2,390 Pearl Harbor Deaths

2,973 9/11 Deaths

Every day in the United States, 44 people die as a result of prescription opioid overdose.


http://www.cdc.gov/drugoverdose/data/overdose.html
Drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.*

There were 43,982 drug overdose deaths in the United States in 2013. Of these, 22,767 (51.8%) were related to prescription drugs.**


http://www.cdc.gov/drugoverdose/data/overdose.html
Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine.

Rates of Prescription Painkiller Sales, Deaths and Substance Abuse Treatment Admissions (1999-2010)


http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html
Trends in the use of different strength opioid analgesics among adults aged 20 and over who used opioids in the past 30 days: United States, 1999-2012

1Significant linear trend for use of stronger-than-morphine opioid analgesics
2Significant linear trend for use of weaker-than-morphine opioid analgesics

“Purdue conducted an extensive campaign to market and promote OxyContin using an expanded sales force to encourage physicians, including primary care specialists, to prescribe OxyContin not only for cancer pain but also as an initial opioid treatment for moderate-to-severe noncancer pain.”
“OxyContin prescriptions, particularly those for noncancer pain, grew rapidly, and by 2003 nearly half of all OxyContin prescribers were primary care physicians. The Drug Enforcement Administration (DEA) has expressed concern that Purdue’s aggressive marketing of OxyContin focused on promoting the drug to treat a wide range of conditions to physicians who may not have been adequately trained in pain management.”
Table 2: Total OxyContin Sales and Prescriptions for 1996 through 2002 with Percentage Increases from Year to Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales</th>
<th>Percentage increase</th>
<th>Number of prescriptions</th>
<th>Percentage increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>$44,790,000</td>
<td>N/A</td>
<td>316,786</td>
<td>N/A</td>
</tr>
<tr>
<td>1997</td>
<td>125,464,000</td>
<td>180</td>
<td>924,375</td>
<td>192</td>
</tr>
<tr>
<td>1998</td>
<td>286,486,000</td>
<td>128</td>
<td>1,910,944</td>
<td>107</td>
</tr>
<tr>
<td>1999</td>
<td>555,239,000</td>
<td>94</td>
<td>3,504,827</td>
<td>83</td>
</tr>
<tr>
<td>2000</td>
<td>981,643,000</td>
<td>77</td>
<td>5,932,981</td>
<td>69</td>
</tr>
<tr>
<td>2001</td>
<td>1,354,717,000</td>
<td>38</td>
<td>7,183,327</td>
<td>21</td>
</tr>
<tr>
<td>2002</td>
<td>1,536,816,000</td>
<td>13</td>
<td>7,234,204</td>
<td>7</td>
</tr>
</tbody>
</table>
Most prescription painkillers are prescribed by primary care and internal medicine doctors and dentists, not specialists.

Roughly 20% of prescribers prescribe 80% of all prescription painkillers.

*Policy Impact: Prescription Painkiller Overdoses, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Page 7, November 2011*
A Los Angeles County Department of Public Health article, dated April 1, 2014, stated 24.5% of LA County’s prescribers prescribed 90.9% of all opioids in that county.

Rx for Prevention – Controlled Substance Utilization Review and Evaluation System, A Tool for Judicious Prescribing; Page 2, Volume 4, Number 4; April 1, 2014; Los Angeles County Department of Public Health; Tina Kim, PhD, Mike Small, Catherine Hwang, Shantel Muldrew, MPH
Sources of Prescription Painkillers Among Past-Year Non-Medical Users

- Given by a friend or relative for free
- Prescribed by ≥1 physicians
- Stolen from a friend or relative
- Bought from a friend or relative
- Bought from a drug dealer or other stranger
- Other

---

*a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵
*b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) (P< .05).
*c Includes written fake prescriptions and those opioids stolen from a physician’s office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.


http://www.cdc.gov/drugoverdose/data/prescribing.html
Education: critical for the public and for healthcare providers to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications.

Tracking and Monitoring: the enhancement and increased utilization of prescription drug monitoring programs will help to identify “doctor shoppers” and detect therapeutic duplication and drug-drug interactions.

Proper Medication Disposal: the development of consumer-friendly and environmentally-responsible prescription drug disposal programs may help to limit the diversion of drugs.

Enforcement: provide law enforcement agencies with support and the tools they need to expand their efforts to shut down “pill mills” and to stop “doctor shoppers” who contribute to prescription drug trafficking.

Prescription Monitoring... to stop users of multiple providers for the same drug. Insurers can contribute substantively.

Improve legislation and enforcement of existing laws... i.e., anti-doctor shopping and pill mill

Improve medical practice in prescribing opioids... to update prescribers on under-appreciated risks of high-dosage therapy and provide evidence-based guidelines
“The opioid medications are often referred to as “powerful painkillers.” In fact, the evidence shows that they are mild to moderate painkillers and less effective than over-the-counter ibuprofen. They have, however, powerful side effects that harm hundreds of thousands of individuals every year in the U.S.”
“We need to change the paradigm of how we treat pain in this country. In the process, we will reduce the suffering from pain, save money, and save lives.”
Prescription Drug Monitoring Program (PDMP) Agency Types

- **Yellow**: Pharmacy Board / Licensing Agency
- **Blue**: Health / Human Services / Substance Abuse
- **Red**: Law Enforcement

Current as of April 4, 2013
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1939</td>
<td>The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.</td>
</tr>
<tr>
<td>1997</td>
<td>CURES was initiated, operating in parallel with the TPP’s Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.</td>
</tr>
<tr>
<td>1999</td>
<td>CURES replaced the TPP/ATPS and began capturing Schedules II through IV prescription information.</td>
</tr>
<tr>
<td>2005</td>
<td>TPP/ATPS decommissioned after Senate Bill (SB) 151 eliminated the triplicate prescription requirement for Schedule II controlled substances, making CURES permanent.</td>
</tr>
<tr>
<td>2009</td>
<td>PDMP introduced as a searchable, client-facing component of CURES.</td>
</tr>
<tr>
<td>2015</td>
<td><strong>CURES 2.0</strong></td>
</tr>
</tbody>
</table>
CURES stores and reports Schedule II, III and IV prescription dispensation data reported by dispensers to DOJ.

Pharmacies and Direct Dispensers are required to report dispensations of Schedules II through IV controlled substances at least weekly.

CURES receives about one million prescription reports per month.
CURES data reflects dispensing information exactly as it is reported to DOJ.

The pharmacy or direct dispenser creates and owns the prescription record submitted to DOJ. DOJ is a custodian (and not editor) of these aggregated prescription records.

DOJ does not validate the accuracy or truthfulness of the data.

DOJ does not add, modify, or delete prescription data reported to CURES.
CURES/PDMP Program

Provides registered prescribers and dispensers with a Patient Activity Report (PAR) up to one year patient prescription history to assist health practitioners prescribe safely and to identify patients at risk of addiction.

All California licensed pharmacists and all California licensed prescribers who are authorized to prescribe scheduled drugs are required to register with CURES by January 1, 2016.

Use of the PDMP by prescribers and dispensers is not a statutory requirement.
Relevant Provisions of Law

Health Insurance Portability and Accountability Act (HIPAA) & Attendant Regulations
42 U.S.C. §§ 1320d to 1320d-8, and 45 CFR 164, et seq.

California Confidentiality of Medical Information Act
CA Civil Code §§ 56 to 56.16

California Information Practices Act
CA Civil Code § 1798, et seq.

CURES Legislation
CA Health and Safety Code § 11165, et seq.
Health and Safety Code section § 11165. (a)

To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall . . . maintain the Controlled Substance Utilization Review and Evaluation System (CURES) . . .
Health and Safety Code section § 11165. (a)

To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances...

To assist...law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances...

...and for statistical analysis, education, and research...
11164.1. (a) (2) All prescriptions for Schedule II and Schedule III controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

11165. (d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy or clinic shall provide the following information to the Department of Justice on a weekly basis...
DIVISION 10. UNIFORM CONTROLLED SUBSTANCES ACT [11000 - 11651]

CHAPTER 1. General Provisions and Definitions [11000 - 11033]

§ 11010.
“Dispense” means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, furnishing, packaging, labeling, or compounding necessary to prepare the substance for that delivery.
Prescriber and Dispenser Registration Requirement

§ 11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016 . . . submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient...

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient ...

Health and Safety Code
(i) ... The department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care...

(ii) ... The department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care...
42 CFR 2

Prescription Reporting Prohibition

The 42 CFR 2 protections of federally-assisted substance abuse program patient records apply to the patient’s prescription records.

While disclosure provisions can be waived with a patient’s written consent, re-disclosure is generally prohibited. Therefore, opioid treatment programs should not and do not report their dispenses to PDMPs.
Accessing PDMP Data

PDMPs are not federally-assisted substance abuse programs by definition and are not subject to 42 CFR 2.

A request for information by an OTP practitioner, or any practitioner, to a state PDMP does not constitute a disclosure of an OTP patient’s health information.

An OTP’s patient consent is not required for accessing and reviewing PDMP information.
CURES 2.0 provides a vastly improved user interface featuring intuitive navigation and ease of use. Fast, robust performance is presented to the large registered user base mandated by Health and Safety Code section 11165.1.
# User Profile

**Name & IDs**

- **User Role:** PRESCRIBER
- **First Name:** Cures
- **Middle Name:**
- **DOB:** 01/01/1985
- **License State:** CA
- **License Type:** Medical Doctor (MD)
- **Specialty:** Cardiology
- **Are You Board Certified?:** No
- **DEA #:** AD1234567
- **Phone:** (123) 456-7890 (OFFICE)

**Title:**

- **Last Name:** TestSeven
- **Suffix:**
- **License Board:** Medical Board of California
- **State License #:** D12457
- **NPI #:**

**Address**

**DEA**

**Email Address**

**Delegations**
Manage Delegates

Delegates  Add

Note: All fields with (*) are required

First Name:  *  Last Name:  *
Email Address:  *  Re-Enter Email Address:  *

Certify

Note: To assign a delegate, please read and accept the following Terms and Conditions

* I understand the Terms and Conditions governing use of CURES applies equally to delegates. By assigning a delegate, I am responsible for the delegate’s use of CURES.

Add  Clear
<table>
<thead>
<tr>
<th>Title</th>
<th>Query Type</th>
<th>Saved to Favorites</th>
<th>Delegate Name</th>
<th>Search Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, John (12-23-73)</td>
<td>PAR</td>
<td>N</td>
<td>N/A</td>
<td>2015-09-03 11:22:02</td>
</tr>
</tbody>
</table>

**Query Details**

- **Title:** Smith, John (12-23-73)
- **Last Name:** smith
- **DOB:** 12/23/1973
- **Search Period:** 12 months
- **Favorite:** N
- **First Name:** john
- **Gender:**
- **Search Mode:** P
- **Address:** marina del rey
CURES 2.0 User Features

Delegation Authority
Prescribers and dispensers can easily assign delegates who can initiate CURES 2.0 patient inquiries on their behalf.

Compact Flagging
Prescribers can easily notate their patients with treatment exclusivity compacts, forewarning other providers that additional prescribing to these patients can be potentially counter-productive to their existing treatment regimen.
CURES 2.0 User Features

Peer-to-Peer Communication
Prescribers and dispensers can instigate alert messages to fellow doctors and pharmacists about mutual patients of concern.

Patient Safety Alerts/Messaging
Prescribers are alerted daily with information regarding their patients who reach various prescribing thresholds.
Patient Safety Alerts

1. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who are Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day

2. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Have Obtained Prescriptions from 6 or More Prescribers or 6 or More Pharmacies During Last 12 Months

3. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily
Patient Safety Alerts

4. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed Opioids More Than 90 Consecutive Days

5. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed Both Benzodiazepines and Opioids
CURES 2.0 systematically de-duplicates and de-identifies county and statewide data sets for County Health Officers and researchers.

Quarterly and annual de-identified data sets are produced for County Health Officers.

This data enables counties to calculate current rates of prescriptions, examine variations within the state, and track the impact of safe prescribing initiatives.
Public Reports

1. Total Number of Prescriptions for Opioid Drugs by Month, by State, County and Zip Code

2. Total Number of Prescriptions for Opioid Drugs by Calendar Year, by State, County and Zip Code

3. Total Number of Unique Patients Prescribed Opioids by Month, by State, County and Zip Code

4. Total Number of Unique Patients Prescribed Opioids by Calendar Year, by State, County and Zip Code

5. Number of Opioid Pills Prescribed by Month, by State, County and Zip Code
Public Reports

6. Number of Opioid Pills Prescribed by Calendar Year, by State, County and Zip Code

7. Median Number of Opioid Pills Per Prescription by Month, by State, County and Zip Code

8. Median Number of Opioid Pills Per Prescribed by Calendar Year, by State, County and Zip Code

9. Number of Patients Receiving Opioid Prescriptions by Month, by State, County and Zip Code, by Age as Follows: ≤ 14; 15-24; 25-44; 45-64; ≥65
Public Reports

10 Number of Patients Receiving Opioid Prescriptions by Calendar Year, by State, County and Zip Code, by Age as Follows: ≤ 14; 15-24; 25-44; 45-64; ≥65

11 Number of Opioid Pills and Benzodiazipine Pills Prescribed to the Same Patient by Month, by State, County and Zip Code

12 Number of Opioid Pills and Benzodiazipine Pills Prescribed to the Same Patient by Calendar Year, by State, County and Zip Code

13 Number of Patients, by Month, Prescribed Both Opioids and Benzodiazipine, by State, County and Zip Code
Public Reports

14  Number of Patients, by Year, Prescribed Both Opioids and Benzodiazepine Within Any 30 Day Window, by State, County and Zip Code

15  Total Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Month, by State, County and Zip Code

16  Total Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Calendar Year, by State, County and Zip Code

17  Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Month, by State, County and Zip Code for: Oxycodone, Hydrocodone, Morphine, Methadone, Hydromorphone, Buprenorphine, Fentanyl, Oxymorphone, Codeine, Levorphanol, and Zohydro
Public Reports

18 Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Calendar Year, by State, County and Zip Code for: Oxycodone, Hydrocodone, Morphine, Methadone, Hydromorphone, Buprenorphine, Fentanyl, Oxymorphone, Codeine, Levorphanol, and Zohydro

19 Number of Very Frequent Opioid Prescribers (580+ Opioid Rx/Yr), Frequent Prescribers (50-579 Opioid Rx/Yr), Occasional Prescribers (8-49 Opioid Rx/Yr), and Rare Prescribers (1-7 Opioid Rx/Yr), by State, by State, County and Zip Code

20 Number of Very Frequent Schedule II Drug Prescribers (580+ Sked II Rx/Yr), Frequent Prescribers (50-579 Sked II Rx/Yr), Occasional Prescribers (8-49 Sked II Rx/Yr), and Rare Prescribers (1-7 Sked II Rx/Yr), by State, County and Zip Code
Public Reports

21 Total Number of Prescriptions for all Schedule II Drugs by Month, by State, County and Zip Code

22 Total Number of Prescriptions for all Schedule II Drugs by Calendar Year, by State, County and Zip Code

23 Total Number of Prescriptions for Schedules II, III, and IV Drugs, by Schedule and Total, by Month, by State, County and Zip Code

24 Total Number of Prescriptions for Schedules II, III, and IV Drugs, by Schedule and Total, by Calendar Year, by State, County and Zip Code

25 Total Number Patients Receiving Schedule II, III and IV Drug Prescriptions, by Month, by State, County and Zip Code
Public Reports

26 Total Number Patients Receiving Schedule II, III and IV Drug Prescriptions, by Calendar Year, by State, County and Zip Code

27 Median Number of Pills Per Prescription for Schedules II, III, and IV Drugs by Month, by State, County and Zip Code

28 Median Number of Pills Prescribed for Schedules II, III, and IV Drugs by Calendar Year, by State, County and Zip Code

29 Median Number of Pills Per Prescription for Schedule II Drugs by Month, by State, County and Zip Code

30 Median Number of Pills Prescribed for Schedule II Drugs by Calendar Year, by State, County and Zip Code
Public Reports

31  Median Pills, by Month, Per Schedule II, III, or IV Prescription by Age as follows: ≤ 14; 15-24; 25-44; 45-64; ≥65

32  Median Pills, by Year, Per Schedule II, III, or IV Prescription by Age as follows: ≤ 14; 15-24; 25-44; 45-64; ≥65

33  Number of Prescriber and Dispenser Registrants, by Month, by State, County and Zip Code

34  Number of Prescriber and Dispenser Registrants, by Year, by State, County and Zip Code

35  Number of Patients Who Obtained 4 or More Schedule II, III, or IV Prescriptions from 4 or More Dispensers During Prior 12 months, by State, County and Zip Code
Public Reports

36  Number of Patients Who Obtained 4 or More Schedule II, III, or IV Prescriptions from 4 or More Dispensers During the Calendar Year, by State, County and Zip Code

37  Number of Patients with Same Prescription Drug from 3 or More Prescribers, by Month, by State, County and Zip Code

38  Number of Patients with Same Prescription Drug from 3 or More Prescribers, by Calendar Year, by State, County and Zip Code

39  Number of CURES Inquiries by Prescribers, by Month, by State, County, and Zip Code

40  Number of CURES Inquiries by Prescribers, by Year, by State, County, and Zip Code
Public Reports

41 Number of CURES Inquiries by Dispensers, by Month, by State, County, and Zip Code

42 Number of CURES Inquiries by Dispensers, by Year, by State, County, and Zip Code

43 Numbers of Prescribers Prescribing Opioids and Benzodiazepines Concurrently to a Patient, by Month, by State, County, and Zip Code

44 Numbers of Prescribers Prescribing Opioids and Benzodiazepines Concurrently to a Patient, by Year, by State, County, and Zip Code
Public Reports

45  Number of Patients Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day, by Month, by State, County, and Zip Code

46  Number of Patients Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day, by Year, by State, County, and Zip Code

47  Number of Patients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily, by Month, by State, County, and Zip Code

48  Number of Patients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily, by Year, by State, County, and Zip Code
https://cures.doj.ca.gov

CURES@doj.ca.gov

(916) 227-3843

CURES Program
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Sacramento, CA 95816