

Audio Report Transcript

Headline: New Law, New Funding Aim to Reinvigorate State's Prescription Drug Monitoring Program

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Prescription drug abuse has become the leading cause of accidental death in California. Health officials call the growing problem an epidemic. Now, a new law aims to do something about that, by upgrading the state's prescription drug monitoring program.

This is a report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Kenny Goldberg.

Over the last five years in San Diego County, Deputy Medical Examiner Jonathan Lucas says most accidental overdoses have been linked to prescription painkillers and anti-anxiety drugs.

(Lucas): "Oxycontin, Vicodin, Valium. Xanax has really shot up in the last couple of years, as well."

Lucas says people who overdose often have a combination of these medications in their system.

He's quick to add that the coroner's office only sees part of the drug abuse picture.

(Lucas): "We only see the people that die. So, the question that you have to ask yourself is, for every person that dies as a result of prescription medication overdose, how many out there are using it?"

The National Institutes of Health estimates 52 million Americans have used prescription drugs for non-medical reasons. The agency says 14% of those pill takers during the past year met the criteria for abuse.

To help clamp down on the problem, the California Department of Justice launched a prescription drug monitoring program in 2009. CURES stands for Controlled Substances Utilization Review and Evaluation System.

Under the program, pharmacists are required to enter all orders for Schedule II through Schedule IV drugs into a database.

That information can be used to see if patients are doctor-shopping, or if physicians are overprescribing.

At least that's the way it's supposed to work.

But two years ago, when the DOJ took a \$71 million hit to its budget, the CURES program was slashed to the bone.

DEA supervisory special agent Tom Lenox heads up a pharmaceutical task force in San Diego.

(Lenox): "This information's absolutely critical, and we want to be able to get it as quickly as possible. We want to be able to have the information to be timely, in looking for patterns, in looking for those problem areas."

Funding for CURES has been a major issue. For the past two years, the entire monitoring program has been overseen by just a single employee. CURES was on the verge of being shut down last summer.

But thanks to a bill signed into law by Governor Jerry Brown in September, the CURES program has new life.

The measure is the brainchild of State Senator Mark DeSaulnier.

DeSaulnier: "The system will red flag if a doctor's giving too many opiates, so they can check to see what's going on, or if an individual is going around and shopping for doctors in different places. So when the system's up within the next year to two years, we'll have real-time information."

DeSaulnier's bill provides a steady stream of funding by imposing a \$6 annual fee on practitioners who prescribe or dispense controlled substances.

That money, coupled with \$3.9 million from the state budget, will enable the state to upgrade and modernize the CURES system. And unlike before, when participation was voluntary, all practitioners will have to register with CURES by 2016.

Stiff opposition from the pharmaceutical industry forced DeSaulnier to drop the idea of imposing a fee on drug makers to fund CURES.

In addition, the powerful California Medical Association was dead set against requiring doctors to check CURES each time they prescribed a controlled substance.

CMA President Richard Thorp says his organization strongly supports CURES. But he maintains it needs some major upgrades.

(Thorp): "It's somewhat archaic and somewhat difficult to use. And we felt that it was important to improve the program first, before we talk about any additional mandate on the physician population."

Thorp rejects the argument that the best way to ensure patients aren't doctor shopping is to require physicians to access CURES each time they write a prescription for narcotics.

(Thorp): "In today's environment, with the focus of attention on opiate overuse, doctors are very aware of doctor shopping. They're very attuned to that fact, they're very concerned about it. Every doctor I know is writing less and less narcotics, because of that concern."

For his part, DeSaulnier says he regrets having to strike that mandate from the bill.

(DeSaulnier): "But it was something we had to do to get a significant piece of legislation passed and signed. So, the distinction is, over 200,000 prescribers, every prescriber in the state of California are mandated to be in the system, and that information will then be available to the Department of Justice."

In the meantime, prescription drug abuse is taking a heavy toll in California. The not-for-profit Trust for America's Health says drug overdose deaths in the state increased by 31% between 1999 and 2010.

DeSaulnier says the CURES program is a crucial part of a broad strategy that's needed to combat the epidemic.

(DeSaulnier): "Prescription drug abuse has caused more addiction and more deaths in California than cocaine and heroin combined. So there's an urgency to getting the system upgraded."

The new law takes effect in January.

This has been a report for *California Healthline*, a daily news service of the California HealthCare Foundation.

If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Kenny Goldberg. Thanks for listening.