



County of San Diego

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San Diego County Medical Examiner Office

{Address}

{Phone}

{Email}

Date

Dear _____ (name prescriber),

This is a courtesy communication to inform you that your patient (Name, Date of Birth) died on (date). Prescription drug overdose was either the primary cause of death or contributed to the death.

The San Diego Medical Examiner's office sees between 250 and 270 prescription medication-related deaths each year. A significant proportion of deaths are due to the combination of multiple prescription medications. Patients may obtain legitimate prescriptions for opioids, benzodiazepines, muscle relaxants, and sleep aids from more than one prescriber. When taken in any combination, these medications put patients at greater risk of death. We also see many deaths that are a result of long-term therapeutic prescribing.

Controlled Substance Utilization Review and Evaluation System (CURES) *helps prescribers who are dedicated to avoiding prescribing controlled substances when they are likely to do more harm than good.* CURES contains information about whether other clinicians had prescribed controlled substances to your patient. This type of information can help prescribers make informed decisions and avoid duplicate or additive types of medications from being provided to patients. We ask that you commit to prescribe safely by registering for and regularly logging in to CURES before prescribing controlled substances. On the CURES website you may run a report on any patient you are considering prescribing controlled substances to in order to find their detailed prescription history. CURES data is available for only the last 12 months for patients.

You can register for CURES at

<https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml>.

You can access CURES at <https://cures.doj.ca.gov>

The following evidence-based interventions also lower overdose death rates:

1. **Avoid co-prescribing** an opioid and a benzodiazepine. We found this combination in over 50% of CURES reports and in over 20% of toxicology results of patients who died of an overdose.

2. **Minimize opioid prescribing for acute pain.** According to the Centers for Disease Control and Prevention (CDC), clinicians should avoid opioids, and when necessary, start with the lowest effective dose of immediate-release opioids. Three days or less will often be sufficient. Opioids should not be considered first-line or routine therapy for chronic pain.¹
3. **Taper opioids to safer doses.** The CDC recommends that for patients already on long-term opioid high dose opioid therapy, taper to a dose that is lower than 50 milligrams of morphine equivalent and that slow opioid tapers as well as pauses in the taper may be needed for long-term users.²
4. **Avoid “the 90-day cliff.”** We found that nearly 70% of patients who died were prescribed the same medication for 3 consecutive months. The CDC recommends opioids should be discontinued if benefits do not outweigh risks (if realistic goals for pain and function have not been met).³
5. **The CDC recommends prescribing naloxone** to patients on higher than 50 milligrams of morphine equivalents daily.⁴

We are aware of the challenges in balancing the potential harm and benefit of controlled medication prescribing for your patients. Therefore, please visit:

<http://sandiegosafeprescribing.org/>

and click the link named “Did you get a letter from the Medical Examiner?” Here you will find links to the CDC guidelines, local addiction referral resources, including medication-assisted treatment, a clinical advice hotline, regimens for successful tapering and other information.

Learning of your patient’s death can be difficult. We hope that you will take this as an opportunity to join us in preventing future deaths from drug overdose.

Sincerely,

Jonathan Lucas, MD
Chief Deputy Medical Examiner

¹ Recommendations #1, 6, CDC Guideline for Prescribing Opioids for Chronic Pain, 2016

² Recommendation #5, 7, CDC Guideline for Prescribing Opioids for Chronic Pain, 2016

³ Recommendation # 2, 7, CDC Guideline for Prescribing Opioids for Chronic Pain, 2016

⁴ Recommendation #8, CDC Guideline for Prescribing Opioids for Chronic Pain, 2016