



CALL TO ACTION AND ISSUE BRIEF

JUSTICE SYSTEM USE OF PRESCRIPTION DRUG MONITORING PROGRAMS



OVERVIEW AND RECOMMENDATIONS
FOR ADDRESSING THE NATION'S
PRESCRIPTION DRUG AND
OPIOID ABUSE EPIDEMIC

GLOBAL BACKGROUND AND CALL TO ACTION

The Global Justice Information Sharing Initiative (Global)¹ Advisory Committee (GAC) is a Federal Advisory Committee to the U.S. Attorney General, U.S. Department of Justice (DOJ), providing recommendations on promising national information sharing policies, practices, and technologies to solve priority problems and improve the commission of justice. Through the work of the Bureau of Justice Assistance (BJA) and its state, local, and tribal (SLT) partners, taking action based on Global recommendations, groundbreaking progress has been made. However, given the dynamic nature of the justice landscape, with increasing frequency, safeguarding the public requires collaboration across enterprises and with nontraditional partners such as the health community. The devastation leveled in families, neighborhoods, and across the nation by prescription drug and opioid abuse is a critical public safety and public health issue, and one which Global leaders believe can be significantly addressed through enhanced information sharing. Responding to this need, in 2015, the GAC formally recommended *Justice System Use of Prescription Drug Monitoring Programs: Addressing the Nation's Prescription Drug and Opioid Abuse Epidemic* as a challenge and call to action for its members, partners, and national leaders from the justice and health domains toward developing and adopting necessary information sharing capabilities, leveraging existing solutions, and collaborating across domains. BJA's and Global's overarching goal is to facilitate policymaker and practitioner access to critical data from a variety of sources to better inform public health and public safety responses to this national crisis.





INTRODUCTION

Prescription drug misuse, abuse, and diversion continue to have a devastating effect on communities throughout the country. What the Centers for Disease Control and Prevention (CDC) describes as a “deadly epidemic of prescription pain killer abuse” affects communities in every state.² Every day in the United States, 113 people die as a result of drug overdose.³ In 2011, deaths from drug overdoses exceeded deaths from motor vehicle crashes among people 25 to 64 years old. That same year, there were 1.4 million visits to emergency departments involving the nonmedical use of pharmaceuticals, with nearly two-thirds due to prescription antianxiety medications, sleep aids, and pain relievers.⁴

Although the nation’s prescription drug misuse and abuse epidemic has a significant impact on state and local behavioral health systems, hospitals, and emergency departments, it also has a critical public safety⁵ nexus that affects and must continue to be addressed by our law enforcement agencies and justice system. Consider that in 2007, while the brunt of the estimated \$55.7 billion annual cost due to prescription opioid abuse was felt by employers and the health-care industry, \$5 billion of that burden was placed solely on the justice system.⁶ Nationwide, communities are seeing a variety of criminal behavior associated with prescription drug misuse, abuse, and diversion including users diverting opioids for nonmedical use; robberies and burglaries of pharmacies; and doctors, clinics, or pharmacies serving as pill mills by prescribing or dispensing prescription medications for nonmedical purposes.

Additionally, in the five years between 2006 and 2010, heroin-related deaths in the United States rose dramatically by 45 percent, doubling in number from 2010 to 2012. Driven in part by the effectiveness of prescription drug interdiction efforts (including PDMP and law enforcement activities), first-time heroin use has risen steadily since 2007. While this document does not explore the link between prescription drug abuse and heroin use at length, it is important to note that there is often an inverse correlation: in jurisdictions across the country, it is not unusual for individuals addicted to prescription opioids to turn to heroin as an alternative—whether due to cost or supply—decreasing abuse of one opiate source while causing a spike in the other. This triggers a range of necessary law enforcement and justice responses associated with combatting illegal drug activity.⁷

STATE-LEVEL PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs): A VALUABLE TOOL IN THE JUSTICE SYSTEM'S FIGHT AGAINST PRESCRIPTION DRUG ABUSE, MISUSE, AND DIVERSION

This *Call to Action and Issue Brief* (herein referenced as “*Issue Brief*”), developed primarily for justice practitioners and policymakers, explores the following PDMP-related topics:

- ◀ Outlines PDMPs and their purpose
- ◀ Highlights the value of PDMP data to law enforcement, probation and parole practitioners, and courts personnel
- ◀ Underscores the importance of public health and public safety community partnerships
- ◀ Outlines practices for effectively using PDMP data for justice purposes
- ◀ Provides resources, promising practices, and implementation examples to promote transportability of solutions in other communities
- ◀ Presents recommendations, call-to-action issues, and next steps to address the nation's opioid epidemic



The case is also made for strongly pursuing a capability of nationally interoperable PDMPs via the Prescription Drug Monitoring Program Information Exchange (PMIX), facilitating information sharing about prescriptions of controlled substances across jurisdictional boundaries for the benefit of all practitioners, organizations, and communities involved in and affected by this epidemic. The goal of PMIX is to help states implement a cost-effective technology solution to facilitate interstate data sharing among PDMPs. PMIX is supported through funding from the Bureau of Justice Assistance's (BJA) Harold Rogers Prescription Monitoring Program.⁸



PRESCRIPTION DRUG MONITORING PROGRAMS—OVERVIEW

Prescription Drug Monitoring Programs (PDMPs) are state-based data systems that collect electronic information directly from pharmacies on controlled substances prescribed by medical professionals and dispensaries in their states. Currently, 49 of the 50 states have operational PDMPs. New Hampshire and the District of Columbia have enacted PDMP legislation but do not yet have operational PDMPs; Missouri has neither an operational program nor pending legislation to create one. (See the PDMP Training and Technical Assistance Center [TTAC] State Profiles page, located at <http://www.pdmpassist.org/content/state-profiles>, for important facts about each PDMP, including state pharmacy and practitioner data, drug schedules monitored, patient information data, and legislation dates and citations.)

State PDMPs constitute a tool used primarily by medical professionals to enhance patient care when prescribing and dispensing controlled substances. Medical professionals in a given state use their PDMP to access the controlled-substance prescription histories of their patients, including prescriptions issued to a patient by other medical professionals in that state (and, in some cases, in other states if a state is participating in PMIX exchanges) to support the best clinical decisions regarding the appropriate treatment for patients, to reduce the likelihood of adverse drug reactions, and to assist with addiction treatment.

Across the country, a variety of state agencies are responsible for administering PDMPs. They include state boards of pharmacy (20), departments of health (13), law enforcement agencies (7), professional licensing agencies (6), substance abuse agencies (3), consumer protection organizations (1), and “other” agency types (1).⁹ Although all of these administering agencies facilitate the sharing of PDMP information within their respective state, idiosyncratic state-level technical and policy issues create significant interstate sharing challenges. For example, because of the diversity of state agency types/business domains governing PDMPs, it is difficult to develop and obtain consensus on an interstate governance structure within even a single business domain (e.g., state boards of pharmacy, professional licensing agencies, law enforcement), let alone to obtain cross-boundary agreements for PMIX/interstate sharing activities. Different states’ guidelines and

leadership perspectives vary on the focus and use of PDMPs: Some see PDMPs as primarily a tool associated with pharmacy- and controlled-substance-related issues, while others emphasize the law enforcement component. Creating a balanced, national governance structure that includes the laws and policies of each state is critical to enabling the national sharing of PDMP data. (The tremendous benefit of and need for a national PDMP interstate exchange capability is further discussed in the “Conclusion and Next Steps” section of this *Issue Brief*.)

PDMPs’ ROLE IN FACILITATING AND ACHIEVING INTERSTATE DATA SHARING

The potential public health and public safety benefits of linking controlled-substance prescription information from all 50 states are clear. Doctors will be better-informed about the full controlled-substance prescription histories of their patients; law enforcement will have more complete information to successfully investigate doctor shopping, pill mills, and diversion of prescription medications; and probation and parole practitioners and courts personnel will have more complete information for effectively sentencing and supervising drug offenders.

As previously mentioned, while a range of issues has impeded interstate sharing, the good news is that on the technical front, a viable solution has been achieved through the Prescription Drug Monitoring Program Information Exchange (PMIX) capability.¹⁰ The goal of PMIX is a national, interoperable architecture that supports the interstate sharing of prescription drug monitoring program information. PMIX and related efforts are funded by the Bureau of Justice Assistance (BJA) and the Office of National Drug Control Policy (ONDCP) and led by the IJIS Institute. These efforts are being leveraged to enable information sharing within and between states across the country via various “hubs” (i.e., PMP InterConnect[®],¹¹ RxCheck,¹² and RxSentry¹³).

The PMIX architecture provides a technical solution to interstate interoperability among state PDMPs and is built on foundational Global Justice Information Sharing Initiative-recommended solutions (e.g., the Global Reference Architecture¹⁴ and the National Information Exchange Model).¹⁵ It leverages other products including a software development kit that reduces cost and speeds adoption of required state-based software. Importantly, PMIX allows protected health information to be encrypted at the message level, securing sensitive data from unauthorized access. It also should be noted that the National Association of Boards of Pharmacy (NABP) PMP InterConnect has evolved to include PMP Gateway. PMP Gateway serves as a translation service to reconcile the technological differences between PDMPs and health-care information systems. The translations will include the Health Level Seven International (HL7)¹⁶ technologies and National Council for Prescription Drug Programs (NCDPP) standards. Such translation services have been requested by PDMPs and the health-care community to help expedite secure and reliable integration of PDMP data into the workflow of health-care practitioners. Federal efforts to facilitate integration are under way, shepherded by the PDMP & Health Information Technology Integration Initiative via the S&I Framework.¹⁷

The development and implementation of the technical solution provided by PMIX is only one part of the equation for comprehensive PDMP interstate interoperability. As previously underscored, each state also must address associated policy and business process issues, such as whether its PDMP is authorized to share data across state lines, and with whom and by following what requirements the PDMP may share that data (e.g., prescribers only? Other licensed medical professionals? Prescribers’ designees? Law enforcement, probation and parole? Is a warrant required to get access?). Addressing these policy issues is critical to the development of an information sharing environment where each state has the appropriate, necessary access to all other states’ and territories’ PDMP data. Currently, while interstate sharing has been achieved, it is limited: States exchanging

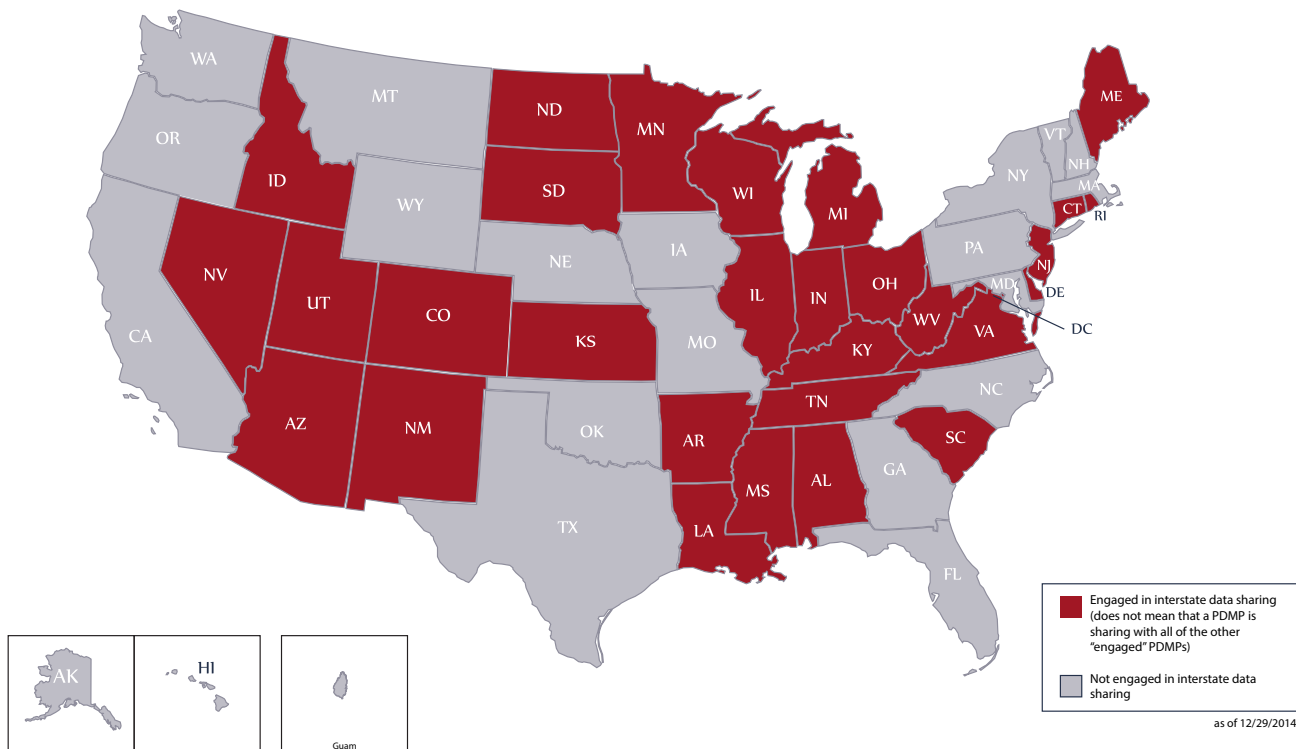
information across state lines are not sharing with all other states, but instead only with those where the necessary technical and policy issues have been adequately addressed. (See Diagram 1: Prescription Drug Monitoring Programs Interstate Data Sharing Status.)

States around the country have become increasingly aware of both the toll of prescription drug misuse, abuse, and diversion and the value of PDMP data in addressing this challenge. Although PDMPs are commonly known for their use by and benefit to the health-care community, earliest iterations of the programs were designed for public safety purposes and today remain a very useful tool for justice stakeholders in addressing prescription drug issues. In the next section of this *Issue Brief*, PDMP benefits to law enforcement and, more broadly, the public safety community are reviewed, including justice-related best practices and recommendations that hold promise for reducing prescription drug misuse and abuse.

PDMPs AND THE JUSTICE SYSTEM

Addressing the massive scale of the prescription drug abuse epidemic requires involvement from all stakeholders: No single agency, discipline, domain, or community—whether it be a health department, health-care professionals, a medical or pharmacy board, a law enforcement agency, or a court—is sufficient on its own to provide a comprehensive, nationwide picture of or solution to the problem. Rather, an effective response requires the collaborative, combined efforts, resources, and engagement of all partners to have a significant impact on the abuse, misuse, and diversion of prescription drugs. That being said, law enforcement and justice agencies must play a crucial role in reducing the nation’s prescription drug epidemic and protecting the public. The duties and responsibilities carried out by justice and public safety agencies complement the work of other domains, including public health agencies, pharmacy boards and agencies, behavioral health agencies, and health-care professionals.

DIAGRAM 1: PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)
INTERSTATE DATA SHARING STATUS



THE VALUE OF PDMPs TO THE JUSTICE SYSTEM

Investigations into the unlawful possession, sale, and distribution of prescription controlled substances have historically been confined to a small number of specialized federal and state law enforcement units and local/county police agencies. However, with prescription drug overdoses and deaths exceeding those of cocaine and heroin fatalities combined,¹⁸ the law enforcement community is increasingly focusing more effort on the investigation and prosecution of criminal activities surrounding prescription drugs. PDMPs are a valuable tool in successfully conducting these prescription drug diversion investigations¹⁹ and have assisted law enforcement for more than 50 years in pursuing investigation of issues ranging from doctor-shopper and pill-mill cases to more complex investigations of organized crime rings.

Although PDMP data can be invaluable to the justice system and justice practitioners' efforts to address the misuse, abuse, and diversion of controlled substances, it is important to note that the data reflects only what was reported to the PDMP and, at times, may be incomplete or inaccurate. Prescription reports are simply tools to further an investigation and, by themselves, are not proof of a violation. While these caveats must be acknowledged, PDMP information is certainly of value to justice practitioners and the public safety community for many reasons:

- ◀ PDMP inquiries and reports can assist investigators in gathering evidence, generating leads, and bringing investigations to a successful conclusion. In addition to the investigations of existing crimes, PDMP data can also inform preventative and proactive activities (such as regulation, education, and deterrence), facilitating the strategic targeting of resources in a cost-effective manner.
- ◀ PDMP information can help investigators focus on specific prescribers, dispensers, and individuals involved in diversion, which is crucial to reducing investigation time and costs, increasing investigative efficiency, and improving case productivity.²⁰
- ◀ PDMP inquiries and reports lessen the need for investigators' sole reliance on information from patients, practitioners, or concerned citizens to identify and investigate possible prescription drug diversion. Many times, following up on leads requires a lengthy, labor-intensive investigation and the use of data from many different sources. Conversely, PDMPs provide information that allows investigators to identify doctors and pharmacists they may want to interview, saving time in canvassing pharmacies and eliminating visits to health-care providers that may have no connection to the investigation.
- ◀ PDMP inquiries and reports can confirm the reliability and accuracy of information provided by other sources, such as current addresses of individuals or alias names.
- ◀ PDMP information results in faster retrieval of original prescription records by identifying which pharmacy filled a prescription.
- ◀ PDMP inquiries and reports may assist in quantifying asset forfeiture and identifying other individuals or suspects potentially involved in drug diversion. This becomes even more vital when investigating an organized criminal enterprise such as a prescription forgery ring.
- ◀ In several states, drug courts and correctional supervision agencies (e.g., probation, parole) also access and use PDMPs to support cases they are adjudicating. The information is used to track a participant's acquisition of controlled substances and his or her adherence to court-ordered treatment or terms for release.



PDMP REPORTS FOR LAW ENFORCEMENT AGENCIES

Law enforcement officials involved in prescription drug investigations should contact their state PDMPs for details on reports generated specifically for law enforcement use or for direct inquiry access. They also must be aware of the associated legal processes and access guidelines necessary to obtain such information. Common types of PDMP reports generated for law enforcement use include the following:²¹

- ◀ **Patient Report**—A list of controlled substance prescriptions issued and dispensed to a patient.
- ◀ **Prescriber or Dispenser Report**—A list showing the controlled substance prescribing/dispensing history of a selected prescriber or dispenser being investigated.
- ◀ **Prescriber/Dispenser Versus Peer Report**—A statistical compilation of an individual’s prescribing/dispensing history compared with similarly licensed prescribers/dispensers in the immediate vicinity and throughout the state.
- ◀ **Specific Drug or Drug Combinations Report**—A list of patients, prescribers, or dispensers for a particular medication or combination of medications (e.g., “Holy Trinity” cocktail of opiates, benzodiazepines, muscle relaxants).
- ◀ **Geographical Report**—An area or state map with points plotted for the distances a patient travels to obtain prescriptions OR “hot spots” for different prescription activities.

In general, PDMP reports have been used for the following law enforcement purposes, goals, and/or investigations:

- ◀ Doctor-shopper investigations
- ◀ Identification of altered prescriptions and fraudulent prescriptions
- ◀ Identification of organized prescription forgery activity
- ◀ Confirmation that a patient is not violating terms of probation or parole
- ◀ Drug court proceedings and adjudication
- ◀ Identification of possible instances of identity theft involving controlled substances
- ◀ Detection of new addresses or telephone numbers for a suspect from a prescription
- ◀ Investigation of unlawful prescribing or dispensing
- ◀ Identification of possible pill mills
- ◀ Potential detection of instances of insurance fraud
- ◀ Location of lost or stolen prescription pads
- ◀ Confirmation on a person for whom a medication was prescribed
- ◀ Identification of prescribers’ or dispensers’ involvement with pill mills
- ◀ Detection of theft or loss of controlled substances
- ◀ Identification of potential geographical problem areas for resource allocation or case initiation



BJA'S PROMISING PILOTS, REAL-WORLD IMPLEMENTATIONS, AND DATA-DRIVEN MULTIDISCIPLINARY APPROACHES TO REDUCING PRESCRIPTION DRUG AND HEROIN ABUSE

BJA's Data-Driven Prescription Drug and Opiate Abuse Strategy represents the next phase in combating drug abuse and diversion through expanded community collaboration, enhanced data sharing and analysis, and strategic public health/public safety partnerships. Grants are issued through the Harold Rogers Prescription Drug Monitoring Program. Since October 2013, BJA's pilot sites have implemented a number of innovative strategies to address prescription drug and heroin abuse. Key focus areas and accomplishments to date include the following:

Support for Overdose Prevention Activities

- ◀ The Maryland Department of Health & Mental Hygiene implemented Overdose Fatality Review (OFR) teams at three pilot sites across the state. The Maryland Alcohol & Drug Abuse Administration worked with the Office of the Chief Medical Examiner and Vital Statistics Administration to develop an overdose death data file for use by local OFR teams, as well as a data manual to assist local teams in understanding the data provided. Local OFR teams meet monthly to review medical examiner data as well as other local-level data to identify overdose risk factors and missed opportunities for prevention/intervention and to make recommendations for policies or programs to prevent future deaths.
- ◀ Jackson County, Oregon, developed county-wide protocols for the uniform emergency use of naloxone to prevent overdose deaths. In 2010, the Norfolk County, Massachusetts pilot site was home to the first municipal department in the country to outfit a law enforcement office (Quincy, Massachusetts) with naloxone. New York and Ohio have naloxone distribution programs that are funded through other initiatives.

Expand the Use of PDMPs

- ◀ The New York City RxStat Program developed a technical assistance manual that can be used to replicate New York City's successful model facilitating accurate and timely analysis of public health and public safety data to target resources and provide the most efficient responses.
- ◀ Jackson County, Oregon (in partnership with its state PDMP), initiated development of data dashboards that prescribers will use to review prescribing patterns relative to other prescribers in their disciplines.

Increase Access to Treatment

- ◀ Fairfield County, Ohio, implemented substance abuse screening for all inmates booked into the local jail to identify and engage at-risk individuals in treatment services prior to release back into the community.
- ◀ The Maryland Department of Health & Mental Hygiene established rapid response teams to provide emergency referrals to patients left without care as a result of a provider's loss of license or arrest.

BJA is committed to facilitating peer-to-peer collaboration across the demonstration sites and distributing lessons learned to the broader field. For more information about the grant program or any of the grant initiatives, please contact Mr. Christopher Traver, BJA Senior Policy Advisor, at Christopher.Traver@usdoj.gov.

BENEFITS OF JUSTICE SYSTEM INVOLVEMENT IN PDMPs

The functions, goals, and activities of health-care professionals and law enforcement in reducing the prescription drug epidemic differ in many ways, yet there are times when they significantly overlap or complement each other. For example, both health-care and law enforcement professionals have a major role in ensuring that controlled substances are prescribed and dispensed appropriately and not diverted for illicit use. This shared responsibility (including partnering on activities such as identification of addiction and mental health resources and referrals, take-back programs, and monitoring and developing collaborative responses to drug trends and emerging problems) is analogous to the collaboration of public health and public safety agencies in reducing automobile accidents, injuries, and fatalities. Law enforcement plays a critical role in addressing the prescription drug epidemic (underscoring the need for PDMP access, an issue highlighted in the next section) and can be of great benefit to the health-care community and practitioners in this common challenge. For example, law enforcement efforts to curtail doctor shopping can result in the remanding of people at risk for illegal drug use, overdose, or death to drug courts, where they can be placed in supervised drug treatment, safeguarding their health (and perhaps saving their lives); law enforcement efforts to shut down pill mills and forgery rings can have substantial public health benefits by reducing the supply of prescription drugs for street trafficking. The justice system has options and resources available to address circumstances and potentially dangerous situations that are outside the scope of public health capabilities. Health-care professionals are a primary source of prescription drugs for individuals who abuse or divert those substances. Doctors or pharmacists are often duped into thinking a patient has a legitimate medical need for a prescription. Sometimes, health-care professionals are victims of prescription-pad or drug theft, forgeries, robberies, and burglaries. In some instances, health-care professionals' personal safety is threatened if they do not comply with a demand for a controlled-substance prescription. Prescription drug abusers or diverters often continue or escalate their behavior until some type of intervention or suppression takes place. Additionally, law enforcement personnel can provide guidance to health-care professionals on identifying illicit drug-seeking behavior. A collaborative approach is also important for cross-boundary awareness and planning: In the fight against prescription drug abuse, misuse, and diversion, enforcing one area of the system often has an impact on another. For example, tougher mandatory sentencing may result in more inmates in jails and prisons.



PDMP RECOMMENDED PRACTICES FOR JUSTICE AGENCIES

Forty-seven PDMPs permit law enforcement access to PDMP data; however, the manner and conditions of access vary across the country. To maximize the effectiveness of justice agencies' use of PDMP data and support for partnering communities engaged in countering the nation's prescription-drug epidemic, authors of this *Issue Brief* recommend promising practices and advancements related to the following issues:

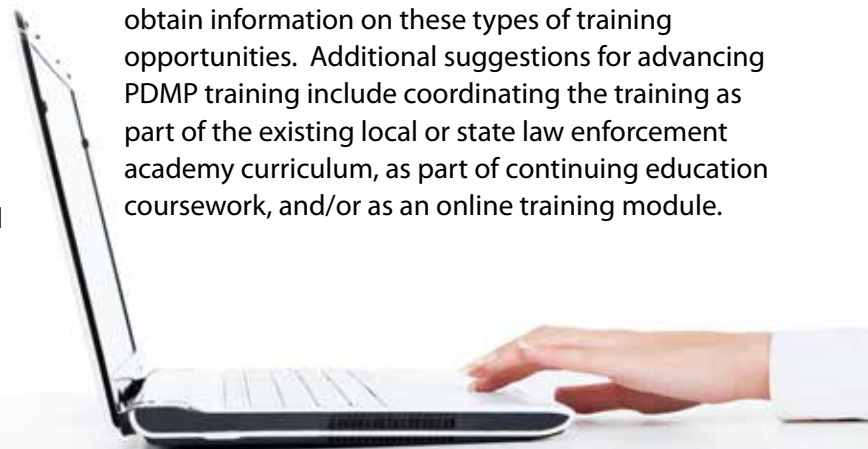
- ◀ **Enrollment and Vetting**—PDMP enrollment for law enforcement generally is similar to that for health-care professionals. A law enforcement officer must provide credentials or a certified letter from his or her department or be vetted through the agency that tracks officers' commissioned status. One promising option under consideration is leveraging the Regional Information Sharing Systems (RISS) Program.²² This would allow PDMP enrollment for law enforcement through RISS or enable the PDMP enrollment process to query the RISS user file. While these efforts are still under development, RISS offers secure information sharing for thousands of state, local, tribal (SLT), and federal criminal justice agencies across the United States and validates the authenticity of the user/officer. Other systems and technologies for consideration in law enforcement credentialing, access, and authentication include the Federal Bureau of Investigation's Law Enforcement Online (LEO)²³ system and the Global Federated Identity and Privilege Management (GFIPM)²⁴ framework.
- ◀ **PDMP Data Access**—Twenty-eight states allow law enforcement access to PDMP data based on an active investigation, and 19 states require a search warrant, court order, or subpoena. Currently, most PDMPs do not have an automated request process for law enforcement in place. Therefore, an officer must submit a written request or appear in person at a PDMP office. Some PDMPs are exploring improving this process by implementing online attestations indicating that there is an active investigation or creating the ability to upload the required documents (e.g., search warrant, court order, subpoena) and receive specifically requested reports online.
- ◀ **Data Usage**—Although there is no supporting qualitative evidence, some parties oppose law enforcement access to PDMP data based on the concern that officers will engage in "fishing

expeditions," searching databases in an effort to find possible suspects. In fact:

- PDMPs provide specific information solely for authorized use as codified by statute.
- PDMP databases are carefully secured.
- Substantial penalties are imposed if information is misused or obtained inappropriately.

Since the justice community's use of PDMP data is a critical component in addressing the prescription drug abuse epidemic, efforts to *increase* secure, carefully regulated law enforcement use of the data should be encouraged. Throughout the range of PDMP-related activities, it is imperative that an individual's information privacy, civil rights, and civil liberties be vigorously protected. Establishing and implementing associated protections (including appropriate policies) will guide an agency's data gathering and collection, storage, and sharing efforts and strengthen trust and public confidence by promoting effective and responsible sharing of information that supports fundamental privacy concepts.

- ◀ **Training**—Many PDMPs provide education on aspects of PDMP report access and use, including log-in procedures, query options, data interpretation, data validation, report options, legal implications, and dissemination restrictions. Law enforcement agencies should contact their states' PDMPs to obtain information on these types of training opportunities. Additional suggestions for advancing PDMP training include coordinating the training as part of the existing local or state law enforcement academy curriculum, as part of continuing education coursework, and/or as an online training module.



PDMP BEST PRACTICES CHECKLIST

Responding to a need from the field, BJA charged the Prescription Drug Monitoring Program Center of Excellence with outlining best practices—including a helpful checklist—characterizing successful PDMPs. [Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices](#)²⁵ highlights the following best practices checklist categories, goals, and tasks:

☑ Data collection and data quality

- Standardize data fields and formats across PDMPs
- Reduce data collection interval; move toward real-time data collection
- Institute serialized prescription forms
- Integrate electronic prescribing with PDMP data collection
- Improve data quality: pharmacy compliance, error, and missing data correction

☑ Data linking and analysis

- Link records to permit reliable identification of individuals
- Determine valid criteria for possible questionable activity
- Conduct periodic analyses of possible questionable activity
- Conduct epidemiological analyses for use in surveillance, early warning, evaluation, and prevention
- Develop automated expert systems to expedite analyses and reports
- Record data on prescriber disciplinary status and patient lock-ins

☑ User access and report dissemination

- Provide continuous online access and automated reports to authorized users
- Optimize reporting to fit user needs
- Integrate PDMP reports with health information exchanges, electronic health records, and pharmacy dispensing systems
- Send unsolicited reports and alerts to appropriate users
- Publicize use and impact of PDMP via Web sites, presentations and reports, and analyses

☑ PDMP recruitment, utilization, and education

- Enable access to PDMP data by all appropriate users; encourage innovative applications
- Outreach, recruitment, and increasing utilization strategies

☑ Interorganizational best practices for PDMPs

- Enact and implement interstate data sharing among PDMPs
- Collaborate with other health agencies/ organizations in applying and linking PDMP data

☑ Evaluation of PDMPs

- Conduct satisfaction and utilization surveys of end users
- Conduct audits of PDMP system utilization for appropriateness and extent of use
- Use PDMP data as outcome measures in evaluating program and policy changes
- Analyze other outcome data to evaluate impact

☑ Funding PDMPs

- Secure funding independent of economic downturns, conflicts of interest, public policy changes, and changes in PDMP practices
- Enact legislation to maintain sufficient funding over time
- Conduct periodic performance review to ensure efficient operations and identify opportunities for improvement

Additional BJA-supported resources aimed at advancing PDMP best practices and recommendations include:

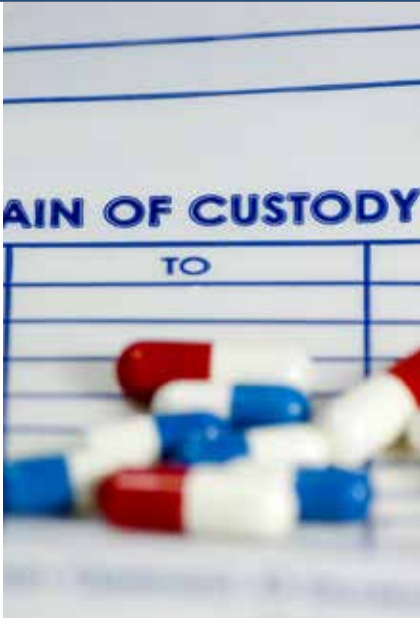
- ◀ Recommended PDMP Reports to Support Licensing/Regulatory Boards and Law Enforcement Investigations²⁶
- ◀ Promoting Prescription Drug Monitoring Programs²⁷
- ◀ Guidance on PDMP Best Practices: Options for Unsolicited Reporting²⁸

CONCLUSION, CALL TO ACTION, RECOMMENDATIONS, AND NEXT STEPS

National, regional, and state-level data clearly illustrate that prescription drug misuse, abuse, and diversion are exacting a significant toll on our public health and public safety systems. In response to this critical issue, states across America have established prescription drug monitoring programs (PDMPs), an extremely useful but often underutilized tool. Almost every state has moved towards creating and maintaining controlled-substance prescription information that allows public health and public safety professionals to use prescription drug data to better understand this national epidemic and identify opportunities for prevention, intervention, treatment, and enforcement.

Each PDMP captures information on controlled substances dispensed in its state,²⁹ documenting the prescribing habits of medical professionals and the names of individuals for whom controlled substances are being prescribed. This facilitates a data-driven understanding of who is prescribing controlled substances in a manner inconsistent with established medical practice and who might be exhibiting doctor-shopping behavior. However, PDMP benefits will be fully realized only if medical professionals are registered for and use their states' prescription drug monitoring programs, and if there are policies in place that allow for appropriate justice system access to these data. The following are additional call-to-action issues and recommendations that—once resolved—will maximize the potential and benefits of PDMPs to both the health and justice communities:

- ◀ The best hope of addressing this national priority through enhanced information sharing is a collaborative, coordinated approach involving all affected stakeholders and communities including (and particularly, for the scope of this *Issue Brief*) the public health and public safety/justice domains. Partnerships and interoperable technical and policy solutions will need to be initiated, maintained, and advanced at all levels of government and will benefit significantly from a unified message and strong advocacy at the highest levels of agency and department leadership.
- ◀ Moving forward, state PDMPs must continue to focus on ensuring that the data in these systems is “quality”³⁰—accurate, complete, and timely—and standard PDMP operating practices should include data-quality checks to ensure adherence to these principles.
- ◀ States should move aggressively toward reducing the time for transmitting prescription drug data from dispensers to PDMPs, with the goal of real-time access. Currently, Oklahoma has access to real-time prescription data, and 16 PDMPs require daily data submission. However, most states' prescription data is still uploaded to the hosting system days or even weeks after a prescription is filled.



- ◀ Moving toward an integration of electronic health records and health information exchanges with PDMPs should facilitate real-time access to prescription drug information, but it is imperative that these technological enhancements be coupled with updates to policies and governance structures that eliminate practical, bureaucratic, and legal barriers to prescription drug information sharing, allowing the benefits of advancements in technology to be realized. Those working with electronic health records and health information exchanges also must ensure that these systems are using standardized data fields and data reports to support the sharing of information across systems and states.
- ◀ State-based prescription monitoring systems should be linked in a way that allows for comprehensive interstate PDMP information sharing via PMIX. For both public health and public safety reasons, knowing what prescription medications have been dispensed to an individual in another state can lead to improved patient care and better monitoring of individuals suspected of doctor shopping. To illustrate the need to better share PDMP information across state lines, consider the following case study. In 2009, the Commonwealth of Kentucky reviewed its PDMP data to assess the degree to which Kentucky pharmacies were filling prescriptions written by prescribers in other states. It was discovered that Kentucky pharmacies were filling prescriptions written by prescribers from all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam.³¹ Although the number of out-of-state prescriptions filled by Kentucky pharmacies was only 7 percent of the total number of prescriptions filled in 2009, this included nearly 800,000 prescriptions filled in Kentucky that were prescribed by medical professionals in other states.³² Of all of the out-of-state prescriptions filled in Kentucky, 29.3 percent came from Ohio, 21.5 percent from Indiana, 19.1 percent from Tennessee, 12.7 percent from West Virginia, 2.3 percent from Florida, and 2.2 percent from Virginia.³³ The number of out-of-state prescriptions filled in Kentucky, and the number of states and territories from which they came, illustrate the value of and need for sharing PDMP information among all states, the District of Columbia, and U.S. territories.
- ◀ To effectively address the prescription drug problem, the public safety/justice and public health systems must partner to realize the benefits of PDMP data. When diversion or doctor shopping is suspected, PDMP data (and, more effectively, PMIX data) can be crucial to a law enforcement investigation; likewise, when convicted substance abusers are placed on community supervision, PDMP and PMIX data can be used to monitor their compliance with conditions of release.
- ◀ To fully realize PDMP benefits, law enforcement personnel must be trained on their states' programs and policies related to the sharing of PDMP information. In addition to training on how to access PDMP information for criminal justice purposes, officers must be trained on the use and interpretation of PDMP data.
- ◀ Finally, by leveraging solutions developed or recommended by the BJA-supported Global Justice Information Sharing Initiative (Global),³⁴ the PMIX framework has been developed and implemented, providing a technical solution to interstate sharing of PDMP data. Today, 27 states are sharing PDMP data across state lines. Looking ahead, PDMPs still face challenges of access, authentication, and identity management as well as fundamental policy and governance components because



of the national diversity of organizations governing the PDMPs. Some good work has been accomplished in these areas by the range of stakeholders, and next steps include capitalizing on existing efforts, addressing gaps in solutions and policies, and achieving consensus on these fundamental questions toward a national capability. In the interest of leveraging a solution already developed, vetted, and endorsed by the nation's premier SLT justice and public safety entities, it is strongly recommended that the GFIPM framework (or a GFIPM-interoperable solution) be considered for inclusion in the package of outstanding resolutions.

America's prescription drug problem is unique in that the substances being misused and abused have a number of legitimate medical uses. It is when these substances are diverted from appropriate medical use that they unnecessarily tax our public health and public safety/justice systems. Because this crisis affects both systems (as well as other domains), the public safety and public health communities must collaborate to form a comprehensive approach to address the problem. That imperative hinges on justice agencies' opportunity to be adequately informed and integrated as valued and equal partners in the effort; this, in turn, requires appropriate access by law enforcement to existing tools and resources such as PDMPs. Working together—including collective advocacy for resolutions to technological, practical, and policy barriers that impede critical, broadscale information sharing through a capability of nationally interoperable PDMPs via PMIX—the public health and public safety/justice communities can complement and support respective strengths, roles, and responsibilities in tackling the nation's prescription drug misuse, abuse, and diversion epidemic.



TARGETED BJA SUPPORT FOR PRACTITIONERS RESPONDING TO OPIOID OVERDOSE: THE LAW ENFORCEMENT NALOXONE TOOLKIT AND WEBSITE

In addition to enhanced information sharing capabilities, Global strongly advocates justice and public safety colleagues' use of complementary BJA- and DOJ-supported strategies and resources to tackle opioid abuse challenges. **The Law Enforcement Naloxone Toolkit and Website** are just such powerful additions to practitioners' toolboxes.

Every day, over half of the more than 100 drug overdoses in America involve opioids such as heroin and prescription pain relievers. Police officers and sheriffs' deputies are often the first on the scene of an overdose, and their actions can mean the difference between life and death. Considering that fact, in early 2014, the U.S. Attorney General urged local law enforcement authorities to routinely carry naloxone, a drug proven effective at restoring breathing to victims of opioid overdoses. To support associated efforts of the field and following guidance from an expert advisory panel (including leaders from the law enforcement and public health communities, academia, and the federal government, including BJA), DOJ released the **Law Enforcement Naloxone Toolkit and Website**. This one-stop clearinghouse of naloxone-related resources assists law enforcement and first responders in addressing acute heroin- or prescription-drug-related episodes and offers more than 80 customizable resources for download, from training guides and data collection forms to community outreach materials and standard operating procedures. Requests for technical assistance are also accepted. Explore this valuable resource at www.bja.gov/naloxone.

RESOURCES

Bureau of Justice Assistance—Provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities.

<https://www.bja.gov/>

Controlled Substance Agency Resource Directory—Contact information on the governmental agencies that regulate and oversee the manufacture, distribution, prescription, dispensing, and possession of controlled substances.

<http://www.pdmpassist.org/pdf/controlledsubstanceagencydirectory.pdf>

Drug Enforcement Administration Diversion Control—Prevents, detects, and investigates the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources while ensuring an adequate and uninterrupted supply for legitimate medical, commercial, and scientific needs.

<http://www.deadiversion.usdoj.gov/>

Health Information Designs (HID)—HID's RxSentry® (one of the hubs mentioned in this *Brief*) is a Web-based program that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of prescription drugs.

<http://www.hidinc.com/solutions/prescription-drug-monitoring-programs.html>

Global Justice Information Sharing Initiative (Global) Information Sharing Toolkit (GIST)—Whether users are tackling a justice information sharing business problem, targeting a general area of interest, or looking for a specific Global publication, GIST has the solution. This tool is designed to give the user options for locating the best solutions. From developing a privacy policy to ensuring information quality; from GFIPM information to how to implement Global Reference Architecture standards, Global has your solution!

<https://it.ojp.gov/gist>

IJIS Institute—Helps guide the Prescription Drug Monitoring Program Information Exchange (PMIX) with a steering committee composed of people who have implemented state PMPs, members and alliance partners of the IJIS Institute, and representatives of

federal agencies. The goal of PMIX is to establish a national interoperability architecture, specifications, and a reusable infrastructure for the secure, reliable, and sustainable interstate exchange of state prescription data. PMIX leverages service-oriented architecture principles through the Global Reference Architecture (GRA; see <http://www.it.ojp.gov/gra>) to minimize custom development and maximize future agility. The RxCheck hub (one of the hubs mentioned in this *Brief*) is the baseline implementation of the PMIX architecture. BJA supported development of an operational data-sharing hub to implement the PMIX specifications and deliver a functional interstate data-sharing capability.

<http://www.ijis.org/>

http://www.ijis.org/_programs/pdmp.html

National Alliance for Model State Drug Laws—Acts as resource for governors, state legislators, attorneys general, local prosecutors, drug and alcohol professionals, health professionals, community leaders, the recovery community, and others striving for comprehensive and effective state drug and alcohol laws, policies, regulations, and programs.

<http://www.namsdl.org/about.cfm>

National Association of Boards of Pharmacy—Provides state PDMPs with connectivity through the NABP PMP InterConnect® (one of the hubs mentioned in this *Brief*) as well as community resources and opportunities to participate in its AWARxE programs, which target the prevention of prescription drug abuse.

<http://www.nabp.net/>

National Association of State Controlled Substances Authorities—Provides information, a newsletter, and an annual conference through which state and federal agencies, as well as others, can work to increase the effectiveness and efficiency of state and national efforts to prevent and control drug diversion and abuse.

<http://www.nascsa.org/>

PDMP Training and Technical Assistance Center—Provides support, resources, and strategies to PDMPs, federal partners, and many other stakeholders to further the efforts and positive outcomes of PDMPs.

<http://www.pdmpassist.org/>

PDMP Center of Excellence—Provides academically sound and practice-relevant information, evaluation, and expertise to PDMPs and their stakeholders.

<http://www.pdmpexcellence.org/>

PDMP Contact List—Names, addresses, telephone numbers and e-mail addresses for state, territory, and district prescription drug monitoring programs.

<http://www.pdmpassist.org/node/400>

PDMP Acronyms and Terms—Common acronyms and terms related to prescription drug abuse and diversion.

<http://www.pdmpassist.org/content/pdmp-acronyms-terms>

PDMP Program Administrators Guide for Training Law Enforcement—Guide for PDMPs developing curriculum to train law enforcement personnel.

http://www.pdmpassist.org/pdf/LE_USE_OF_PDMP_CURRICULUM_Final.pdf

Prescription Drug Monitoring Program Interoperability Standards—Report developed pursuant to the Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA) on enhancing PDMP interoperability with other technologies and databases used for detecting and reducing fraud, diversion, and abuse of prescription drugs.

http://www.healthit.gov/sites/default/files/fdasia1141report_final.pdf

Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices—Report detailing what is known about PDMP best practices, description and assessment of the evidence supporting the practices, and extent of implementation of the practices.

http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report_final.pdf

Recommended Standards for PDMP Reports to Licensing/Regulatory Boards and Law Enforcement—Guide containing suggestions for PDMPs to consider when creating and disseminating PDMP information to law enforcement agencies and boards.

http://www.pdmpassist.org/pdf/Standardized_Reports_LE_Boards_TAG_FINAL_20140626.pdf

ENDNOTES

- 1 For more on the Global Initiative, please visit www.it.ojp.gov/global.
- 2 Centers for Disease Control and Prevention (CDC). (2013, July). Policy Impact: Prescription Painkiller Overdoses. <http://www.cdc.gov/homeandrecreationalafety/rxbrief/>. Retrieved July 23, 2014.
- 3 Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). Highlights of the 2011 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. <http://www.samhsa.gov/data/2k13/DAWN127/sr127-DAWN-highlights.htm>. Retrieved July 23, 2014.
- 4 CDC. (2014, July). *Drug Overdose in the United States: Fact Sheet*. <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>. Retrieved July 21, 2014.
- 5 While it is acknowledged that the terms “justice” and “public safety” represent distinct communities, for the purposes of this *Issue Brief*, the terms are used interchangeably.
- 6 Centers for Disease Control and Prevention. (2014, July). *Drug Overdose in the United States: Fact Sheet*. <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>. Retrieved July 21, 2014.
- 7 CNN. (2014, February). *Ready access, low cost, pill-like high: Heroin's rise and fatal draw*. <http://www.cnn.com/2014/02/02/us/heroin-use-rising/>. Retrieved July 21, 2014.
- Mail Tribune. (2014, June 24). *Burglary increase blamed on drugs*. <http://www.mailtribune.com/apps/pbcs.dll/article?AID=/20140624/NEWS/406240305>. Retrieved July 21, 2014.
- NPR. (2014, February). *Spike in Heroin Use Can Be Traced to Prescription Pads*. <http://www.npr.org/2014/02/04/271591524/spike-in-heroin-use-can-be-traced-to-prescription-pads>. Retrieved July 21, 2014.
- Partnership for Drug-Free Kids. (2012, June). *Heroin Use Rises as Prescription Painkillers Become Harder to Abuse*. <http://www.drugfree.org/join-together/heroin-use-rises-as-prescription-painkillers-become-harder-to-abuse/>. Retrieved December 4, 2014.
- Partnership for Drug-Free Kids. (2012, July). *As OxyContin Abuse Drops, Heroin Use Increases, Study Finds*. <http://www.drugfree.org/join-together/as-oxycontin-abuse-drops-heroin-use-increases-study-finds/>. Retrieved July 21, 2014.
- SAMHSA. (2013, August). *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*. <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>. Retrieved July 21, 2014.
- USA News & World Report. (2013, June). *Study: Heroin Abuse Increase May Be Due to Prescription Painkiller Crackdown*. <http://www.usnews.com/news/articles/2013/06/12/study-heroin-abuse-increase-may-be-due-to-prescription-painkiller-crackdown>. Retrieved July 21, 2014.
- 8 For more on BJA's PDMP support and effort, please see https://www.bja.gov/ProgramDetails.aspx?Program_ID=72.
- 9 PDMP TTAC. *Prescription Drug Monitoring Frequently Asked Questions*. <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>. Retrieved July 15, 2014.

10 For more on PMIX and related activities, please see <https://www.bja.gov/JusticeToday/PMIX.pdf> and <http://www.ijs.org/programs/pdmp.html>.

11 For more on PMP InterConnect®, please see <http://www.nabp.net/government-affairs/nabp-pmp-interconnect>.

12 For more on RxCheck, please see <http://www.ijs.org/programs/pdmp.html>.

13 For more on RxSentry, please see <http://www.hidinc.com/solutions/prescription-drug-monitoring-programs.html>.

14 For more on the GRA, please see <http://www.it.ojp.gov/gra>. For the range of Global information sharing solutions, explore the Global Information Sharing Toolkit at <http://www.it.ojp.gov/gist>.

15 PDMP TTAC. *PDMP Hub-to-Hub Interoperability Update*. <http://www.pdmpassist.org/content/pdmp-hub-hub-interoperability-update>. Retrieved August 1, 2014.

16 For more on HL7, please see <http://www.hl7.org/implement/standards/index.cfm?ref=nav>.

17 The S&I Framework is a collaborative community of participants from the public and private sectors focused on providing tools, services, and guidance to facilitate the functional exchange of health information. Please see <http://wiki.siframework.org/PDMP+%26+Health+IT+Integration+Implementation+Guide+Development> for more details.

18 CDC. (2011, November). *Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999–2008*. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm>. Retrieved August 2, 2014.

19 GAO Report to the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, House of Representatives. *Prescription Drugs: State Monitoring Programs Provide Useful Tool to Reduce Diversion*. (2002, May). <http://www.gao.gov/new.items/d02634.pdf>. Retrieved June 4, 2014.

20 Brandeis PDMP Center of Excellence. (2011, May). *Perspective from Kentucky: Using PMP Data in Drug Diversion Investigations*. http://www.pdmpexcellence.org/sites/all/pdfs/NFF_kentucky_5_17_11_c.pdf. Retrieved August 2, 2014.

21 Please note: Not every PDMP has the ability or legal authority to provide all types of reports, nor is the included list exhaustive. Also, some states provide law enforcement with direct access to the PDMP based on the individual of interest.

22 To learn about RISS and available program services, please see <https://www.riss.net/>.

23 For more information on the FBI's LEO, please see <http://www.fbi.gov/about-us/cjis/leo>.

24 For more on GFIPM, please see <http://www.it.ojp.gov/gfipm>.

25 Located at http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report_final.pdf.

26 Located at http://www.pdmpassist.org/pdf/Standardized_Reports_LE_Boards_TAG_FINAL_20140626.pdf.

27 Located at http://www.pdmpassist.org/pdf/Promoting_PDMPs_TAG_FINAL_20140626.pdf.

28 Located at http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_COE_Guidance_on_Unsolicited_Reporting_final.pdf.

29 The range of controlled substances included in a state prescription drug monitoring program can vary by state.

30 For a range of Global's data quality resources, please see https://it.ojp.gov/iq_resources.

31 Vogt, Don, "A Foundation for Choice: PMIX Architecture, Prescription Monitoring Information Exchange," American Society for Automation in Pharmacy Annual Conference, The Sanctuary, Kiawah Island, South Carolina, January 24–26, 2013, presentation. See http://www.asapnet.org/files/January2013/ASAPJan13_Pres02_Vogt.pdf.

32 *Ibid.*

33 Institute for Pharmaceutical Outcomes and Policy (2010), "Independent Evaluation of the Impact and Effectiveness of the Kentucky All Schedule Prescription Electronic Reporting Program (KASPER)," Department of Pharmacy Practice and Science, College of Pharmacy, University of Kentucky, Lexington, Kentucky.

34 Explore the full range of Global technical and policy solutions via the Global Information Sharing Toolkit, located at <http://www.it.ojp.gov/gist>.

ACKNOWLEDGEMENTS

The following justice and public health leaders and practitioners graciously contributed expertise to the Prescription Drug Monitoring Program (PDMP) Task Team, Global Strategic Solutions Working Group (GSSWG). The opinions, findings, and conclusions or recommendations expressed in the *Issue Brief* do not necessarily reflect the views of all team members.

Phillip Stevenson, Ph.D.

Arizona Criminal Justice Commission Chair, PDMP Task Team and Vice Chair, GSSWG

Mr. Christopher Traver

Bureau of Justice Assistance

Mr. James Dyche

Pennsylvania Justice Network (JNET) Chair, Global Standards Council Justice/Health Services Task Team

Danna Droz, J.D., R.Ph

National Association of Boards of Pharmacy

Mr. John Eadie

PDMP Center of Excellence, Brandeis University

Mr. Patrick Knue

PDMP Training and Technical Assistance Center, Brandeis University

Mr. Donald Gabbin

IJIS Institute

Mr. James Giglio

PDMP Training and Technical Assistance Center, Brandeis University

Ms. Becki Goggins

SEARCH, The National Consortium for Justice Information and Statistics

Mr. Patrick Schmidt

Office of National Drug Control Policy

Scott Serich, Ph.D.

Open Geospatial Consortium

Mr. Kevin Smith

National Alliance for Model State Drug Laws

Mr. Don Vogt

Oklahoma Bureau of Narcotics and Dangerous Drugs

Michael Wissel, R.Ph (retired)

Alliance of States with Prescription Monitoring Programs

ABOUT GLOBAL

The Global Justice Information Sharing Initiative's (Global) Advisory Committee (GAC) serves as a Federal Advisory Committee to the U.S. Attorney General. Through recommendations to the Bureau of Justice Assistance (BJA), the GAC supports standards-based electronic information exchanges that provide justice and public safety communities with timely, accurate, complete, and accessible information, appropriately shared in a secure and trusted environment.

GAC recommendations support the mission of the U.S. Department of Justice, initiatives sponsored by BJA, and related activities sponsored by BJA's Global. BJA engages GAC-member organizations and the constituents they serve through collaborative efforts to help address critical justice information sharing issues for the benefit of practitioners in the field. These include the facilitation of Global Working Groups.



ABOUT GLOBAL STRATEGIC SOLUTIONS WORKING GROUP

In support of the overall mission of Global, and with particular emphasis on providing the greatest value to fellow practitioners, DOJ, and the public, the Global Strategic Solutions Working Group (GSSWG) identifies high-priority information sharing business problems that can be significantly addressed through information sharing solutions. Through input from the field, GSSWG identifies priority business problems and uses a systematic process to fully consider evolving technology and the dynamic demands on the justice and public safety enterprise. Identification of priorities includes consideration of the complementary goals of supporting federal agencies, such as DOJ, the Office of Justice Programs (OJP), and the Bureau of Justice Assistance (BJA), and mission partners such as Global partners, industry, and other federal organizations. Determination of solutions includes a focus on evidence-based practices, as well as rigorous attention to privacy, civil rights, and civil liberties protections. For more information on GSSWG, refer to it.ojp.gov/gsswg.

This project was supported by Grant No. 2014-DB-BX-K004 awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, in collaboration with the Global Justice Information Sharing Initiative and the U.S. Department of Homeland Security. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Justice and the U.S. Department of Homeland Security.