Policy At A Glance: Controlled Substances: CURES Database (AB 528)

The Controlled Substance Utilization Review and Evaluation System (CURES) is California’s prescription drug monitoring program (PDMP) introduced to track Schedule II-IV controlled substances. AB 528 aims to enhance the monitoring of controlled substances via the CURES database to further combat misuse, over-prescription, overuse, abuse, and diversion.

What is Assembly Bill 528?

Assembly Bill (AB) 528 is a part of an ongoing initiative to mitigate the opioid crisis. As prescription opioids make up the majority of controlled substances resulting in overdose and death, this bill aims to enhance the reliability of the Controlled Substance Utilization Review and Evaluation System (CURES) database. AB 528 was signed into law on October 9, 2019, and will take effect on or after January 1, 2021. This bill provides the following key provisions:

- Changes the time frame required for dispensing pharmacies, clinics, and other dispensers to report dispensed prescriptions to CURES from seven days to the following working day.
- Requires the reporting of Schedule V controlled substances to the CURES database.
- Provides healthcare practitioners with access to CURES the opportunity to delegate their authority to access reports from CURES.
- Requires authorized healthcare practitioners to consult the CURES database to review a patient’s controlled substance history at least once every 6 months after the first time the substance is prescribed and upon renewal of the prescription.

Drug Scheduling 101

The Controlled Substance Act of 1971 developed a classification system in which drugs, substances, and certain chemicals are placed into different schedules (categories) based on their abuse or dependency potential and their acceptable medical use.

- **Schedule I** controlled substances have no current medical use in the US and have a high potential for abuse (e.g., heroin and marijuana).
- **Schedule II** controlled substances have a high potential for abuse. Also, the utilization of these substances can potentially lead to severe psychological or physical dependence (e.g., cocaine, oxycodone and fentanyl).
- **Schedule III** controlled substances have a moderate to low potential for physical and psychological dependence (e.g., ketamine, Tylenol with codeine, and testosterone).
- **Schedule IV** controlled substances have a low potential for abuse and dependence (e.g., Tramadol and Ativan).
- **Schedule V** controlled substances have a lower potential for abuse than Schedule IV (e.g., Robitussin AC and Motofen).
What is CURES and Why is it Important?

The Controlled Utilization Review and Evaluation System (CURES) is California’s prescription drug monitoring program (PDMP). It is maintained by the Department of Justice (DOJ) and serves as an electronic database used to track Schedule II through IV controlled substances dispensed to patients in California. Information reported to the CURES database include the following:

1. The patient’s name, date of birth, and address
2. The prescriber’s name and Drug Enforcement Administration (DEA) number
3. The pharmacy name and license number
4. The date the prescription was dispensed
5. The prescription number
6. The drug’s name, quantity, and strength
7. The number of refills remaining

By law, California-licensed health care practitioners possessing a DEA number and California-licensed pharmacists with an active license must be registered to use CURES whether or not they are actively prescribing or dispensing controlled substances, respectively.

Individuals who have access to the CURES database include the following:

1. Practitioners eligible to prescribe controlled substances
2. Law enforcement personnel
3. Authorized regulatory boards
4. Pharmacists authorized to dispense controlled substances

CURES is one of the most promising state-level interventions to improve opioid prescribing; protect patients at risk of misuse, overdose, and diversion; and inform clinical practice. Although studies of PDMPs have mixed findings, evaluations of PDMPs have illustrated decreased substance abuse treatment admissions, changes in the use of multiple providers by patients, and changes in prescribing behaviors. CURES achieves these results by providing real-time data, generating “proactive” reports to authorized users to protect patients at the highest risk, and identifying inappropriate prescribing trends.

According to the National Institute on Drug Abuse, roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them. In 2016, more than 46 people died every day from overdoses involving prescription opioids.
What is the Reason for this Bill?

In October 2017, the Trump Administration declared the opioid crisis a public health emergency. In 2016 alone, nearly 64,000 Americans died from a drug overdose, with opioid overdoses accounting for more than 42,000 of these deaths. These opioids include prescription opioids (such as Oxycodone), heroin, and illicit fentanyl (a powerful synthetic opioid medication). Opioids are commonly used to treat moderate to severe pain but can be addictive. Given the dangers of opioids, AB 528 aims to revamp CURES to provide physicians with real-time data, expand the CURES database, and increase access and use.

The enhancement of reporting timelines from seven days to the following working day addresses the problem of people who “doctor shop” during the seven-day window period. Prior to this bill, an individual could visit multiple prescribers to obtain prescriptions that might be diverted for distribution or illicit use. Providing healthcare professionals with real-time data will allow providers to make a well-informed decision before prescribing a controlled substance.

Secondly, the addition of reporting Schedule V drugs to CURES aids in the regulation of some commonly misused drugs that belong to this category. For example, Robitussin AC is a Schedule V controlled substance used for cough suppression that has been misused as a means of getting high. In fact, the Substance Abuse and Mental Health Services Administration reported in 2008 that 3 million adolescents and young adults between the ages of 12 and 25 had used cough or cold medicines to get high.

Finally, allowing licensed delegates to make patient activity report requests via CURES decreases the time burden on busy providers who can then use the reports to make informed decisions when prescribing controlled substances. With the help of a licensed delegate, prescribing physicians would have assistance in the quest to reduce misuse, overprescription, and abuse.

Relevant Timeline for Controlled Substance Monitoring in California

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<tr>
<th>Year</th>
<th>Event</th>
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<td>1939</td>
<td>California creates the paper-based Triplicate Prescription Program (TPP), which is the nation’s first multiple-copy prescription program to regulate the distribution of controlled substances.</td>
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<td>1998</td>
<td>CURES, an electronic monitoring system, is created and eventually replaces the TPP. CURES captures data regarding Schedule II-IV controlled substances while TPP only captures Schedule II controlled substances.</td>
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<td>2009</td>
<td>The Department of Justice introduces a mechanism to search within the CURES database via the prescription drug monitoring program (PDMP).</td>
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<td>2018</td>
<td>CURES 2.0 is introduced and all health care practitioners are mandated to consult and review CURES before prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substances to a patient or their representative.</td>
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<td>2019</td>
<td>In addition to other provisions, Schedule V controlled substances are added to the CURES database as part of AB 528.</td>
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Conclusion

In light of the national opioid epidemic, reducing the potential for misuse, overuse, abuse and diversion of controlled substances has become even more critical and urgent. AB 528 seeks to aid in this quest to prevent morbidity and mortality arising from inappropriate uses of these substances. Together with other policies and measures, AB 528 can help California become a safer place from the devastating grips of controlled substance addiction.

References

8. https://www.whitehouse.gov/opioids/