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html>

⁵ <http://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkillerod-a.pdf>

⁶<http://sir.senate.ca.gov/sites/sir.senate.ca.gov/files/CWCI%20Use%20of%20schedule%20II%20%26%20II%20opioids.PDF>

⁷ <http://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkillerod-a.pdf>



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According to the California Attorney General's Office if prescribers and dispensers have access to controlled substance history information it will help them make better prescribing decisions and cut down on prescription drug abuse in California.⁸

In 2013 the California Legislature fully funded CURES by appropriating \$3.4 million in its first year and \$1.5 million annually thereafter. (SB 809, DeSaulnier Chapter 400, 2013). The DOJ's updated CURES 2.0 system will be completed by July 1, 2015 and will be capable of accommodating the influx of new users. **SB 482 has a delayed implementation date of January 1, 2016 and will go into effect only if the DOJ certifies CURES is ready for use.**

At present, CURES includes information on all controlled substances prescribed in the state.⁹ Providers who prescribe Schedule II through IV controlled substances are required to submit information to the database.

Existing law also requires that all practitioners enroll in CURES by Jan. 1, 2016 or on their license renewal date.

State Successes with Prescription Drug Databases:

Forty nine states currently have prescription drug databases in place.¹⁰ As of July 2013, 16 states had legislation mandating that prescribers and in some cases dispensers use the prescription drug database in certain circumstances.¹¹ In 2012, **New York** required prescribers to check the state's prescription drug database before prescribing painkillers and within a year the state saw a 75% drop in patients' seeing multiple prescribers for the same drugs, which would put them at higher risk of overdose.¹² That same year, **Tennessee** required prescribers to check the state's prescription drug monitoring program before prescribing painkillers. Within one year, they saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs.¹³ In **Virginia**, deployment of an online prescription monitoring database, which is interoperable with 15 other states, provides information for all benzodiazepine and opiate prescriptions written in

Virginia. In 2012, the number of people filling multiple prescriptions for the

same drug from different prescribers dropped dramatically from the previous year.¹⁴ By July 2015, all prescribers in that state will be required to use the database. **Oklahoma** recently passed a bill to require checks for certain dangerous drugs every six months.

California's prescription drug monitoring program, CURES, is the oldest in the nation. **However, its use continues to be voluntary.** It makes sound public policy to require the use of CURES to cut down on prescription drug abuse and doctor-shopping.

SOLUTION:

SB 482 will require prescribers to check the CURES database before prescribing Schedule II and III narcotics for the first time to a human patient. It will also require prescribers to check the database annually if the course of narcotic treatment continues. Dispensers will also be required to check the database before dispensing Schedule II and III narcotics to a new patient.

- The requirement will kick in when the Attorney General certifies the upgraded database is ready for use.
- If a provider or dispenser checks CURES and is unable to access the information, his or her obligation to check is fulfilled.
- An agent of the prescriber or dispenser is authorized to check the database on behalf of the prescriber or dispenser.

SUPPORT:

Consumer Attorneys of California
California Narcotic Officers' Association
Consumer Watchdog
International Faith Based Coalition
California College and University Police Chiefs Association
Consumer Federation of California

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⁸ <http://oag.ca.gov/cures-pdmp>

⁹ <https://oag.ca.gov/cures-pdmp>

¹⁰ Missouri is the only state without a prescription drug monitoring program but legislation has been introduced this year.

¹¹ http://www.pdmpexcellence.org/sites/all/pdfs/COE%20briefing%20on%20mandates%20revised_a.pdf

¹² <http://www.cdc.gov/drugoverdose/policy/successes.html>

¹³ Id. at 11

¹⁴ <http://www.northernvirginiamag.com/health-and-beauty/medical-features/2015/02/27/the-pain-puzzle/>