Emergency Services Forum

Held in conjunction with the Behavioral Health Care Symposium

CURES 2.0 and Safe Pain Subscribing

Mike Small, California Department of Justice
Roneet Lev, MD, Scripps Mercy Emergency Department
California Department of Justice

CURES 2.0
Prescription Drug Monitoring Program

September, 2015

CURES 2.0

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.**

*Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014)*


http://www.cdc.gov/drugoverdose/data/overdose.html
The Prescription Drug Overdose Epidemic and the Role of PDMPs in Stopping It; Len Paulozzi, MD, MPH, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine.

Prescription Painkiller Sales and Deaths

http://www.cdc.gov/drugoverdose/data/index.html
Rates of Prescription Painkiller Sales, Deaths and Substance Abuse Treatment Admissions (1999–2010)

Sources:
- http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html


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>
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<tbody>
<tr>
<td>1996</td>
<td>$44,790,000</td>
<td>N/A</td>
<td>316,786</td>
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<tr>
<td>1997</td>
<td>125,464,000</td>
<td>180</td>
<td>924,375</td>
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<tr>
<td>1998</td>
<td>286,486,000</td>
<td>128</td>
<td>1,910,944</td>
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<tr>
<td>1999</td>
<td>555,239,000</td>
<td>94</td>
<td>3,504,827</td>
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<tr>
<td>2000</td>
<td>981,643,000</td>
<td>77</td>
<td>5,932,981</td>
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<tr>
<td>2001</td>
<td>1,354,717,000</td>
<td>38</td>
<td>7,183,327</td>
<td>21</td>
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<tr>
<td>2002</td>
<td>1,536,816,000</td>
<td>13</td>
<td>7,234,204</td>
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**GAO**

United States General Accounting Office
Report to Congressional Requesters

**PRESCRIPTION DRUGS**

OxyContin Abuse and Diversion and Efforts to Address the Problem

December 2003

GAO-04-110
Page 51

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 a physician
- Stolen from a friend or relative
- Bought from a drug dealer or other stranger
- Other


Includes written prescriptions, refills, and prescriptions written by a physician or pharmacist for medication-possession use in the past year.

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.

*Epidemic: Responding to America’s Prescription Drug Abuse Problem. Office of National Drug Control Policy, 2011, Pages 2-8*

**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.

*Epidemic: Responding to America’s Prescription Drug Abuse Problem. Office of National Drug Control Policy, 2011, Pages 2-8*
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.”

The Psychological and Physical Side Effects of Pain Medications, Donald Teater, M.D., Medical Advisor, National Safety Council, March 2015, Page 9
1939  The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.

1997  CURES was initiated, operating in parallel with the TPP’s Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.

1999  CURES replaced the TPP/ATPS and began capturing Schedules II through IV prescription information.

2005  TPP/ATPS decommissioned after Senate Bill (SB) 151 eliminated the triplicate prescription requirement for Schedule II controlled substances, making CURES permanent.

2009  PDMP introduced as a searchable, client-facing component of CURES.

2015  CURES 2.0
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 (cont.)

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.
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)...

...and for statistical analysis, education, and research...
Dispensation Reporting Requirement

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) (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 ...

Prescriber and Dispenser User Restrictions

Health and Safety Code § 11165.1. (a) (1) (A) (i) & (ii)

(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.
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 (cont.)

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 (cont.)

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

De-Duplicated/De-Identified Data

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.

CURES 2.0

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 (cont.)

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

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 Benzodiazepine Pills Prescribed to the Same Patient by Month, by State, County and Zip Code

12. Number of Opioid Pills and Benzodiazepine 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 Benzodiazepine, by State, County and Zip Code
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

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 (cont.)

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 (cont.)

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
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

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 (cont.)

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

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
San Diego Death Diaries

Roneet Lev, MD FACEP
Prescription Drug Abuse

1. The Epidemic
2. How We Got Here
3. San Diego Death Diaries
4. Best Practices

The Epidemic

- Epidemic caused by the health care system

9.4 million Americans on long term pain medication
1982 -

- Oxycodone Overdose
  2005, age 23

U.S. Deaths

CDC: UNINTENTIONAL DRUG OVERDOSE DEATHS

105/day from drugs
44/day opioid
22,767 in 2013
70% opioid
30% benzodiazepine
Rates of Opioid Sales, Deaths, Addiction Treatment (1999-2013)

Prescription Painkiller Sales and Deaths

Sources:
   https://www.cdc.gov/nchs/ahds/rx.htm

U.S. Drug Related Deaths

CDC, National Center for Health Statistics, National Vital Statistics System
United States Opioid Facts

According to the American Society of Interventional Pain Physicians:

- U.S. has 4.6% of the world population
- U.S. has 80% of opioid supply
- U.S. has 99% of hydrocodone supply
- U.S. has 2/3 of world’s illegal drugs

How We Got Here

- 1997 Senate Bill 402 The Pain Patient’s Bill of Rights
- 1999 Pain – 5th Vital Sign
- 2001 Clinton Administration: Decade Pain Control and Research
- 2005 California Pain Management Standards
- Patient Satisfaction Surveys
The Dark Truth Behind Pain as a 5th Vital Sign

Wall Street Journal article December 2012: “A PAIN CHAMPION HAS SECOND THOUGHTS”

Dr. Russell Portenoy

- Pain Specialist NY
- Review of 38 patients concluded: “Opioid medications can be safely and effectively prescribed to selected patients with relatively little risk of producing the maladaptive behaviors which define opioid abuse”
- Less than 1% risk addiction
- Director American Pain Foundation
- Advocate pain as 5th Vital Sign
- $$$ from multiple opioid manufacturers

The Dark Truth behind Patient Satisfaction Surveys

THE COST OF SATISFACTION – A NATIONAL STUDY OF PATIENT SATISFACTION, HEALTH UTILIZATION, EXPENDITURES, AND MORTALITY


- 51,946 patients from 2000 – 2007, National Expenditure Study
- Lower Emergency Department admissions
- Higher inpatient admissions
- Higher total expenditures, 8.8%
- Higher medication expenditures, 9.1%
- Higher mortality

INVOLVING PATIENTS IN DECISIONS RAISES CARE COSTS? JAMA Internal Medicine, May 28, 2013

- 51,946 patients from 2000 – 2007, National Expenditure Study
- 22,000 patients, University of Chicago, 2003 – 2011
- $865 increase per patient
- 35 million hospitalizations = $8.7 billion added cost
Changing Education

- Pain Scale/Functional Pain
  - Don’t need to get to zero
- Encouragement of medications
  - Give medications in waiting room before examination
- Methadone
  - Give or don’t give?
- Tramadol
  - Misinformation
- Lawsuits
  - Over-prescribe or under-prescribe

Death Statistics

Death is a Fact.

Everything Else is Conjecture.

William Farr
1807 - 1883
California Drug Induced Deaths

1999 – 2013 RATE PER 100,000 PEOPLE

<table>
<thead>
<tr>
<th>Location</th>
<th>Deaths/100,000</th>
<th>% of Total Deaths</th>
<th>Total Deaths</th>
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<tbody>
<tr>
<td>California</td>
<td>12.4 100%</td>
<td>4747</td>
<td></td>
</tr>
<tr>
<td>Los Angeles</td>
<td>8.4 17.8%</td>
<td>846</td>
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<tr>
<td>Alameda</td>
<td>11.3 3.8%</td>
<td>179</td>
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<tr>
<td>Contra Costa</td>
<td>13.4 3.1%</td>
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<tr>
<td>Orange</td>
<td>10.6 7.5%</td>
<td>318</td>
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<td>San Diego</td>
<td>14.1 9.5%</td>
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<td>Sacramento</td>
<td>17.7 5.5%</td>
<td>259</td>
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<tr>
<td>Riverside</td>
<td>14.8 7.1%</td>
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National Center for Health Statistics
www.wonder.cdc.gov

San Diego Non-Natural Deaths

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<td>2009</td>
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<td>230</td>
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<td>2011</td>
<td>240</td>
<td>130</td>
<td>160</td>
<td>110</td>
<td>380</td>
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San Diego Rx Death Data

254 Prescription Related Deaths in San Diego 2013

- Medical Examiner Data
  - 254 deaths with prescriptions as cause of death
  - Could be with alcohol, illicit, over the counter
- CURES Data (aka Prescription Drug Monitoring Program or PDMP)
  - Outpatient pharmacies
  - Does not include
    - VA
    - Balboa Naval Hospital
    - Methadone Clinics
    - Inpatient hospitals

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<td>Prescription + Alcohol</td>
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</tr>
<tr>
<td>Prescription + Illicit + Alcohol</td>
<td>10</td>
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<tr>
<td>Prescription + Over the Counter (OTC)</td>
<td>4</td>
</tr>
<tr>
<td>Prescription + Alcohol + OTC</td>
<td>2</td>
</tr>
<tr>
<td>Prescription + Illicit + OTC</td>
<td>1</td>
</tr>
<tr>
<td>Prescription + Illicit + Alcohol + OTC</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>254</td>
</tr>
</tbody>
</table>
## Death Diary: 49 year old female

### “Compliant”

<table>
<thead>
<tr>
<th>Period</th>
<th>Prescription Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Clonazepam 1mg - #45, 45</td>
</tr>
<tr>
<td>October</td>
<td>Clonazepam 1mg - #30, 45, 90</td>
</tr>
<tr>
<td>November</td>
<td>Clonazepam 1mg - #90</td>
</tr>
<tr>
<td>December</td>
<td>Clonazepam 1mg - #15, 90</td>
</tr>
<tr>
<td>January</td>
<td>Clonazepam 1mg - #120</td>
</tr>
<tr>
<td>February</td>
<td>Clonazepam - #120</td>
</tr>
<tr>
<td>March</td>
<td>Clonazepam - #30, 120</td>
</tr>
</tbody>
</table>

**Autopsy:** Oxycodone

## Death Diary: 59 year old male

### “Holy Trinity”

<table>
<thead>
<tr>
<th>Period</th>
<th>Prescription Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Hydrocodone, Soma Hydromorphone, Ambien</td>
</tr>
<tr>
<td>October</td>
<td>Clonazepam, Soma, Hydromorphone, Ambien,</td>
</tr>
<tr>
<td></td>
<td>Hydrocodone, Soma, Clonazepam</td>
</tr>
<tr>
<td>November</td>
<td>Hydromorphone, Hydrocodone, Soma, Clonazepam,</td>
</tr>
<tr>
<td></td>
<td>Hydromorphone</td>
</tr>
<tr>
<td>December</td>
<td>Hydrocodone, Hydrocodone, Soma, Clonazepam,</td>
</tr>
<tr>
<td></td>
<td>Hydromorphone, Ambien</td>
</tr>
<tr>
<td>January</td>
<td>Hydrocodone, Soma, Clonazepam, Hydromorphone 4 mg,</td>
</tr>
<tr>
<td></td>
<td>Ambien</td>
</tr>
<tr>
<td>August</td>
<td>Hydrocodone, Soma, Clonazepam, Morphine 60 mg,</td>
</tr>
<tr>
<td></td>
<td>Ambien</td>
</tr>
</tbody>
</table>

**Autopsy:** Morphine, Ambien, Sertraline, Hydroxyzine
Death Diary: 56 Year Old Female
“Start n methadone, End on Methadone”

23 Scripts
10 Providers

February, March
April No Meds

May ER#1: Hydrocodone #10
Dr. R: Codeine#40, Lorazepam #42

June ER#2: Hydrocodone #20, Lorazepam #20

July ER#3: Oxycodone #20, Lorazepam #21

August ER#4: Oxycodone #21, Lorazepam #20

September ER#5: Oxycodone #20, Lorazepam #6
Dr. L: Methadone #120

October Dr. L: Methadone #120
ER #6: Hydrocodone #15
Dr. W: Lorazepam #8

November ER #3: Oxycodone #5, Lorazepam #4
Dr. L: Methadone #120

December Dr. L: Methadone #120

January ER #7: Lorazepam #4

February 1, 2013 Dr. L: Methadone #30

Death: February 7, 2013
Methadone, Clonazepam, Phenytoin, Carbamazepine, Gabapentin

275 Pharmacies

2013 by the Numbers

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Scripts Per Patient</td>
<td>23.5</td>
</tr>
<tr>
<td>- PDMP Match, No Illicit, Doctor Shopper</td>
<td></td>
</tr>
<tr>
<td>Highest Number of Scripts for 1 patient</td>
<td>123</td>
</tr>
<tr>
<td>Average Number of Pharmacies</td>
<td>3.12</td>
</tr>
<tr>
<td>Highest Number of Pharmacies for 1 Patient</td>
<td>21</td>
</tr>
<tr>
<td>Percent of Pharmacies With a Single Death</td>
<td>54.2%</td>
</tr>
<tr>
<td>- 1 Pharmacy had 12 deaths</td>
<td></td>
</tr>
</tbody>
</table>
## Specific Medications on CURES
(Number of Patients)

### 33 Medications; 4366 Rx

<table>
<thead>
<tr>
<th>OPIOIDS</th>
<th>BENZODIAZEPINES</th>
<th>SLEEP</th>
<th>STIMULANTS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>123 Chlorizepoxide</td>
<td>17 Oxazepam</td>
<td>17 Oxymporphone</td>
<td>3</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>84 Tempazepam</td>
<td>17 Oxymporphone</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Clonazepam</td>
<td>44 Methadone</td>
<td>14 Phenobarbitol</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Zolpidem</td>
<td>43 Fentanyl</td>
<td>13 Chloral Hydrate</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Alprazolam</td>
<td>39 Buprenorphine</td>
<td>11 Dronabinol</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Lorazepam</td>
<td>37 Amphetamine</td>
<td>7 Zaleplon</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>32 Testosterone</td>
<td>6 Clorazepate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Carisoprodol</td>
<td>30 Triazolam</td>
<td>6 Estrogen</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td>27 Lunesta</td>
<td>4 Lisdexamefetamine</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Diazepam</td>
<td>26 Lyrica</td>
<td>4 Methylphenidate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>20 Phentermine</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Types of Rx

<table>
<thead>
<tr>
<th>Medications</th>
<th>Number of Patients with Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>ME</td>
<td>PDMP</td>
</tr>
<tr>
<td>Opioids</td>
<td>190</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>157</td>
</tr>
<tr>
<td>Sleep Aids</td>
<td>93</td>
</tr>
<tr>
<td>Stimulants</td>
<td>49</td>
</tr>
<tr>
<td>Soma</td>
<td>10</td>
</tr>
</tbody>
</table>

Number of Patients with Medications
ME vs PDMP
Number Medications on ME Report

- Single Medication (51)
- Multiple Medication (203)

Single Medications on ME Report

- Methadone: 12
- Morphine: 7
- Fentanyl: 5
- Oxycodone: 4
- Benadryl: 4
- Hydromorphone: 3
- Venlafaxine: 2
- Tramadol: 2
- Hydrocodone: 2
- Clonazepam: 2
- Acetaminophen: 2
- Quetiapine: 1
- Opioid unspecified: 1
- Ketamine: 1
- Fluoxetine: 1
- Diazepam: 1
PDMP Match
Rx 2 months before death matches ME report

- PDMP Match, No Alcohol, No Illicit, No Doc Shop
  - 64% Female
  - 51 years Ave
  - More Rx
  - Less Providers
  - Less Pharmacies
  - More Single Rx
  - More Opioids, Sleep Aids, High Morphine Equivalents, Long Acting

254 Total Deaths
- 100 (40%) PDMP Match
- 68 (27%) Match + No Alcohol or Illicit
- 42 (16.5%) Match + No Illicit + No Shoppers

Rx Types and PDMP Match
By Number of Patients

PMDP Match by Medication Category

- Opioids: 190
  - PDMP Match: 75
  - PDMP, No Match: 77
  - No PDMP: 38

- Benzodiazepines (G): 32
  - PDMP Match: 38
  - PDMP, No Match: 23
  - No PDMP: 2

- Stimulants (S): 56
  - PDMP Match: 2
  - PDMP, No Match: 32
  - No PDMP: 24

- Other (11):
Opioids + Benzodiazepines

- All PDMP Reports – 54% (100 patients)
- ME Deaths – 21% (55)
- ME/PDMP Match – 71% (39)

PDMP Reports with Opioid + Benzodiazepine Combination

86 out of 100

Opioids + Benzodiazepines ME Reports – 55 patients

16 out of 39

Chronic Use

3 or More Consecutive Months For Same Rx

- 69% of Deaths were Chronic Users; 96% of all Rx

Chronic Users

2013 Census
Patients with Rx
Chronic Use

California
San Diego
San Diego Deaths

38.3 million
3.2 million
254
7,057,000
816,372
186
200,080
13,567
128

2.8
1.6
68.8
Methadone Deaths
46 total; 7 from CURES; 39 or 85% outside CURES

Methadone Deaths: Many Chemical Combinations

<table>
<thead>
<tr>
<th>Other Medications Found with Methadone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamotrigine (1)</td>
</tr>
<tr>
<td>Amitriptyline (1)</td>
</tr>
<tr>
<td>Benzodiazepine (1)</td>
</tr>
<tr>
<td>Carbamazepine (1)</td>
</tr>
<tr>
<td>Codeine (1)</td>
</tr>
<tr>
<td>Doxepin (1)</td>
</tr>
<tr>
<td>Nortriptyline (1)</td>
</tr>
<tr>
<td>Phenytoin (1)</td>
</tr>
<tr>
<td>Sertraline (1)</td>
</tr>
<tr>
<td>Cocaine (2)</td>
</tr>
<tr>
<td>Alcohol (2)</td>
</tr>
<tr>
<td>Hydromorphone (2)</td>
</tr>
<tr>
<td>Trazodone (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Methadone Alone</th>
<th>Diazepam (Valium)</th>
<th>Diphenhydramine...</th>
<th>Alcohol</th>
<th>Gabapentin (Neurontin)</th>
<th>Heroin</th>
<th>Clonazepam (Klonopin)</th>
<th>Hydrocodone</th>
<th>Methamphetamine</th>
<th>Morphine</th>
<th>Oxycodone</th>
<th>Quetiapine (Seroquel)</th>
<th>Tramadol (Ultram)</th>
<th>Alpraxolam (Xanax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

93
Doctor Shopping
4 providers + 4 pharmacies in 12 months

- 52 Patients (28% of all PDMP Reports) were Doctor Shoppers
- “The Heavy Half” = Received 51% of all Rx
- 50/50 Male/Female

% Doctor Shoppers
- Doctor Shopper
- Regular Patient

Doctor Shopper v. PDMP Deaths

Doctor Shoppers vs. PDMP Deaths

- % PDMP Match
- % PDMP Match, No Illicit, No Alcohol
- Ave Number Rx
- Average Number Providers
- Average Number Pharmacies
- % Single Rx Death
- % Chronic Use

Doctor Shoppers (52)
Total PDMP Deaths (186)
Providers at-a-Glance

<table>
<thead>
<tr>
<th>Total Number of Providers</th>
<th>713</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of Providers per patient</td>
<td>4.5</td>
</tr>
<tr>
<td>Maximum providers per patient</td>
<td>36</td>
</tr>
<tr>
<td>- PDMP Match, No Illicit, Doctor Shopper</td>
<td></td>
</tr>
<tr>
<td>Percentage of Providers With Single Death</td>
<td>85%</td>
</tr>
<tr>
<td>- 3 Providers had 4 Deaths</td>
<td></td>
</tr>
</tbody>
</table>

Who are the Prescribers?

- 713 total

**PRIMARY CARE**
- Cardiology
- Endocrinology
- Family Practice (17%)
- General Practice
- Gastroenterology
- GYN
- Infection Disease
- Internal Medicine (22%)
- Nephrology
- Neurology
- Nurse Practitioner (2.6%)
- Oncology
- Physician Assistant (6.3%)
- PM&R
- Rheumatology

**PAIN**
- Anesthesia
- Pain

**SURGERY**
- ENT
- General
- Neurosurgery
- Ophthalmology
- Orthopedics
- Plastics
- Podiatry
- Radiology
- Urology
- Vascular
Where do Doctor Shoppers Go?

- Neurology 17.1 Rx per Doctor Shopper vs 3.1
- Urology 100% to Doctor Shoppers

Who is Prescribing the Most?

Rx by Specialty

- Primary Care
- Psychiatry
- Surgery
- Pain
- Emergency
- Dentistry
How Many Pills do you Need?

Specialists and Medication Types
Who is Prescribing Hydrocodone?

- 95,821 pills
- 990 Rx
- 123 Patients

Where are Opportunities to Save Lives?

- Co-Prescribing
- Escalating Dosage
- Is Medication Necessary?
- Drug Screens
- Pharmacy
- Health Plan
Best Practices

- PDA Task Force
- PDA Medical Task Force
- PDA Pharmacy Committee
- “ONE SAN DIEGO”

CURES 2.0

CURES makes you a better doctor.

NEW FEATURES
- Dash Board
- Alerts
- Provider Communication
- Delegate Feature
- Save Reports
- Contract

User Agreement
The California Prescription Drug Monitoring Program (PDMP), CURES, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances. The role of the PDMP entrusts that well informed prescribers and pharmacists can and will use their professional expertise to evaluate their patients care and assist those patients who may be abusing controlled substances.
# PDA Report Card

## 2015 Prescription Drug (Rx) Abuse Report Card

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Unintentional Rx-Related Deaths</td>
<td>228</td>
<td>267</td>
<td>268</td>
<td>259</td>
<td>244</td>
</tr>
<tr>
<td>Number</td>
<td>228</td>
<td>267</td>
<td>268</td>
<td>259</td>
<td>244</td>
</tr>
<tr>
<td>Rate per 100,000 residents&lt;sup&gt;1&lt;/sup&gt;</td>
<td>(8.5)</td>
<td>(9.8)</td>
<td>(8.8)</td>
<td>(8.2)</td>
<td>(7.6)</td>
</tr>
<tr>
<td>2 Emergency Room Painkiller-related Discharges</td>
<td>2931</td>
<td>3,278</td>
<td>3,791</td>
<td>5,723</td>
<td>5,346</td>
</tr>
<tr>
<td>Number</td>
<td>2931</td>
<td>3,278</td>
<td>3,791</td>
<td>5,723</td>
<td>5,346</td>
</tr>
<tr>
<td>Rate per 100,000 residents&lt;sup&gt;1&lt;/sup&gt;</td>
<td>(91.1)</td>
<td>(105.3)</td>
<td>(121.2)</td>
<td>(160.7)</td>
<td>(146.7)</td>
</tr>
<tr>
<td>3 Student Self Report Rx Misuse</td>
<td>49.6%</td>
<td>41.7%</td>
<td>43.8%</td>
<td>43.3%</td>
<td>39.9%</td>
</tr>
<tr>
<td>4 Total Adult Treatment Admissions</td>
<td>13,893</td>
<td>13,696</td>
<td>14,383</td>
<td>16,629</td>
<td>16,104</td>
</tr>
<tr>
<td>Percentage of Prescription Painkillers</td>
<td>4.3%</td>
<td>4.2%</td>
<td>4.7%</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Percentage of Heroin</td>
<td>21.4%</td>
<td>20.8%</td>
<td>23.1%</td>
<td>24.8%</td>
<td>27.2%</td>
</tr>
<tr>
<td>5 Arrestees Self Report of Rx Misuse</td>
<td>40%</td>
<td>41%</td>
<td>38%</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Adult</td>
<td>40%</td>
<td>41%</td>
<td>38%</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Juvenile</td>
<td>31%</td>
<td>37%</td>
<td>40%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>6 Rx Prosecutions</td>
<td>465</td>
<td>505</td>
<td>387</td>
<td>311</td>
<td>214</td>
</tr>
<tr>
<td>Rx-specific Fraud Charge</td>
<td>465</td>
<td>505</td>
<td>387</td>
<td>311</td>
<td>214</td>
</tr>
<tr>
<td>Other Charges with Rx-involved</td>
<td>1,941</td>
<td>1,288</td>
<td>1,311</td>
<td>1,193</td>
<td>1,034</td>
</tr>
<tr>
<td>7 Pharmacy Robberies/Burglaries</td>
<td>14</td>
<td>26</td>
<td>8</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>8 Pounds of Safely Disposed Medications</td>
<td>7,446</td>
<td>13,008</td>
<td>16,707</td>
<td>18,732</td>
<td>17,676</td>
</tr>
<tr>
<td>Take Back Events</td>
<td>7,446</td>
<td>13,008</td>
<td>16,707</td>
<td>18,732</td>
<td>17,676</td>
</tr>
<tr>
<td>Sheriff's Department Collection Boxes</td>
<td>3,400</td>
<td>5,128</td>
<td>9,902</td>
<td>13,872</td>
<td>13,079</td>
</tr>
<tr>
<td>9 Dispensed Pills Per County Resident</td>
<td>33.4</td>
<td>35.9</td>
<td>37.9</td>
<td>36.3</td>
<td>36.3&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Painkillers&lt;sup&gt;2&lt;/sup&gt;</td>
<td>13</td>
<td>12.5</td>
<td>13.8</td>
<td>11.7</td>
<td>13.3</td>
</tr>
<tr>
<td>Anti-anxiety</td>
<td>13</td>
<td>12.5</td>
<td>13.8</td>
<td>11.7</td>
<td>13.3</td>
</tr>
<tr>
<td>Stimulants</td>
<td>4.3</td>
<td>4.5</td>
<td>4.3</td>
<td>4.9</td>
<td>4.7</td>
</tr>
</tbody>
</table>

---

# San Diego CURES Map

![San Diego CURES Map](image)
Medication Agreement

- For Chronic Medication = 3 months
- Only 1 provider and 1 pharmacy
- No ED visit
- No refills
- Do not drive if impaired
One San Diego

- One Provider-One Pharmacy
- CURES
- Medication Agreement
- Benzodiazepines + Opioids
- Emergency Department Guidelines
Medical Examiner Feedback

Pediatric Anticipatory Guidelines

- Lock It
- Count It
- Dispose It
- Avoid It
Two Populations

Prevention Weaning

How to Say No Nicely

- Don’t be the Candy Man
- Don’t be the Candy Land
Red Flag Medications

- Holy Trinity
- Benzodiazepine plus Opioids
- Soma (Carisoprodol)
- Ambien (Zolpidem) – long term
- Xanax – long term
- Long acting Opioid – by ED provider
- Methadone – by Primary Care
- Cough syrup with Codeine
- Tramadol

<table>
<thead>
<tr>
<th>Morphine Equivalents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine 1 mg</td>
<td>1</td>
</tr>
<tr>
<td>Hydrocodone 5 mg</td>
<td>5</td>
</tr>
<tr>
<td>Tramadol 50 mg</td>
<td>10</td>
</tr>
</tbody>
</table>

Can Marijuana Lead to Opioid Addiction?

Cyclical Vomiting Syndrome
Naloxone

Figure 1. Evzio home-use auto-injector to reverse the effects of an opioid overdose.

Methadone Clinics
Jails and Prisons

Specific Solutions

- Soma – off formula
  - Indian Health Clinic

- No Benzodiazepines and Opioids
  - VA

- 30% functional improvement in 6 weeks
  - Washington State Work Comp, Dr. Gary Franklin

- No opioids for chronic muscular pain
  - Community Clinic

- Methadone – only by primary care
  - Community Health Group, San Diego
Heath Plans

- “One Doctor, One Pharmacy”
- Formulary Restrictions
- Prior Authorization

References

- Lev, R et al “Methadone Related Deaths Compared to All Prescription Related Deaths” Forensic Science International. 2015
Questions?
Thank you

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mike.small@doj.ca.gov

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Scripps Mercy Emergency Department
roneetlev@gmail.com