

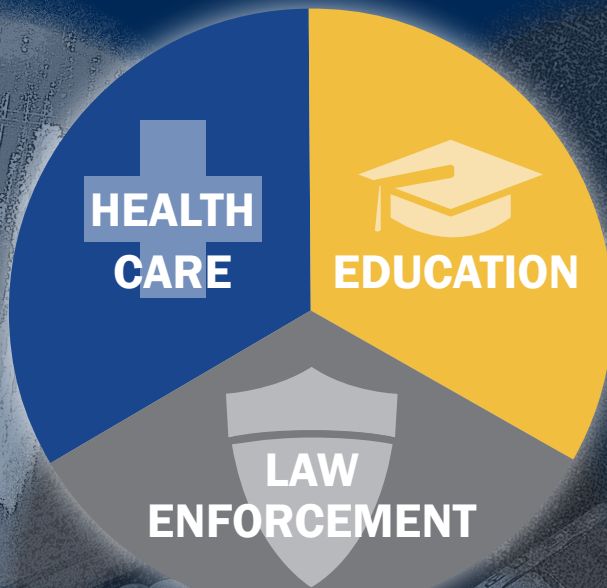


U.S. GOVERNMENT ACCOUNTABILITY OFFICE

HIGHLIGHTS OF A

FORUM

Preventing Illicit Drug Use



CONVENED BY THE
COMPTROLLER GENERAL
OF THE UNITED STATES

November 2016
GAO-17-146SP

Why GAO Convened This Forum

Illicit drug use is a burgeoning problem that adversely affects individuals as well as their families, their communities, and the nation.

According to the latest Centers for Disease Control and Prevention data, 47,055 people died of drug overdoses in the United States in 2014—more than any previous year on record. The use of opioids—in particular, heroin and prescription pain relievers—has driven a significant increase in drug overdose deaths. According to the Office of National Drug Control Policy, the most effective way to mitigate the costs associated with illicit drug use is through prevention.

GAO convened and moderated a panel of education, health care, and law enforcement officials on June 22, 2016 to discuss: 1) common factors related to illicit drug use; 2) strategies in the education, health care, and law enforcement sectors to prevent illicit drug use; and 3) high priority areas for future action to prevent illicit drug use. With assistance from the National Academy of Sciences, GAO selected the participants, including federal officials, public health and drug policy experts, physicians, law enforcement representatives, and educators. The viewpoints summarized in the report do not necessarily represent the views of all participants, their organizations, or GAO. GAO provided participants the opportunity to review a summary of key points from the forum and incorporated their comments as appropriate prior to publishing this report.

View [GAO-17-146SP](#). For more information, contact Elizabeth Curda at (202) 512-7114 or curdaE@gao.gov.

HIGHLIGHTS OF A FORUM

Preventing Illicit Drug Use

What Forum Participants Said

In individual presentations and group discussion, participants in a forum that GAO convened identified the common factors related to illicit drug use—the use of illicit drugs and the misuse of prescription drugs. According to forum participants, illicit drug use typically occurs for the first time in adolescence and involves marijuana. Forum participants also discussed how legal prescriptions for opioid-based pain relievers are increasingly a pathway to illicit drug use. Several participants noted that the number of prescriptions for opioids has increased in recent years, and two forum participants reported that there has been an increase in the number of people who start illicit drug use with pain relievers.

Forum participants discussed strategies available in the education, health care, and law enforcement sectors for preventing illicit drug use.

- **Education.** Forum participants championed the use of three school-or community-based prevention programs that research has shown to be successful in preventing illicit drug use and other behaviors: *Life Skills*, *Strengthening Families Program: For Parents and Youth 10-14*, and *Communities That Care*. These programs focus generally on combatting a range of risky behaviors and strengthening family and community ties.
- **Health care.** Forum participants identified and discussed three principle health care strategies for preventing illicit drug use: 1) having providers adhere to the Centers for Disease Control and Prevention's guideline for prescribing opioids for chronic pain, 2) having providers use prescription drug monitoring programs (PDMP)—state-run electronic databases used to track the prescribing and dispensing of prescriptions for controlled substances—and 3) having primary care providers screen and intervene with patients at risk for illicit drug use.
- **Law Enforcement.** Forum participants identified four law enforcement strategies for preventing illicit drug use: 1) enforcing laws prohibiting underage consumption of alcohol and tobacco, 2) building trust between law enforcement and local communities, 3) using peers to promote drug-free lifestyles, and 4) closing prescription drug “pill mills”—medical practices that prescribe controlled substances without a legitimate medical purpose—and other efforts to reduce the supply of illicit drugs.

Forum participants identified several high priority areas for future action to prevent illicit drug use. These included supporting community coalitions for preventing illicit drug use that comprise the health care, education, and law enforcement sectors; consolidating federal funding streams for prevention programs; increasing the use of prevention programs that research has shown to be effective; supporting prevention efforts in primary care settings; and reducing the number of opioid prescriptions. For example, to reduce the number of opioid prescriptions, one forum participant said that physicians who receive Medicare reimbursement should be required to 1) check a PDMP to determine whether patients are trying to obtain prescriptions from multiple providers and 2) receive training on CDC's guideline for prescribing opioids for chronic pain.

Contents

Letter		1
	Stories from People Affected by Illicit Drug Use	6
	Common Factors Related to Illicit Drug Use	9
	Strategies for Preventing Illicit Drug Use	13
	High Priority Areas for Future Action to Prevent Illicit Drug Use	20
Appendix I	Forum Participants	24
Appendix II	Forum Agenda	26
Appendix III	Related GAO Products	28
Appendix IV	GAO Contact and Staff Acknowledgments	30
Figure		
	Figure 1. Federal Drug Control Spending for Fiscal Years 2007 through 2016	3

Abbreviations

CDC	Centers for Disease Control and Prevention
DARE	Drug Abuse Resistance Education
MAT	Medication-assisted therapy
MHPAEA	Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008
ONDCP	Office of National Drug Control Policy
PDMP	Prescription drug monitoring program
SAMHSA	Substance Abuse and Mental Health Services Administration

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November 14, 2016

Illicit drug use, including the use of marijuana, cocaine, heroin, and other drugs and the misuse of prescription drugs, is a burgeoning problem in the United States. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that in 2015—the most recent year for which data are available—approximately 27 million people ages 12 or older reported illicit drug use in the past 30 days. SAMHSA estimates that this corresponds to about 10 percent of the U.S. population.¹ The agency also estimates that in 2015, approximately 8 million people had a substance use disorder related to illicit drug use in the past year.²

Illicit drug use adversely affects individuals, families, communities, and the nation. For example,

- According to the latest Centers for Disease Control and Prevention (CDC) data, 47,055 people died of drug overdoses in the United States in 2014—more than any previous year on record. Opioids—primarily, heroin and prescription pain relievers—are the main drugs associated with overdose deaths, which have more than doubled, from 6.2 per 100,000 people in 2000 to 14.7 per 100,000 in 2014.³

¹SAMHSA's estimates of illicit drug use are based on results from its annual National Survey on Drug Use and Health. The 2015 survey obtains information on the use of ten categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, methamphetamines, and inhalants, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. See Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*, HHS Publication No. SMA 16-4984, NSDUSH Series H-51, (September 2016). In this report, we use the same definition of "illicit drug use."

²According to SAMHSA, substance use disorders are characterized by recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. See <http://www.samhsa.gov/disorders/substance-use>.

³Data through 2014 are CDC's most recent data on drug overdoses. See Centers for Disease Control and Prevention, "Increases in Drug and Opioid Overdose Deaths—United States, 2000-2014," *Morbidity and Mortality Weekly Report*, vol. 64, (50);1378-82 (January 1, 2016).

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- A 2016 study found that opioid misuse has increased hospitalizations from 2002 to 2012. The study also found that opioid abuse more than tripled the amount of related inpatient charges—from \$4.57 billion to \$14.85 billion during this time period. Medicaid was the primary payer in more than 30 percent of the opioid-related inpatient hospitalizations the study identified.⁴
 - Data reported by the Department of Education show that in the 2013-2014 school year, the most recent year for such data, there were 197,000 drug-related incidents nationwide in which students were suspended from school for illicit drug use.
 - Federal Bureau of Investigation data show that nationwide, law enforcement made more than 11 million arrests in 2014, with the single largest category of arrests—about 14 percent of the total—made for illicit drug violations.
 - Federal Bureau of Prisons statistics show that as of July 2016, just under half of the federal prison population—or about 84,000 inmates—was incarcerated for drug offenses. Furthermore, the bureau reports that it received about \$3.7 billion in fiscal year 2016 for the costs to treat and incarcerate those convicted of drug-related offenses.

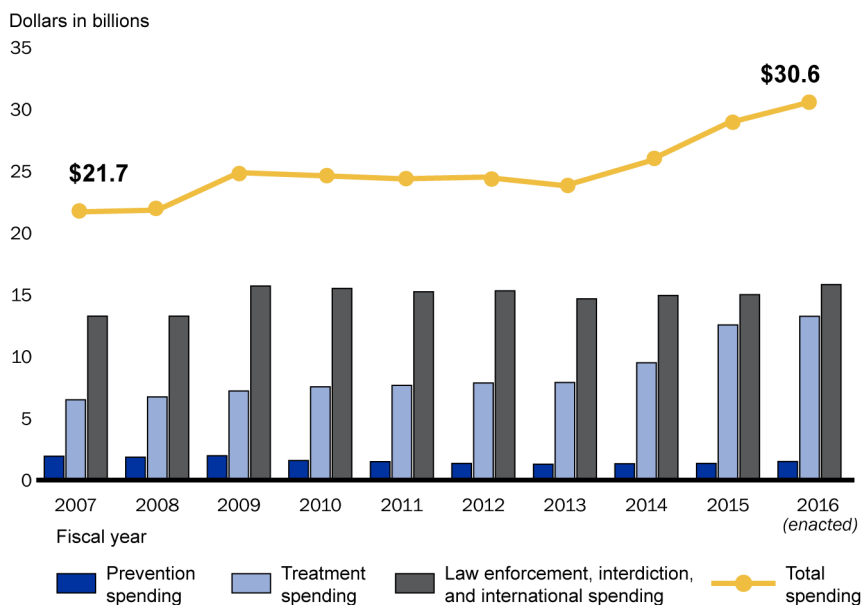
According to the Office of National Drug Control Policy (ONDCP), the most effective way to mitigate the costs associated with illicit drug use is through prevention. The office, which is responsible for, among other things, overseeing and coordinating the implementation of national drug control policy across the federal government, cites research showing that every dollar invested in school-based substance use prevention programs has the potential to save up to \$18 in costs related to substance use disorders.⁵ While the United States has shifted its stated drug control policy over the last decade toward a comprehensive approach that focuses on enforcement, treatment, and prevention efforts, the majority of federal drug control spending supports enforcement, interdiction, and other efforts to reduce the available supply of illicit drugs. ONDCP data on federal drug control spending show that in fiscal year 2016, for example,

⁴See Matthew V. Ronan and Shoshana J. Herzig, "Hospitalizations Related To Opioid Abuse/Dependence And Associated Serious Infections Increased Sharply, 2002-2012," *Health Affairs*, vol. 35, no.5 (2016): 832-837.

⁵See ONDCP, *Fact Sheet: A 21st Century Drug Policy*, (April 24, 2013).

\$15.8 billion was spent on enforcement efforts and \$13.2 billion was spent on treatment efforts. In comparison, \$1.5 billion was spent on prevention efforts (see figure 1).⁶

Figure 1. Federal Drug Control Spending for Fiscal Years 2007 through 2016



Source: Office of National Drug Control Policy's National Drug Control Budget Funding Highlights for Fiscal Years 2016 and 2017. | GAO-17-146SP

To advance the national dialogue on preventing illicit drug use, including preventing individuals from using illicit drugs for the first time, we convened and moderated a diverse panel of 17 health care, education, and law enforcement experts on June 22, 2016. With assistance from the National Academy of Sciences, we selected these forum participants to represent a range of viewpoints and backgrounds related to addressing illicit drug use. The participants included officials from federal agencies—such as the Drug Enforcement Administration, the Department of Education, ONDCP, and the National Institute on Drug Abuse—along with public health and drug policy experts, physicians, representatives from

⁶See GAO, *Office of National Drug Control Policy: Progress toward Some National Drug Control Strategy Goals, but None Have Been Fully Achieved*, [GAO-16-660T](#), (Washington, D.C.: May 17, 2016).

law enforcement, and educators, among others. (See appendix I for a list of forum participants and their affiliations, appendix II for a copy of the forum agenda, and appendix III for a list of related GAO products).

This report summarizes the discussion by forum participants, highlighting key ideas and themes that emerged during the forum. To set the stage for the forum proceedings and illustrate the impact of illicit drug use, forum participants listened to stories from people impacted by illicit drug use, including video testimonials from two individuals who are recovering from substance abuse disorders.⁷ We have included excerpts from these stories in the first section of this report. Forum participants also discussed

1. common factors related to illicit drug use, including first-time use;
2. strategies in the education, health care, and law enforcement sectors to prevent illicit drug use; and
3. high priority areas for future action to prevent illicit drug use.

The information and viewpoints summarized here do not necessarily represent the views of all participants or the views of their organizations or GAO. We did not independently assess the accuracy of the statements expressed by participants. We structured the forum so that participants could openly comment on the issues discussed, and not all participants commented on all the discussion topics. To ensure the accuracy of our summary, we provided participants the opportunity to review a summary of key points from the forum and incorporated their comments as appropriate prior to publishing this report. The individuals participating in the testimonial videos were identified by one of the forum's participants, and GAO developed and edited the videos prior to the forum proceedings.

We conducted our work from March 2016 to November 2016 in accordance with all sections of GAO's Quality Assurance Framework that are relevant to our objectives. The framework requires that we plan and perform the engagement to obtain sufficient, appropriate evidence to meet our stated objectives and to discuss any limitations in our work. We believe that the information and data obtained, and the analysis

⁷The two testimonial videos can be found on the summary page for this report at <http://www.gao.gov/products/GAO-17-146SP>.

conducted, provide a reasonable basis for any findings and conclusions in this product.

This report is available at no charge on the GAO website at <http://www.gao.gov>. If you or your staff have any questions about this report, please contact Elizabeth Curda, (202) 512-7114 or curdae@gao.gov regarding health care issues; Diana Maurer, (202) 512-9627 or maurerd@gao.gov regarding law enforcement issues; and Jacqueline M. Nowicki, (617) 788-0580 or nowickij@gao.gov regarding education issues. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

I want to thank again all of the forum participants for their time and their thoughtful contributions to the forum discussion. The range of perspectives we heard enhanced our understanding of illicit drug use, identified the challenges we face in preventing this behavior, and highlighted potential steps the nation can take to address this important issue.

A handwritten signature in black ink that reads "Gene L. Dodaro". The signature is written in a cursive style with a large, prominent "D" at the end.

Gene L. Dodaro
Comptroller General of the United States

Stories from People Affected by Illicit Drug Use

In order to help understand the impact of illicit drug use on individuals and families, the forum began with three people telling their stories about how illicit drug use affected their lives. In video testimonials shown to forum participants, two individuals who are in recovery from a substance abuse disorder talked about how they started using drugs and developed substance use disorders. The third person, a forum participant, told the story of his son's substance use disorder and suicide. What follows below are portions of these stories, in the individuals' own words.

A 28-year old man's story:

- “At 9 years old I was playing football and I tore my anterior cruciate ligament, my meniscus, and my medial collateral ligament. I had to wait 5 years, until I was 14, to have a knee surgery. I had the surgery...and I got prescribed Vicodin. I started eating them like candy before school, and...I loved the feeling. At [age] 14 I was experimenting, taking a little more than I should.”
- “And then after that I hit high school and had started the party scene, so I would drink. I would try any drug that was in front of me, I mean, I just wanted to be cool I guess. I wanted to fit in with all the other kids.”
- “I started doing a lot of cocaine. I couldn't sleep. I'd be out three, four nights at a time, just snorting, snorting, snorting cocaine... And once I found the oxycodone it was like the cocaine didn't matter, you know what I mean. I was just off and running...I started spending all my money on it. My family didn't matter anymore. I wasn't spending any time with them.”
- “[My drug connection] was just an old guy who had I think Crohn's or some type of disease and he wanted to make some extra money. So he'd sell me his pills. And from that point on it was just — it was easy access.”
- “I was probably 22 or 23...I couldn't get prescription pills so one of my buddies stopped over and he had heroin...So, I shot up the heroin and that feeling — I thought pain pills was a good feeling, that feeling was ten times that, like, it was just [an] instant rush.”
- “This is an example of how bad I held people hostage: I took my grandmother with me, told her I needed to go and pay someone off...So she drove me 45 minutes... to a [restaurant] to meet up with a drug dealer. I got the drugs, walked into the [restaurant] bathroom, and injected what I thought was heroin. It ended up being fentanyl, and [I] overdosed right there. My grandmother dragged me into the car and drove me to [a hospital].”

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- “And I woke up [in the hospital]. I thought I had been in a car accident. I was hooked up to all these breathing things, tubes everywhere. My dad crying, my mom crying, my grandmother crying, and I didn’t know what to think, I was just lost.”
 - “And my parents are separated. So they were talking, which was kind of rare, and they were talking about getting me help, and they were both distraught, obviously because their son was just dead. But I gave them the last of my heroin from my pocket and I said I’m done.”
 - “My mom ended up finding me a [sober house] and I did not want to go. I thought I could do it on my own but I know I tried it before and the only way to do it is to give up what you think is right and really just let God do it.”

A 21-year old woman’s story:

- “At about 6 months old, I was adopted by my grandparents because my biological mother was an addict. She was unable to take care of me and hasn’t had much clean time since I was born. My biological father is also an addict. He died when I was in fifth grade and I never got to meet him.”
- “Probably sophomore year of high school, I had a boyfriend that had tried coke before...My best friend had tried it with him...Then all these people around me started doing it...and I’m like okay, fine, I’ll try it...I remember sitting there being like ‘I’m going to die,’ and all of a sudden, I was like, ‘This actually feels kind of good...’ My mind was working at 100 miles an hour and I loved it. After I had tried something that made me feel so good, being normal was boring to me.”
- “What had flooded my school was Percocet, 30 milligrams. I remember my best friend telling me... ‘You do coke all the time. You don’t even know what they put in it...’ She said, ‘I do percs [Percocet] because I know, every single time, that someone from the pharmacy is making this.’ ...I sat in my room that night, all by myself, and...I just did it.”
- “I talked to my primary care doctor...I’m like, ‘I need help. I can’t stop doing these pills. I just — I need help and I think I’m going to die.’ And he’s like, ‘well how many have you been doing a day?’ I’m like, ‘I don’t know, on average two or three, sometimes four, I don’t know.’ And he’s like, ‘you’re not going to die, I’ll tell you that...you need to get a support system and you need help...There are meetings for people that are like you.’ “And I laid in my bed for the next two days and I detoxed myself and I was just so sick. And I kept working at the same restaurant, and I kept doing the same things.”

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- “One day, one of the girls I worked with [said] ‘We’re all going to get some [drug]...And [one of my friends said], ‘well you need to start shooting it... you’re wasting it’... I just gave him my arm and...then all of a sudden, boom, it hit me and... it was the best feeling I had ever felt in my whole entire life...And [the friend said], ‘just so you know, your life is over from this point on.’”
 - “I don’t think most people will know the feeling of watching your dad’s eyes like fill with tears as he looks at the track marks on his little girl’s arms...”
 - “I went into detox again. This was like the 10th time I had been in detox and [I] just couldn’t get it. Just couldn’t get help and I didn’t know how to do it and I didn’t know how to go about it and I didn’t know who could help me. And I was so lost and I had given up on myself.”
 - “I think talking about and acting like [drug addiction] doesn’t exist doesn’t help anyone. And just because we’re ashamed of people that become drug addicts and because there’s such a stigma around it and because people don’t like talking about it, doesn’t mean that it’s just going to go away. I think people need to talk about it more.”

A father’s story of how he lost his son:

- “The story begins in the year 2004. Two boys were entering high school.”
- “The first boy... was diagnosed with cancer. [His] family was easily able to access the highest quality medical care, medical care that was all based on scientific research. Our town... rallied behind [the first boy] and his family. Parents called to cook meals, drive carpools.... Kids in elementary school created lemonade stands and [had] bake sales on the weekends to raise money for his new charity to fight cancer....The whole time that [the first boy] was sick, he received all the love and compassion that anyone with a disease could ever ask for.”
- “Two streets away, my son was also struggling with a disease. But for [our son] and our family it was very different. His mother and I looked for medical care to help [our son], but... we couldn’t find any that was based on scientific research. For almost 9 years, [our son] went to eight different treatment programs... Our town didn’t rally behind [our son] and our family. There were no calls for carpools, there were no calls for cooked meals. And most importantly, when [our son] came home to visit, he didn’t see bake sales, he didn’t see lemonade stands, it was silence, a deafening silence.”

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- “[My son] struggled with addiction for almost 10 years... and died in 2011....It wasn’t just addiction that took [his] life. Because my son did not die of an overdose. The tragedy is, what took his life was a feeling of shame and stigma. It’s the feeling that he woke up with every morning from being outcast that caused him to wake up that morning, research suicide notes, write a note, light a candle, and take his life.”

Common Factors Related to Illicit Drug Use

In individual presentations and in group discussion, forum participants identified and discussed the common factors related to illicit drug use, including first-time illicit drug use. According to forum participants:

- *First-time use of illicit drugs typically occurs in adolescence.* Two forum participants noted that illicit drug use typically occurs for the first time in adolescence. The two participants also discussed how adolescents’ perceptions of illicit drug use can determine whether or not they begin using illicit drugs. For example, in a slide presentation made to forum participants, one participant explained that many adolescents are intrigued with the idea of using illicit drugs, because they see such behavior as a way to be rebellious or popular. However, adolescents also “wildly overestimate” the extent to which their peers are using illicit drugs, the forum participant said. In addition, he noted that adolescents may also use illicit drugs to self-medicate. Another forum participant explained that adolescents’ perceptions of the risks associated with illicit drug use is another important factor; if adolescents perceive a drug to be risky, they are much less likely to use it, and vice versa. The participant raised concerns that adolescents’ perception that marijuana isn’t risky has contributed to increased use of the drug.
- *First-time illicit drug use typically involves marijuana.* Forum participants discussed marijuana and its relationship to the use of other illicit drugs. For example, in a presentation made during the forum, one forum participant cited data showing that in 2013, approximately 62 percent of individuals ages 12 or older who started using illicit drugs for the first time reported using marijuana. The participant noted that the number of marijuana users has been “pretty stable over time.” Another forum participant cited research of his own

from 2012 showing that a persistent user of opioids or stimulants was more likely to also persistently use cigarettes, alcohol, or marijuana.⁸

Several forum participants raised concerns about the relationship between state medical marijuana laws and increased illicit drug use.⁹ One participant stated that states that have legalized medical marijuana tend to have higher rates of adolescent marijuana use, though according to the participant, the state laws vary and may not all have the same effect on use. Another forum participant predicted that medical marijuana laws will lead to more first-time users of the drug among adolescents and others in states that legalize the drug. He explained that this will happen if states allow public consumption of the drug and do not make it clear that it should not be used by anyone younger than 21. According to a third forum participant, state marijuana laws and related policy “have the potential to impact a whole generation of kids.” For example, according to the forum participant, a major concern is the marketing of edible marijuana that looks like familiar candies and snacks that children know. As a result, the forum participant explained, there has been a rapid increase in emergency room admissions of children who mistakenly eat these foods.

- *Prescription pain relievers are increasingly a pathway to illicit drug use.* Forum participants discussed the relationship between legal prescriptions for opioid-based pain relievers and illicit drug use. In a presentation delivered during the forum, one participant reported that “in last few years we’ve also seen a greater number of people who start their addictions with pain relievers.” Another participant cited a 2014 study showing that 75 percent of recent heroin users were

⁸According to the forum participant, a persistent user is someone who has been using substances such as cigarettes, alcohol, or marijuana for at least 2 years and hasn’t stopped. See B. Nakawaki and W. D. Crano, “Predicting Adolescents’ Persistence, Non-persistence, and Recent Onset of Nonmedical Use of Opioids and Stimulants,” *Addictive Behaviors* vol. 37, no. 6 (2012).

⁹Although generally the possession and use of marijuana remains a federal crime under the Controlled Substances Act of 1970, as of June 2015, 24 states and the District of Columbia had passed laws legalizing marijuana for medical purposes under certain circumstances. As of November 2014, 2 states and the District of Columbia had approved ballot measures for legalizing marijuana for recreational use. See GAO, *State Marijuana Legalization: DOJ Should Document its Approach to Monitoring the Effects of Legalization*, [GAO-16-1](#), (Washington, D.C.: December 30, 2015).

introduced to opioids through prescription drugs.¹⁰ Several participants noted that the number of prescriptions for opioids has increased in recent years; one forum participant questioned whether all of the prescriptions issued for opioids are necessary. Another forum participant said that children are being prescribed opioids at a young age, and parents should know the risks associated with these medications and consider whether they should be prescribed to their children. Two forum participants discussed how the practice of surveying hospital patients on how well their pain was managed creates an incentive for providers to prescribe opioids in order to maintain high patient satisfaction scores.

Forum participants also discussed common factors related to illicit drug use and the challenges associated with treatment. In a presentation made during the forum, one participant identified risk factors for developing a substance use disorder. As reported by the participant, these factors include having or experiencing

- a family history of substance abuse,
- childhood sexual abuse,
- a disturbed family environment (low parental support or warmth and family conflict),
- parental loss,
- social deviance in adolescence and adulthood,
- early onset of anxiety disorders,
- early onset of substance use,
- impulsivity,
- low self-esteem,
- lower educational attainment,
- a history of divorce,
- a history of trauma,
- marital problems, and

¹⁰See TJ Cicero et al., "The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years," *JAMA Psychiatry*, vol. 71 no. 7 (2014).

“Addiction is... a chronic brain disease that changes the chemistry in your brain, making many people with this disease incapable of stopping, incapable of resisting urges. Most in society don't realize that. And because of that reason, those with this disease are often shamed, stigmatized, isolated, and judged.”

—forum participant

Source: GAO. | GAO-17-146SP

- drug availability.

Several forum participants emphasized that a substance abuse disorder is a disease of the brain and should be treated like other diseases. However, forum participants reported that obtaining treatment for substance abuse disorders can be challenging, for several reasons. For example, one forum participant reported that in the criminal justice system, judges and other officials do not always know which treatment resources are best or how to connect people to them, especially resources for families and others who are not directly involved in the criminal justice system. Even when treatment resources are available, some might not be effective. According to two forum participants, not all substance abuse treatment programs use treatments that have been shown to be effective.¹¹ Another challenge to obtaining treatment involves health insurance: individuals may lack insurance coverage for substance abuse treatment services, or the coverage that is available may not be sufficient. According to one forum participant, insurance coverage for substance abuse treatment services is often lacking, despite requirements established by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).¹² The forum participant referred to a June 2016 report by the National Center on Addiction and Substance Abuse that found that most of the health

¹¹As we have reported in prior work, an effective treatment for opioid addiction is medication-assisted therapy (MAT), an approach that combines behavioral therapy and the use of medications. Research shows that medication-assisted treatment can more effectively reduce opioid use and increase treatment retention compared to abstinence. Three medications are currently approved for use in MAT for opioid addiction—methadone, buprenorphine, and naltrexone. See GAO, *Opioid Addiction: Laws, Regulations, and Other Factors Can Affect Medication-Assisted Treatment Access*, [GAO-16-833](#), (Washington, D.C.: September 2016).

¹²Pub. L. No. 110-343, div. C, title V, §§ 511-512, 122 Stat. 3765, 3881-3893 (2008). MHPAEA expands the parity requirements established by the Mental Health Parity Act of 1996 (Pub. L. No. 104-204, Tit. VII, §§ 701-702, 100 Stat. 2874, 2944-2950 (1996)), the first federal mental health parity law, which required parity in annual and aggregate lifetime dollar limits. MHPAEA expanded the 1996 federal parity requirements to include parity more broadly in financial requirements (including cost-sharing requirements), treatment limitations, and in- and out-of-network covered benefits. MHPAEA also requires parity for substance use disorder benefits. See GAO, *Mental Health and Substance Use: Employers' Insurance Coverage Maintained or Enhanced Since Parity Act, but Effect of Coverage on Enrollees Varied*, [GAO-12-63](#), (Washington, D.C.: November 30, 2011).

insurance plans reviewed in the report did not provide adequate coverage for substance abuse treatment, as required by law.¹³

Strategies for Preventing Illicit Drug Use

Forum participants discussed several strategies available in the education, health care, and law enforcement sectors for preventing illicit drug use. For education strategies, forum participants championed the use of three school- or community-based prevention programs that research has shown to be successful in preventing illicit drug use and other behaviors: 1) *Life Skills*, 2) *Strengthening Families Program: For Parents and Youth 10-14*, and 3) *Communities That Care*. Participants identified three health strategies: 1) having providers adhere to CDC's guideline for prescribing opioids for chronic pain, 2) having providers use prescription drug monitoring programs, and 3) having primary care providers screen and intervene with patients at risk for illicit drug use. Finally, forum participants identified four law enforcement strategies for preventing illicit drug use: 1) enforcing laws prohibiting underage consumption of alcohol and tobacco, 2) building trust between law enforcement and local communities, 3) using peer ambassadors to promote drug-free lifestyles, and 4) closing prescription drug "pill mills" and other efforts to reduce the supply of illicit drugs. In describing the education, health care, and law enforcement prevention strategies, participants also discussed the challenges associated with implementing them. In what follows, we detail the illicit drug prevention strategies and related challenges that participants identified.

¹³ See National Center on Addiction and Substance Abuse, *Uncovering Coverage Gaps: A Review of Addiction Benefits in ACA Plans*, (New York, NY: June 7, 2016).

Education Strategies for Preventing Illicit Drug Use

“What we know is that the same risk factors predict not only substance abuse, but also delinquency and teen pregnancy, et cetera. We know that when you address those shared risk factors in a preventive intervention, you can have effects on a wide range of outcomes, including prescription and illicit drug use.”

—forum participant

Source: GAO. | GAO-17-146SP

Forum participants described school-based and other educational programs for preventing illicit drug use. In these discussions, forum participants frequently contrasted effective and less-effective drug prevention programs. According to two forum participants, while Drug Abuse Resistance Education (DARE) programs are widely used in schools, studies show that the programs are not effective in preventing illicit drug use.¹⁴ A third forum participant reported that there is evidence that DARE actually increases the risk of drug use. As an example of DARE’s lack of effectiveness, a fourth forum participant pointed out that one of the individuals featured in the video testimonials had participated in DARE and had been a spokesperson for the program. Two forum participants said that school zero-tolerance policies that expel or suspend students for substance abuse and other behaviors do little to prevent illicit drug use. Another forum participant said that research shows that programs or initiatives that simply educate students about illicit drugs and their dangers can make students curious about drugs and lead to increases in illicit drug use.

In contrast, forum participants identified several evidenced-based educational programs—i.e., programs that research shows have been effective—for preventing illicit drug use. Implemented in schools and other community settings, these programs focus more broadly on combatting risky behaviors and strengthening family and community ties. One forum participant estimated that if properly implemented in elementary and middle schools, these evidence-based programs could reduce illicit drug use among high school students by 30 percent. According to forum participants, these evidence-based programs include the following:

¹⁴Established in 1983, DARE operates in about 75 percent of all school districts across the United States. The elementary school curriculum consists of 10 lessons, taught by DARE-trained uniformed police officers. These lessons focus on providing students with decision-making skills, relationship skills, and communication skills; increasing their self-awareness; and improving their ability to understand others and handle responsibilities and challenges. In 2003, we reported that six long-term evaluations of the DARE elementary school curriculum showed no significant differences in illicit drug use between students who received DARE in the fifth or sixth grade (the intervention group) and students who did not (the control group). See GAO, *Youth Illicit Drug Use Prevention: DARE Long-Term Evaluations and Federal Efforts to Identify Effective Programs*, [GAO-03-172R](#), (Washington, D.C., January 15, 2003).

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- *Life Skills*. This program seeks to develop healthy alternatives to a range of risky behaviors, including illicit drug use. The program teaches students how to resist peer pressure, cope with anxiety, and develop greater self-esteem and self-confidence, among other behaviors.¹⁵ According to one forum participant, the program comprises a 3-year curriculum with 15 sessions in the first year, 10 sessions in the second year, and 5 sessions in the third year. It can be offered in either grades 6, 7, and 8, or in grades 7, 8, and 9, the forum participant said, and has been shown to be effective with whites, African-Americans, and Latinos in reducing the prevalence of a range of behaviors, including tobacco use, marijuana use, methamphetamine use, and physical aggression. Another forum participant explained that the Life Skills program is effective for addressing a range of unhealthy behaviors because it teaches “emotional skills that young people need developmentally.”
 - *Strengthening Families Program: For Parents and Youth 10-14*. This program aims to improve parenting skills and family relationships, offering sessions in which both parents and children participate, as well as separate sessions for each.¹⁶ According to one forum participant, the program targets the parents of adolescents and has been effective in preventing illicit drug use, especially prescription opioid abuse. According to the participant, by age 21 the prevalence of prescription drug abuse and narcotics use is lower among program participants compared to nonparticipants. However, the forum participant also noted that a challenge associated with implementing this program is the perceived stigma associated with participating in it. According to the forum participant, many parents are reluctant to attend because they think others will think their families are having problems or that they are not good parents.
 - *Communities that Care*. This program is designed to give communities the tools they need to assess their level of risk for illicit drug use and other behaviors and to implement prevention programs that are the most appropriate for their needs.¹⁷ One forum participant

¹⁵More information on *Life Skills* is available at <https://www.lifeskillstraining.com/overview.php>.

¹⁶More information on *Strengthening Families Program: For Parents and Youth 10-14*, is available at <http://www.extension.iastate.edu/sfp10-14/>.

¹⁷More information on *Communities that Care* is available at <http://www.communitiesthatcare.net/how-ctc-works/>.

explained that the program typically begins with a survey of students to assess their risk for illicit drug use and then, based on the results, the community may implement a drug prevention program in the middle school, high school, or elsewhere in the community. These programs may include the *Life Skills* or *Strengthening Families Program: For Parents and Youth 10-14* programs, which are more effective when used together than when used on their own, one forum participant said. Another forum participant said that *Communities that Care* recommends only interventions that have been shown to be effective in reducing common factors related to illicit drug use and promoting healthy behaviors that make illicit drug use less likely, such as learning to recognize and manage emotions and being able to form positive relationships with peers and adults.

Forum participants said that a key challenge to implementing evidence-based drug prevention programs is having a workforce with sufficient training to implement the intervention consistently over time. One forum participant said that implementing these programs continuously on an annual basis is a significant challenge for school systems. He explained that there can be yearly turnover in teachers and school administrators and that it takes years of investment to build expertise among school staff. Another forum participant, who helped to develop the *Communities that Care* program, described how the program at first required multiple visits from an expert to the community implementing the program. "It was not a sustainable funding model," the forum participant said. He explained that with a grant from the National Institute on Drug Abuse, *Communities that Care* developed a web-based training system to help local communities build expertise more efficiently. A third forum participant reported that some states are taking steps to certify prevention specialists, and she suggested that if these specialists are knowledgeable about evidence-based prevention practices, they could help schools and communities implement drug prevention programs. However, one forum participant, who supports efforts to certify prevention specialists, noted that currently, "we don't have a workforce ready to do the level of prevention that we need to do in this country."

Health Care Strategies for Preventing Illicit Drug Use

Forum participants discussed three principle health care strategies for preventing illicit drug use.

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- *Adhering to CDC’s guideline for prescribing opioids for chronic pain.* Several forum participants discussed the importance of providers adhering to the guideline issued by CDC for prescribing opioids for chronic pain.¹⁸ Issued in 2016, CDC’s guideline is intended to help primary care providers determine if and when to use opioids, select which opiates to use and in what amounts, and assess and address the risks of using these medications. For example, CDC’s guideline instructs providers to use the lowest dose possible of the medications when beginning treatment. The guideline also reminds providers that alternatives to opioids, such as exercise or physical therapy, can be preferred treatments for chronic pain. One forum participant estimated that if the guideline were fully implemented—that is, if all providers followed it—the number of people using opioids and related drug overdose deaths could be reduced by more than half.
 - *Using prescription drug monitoring programs.* Forum participants identified the use of prescription drug monitoring programs (PDMP) as a key strategy for preventing illicit drug use. PDMPs are state-run electronic databases used to track the prescribing and dispensing of prescriptions for controlled substances, identify suspected misuse or diversion (i.e., channeling drugs into illegal use), and identify drug use trends.¹⁹ One forum participant explained, for example, that providers can access the databases to determine whether a patient is “doctor shopping” to obtain prescriptions for opioids from multiple providers. Another participant noted that providers can use the databases to avoid prescribing opioids to patients taking a benzodiazepine—which can be used as a sedative, among other things—the combination of which increases the likelihood of a fatal overdose.
 - *Having primary care providers screen and facilitate early intervention for patients at risk for illicit drug use.* Forum participants also discussed the important role primary care providers can play in prevention efforts by screening and intervening with patients at risk for illicit drug use. According to one forum participant, primary care providers are trusted members of the community, and therefore should be leveraged to help implement drug prevention efforts.

¹⁸CDC’s guideline is available at <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

¹⁹For more information on PDMPs, see Kristin Finklea et al., “Prescription Drug Monitoring Programs,” Congressional Research Service, R42593 (Washington, D.C.: March 24, 2014).

Another participant described her efforts to develop a computerized, easy-to-use screening tool to help primary care providers identify adolescents at risk for illicit drug use. Describing the screening tool, the forum participant explained that when waiting for their primary care appointments, patients answer a series of screening questions on a computer-based tablet and then discuss the results with their provider.

Forum participants also described the challenges associated with implementing the three health care strategies for preventing illicit drug use. One participant noted that health care providers are not required to follow CDC's guideline for prescribing opioids, and other participants observed that not all states require providers to use PDMPs, and providers may be reluctant to use them.²⁰ For example, one forum participant observed that providers may be reluctant to use the databases if they think the databases will be used by law enforcement and others to second-guess clinical decisions. Two participants noted that, in general, medical schools do not provide adequate training to providers on substance abuse issues. Another participant noted that primary care prevention efforts are not going to be effective for those who lack access to such care, and he reminded his fellow participants not to forget about "the people who aren't going to be reached by solutions that take place in suburban primary care physicians' offices."

Law Enforcement Strategies for Preventing Illicit Drug Use

Forum participants also discussed several law enforcement strategies for preventing illicit drug use. In describing the law enforcement strategies, forum participants also identified limitations to some of these efforts.

- *Enforcing laws prohibiting underage consumption of alcohol and tobacco.* According to one forum participant, there is evidence that enforcing laws that prohibit the sale of alcohol or tobacco to minors can help prevent illicit drug use. The forum participant explained that because "a lot of kids" who use illicit drugs begin with alcohol and tobacco (i.e., they are "gateway" drugs associated with subsequent

²⁰According to a 2015 study, 22 of the 49 states with PDMPs now legally mandate prescribers to query the databases before writing prescriptions for controlled substances. However, the study also found that these mandates face significant opposition by providers across the U.S. See RL Haffajee et al., "Mandatory Use of Prescription Drug Monitoring Programs." *JAMA*, vol. 313, no.9 (2015).

illicit drug use); enforcing laws prohibiting underage use of these substances has a spillover effect on illicit drug use. Another forum participant warned that it can be challenging for law enforcement to know about newer prescription drugs that are being misused, such as promethazine, which the forum participant says is now an alternative to drinking alcohol among some teens.²¹

- *Building trust between law enforcement and local communities.* Several participants discussed the importance of building trust between law enforcement and local communities as a part of efforts to prevent illicit drug use and prescription drug abuse. One forum participant described law enforcement outreach programs in New York and Maine for at-risk adolescents, explaining that these programs have been successful in helping prevent illicit drug use and gang activity. Another forum participant said that law enforcement officials have been key stakeholders in *Communities that Care* programs and that building trust among communities and law enforcement helps to address some of the common risk factors related to illicit drug use.
- *Using peer ambassadors to promote drug-free lifestyles.* One forum participant described his efforts to use social media to identify popular adolescents, such as athletes, who can be recruited to promote drug-free lifestyles or other anti-drug messages. The forum participant said that he believed this was more effective than using former users to go to schools to talk to kids, which he said can end up “glorifying” illicit drug use in some cases.
- *Closing prescription drug “pill mills” and other efforts to reduce the supply of illicit drugs.* Forum participants debated the effectiveness of efforts to reduce the availability of illicit drugs through law enforcement efforts. One forum participant said that efforts to close so-called “pill mills”—medical practices or other operations that prescribe controlled substances without a legitimate medical purpose—have been a successful prevention strategy. The participant explained that because these operations help divert prescription drugs to the black market, closing the pill mills “took a lot of people out of [drug] dealing.” Another forum participant said that reducing the

²¹Promethazine is used to prevent and treat nausea and vomiting related to certain conditions, such as before/after surgery or for motion sickness. It is also used to treat allergy symptoms such as rash, itching, and runny nose.

"I have been watching a parade of people go to prison for being low-level participants in drug dealing networks for a lot of years, and I have not seen the price of drugs go up.

I have not seen the amount of drugs available diminish. I have not seen addicts report that there are scarcities and they can't get [a] product. I don't think that prosecuting drug dealers is an effective intervention strategy."

—forum participant

Source: GAO. | GAO-17-146SP

"flood" of illicit drugs smuggled and manufactured in the country helps to curtail illicit drug use. "If you sharply curtail access, you sharply reduce what people can try and start with," she said.

In contrast to these views, one forum participant repeatedly emphasized that attempts to reduce the supply of illicit drugs through enforcement and interdiction have not worked to reduce the availability of drugs or prevent illicit drug use. Furthermore, the participant noted, the adverse effects of these enforcement efforts—arrests, prosecutions, and incarceration rates—are racially disparate and can perpetuate cycles of poverty.

High Priority Areas for Future Action to Prevent Illicit Drug Use

Throughout the forum proceedings and especially in the forum's last session, participants identified high priority areas for future action to prevent illicit drug use. Forum participants did not rank these priorities, and what follows is a summary of the discussions, in no particular order. When appropriate, the descriptions of these high priority areas include information on the entity or entities responsible for implementing the efforts and any related challenges, as identified by forum participants.

1. *Support community coalitions for preventing illicit drug use.* Forum participants discussed the importance of supporting community coalitions for preventing illicit drug use that comprise the health care, education, and law enforcement sectors. One forum participant called for increased federal funding for such coalitions, explaining that prevention efforts that involve just one or two of the sectors are not sufficient. The forum participant praised efforts such as the Drug-Free Communities Program—jointly administered by ONDCP and SAMHSA—which calls for building coalitions of partners from the health care, education, and law enforcement sectors. Two forum participants discussed how coalitions working across the three sectors could be strengthened. One participant said that implementation of evidence-based prevention practices across the health care, education, and law enforcement sectors is challenging, and so what is needed is drug prevention training across the three sectors. Another participant called for the dissemination of evidence-based best practices for preventing illicit drug use for the three sectors.

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2. *Improve available data on illicit drug use.* One forum participant called for improved federal data on illicit drug use that communities can use for their prevention efforts. The participant explained that federal surveys of illicit drug use, such as SAMHSA's National Survey on Drug Use and Health, provide national data on illicit drug use but cannot be used to identify trends at the local level. The forum participant recommended that SAMHSA support efforts by the states to conduct school-based surveys of students' illicit drug use. "The federal government needs to recognize that when local communities have the data and are empowered to use those data, they can make big differences in terms of outcomes," he said.
 3. *Consolidate federal funding streams for prevention programs.* One forum participant called for a consolidation of federally funded prevention efforts.²² According to the forum participant, the risk factors for initiating illicit drug use overlap with the risk factors for a range of other behaviors or conditions, such as dropping out of school, bullying, depression, and anxiety. The forum participant noted that there are over 100 federally funded prevention programs, each targeting one or two of these behaviors.²³ Alternatively, he said, the federal government could consolidate the funding for these programs by creating what he referred to as a "children's wellness fund" that could address the risk factors for all of these behaviors. "We would get less drug use initiation and ... less of a lot of other things that we worry about," he said. A second forum participant strongly seconded this suggestion. Similarly, a third forum participant called for schools to shift their prevention efforts, focusing less on the risk factors for illicit drug use and more on efforts to promote the factors that make illicit drug use less likely. These factors include social connections among peers and between peers and teachers as well as coping skills for solving problems and dealing with difficult emotions.

²²We have previously reported on mechanisms for building accountability into federal block grants. See GAO, *Block Grants: Issues in Designing Accountability Provisions*, AIMD-95-226, (Washington, D.C.: September 1, 1995).

²³In 2013 we reported that drug abuse prevention and treatment programs were fragmented across the 15 federal agencies that funded or administered 76 programs in fiscal year 2011. We also identified overlap in 59 of these programs and found that 29 of 76 (about 40 percent) programs that we surveyed reported no coordination with other federal agencies on drug abuse prevention or treatment activities. See GAO, *Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination*, [GAO-13-333](#), (Washington, D.C.: March 26, 2013).

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4. *Identify and pursue ways to change perceptions of substance abuse disorders and illicit drug use.* Several forum participants called for a change in how substance abuse disorders and illicit drug use are viewed. As previously discussed, several participants emphasized that a substance abuse disorder is a disease of the brain and can be treated like other diseases. Another participant called for an end to the stigma associated with illicit drug use, arguing that it should instead be treated as a mental health and public safety problem and not as a criminal justice issue. According to another forum participant, national surveys show that illicit drug use among adolescents is not a social norm, and an important component of prevention is to correct this misperception. A third participant said that adolescents and others should not consider illicit drug use a normal—and thus acceptable—rite of passage.
5. *Increase the use of evidence-based illicit drug prevention programs and messaging.* Several forum participants discussed the importance of increasing the use of evidence-based illicit drug prevention programs. Two forum participants called for a requirement that federal funding for prevention efforts be used for evidence-based programs only.²⁴ Another forum participant called for more evidence-based drug prevention programs to be used in schools that would deliver well-designed, persuasive drug prevention messages on a regular basis. According to this participant, persuasive prevention messaging exploits adolescents' ambivalent attitudes about illicit drug use: on one hand, the participant said, adolescents are attracted to illicit drug use because it is rebellious and they think it can make them popular; on the other hand, the forum participant explained that adolescents are also afraid of the physical harm and other adverse effects associated with illicit drug use. According to the forum participant, effective messaging should undermine or challenge adolescents' positive beliefs about drug use. As an example of this kind of strategy, the forum participant described an anti-smoking campaign in Florida—the "Truth" campaign—that aimed to undermine the association between smoking cigarettes and youthful rebellion. According to the forum participant, the campaign ran advertisements depicting the

²⁴In our prior work we have reported on the use of tiered-evidence grant models in federal grant programs. In a tiered-evidence grant model, the size of grant awards is tied to the strength of evidence provided in grant applications. See GAO, *Tiered Evidence Grants: Opportunities Exist to Share Lessons from Early Implementation and Inform Future Federal Efforts*, [GAO-16-818](#), (Washington, D.C.: September 21, 2016).

tobacco companies as run by cynical old men who are happy to exploit young people. Another forum participant noted, however, that there are limited data on what evidenced-based messaging looks like and that the Truth campaign's success with tobacco may not work with other drugs.

6. *Support illicit drug use prevention efforts in primary care settings.* Forum participants discussed ways of supporting illicit drug use prevention efforts in primary care settings. For example, one forum participant recommended that the Centers for Medicare & Medicaid Services direct states to use Medicaid funding for primary care prevention efforts. However, two forum participants noted that health care reimbursement poses a challenge for prevention efforts. For example, as one of the participants explained, prevention efforts that target adolescent illicit drug use may require collaboration with parents; however, because the parents are not the ones being treated and have no associated diagnosis, providers cannot receive reimbursement from health care insurance companies for these efforts. The second forum participant called for identifying ways to reimburse providers for conducting preventative drug screenings.
7. *Reduce the number of opioid prescriptions.* Several forum participants discussed the importance of reducing the number of prescriptions issued for opioids. One forum participant questioned whether all opioid prescriptions are necessary, and another forum participant said that more could be done to encourage alternative treatments for pain, such as acupuncture. However, the forum participant noted that alternative treatments for pain may be less likely to be covered by insurance. Four participants discussed the need to strengthen requirements to use PDMPs. One of these participants noted that physicians have resisted efforts in her state to require more frequent checks of the PDMP database, and she suggested that one way to address this resistance would be to reimburse physicians for the time spent on these inquiries. Another participant suggested that providers should be penalized if they do not use PDMPs. A third forum participant recommended that Medicare make it mandatory for physicians receiving Medicare reimbursement to 1) check a PDMP database to determine whether patients are trying to obtain prescriptions for opioids from multiple providers and 2) receive training on CDC's guideline for prescribing opioids for chronic pain. The fourth participant recommended that, in addition to these two requirements, state PDMPs should be required to be interoperable so that a provider in one state can search the databases in other states.

Appendix I: Forum Participants

	Participant	Affiliation
1	Lauren C. Anderson, Founder and CEO, Global Ambassador	LC Anderson International Consulting , Vital Voices Global Partnership
2	James A. Arnold, Chief, Liaison and Policy Section, Diversion Control Division	Drug Enforcement Administration
3	Carlos Blanco, M.D., Ph.D., Director, Division of Epidemiology, Services and Prevention Research	National Institute on Drug Abuse
4	Kelly J. Clark, M.D., MBA, DFASAM, President-Elect	American Society of Addiction Medicine
5	William Crano, Ph.D., Professor of Psychology	Claremont Graduate University
6	David Esquith, Director, Office of Safe and Healthy Students	Department of Education
7	The Honorable Steven M. Gold, Chief Magistrate	United States District Court, Brooklyn, New York
8	Sion Kim Harris, Ph.D., CPH, Assistant Professor of Pediatrics and Co-Director	Harvard Medical School and Boston Children's Hospital Center for Adolescent Substance Abuse Research
9	J. David Hawkins, Ph.D., Endowed Professor of Prevention	University of Washington
10	Keith Humphreys, Ph.D. Professor of Psychiatry and Behavioral Sciences	Stanford University School of Medicine
11	Kristen Kelley, Director, Indiana Attorney General's Prescription Drug Abuse Prevention Task Force	Indiana Office of the Attorney General
12	Gabriela Lagos, Manager, Chicago Public School Crisis Team	Chicago Public Schools
13	Gary Mendell, Founder and CEO	Shatterproof
14	Tym Rourke , Director of Substance Use Disorders Grantmaking	New Hampshire Charitable Foundation

Appendix I: Forum Participants

15	Cecelia M. Spitznas, Ph.D., Senior Science Policy Advisor	Office of National Drug Control Policy
16	Lieutenant Ozzy Tianga, MPA	Broward County Sheriff's Office
17	Walter Vance, Senior Social Scientist, Applied Research and Methods (Moderator)	United States Government Accountability Office
18	Sarah Wurzburg, Grantee Technical Assistance Manager, Corrections and Reentry	The Council of State Governments Justice Center

Appendix II: Forum Agenda



Wednesday, June 22, 2016
National Academy of Sciences
Keck Center
500 5th Street NW
Washington, DC 20001

- 8:15-8:30** Arrive, coffee, get seated
- 8:30-9:00**
 - **Brief Introductions of Participants**—name, current role/employment, location
 - **Moderator, Walter Vance, GAO**—expectations and focus for the day
- 9:00-9:15** **Welcome** from the Honorable Gene Dodaro, Comptroller General of the United States
- 9:15-10:00** **Session I: The Stories and Data Behind the Devastation of Addiction**
 - 9:15-9:30: *Data Trends and Why People Start to Use or Abuse Drugs*. Presentation by Dr. Carlos Blanco, National Institute of Drug Abuse
 - 9:30-9:45: *Stories of Addiction* (video), with introduction by Lauren Anderson
 - 9:45-10:00: *The Impact on Families*. Comments from Gary Mendell, Shatterproof
- 10:00-10:15** **Break**
- 10:15- 11:45** **Session II: Current Strategies for Reducing Initial Demand for Drugs**

Discussion of the *current* strategies being used to prevent initial drug use/abuse. The goal is to understand the types of strategies being used today, their strengths and weaknesses, and variation across the sectors (health care, education, law enforcement) and levels (federal, state, local). *In advance of the meeting, participants should consider a strategy in which they are involved, and the characteristics of the strategy.* [note: "strategy" refers to the type of approaches or method used rather than a specific program.]

 - 10:15-10:45: Examples of strategies being used in health care to prevent the first time use of illicit drugs or abuse of prescription drugs
 - 10:45-11:15: Examples of strategies being used in education to prevent the first time use of illicit drugs or abuse of prescription drugs
 - 11:15-11:45: Examples of strategies being used in law enforcement to prevent the first time use of illicit drugs or abuse of prescription drugs

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- 11:45-12:45** **Working Lunch**
- 11:45-12:15: Break/lunch
 - 12:15-12:35: *The Use of Mass Media to Affect the Use and Abuse of Drugs*. Presentation by Dr. William Crano, Claremont Graduate University
 - 12:35-12:45: Q&A for speaker
- 12:45-1:30** **Session III: Continued Discussion on Current Strategies for Reducing Initial Demand for Drugs**
- A whole-group discussion on *current* strategies. Examples of areas to explore:
- Are the health care/education/law enforcement sectors working together effectively? Why or why not?
 - Are activities at the federal/state/local levels working together effectively? Why or why not?
 - Are the strategies identified directly addressing the prevention of first time use of drugs? Do different types of drugs require different strategies to reduce first time use?
 - Are there unique aspects about drug abuse that may affect the success of mass media/education campaigns as a strategy?
 - Are the strategies identified sufficient for getting at the drivers of the problem?
- 1:30-2:30** **Session IV: Discussion of Potential Actions and Directions**
- A whole-group discussion on future options to reduce initial demand for drugs. Examples of areas to explore:
- How can coordination be enhanced?
 - What are the gaps in the strategies and approaches being used?
 - What are key barriers to taking action in this area generally?
 - What are the potential policy levers that might be considered for reducing initial use of drugs?
- 2:30-2:45** **Break**
- 2:45-4:15** **Session V: Round Robin**
- In light of the day's discussion, each participant will be asked to respond to the following questions in 3-5 minutes or less:*
- What are the top 1-2 actions that could reduce the number of people from ever starting to use drugs or abuse drugs?
 - Identify the action, responsible party, and key barriers (if any) to action.
- 4:15-4:30** **Wrap-up and Next Steps**
- After the participants return home, GAO will contact you to:
- "Vote" on priorities for action (an email follow-up by the end of June)
 - An option to review sections of the draft report prior to public issuance in the fall.



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Appendix III: Related GAO Products

Opioid Addiction: Laws, Regulations, and Other Factors Can Affect Medication-Assisted Treatment Access. [GAO-16-833](#). Washington, D.C.: September 27, 2016.

Drug Enforcement Administration: Additional Actions Needed to Address Prior GAO Recommendations. [GAO-16-737T](#). Washington, D.C.: June 22, 2016.

Office of National Drug Control Policy: Progress toward Some National Drug Control Strategy Goals, but None Have Been Fully Achieved. [GAO-16-660T](#). Washington, D.C.: May 17, 2016.

Veterans Justice Outreach Program: VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks. [GAO-16-393](#). Washington, D.C.: April 28, 2016.

State Marijuana Legalization: DOJ Should Document Its Approach to Monitoring the Effects of Legalization. [GAO-16-1](#). Washington, D.C.: December 30, 2015.

Prescription Drugs: More DEA Information about Registrants' Controlled Substances Roles Could Improve Their Understanding and Help Ensure Access. [GAO-15-471](#). Washington, D.C.: June 25, 2015.

Mental Health: Better Documentation Needed to Oversee Substance Abuse and Mental Health Services Administration Grantees. [GAO-15-405](#). Washington, D.C.: May 12, 2015.

Prenatal Drug Use and Newborn Health: Federal Efforts Need Better Planning and Coordination. [GAO-15-203](#). Washington, D.C.: February 10, 2015.

Medicare Program Integrity: CMS Pursues Many Practices to Address Prescription Drug Fraud, Waste, and Abuse. [GAO-15-66](#). Washington, D.C.: October 24, 2014.

Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination. [GAO-13-333](#). Washington D.C.: March 26, 2013.

Child Welfare: States Use Flexible Federal Funds, But Struggle to Meet Service Needs. [GAO-13-170](#). Washington, D.C.: January 30, 2013.

Prescription Pain Reliever Abuse: Agencies Have Begun Coordinating Education Efforts, but Need to Assess Effectiveness. [GAO-12-115](#). Washington, D.C.: December 22, 2011.

Child Welfare: More Information and Collaboration Could Promote Ties Between Foster Care Children and Their Incarcerated Parents. [GAO-11-863](#). Washington, D.C.: September 26, 2011.

Appendix IV: GAO Contacts and Staff Acknowledgments

GAO Contacts

Elizabeth Curda, (202) 512-7114 or curdae@gao.gov regarding health care issues; Diana Maurer, (202) 512-9627 or maurerd@gao.gov regarding law enforcement issues; and Jacqueline M. Nowicki, (617) 788-0580 or nowickij@gao.gov regarding education issues.

Staff Acknowledgments

In addition to the contacts named above, individuals making key contributions to this report include Joy A. Booth, Assistant Director; Krister Friday and Sarah Harvey, Analysts-in-Charge; Aditi Archer, Marisa Beatley, Daniel Klabunde, Linda T. Kohn, Vikki Porter; Shannon Slawter Legeer, Justin Snover, and Jennifer M. Whitworth. Rotimi Adebajo, LaKendra Beard, Alex Cattran, Ashley Dixon, Morgan Jones, Brandon Nakawaki, Lisa Opdycke, Dan Powers, Dharani Ranganathan, and Lisa Rogers also provided valuable assistance.

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