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PRESCRIPTION PAIN RELIEVER ABUSE

Agencies Have Begun Coordinating Education Efforts, but Need to Assess Effectiveness

Why GAO Did This Study

The Centers for Disease Control and Prevention has declared that the United States is in the midst of an epidemic of prescription drug overdose deaths, with deaths associated with prescription pain relievers of particular concern. To address this issue, federal agencies are raising awareness by educating prescribers and the general public. In response to your request, GAO (1) described recent national trends in prescription pain reliever abuse and misuse, (2) described how federal agencies are educating prescribers, (3) assessed the extent to which federal agencies follow key practices for developing public education efforts, and (4) identified educational efforts that use similar strategies and assessed how agencies coordinate those efforts.

GAO interviewed officials and reviewed documents and websites from seven agencies involved in federal drug control efforts and analyzed the most recent data from several data sources related to prescription pain reliever abuse and misuse. GAO also assessed the development of public education efforts and federal coordination efforts against key practices from prior GAO work.

What GAO Found

Key measures of prescription pain reliever abuse and misuse increased from 2003 to 2009. The largest increases were in measures of adverse health consequences such as emergency department visits, substance abuse treatment admissions, and unintentional overdose deaths, though increases were not consistent across all measures. Federal officials suggested that increasing availability of prescription pain relievers and high-risk behaviors by those who abuse or misuse the drugs, such as combining prescription pain relievers with other drugs or alcohol, likely contributed to the rise in adverse health consequences, though data about the reasons for the increases are limited.

The Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA) use a variety of strategies to educate prescribers about issues related to prescription pain reliever abuse and misuse, but officials told us that more education is needed. The strategies used include developing ongoing continuing medical education programs, requiring training and certification in order to prescribe certain drugs, and developing curriculum resources for future prescribers. The Office of National Drug Control Policy (ONDCP) is working to develop a legislative proposal to require education for prescribers registering with the Drug Enforcement Administration (DEA) to prescribe controlled substances. Officials from some agencies said such a requirement would ensure all prescribers were starting from the same baseline of knowledge.

In their efforts to educate the public about prescription pain reliever abuse and misuse, DEA, FDA, NIH, ONDCP, and SAMHSA used almost all of the key practices for developing their consumer education efforts. Agencies varied in how they used the key practices when developing these efforts, which varied in size, scope, and duration. All agencies established metrics to monitor the implementation and functional elements of their educational efforts, but only two agencies established or are planning to establish metrics to assess the impact of their efforts on audiences’ knowledge, attitudes, and behavior. Without outcome evaluations, federal agencies have limited knowledge of how effective their efforts are in achieving their goals—in this case, reducing prescription pain reliever abuse and misuse.

Among federal initiatives to educate prescribers and the public about prescription pain reliever abuse and misuse, GAO found several instances of agencies engaging in similar efforts, directed at similar target audiences and using similar mediums. Officials said that these similarities in public education efforts are beneficial in addressing prescription drug abuse and misuse because having multiple, reinforcing messages about the same subject is valuable in public health communications and because federal agencies provide slightly different perspectives on the issues surrounding prescription drug abuse and misuse. Likewise, the prescriber education programs GAO identified, though similar, are different in content and focus. Though these similar programs have the potential to be duplicative if not effectively coordinated, federal agencies have recently begun to coordinate their educational efforts. Nevertheless, federal agencies have missed opportunities to share lessons learned and pool resources among similar education efforts.