



NATIONAL DRUG CONTROL STRATEGY

National Drug Control Assessment

Office of National Drug Control Policy

FEBRUARY 2020

REQUIREMENTS OF THE NATIONAL DRUG CONTROL ASSESSMENT

The SUPPORT for Patient and Communities Act¹ (herein referred to as the SUPPORT Act) directs the Office of National Drug Control Policy to comply with the following requirements:

(g) Development of an annual national drug control assessment

(1) Timing

Not later than the first Monday in February of each year, the Director shall submit to the President, Congress, and the appropriate congressional committees, a report assessing the progress of each National Drug Control Program Agency toward achieving each goal, objective, and target contained in the National Drug Control Strategy applicable to the prior fiscal year.

(2) Process for development of the annual assessment

Not later than November 1 of each year, the head of each National Drug Control Program Agency shall submit, in accordance with guidance issued by the Director, to the Director an evaluation of progress by the agency with respect to the National Drug Control Strategy goals using the performance measures for the agency developed under this title, including progress with respect to:

- (A)** success in achieving the goals of the National Drug Control Strategy;
- (B)** success in reducing domestic and foreign sources of illegal drugs;
- (C)** success in expanding access to and increasing the effectiveness of substance use disorder treatment;
- (D)** success in protecting the borders of the United States (and in particular the Southwestern border of the United States) from penetration by illegal narcotics;
- (E)** success in reducing crime associated with drug use in the United States;
- (F)** success in reducing the negative health and social consequences of drug use in the United States;
- (G)** implementation of evidence-based substance use disorder treatment and prevention programs in the United States and improvements in the adequacy and effectiveness of such programs; and
- (H)** success in increasing the prevention of illicit drug use.

¹ 21 U.S.C. §1705(g)

(3) Contents of the annual assessment

The Director shall include in the annual assessment required under paragraph (1)--

- (A) a summary of each evaluation received by the Director under paragraph (2);
- (B) a summary of the progress of each National Drug Control Program Agency toward the National Drug Control Strategy goals of the agency using the performance measures for the agency developed under this title;
- (C) an assessment of the effectiveness of each National Drug Control Program Agency and program in achieving the National Drug Control Strategy for the previous year, including a specific evaluation of whether the applicable goals, measures, objectives, and targets for the previous year were met; and
- (D) the assessments required under this subsection shall be based on the Performance Measurement System.

The “performance measures for the agency developed under this title” refers to the following requirements from the SUPPORT Act²:

- (G) For each year covered by the Strategy, a performance evaluation plan for each goal established under subparagraph (B) for each National Drug Control Program Agency, including:
 - (i) specific performance measures for each National Drug Control Program Agency;
 - (ii) annual and, to the extent practicable, quarterly objectives and targets for each performance measure; and
 - (iii) an estimate of Federal funding and other resources needed to achieve each performance objective and target.

The present report provides the required summary of the assessments of National Drug Control Program Agency’s (NDCPA) progress toward achieving the Goals of the *Strategy* and other indicators of progress submitted to the ONDCP Director. The assessments are summarized for each NDCPA by subordinate bureau and include a description of their drug-related mission, the self-identified *Strategy* Goals for which each agency is responsible, their evaluation plan and performance measures used to assess agencies’ progress over the past year in achieving the Goals of the *Strategy*, and the resources available to make progress in achieving the *Strategy* Goals in the coming year.

The *National Drug Control Assessment* is the first of its kind of the annual report per the statutory requirements outlined in the SUPPORT Act. A few agency bureaus provided partial or incomplete performance metrics. ONDCP will work with these NDCPAs during 2020 to improve the timeliness and completeness of agency submissions. In some instances, agency bureaus are in the process of

² 21 U.S.C. §1705(c)(1)(G)

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implementing performance measures. ONDCP will work with these bureaus to ensure that implementation of these measures and reporting on their results are completed in sufficient time to be included in next year's *Assessment*. In all cases, the data reported by Agency Bureaus is for the most current year available.

AGENCY SUMMARIES

Department of Agriculture

The Department of Agriculture has two bureaus that conduct drug-related programming: the Office of Rural Development (RD) and the U.S Forest Service. The mission, activity, evaluation plan and performance measures, and resources for each are discussed in the following sections.

Rural Development

RD is committed to helping improve the economy and quality of life in rural America. It helps rural Americans in many ways, including:

- Offering loans, grants and loan guarantees to help create jobs and support economic development and essential services such as housing, health care, first responder services and equipment, and water, electric and communications infrastructure.
- Promoting economic development by supporting loans to businesses through banks, credit unions and community-managed lending pools.
- Offering technical assistance and information to help agricultural producers and cooperatives get started and improve the effectiveness of their operations.
- Providing technical assistance to help communities undertake community empowerment programs, including by helping rural residents buy or rent safe, affordable housing and make health and safety repairs to their homes.

The efforts of RD support achieving the following *Strategy* Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within 5 years.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

The Department has been called upon by the Administration to help carry out its efforts to reduce the abuse and misuse of opioids in rural America, to expand the availability of quality treatment services, and to bring rural partners together to tackle the Nation's opioid epidemic.

Evaluation Plan and Performance Measures

Information regarding the performance of the drug control efforts of RD is based on agency Government Performance and Results Modernization Act documents and other information that measure the agency's contribution to the *Strategy*. Fiscal year 2018 was the first year that Rural Development got appropriations in support of the opioids crisis, which was only for the Distance Learning and Telemedicine (DLT) grant program. Since RD only has one year of data, the agency has not yet developed any performance measures specifically related to drug control efforts. The table below is using the currently approved performance indicators for these programs.

Rural Development		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
Number of projects DLT funded that supported treatment and / or prevention of Opioid Use Disorder	NA	51
Funding provided for Community Facilities (\$ in millions)	0	\$7.91

Distance Learning and Telemedicine Grants: All distance learning and telemedicine projects are required to provide a project summary report upon implementation and completion of the project. Grant recipients are given up to 3 years to complete the project. With respect to DLT-Opioid projects, the number of projects successfully completed will be measured on a yearly basis.

In FY 2019, the DLT Program had over \$9.9 million in carryover funding from FY 2018, plus an appropriation of \$16 million, to support a second round of applications focused on the opioid epidemic. In FY 2019, DLT obligated \$14.7 million for 51 projects that supported opioids prevention. These projects serve 35 states and territories.

Community Facilities (CF) Grants: In FY 2019, the CF program funded 44 projects and provided \$43.2 million in financial assistance. These projects supported opioid prevention, treatment and/or recovery helping mitigate the impact of the crisis on workforce, quality of life and the economic vitality of impacted rural communities.

U. S. Forest Service

The mission of the Forest Service is to sustain the health, diversity, and productivity of the Nation’s forests and grasslands to meet the needs of present and future generations. In support of this mission, Forest Service Law Enforcement and Investigations (LEI) officers provide public and employee safety, resource protection, enforcement of U.S. Criminal Law, and enforcement expertise to other agency managers. The Forest Service manages 193 million acres in 44 states, the Virgin Islands, and Puerto Rico, encompassing 154 national forests and 20 national grasslands.

Marijuana cultivation on National Forest System (NFS) lands is a significant issue. Those involved bring a dangerous criminal element to our public lands, to sustain the illicit marijuana trade. They also illegally divert large quantities of water and illegally use large volumes of pesticides and rodenticides that pose a significant risk to LEI personnel, the public and the environment. Wildlife, watersheds, soil, and vegetation are often contaminated by the various hazardous substances used at these grow sites. Continued firm action is required against the exploitation of the Nation’s public lands through detection, disruption, reclamation, and prosecutions. The U.S. Forest Service’s efforts supports the following *Strategy Goal*:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

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Evaluation Plan and Performance Measures

NFS lands are often used by drug trafficking organizations in the unlawful cultivation of marijuana and production of other controlled substances. The performance data is derived from the Law Enforcement and Investigations Management Attainment Reporting System (LEIMARS). The LEIMARS system encompasses data provided by field agents and cooperators and produces quantitative reports from case information entered into the case tracking system and controlled substance activity report section. Forest Service conducts multiple samples and maintains strict reporting requirements to ensure the data is reliable and accurate. The tables below provide NPS performance indicator data for law enforcement cases and marijuana production on public lands for FY 2016-19. In 2019, the Forest Service did not meet its target for drug case referrals for adjudication. In FY 2019, the Forest Service established three new performance measures; the FY 2019 targets for all three were not achieved.

Drug Cases Referred for Adjudication

Percent of Drug Cases Referred for Adjudication				
Fiscal Year	2016	2017	2018	2019
Target	29.0	30.0	31.0	32.0
Actual	30.2	34.9	38.3	25.3

Marijuana Plants Eradicated

Marijuana Plants Eradicated				
Fiscal Year	2016	2017	2018	2019
Target	*	*	*	750,000
Actual	1,172,696	1,487,509	526,330	353,057

*new performance measure; no targets established.

Marijuana Cultivation Sites Dismantled

Marijuana Cultivation Sites Dismantled				
Fiscal Year	2016	2017	2018	2019
Target	*	*	*	275
Actual	261	293	183	240

*new performance measure; no targets established.

Percent of Drug Related Incidents on NFS Lands per 100,000 Visitors

Percent of Drug Related Incidents on NFS Lands				
Fiscal Year	2016	2017	2018	2019
Target	*	*	*	0.019
Actual	0.033	0.019	0.10	0.049

*new performance measure; no targets established.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

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Drug Control Funding
FY 2019 - FY 2021
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Agriculture:			
Office of Rural Development	\$16.0	\$0.0	\$6.2
U.S. Forest Service	14.8	14.8	14.8
Total USDA	30.8	14.8	21.0

Court Services and Offender Supervision Agency for D.C.

The Court Services and Offender Supervision Agency for the District of Columbia (CSOSA) appropriation is composed of two programs:

- The Pretrial Services Agency (PSA), and
- The Community Supervision Program (CSP).

PSA is responsible for supervising pretrial defendants; CSP is responsible for supervision of offenders on probation, parole or supervised release, as well as monitoring Civil Protection Orders and Deferred Sentencing Agreements and conducting pre- and post-sentencing investigations. CSOSA's activities support the following *Strategy* Goal:

- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

PSA uses appropriate supervision strategies to manage defendants most at risk of violating their release conditions. PSA also provides pro-social interventions, such as substance use disorder (SUD) treatment, to enable defendants to return to court and remain arrest-free. Drug test results are key to assessing defendant and offender risk, and the swift availability of testing results is critical to risk mitigation efforts employed by both PSA and CSP. Drug testing assists in monitoring compliance with court-ordered release conditions, prevents drug use, measures the success of drug treatment, and predicts future criminality.

An effective approach to minimizing pretrial misconduct is addressing underlying issues, such as SUDs, during the pretrial period. PSA responds to substance use by screening defendants for SUD history during the risk assessment screening and interview process, and formulating release recommendations to ensure defendants receive appropriate substance use interventions while on pretrial release.

PSA uses a sanction-based contract-funded continuum of care to mitigate the public safety risk posed by the high-risk and very-high-risk populations, minimize rearrest, and assure return to court. Treatment providers utilize a full spectrum of interventions, including medication-assisted treatment (MAT), consistent with best practices to mitigate substance abuse.

CSP reduces the risk of recidivism by providing treatment and support services to offenders through its intervention programs. CSP estimates treatment need for offender entrants by taking into account both actual drug use (as measured by urinalysis results) and court orders for drug treatment (or treatment evaluation) within the first year of supervision.

Evaluation Plan and Performance Measures

PSA uses three performance measures to monitor the Agency's efforts in supporting the *Strategy's* Goal 3. These indicators are part of PSA's FY 2018-22 Strategic Plan. To gauge effectiveness of SUD interventions, PSA measures defendant referral, assessment, and placement in treatment programs.

During FY 2019, PSA conducted assessments on 96 percent of defendants who were referred for a SUD treatment assessment. This amounted to 2,191 SUD assessments, and 886 alcohol use assessments.

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Although SUD treatment placement is voluntary, PSA was successful in placing 50 percent of eligible defendants in treatment. Among defendants placed in a sanction-based treatment program, 85 percent had a reduction in drug usage (see table below).

Drug-Related Agency Performance Indicators						
Indicator Description	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2018-2022 Target
Substance Use Disorder Assessments	91%	92%	93%	91%	96%	95%
Placement into Substance Use Disorder Treatment	49%	49%	53%	55%	50%	50%
Reduction in Drug Use	91%	84%	85%	82%	85%	74%

A review performed by CSP’s Office of Research and Evaluation revealed that roughly one-third of FY 2017 intakes (2,143 offenders) tested positive for drugs (excluding positive tests for alcohol) on three or more occasions within one year of their supervision start date. Seventy percent of these 2,143 persistent drug users (1,502 offenders) had a special condition for court-ordered treatment/treatment evaluation during their first year of supervision, and 68 percent (1,466 offenders) were supervised at the highest risk levels (intensive or maximum) at some point during that year.

In FY 2019, CSP completed 1,273 offender placements into contract substance abuse programs and 86 placements into contract halfway back residential programs.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable CSOSA to make progress toward achieving the Goal of the *Strategy* that is within its mission areas.

**Drug Control Funding
FY 2019 - FY 2021
(\$ millions)**

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Court Services and Offender Supervision Agency for D.C.	53.4	49.3	56.2

Department of Defense

The Department of Defense (DoD) has three bureaus that provide varying levels of support for the National Drug Control Strategy: Drug Interdiction and Counterdrug Activities, Defense Health Program, and the Defense Security Cooperation Agency (DSCA). For the current Assessment, DoD has reported an evaluation plan and performance measures for only the Drug Interdiction and Counterdrug Activities. ONDCP will work with DoD over the coming year to incorporate the required input for the Defense Health Program and DSCA.

Drug Interdiction and Counterdrug Activities

The Drug Interdiction and Counterdrug (CD) Activities appropriation funds DoD programs and activities to support the continuing national priority to identify, interdict, disrupt, and dismantle those transnational criminal networks that pose the greatest threats to United States national security by targeting infrastructure, depriving them of enabling means, and preventing the criminal facilitation of terrorist activities and the malign activities of adversary states. The appropriation also supports DoD drug demand reduction (DDR) programs to promote and maintain a drug-free military and civilian workforce and work environment.

DoD Drug Interdiction and Counterdrug Activities support domestic Law Enforcement in achieving the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

DoD contributes to National Drug Control Strategy supply reduction goals by acting as the single lead agency for detecting and monitoring aerial and maritime transit of illicit drugs into the United States. United States Southern Command’s Joint Interagency Task Force-South (JIATF-S) facilitates law enforcement drug interdiction by leveraging cued intelligence and other sources. The task force detects, monitors, and then hands-off potential targets to United States and international law enforcement agencies that possess the authorities to conduct the subsequent interdiction and apprehension.

Evaluation Plan and Performance Measures

Information regarding the performance of the drug control efforts of DoD is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent DoD drug-related achievements through September 30, 2018.

Department of Defense		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources	80 %	69 %

In FY 2018, JIATF-S logged 8,522 Critical Movement Alerts (CMAs) comprised of initial intelligence submissions, of which 8,172 were Drug Movement Alerts (DMAs), a subset of CMAs that capture an

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impending or ongoing illicit drug movement. During the quarterly Consolidated Counterdrug Data Base (CCDB) vetting conferences, each interagency submitted event is examined to ascertain its strict adherence to interagency agreed-upon criteria as defined in the CCDB User’s Manual. This refinement process led to the designation of 3,854 JIATF-S CCDB validated events for FY 2018.

Of the 3,854 JIATF-S CCDB events, JIATF-S was able to target 793 events (21 percent). Of the targeted events, 357 (45 percent) were detected – eyes on the illicit conveyance, by United States or Partner Nation (PN) detection and monitoring assets. Of the 357 detected cases, 245 were successfully handed-off to United States or PN law enforcement interdiction and apprehension assets. This resulted in a FY 2018 success rate of 69 percent for seizures and/or disruptions once the illicit target was detected, falling short of the 80 percent target.

JIATF-S is a critical force multiplier for United States law enforcement agencies for evidence collection, grand jury proceedings, indictments, and extraditions leading to the interdiction or arrest of key drug trafficking organization (DTO) members, Consolidated Priority Organization Targets (CPOT), and the disruption of prioritized transnational threat networks.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

Drug Control Funding
FY 2019 - FY 2021
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Defense:			
Defense Security Cooperation Agency ¹	167.8	173.7	173.7
Drug Interdiction and Counterdrug Activities (incl. OPTEMPO and OCO) ^{2,3}	3,602.5	1,140.2	865.5
Defense Health Program	75.4	99.8	89.7
Total DOD	3,845.7	1,413.6	1,128.9

¹ Due to the Defense Wide Review, FY 2021 estimates were not available. The FY 2020 level was used as an estimated baseline for FY 2021.

² FY 2019 includes \$2.5 billion reprogrammed from other DOD programs for barrier construction to block drug smuggling corridors along the U.S. southwest border in support of the Department of Homeland Security (DHS) under 10 U.S.C. §284(b)(7).

³ The FY 2021 request does not include any OCO funding for the Drug Interdiction and Counter-Drug Activities, Defense account.

Department of Education

The Department of Education has one bureau that conducts drug-related programming, the Office of Elementary and Secondary Education. The mission, activity, evaluation plan and performance measures, and resources for the Office are discussed in the following sections.

Office of Elementary and Secondary Education

The Department of Education has one FY 2019 drug control program included in the National Drug Control Program: School Safety National Activities. The School Safety National Activities supports the following *Strategy Goal*:

- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.

Under School Safety National Activities in FY 2019, the Department funded School Climate Transformation Grants and related technical assistance to State educational agencies (SEAs) and local educational agencies (LEAs). The multi-tiered decision making framework of these grants guides the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students, while providing differing levels of support and interventions to students based on their needs. These practices may include, but are not limited to, drug prevention generally, as well strategies to prevent opioid misuse by students and address associated behavioral and academic challenges.

In the 2018 SEA and 2019 LEA School Climate Transformation Grants competitions, the Department included a competitive preference priority for applicants that proposed to address opioid abuse prevention and mitigation strategies as part of their projects. Nearly all of the funded grantees (14 SEAs and 69 LEAs) under those two competitions did so.

Evaluation Plan and Performance Measures

The Department does not have any data that *specifically* ties the performance of the School Climate Transformation Grants to achieving Goal 2. However, the Department does have data from the 2014 cohort of School Climate Transformation LEA grantees related to decreases in suspensions and expulsions related to (1) possession or use of drugs or alcohol and (2) possession or use of alcohol only. Moving forward, the performance measures for the 2019 School Climate Transformation Grants to LEAs will include a measure identifying the number and percentage of schools annually that are implementing opioid abuse prevention and mitigation strategies as well as measures related to decreases in suspensions and expulsions involving (1) possession or use of alcohol and (2) possession or use of other drugs. Data for these measures will be available starting in 2020.

The performance measures, data, and targets for School Safety National Activities included in the *National Drug Control Strategy: Budget and Performance Summary* are as follows. Please note: (1) 2019 data are not yet available; (2) to date, no performance measures, data or targets for the SEA School Climate Transformation Grants have been included in the *National Drug Control Strategy: Budget and Performance Summary*; and (3) the following measures apply to the 2014 cohort of 5-year LEA School Climate Transformation Grants.

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Measure 1: The number and percentage of schools annually that are implementing the multi-tiered behavioral framework (MTBF) with fidelity.

Year	Number Target	Number Actual	Percentage Target	Percentage Actual
2015		512		45%
2016	589	584	52%	55
2017	677	814	60	65
2018	936	920	69	64
2019	1,077		79	

Data for 2015 are inclusive of 64 of 70 grantees and based on 1,132 schools implementing a MTBF. Data for 2016 are inclusive of 65 grantees and based on a total of 1,069 schools implementing a MTBF. Data for 2017 are inclusive of 67 grantees and based on 1,250 schools implementing a MTBF. Data for 2018 are inclusive of 69 grantees and based on 1,446 schools implementing a MTBF.

Measure 2: The number and percentage of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol.

Year	Number Target	Number Actual	Percentage Target	Percentage Actual
2015				
2016		524		51%
2017	540	698	53%	59
2018	719	781	61	53
2019	804		63	

There are no 2015 data for this measure because two data points (e.g., 2015 and 2016) are required for this metric, and 2015 was only the first data point for these projects. Results for 2016 are based on 64 of 70 grantees with 1,033 schools implementing a MTBF that reported valid and complete data. Results for 2017 are based on 64 grantees with 1,191 schools implementing a MTBF that reported valid and complete data. Results for 2018 are based on 69 grantees with 1,483 schools implementing a MTBF that reported valid and complete data.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureau to make progress toward achieving the Goal of the *Strategy* that is within their mission area.

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Education:			
Office of Elementary and Secondary Education ¹	57.5	58.8	100.0

¹The Administration estimates that approximately .5 percent of the total funding for Elementary and Secondary Education's Disadvantaged Block Grant proposed in the FY 2021 Budget. It is not meant to indicate an amount of funding required by the Department of Education to be committed to drug prevention programming by State or Local Education Authorities. In the out-years, ONDCP will work the Department to refine the estimate.

Department of Health and Human Services

The Department of Health and Human Services has seven bureaus that conduct drug-related programming: the Administration for Children and Families (ACF); Centers for Disease Control and Prevention (CDC); Centers for Medicare and Medicaid Services (CMS); Health Resources and Services Administration (HRSA); Indian Health Service (IHS); National Institutes of Health (NIH; National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA)); and Substance Abuse and Mental Health Administration (SAMHSA). The mission, activity, evaluation plan and performance measures, and resources for each are discussed in the following sections.

Administration for Children and Families

The Administration for Children and Families (ACF) is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF supports the following *Strategy* Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

ACF administers Targeted Grants to Implement IV-E Prevention Services, and Improve the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, and other Substance Abuse. Grants funded under this program support regional partnerships in establishing or enhancing a collaborative infrastructure to build the region's capacity to meet a broad range of needs for families involved with substance use and the child welfare system. Funding for these grants, known as the Regional Partnership Grants (RPG) program, comes from a \$20 million mandatory set-aside within the Promoting Safe and Stable Families Program. In recent years, Congress has appropriated additional discretionary funding for this program to provide services and activities to benefit children and families affected by a parent's or caretaker's substance use disorders, including opioid addiction, who come to the attention of the child welfare system. Among the subset of youth who were in out-of-home placement, the rates of placement into permanency settings, including reunification with their parent(s), increased significantly in the year following RPG enrollment. In addition, the overall rates of child maltreatment decreased substantially in the year after enrollment in the RPG program.

Evaluation Plan and Performance Measure

Information regarding the performance of the drug control efforts of ACF is based on agency Government Performance Results and Management Act documents and other agency information that measures the agency's contribution to the *Strategy*. The table below and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2018, the latest year for which data are available.

Administration for Children and Families		
Selected Measure of Performance	FY 2018 Target	FY 2018 Actual
Of all children who exit foster care in less than 24 months, percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption)	92.4%	92.9%

Since funding for the RPG program is part of the larger Promoting Safe and Stable Families program, ACF considers those activities to be part of the larger program performance goals, which includes the key measure in the table above. In FY 2018, child welfare agencies placed 92.9 percent of all children who exited foster care in less than 24 months into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure are to improve by at least 0.2 percentage points over the previous year’s actual result to achieve this target.

Centers for Disease Control and Prevention

The CDC plays a critical role in opioid overdose prevention by strengthening surveillance, helping providers improve prescribing practices, and working to identify and scale up effective interventions. CDC’s funding initiatives equip state health departments with resources to combat the epidemic. CDC uses data to drive action to prevent and address opioid overdoses as well as other negative health effects of this epidemic. CDC supports the *Strategy* through its surveillance activities and by advancing data-driven prevention strategies to address opioid use, misuse, and overdose. CDC supports the following *Strategy* Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
- Goal 5: Reduce nationwide opioid prescription fills.
- Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.

Evaluation Plan and Performance Measures

CDC has established an evaluation plan to assess the progress their efforts have made toward achieving the Goals of the *Strategy*. The following is a description of performance metrics (including baseline and target estimates) that CDC is tracking for each Goal for which they have responsibility.

Goal 1—the number of Americans dying from a drug overdose is significantly reduced within five years.

- Reduce the age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids (e.g., oxycodone, hydrocodone) among states funded through Prescription Drug Overdose Prevention for States Program (per 100,000 residents).
 - 2017 baseline: 4.4 per 100,000 residents

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- 2020 target: 3.9 per 100,000 residents
- Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among states funded through Prescription Drug Overdose Prevention for States (per 100,000 residents).
 - Baseline: 9 per 100,000 residents (2017)
 - Target: 8 per 100,000 residents (2020)

Goal 2—Educate the public, especially adolescents, about drug use, specifically opioids.

- Percent of Rx Awareness campaign digital assets performing at or above government benchmark for interaction rate
 - 2018 baseline: 100%
 - 2020 target: 100%

Goal 3—Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

- Number of patients tracked to evaluate types of MAT used and the contextual, provider, and individual factors that influence implementation and improved patient well-being.
 - 2018 actual: 0
 - 2020 target: 3,500
- Number of completions of Module 5, “Assessing and Addressing Opioid Use Disorder,” which was published April 2018. This module provides an overview of MAT assisted treatment and includes a discussion of both daily oral naltrexone and extended-release naltrexone.
 - 2019 actual: 3,135 completions
 - 2020 target: 25% increase in completions

Goal 4—Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.

- Number of module completions in the CDC Training Series, “Applying CDC’s Guideline for Prescribing Opioids,” a web-based training to help providers gain a deeper understanding of the guideline and implement it into their primary care practice. This interactive online training series includes patient scenarios, videos, knowledge checks, tips, and resources. Throughout the 12 modules in the series, providers learn about the risks and benefits of prescription opioids, non-opioid treatment options, patient communication, and risk mitigation. Each stand-alone module is self-paced and offers free continuing education.
 - 2019 actual: 40,520 module completions
 - 2020 target: 25 percent increase in completions

Goal 5—Reduce nationwide opioid prescription fills.

- Reduce prescribed opioid morphine milligram equivalents (MME) per capita (data are from internal performance tracking).

- 2017 baseline: 515.2
- 2021 target: 260.8

Goal 6—Increase Prescription Drug Monitoring Program interoperability and usage across the country.

- Number of states that are integrating Prescription Drug Monitoring Programs (PDMP) into electronic health records (EHRs)
 - 2019 baseline: 41
 - 2020 target: 50

Centers for Medicare and Medicaid Services

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic and is focused on three key areas: preventing opioid misuse and abuse by managing pain using a safe and effective range of treatment options that rely less on prescription opioids; expanding access to treatment for opioid use disorder (OUD); and using data to target prevention and treatment efforts and to identify fraud and abuse. CMS' efforts support the following three *Strategy Goals*:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment (MAT) for opioid addiction, is more accessible nationwide.
- Goal 5: Reduce nationwide opioid prescription fills.

CMS is taking a number of steps to identify and stop inappropriate prescribing to help prevent the development of new cases of OUD that originate from opioid prescriptions, while balancing the need for continued access to prescription opioids to support appropriate, individualized pain management.

In support of Goals 1 and 5, CMS has incrementally adopted successful opioid policies in the Medicare Part D program to appropriately address opioid overutilization, while preventing interruption of medically necessary drug therapy. For example, Part D sponsors are now expected to implement improved opioid safety alerts at the point of service that alert a pharmacist of possible overutilization. In addition, to reduce the potential for chronic opioid misuse or abuse, beginning in 2019, CMS expects all Part D sponsors to limit initial opioid prescription fills for the treatment of acute pain to no more than a seven days' supply, consistent with the CDC *Guideline for Prescribing Opioids for Chronic Pain*.

In contrast to Medicare, while the Federal Government establishes general guidelines for Medicaid, states design, implement and administer their own programs. CMS has been working to ensure that states have the tools they need and to share best practices to improve care for individuals with OUD.

In support of Goals 1 and 3, CMS recently made changes to Medicare policies that help treat beneficiaries with OUD, such as creating new coding and payment under the Physician Fee Schedule (PFS) for a bundled episode of care for management and counseling for OUD. The new proposed codes describe a monthly bundle of services for the treatment of OUD that includes overall management, care coordination, individual and group psychotherapy, and substance use counseling. Additionally, Section 2005 of the SUPPORT Act established a new Medicare benefit for OUD treatment services, including MAT utilizing methadone, which can only be furnished by opioid treatment programs.

To increase access to MAT, CMS requires that Medicare Part D formularies include covered Medicare Part D drugs used for MAT. While Medicaid programs vary by state, all 50 States currently offer some form of MAT. Section 5022 of the SUPPORT Act makes behavioral health coverage a mandatory benefit for children and pregnant women covered under the Children’s Health Insurance Program (CHIP) and requires that child health and pregnancy related assistance include coverage of services necessary to prevent, diagnose, and treat substance use disorders.

Evaluation Plan and Performance Measures

CMS supports the Department of Health and Human Services Agency Priority Goal of reducing opioid morbidity and mortality. ONDCP will work with CMS to include the specific data in future Assessments.

Health Resources and Services Administration

HRSA’s mission related to drug control efforts includes SUD prevention and treatment for people who are geographically isolated, and economically or medically challenged. HRSA’s activities support the following *Strategy Goal*:

- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

HRSA is taking several approaches to improve access to high quality SUD services for medically underserved communities through its Health Center Program. General approaches include developing the infrastructure for high quality care through the adoption of health information technology and the transformation of health centers to patient-centered medical homes. In FY 2019, the Health Center Program awarded \$201 million in new SUD/mental health (MH) ongoing annual awards.

In FY 2021, HRSA’s Federal Office of Rural Health Policy will continue to invest in initiatives and support evidence-based strategies that address the specific SUD/MH services needs in rural communities. The FY 2021 President’s Budget Request will fund new and continuing grants and cooperative agreements for the Rural Community Opioid Response Program to strengthen the infrastructure and capacity within rural communities at high risk for OUD and provide needed prevention, treatment, and recovery services to rural residents.

Evaluation Plan and Performance Measures

Information regarding HRSA’s Health Center Program performance is based on the Uniform Data System (UDS). The table below and accompanying text represent highlights of its achievements for the latest year for which data are available.

Health Resources and Services Administration		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
Number of Health Center Program grantees providing SBIRT services	580	665
Number of Health Center Program grantees providing substance abuse counseling and treatment services	515	688

In 2018, 688 health centers provided SUD counseling and treatment services, exceeding the program 2018 target. Also in 2018, 665 health centers provided Screening, Brief Intervention and Referral to Treatment (SBIRT) services, exceeding the program's FY 2018 target.

Screening for SUD has increased 53 percent since 2016 with the number of patients receiving SBIRT increasing from 716,677 in 2016 to 1,099,001 in 2018. From 2016 to 2018, the number of health center providers eligible to prescribe MAT increased nearly 190 percent (from 1,700 in 2016 to 4,897 in 2018) and the number of patients receiving MAT increased 142 percent (from 39,075 in 2016 to 94,528 in 2018).

The Rural Communities Opioid Response program goal is to reduce the morbidity and mortality associated with opioid overdoses in rural communities through the strengthening of the organizational and infrastructural capacity of multi-sector consortiums. HRSA has developed performance measures to support this large-scale initiative, and data collection will begin in spring 2020.

Indian Health Service

The mission of the Indian Health Service (IHS) is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level. The IHS utilizes a combination of national policy efforts, promulgation of best and promising practices, enhanced health education outreach, and a robust workforce development strategy to mitigate harm related to opioid use disorders for AI/AN communities. Outcome measures have been created with ongoing evaluation under each improvement objective. The efforts of the IHS support the following Strategy Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
- Goal 5: Reduce nationwide opioid prescription fills by one-third within three years.
- Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.

The IHS Opioid Strategy contains six purpose areas with relevant goals and programmed outputs under each goal. Below is a summary of the IHS contributions linked to the *Strategy's* goals identified above.

Reduce the number of drug overdose deaths—the IHS has expanded access to interventions that include increased access to the opioid overdose reversal medication, naloxone. Since 2015, the IHS has maintained an ongoing collaboration with the Bureau of Indian Affairs (BIA) to train and provide naloxone to BIA law enforcement officers for responding to opioid overdoses. The IHS has also created a naloxone toolkit for tribal communities that includes a culturally responsive training video and a digital story from two law enforcement officers involved in a naloxone 'save'.

Reduce the rate of past year opioid use among youth—the IHS administers community-based grants that promote the use and development of evidence-based and practice-based models that represent

culturally appropriate prevention and treatment approaches to substance use from a community-driven context. In particular, the Substance Abuse and Suicide Prevention program and IHS' Opioid Grant Program support the *Strategy* by increasing efforts that promote early intervention strategies and implement positive AI/AN youth programming to reduce risk factors for substance abuse.

Increase access to MAT services—in June 2019, the IHS released the Special General Memorandum *Assuring Access to MAT* that requires Federal Indian Health Service Facilities to create an action plan to identify local MAT resources and coordinate patient access to these services when indicated to assure equitable access to MAT services. The IHS recognizes that telemedicine is one tool for increasing access to specialized medical services, such as MAT, for frontier and hard-to-reach populations. The IHS has published a policy in the Indian Health Manual (Chapter 38) entitled *Internet Eligible Controlled Substance Prescriber Designation* to assure access to MAT using telemedicine models for remotely located Tribal members.

Increase the percentage of Federal prescribers that have completed continuing education on best practices and current clinical guidelines in prescribing opioid medications—in May 2016, the IHS implemented a policy on mandatory opioid training requiring all IHS Federally-controlled substance prescribers to complete the “IHS Essential Training on Pain and Addiction” with required refresher training every three years. This training is now available on demand with continuing medical education credits. The IHS released its refresher training course in January 2018. The IHS has also created supplemental prescriber training that includes myofascial pain management techniques, the fundamentals of a neurological exam, and best practices for patient evaluation.

Proper pain management and opioid stewardship—the IHS has created and released a comprehensive Opioid Stewardship workbook to assist sites with creating best practices surrounding safe opioid prescribing and increasing access to integrative pain treatments. The workbook emphasizes using opioid surveillance strategies to evaluate population health outcomes, target opioid interventions, enhance clinical decision support, and create professional practice evaluation strategies. The IHS opioid stewardship program evaluation considers metrics that evaluate trends in morphine milligram equivalents (MMEs) versus a restricted focus on total opioid prescription fills.

Increase PDMP interoperability and usage across the country—in June 2016, the IHS implemented a policy in Chapter 32 of the *Indian Health Manual* (IHM), “State Prescription Drug Monitoring Programs”, requiring providers to check state PDMP databases prior to prescribing opioids and requiring IHS Federal pharmacies to report opioid prescribing data to these state PDMPs. The IHS has been in preliminary planning and design discussions to evaluate feasibility of PDMP interoperability into the IHS EHR.

Evaluation Plan and Performance Measures

The following performance data measures are proposed to inform evaluation efforts in support of the IHS programmatic activities; they are currently being developed.

- Goal 1: Reduce the number of Americans dying from a drug overdose is significantly reduced within five years.
 - OUD treatment prescriptions for buprenorphine and naltrexone
 - Number of Naloxone units procured and units dispensed (Month and Year)

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- Number of Naloxone prescriptions dispensed (Monthly and Year)
- Proportion of American Indians and Alaska Native that received the Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
 - Increase the number of IHS community-based grants with education and prevention focus specifically addressing opioids
 - Proportion of American Indians and Alaska Native ages 9-17 that received the Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
 - Opioid use disorder treatment prescriptions for buprenorphine
 - Increase the number of IHS providers with DATA waivers
 - Increase the number of patients treated for OUD by waived practitioners
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
 - Increase the percent of Federal prescribers that have completed continuing education on best practices and current clinical guidelines in prescribing opioid medications
 - Increase the number of IHS training series for community and clinical providers to screen and treat substance use disorders including opioids
- Goal 5: Reduce nationwide opioid prescription fills.
 - The total morphine milligram equivalents (MMEs) dispensed
 - Percent of all prescriptions that are opioid prescriptions (Monthly)
 - Total MME/100 Total Prescriptions (Monthly)
- Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.
 - Increase the number of IHS facilities that have developed facility policies that support IHM Chapter 32 State Prescription Drug Monitoring Programs requiring providers to check state PDMP databases prior to prescribing opioids and requiring IHS federal pharmacies to report opioid prescribing data to these state PDMPs
 - Increase the number of IHS facilities that have integrated electronic health records with state PDMP

National Institute of Health (National Institute on Drug Abuse and National Institute on Alcoholism and Alcohol Abuse)

At NIH, NIDA and NIAAA each pursue research that supports the goals of the *Strategy*.

NIDA's mission is to advance basic science and clinical research on the causes and consequences of drug use and addiction and apply that knowledge to improve individual and public health. NIDA also works to ensure the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUD and to enhance public awareness of addiction as a brain disorder.

NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan. A major priority within NIAAA's mission is research on the prevention and treatment of underage drinking and its harmful consequences.

NIDA's activities contribute to the following *Strategy* Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
- Goal 5: Reduce nationwide opioid prescription fills by one-third within three years.
- Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.

NIAAA's efforts with respect to underage drinking support Goals 2 and 3 of the *Strategy*.

Reducing mortality—research to develop, evaluate, and test implementation strategies for reducing overdose mortality is a key priority of NIDA. In FY 2019, NIDA supported a research portfolio that included developing new overdose reversal technologies and therapies, designing devices to detect overdose and deliver naloxone, testing new potential medications, and examining the effects of policies around naloxone. Projects are currently underway to develop novel treatment strategies for OUD and to translate evidence-based interventions into effective medical practice. To accelerate availability of novel treatments, a focused medication development program is supporting a series of targeted studies with the goal of submitting approximately 15 investigational new drug and five new drug applications to the Food and Drug Administration (FDA) for medications to prevent and treat OUD and overdose. NIDA, in partnership with SAMHSA, launched a multi-site implementation research study in FY 2019 that will test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and OUD in communities highly affected by opioids.

Reduce youth drug use—NIDA strives to provide evidence-based resources and educational materials about substance use and addiction, including information about timely public health topics such as opioid overdose prevention, marijuana research, use and consequences of vaping, synthetic drug trends, and medications for treatment of SUD including OUD. This includes education and outreach activities to inform public health policy and practice by ensuring that NIDA is the primary trusted source for scientific information on drug use and addiction. NIAAA participates in multiple outreach efforts to educate adolescents about substance use. NIAAA's underage alcohol research efforts focus on risk assessment and screening, universal and selective prevention, early intervention (i.e., before problems escalate and/or become chronic), and timely treatment as appropriate.

Evidence-based addiction treatment—NIDA supports a portfolio of research that tests approaches to deploying and implementing addiction treatment, including interventions to increase access. For example, as part of Helping to End Addiction Long-term (HEAL), NIDA launched new research efforts and strengthened existing ones in FY 2019 to help evaluate approaches in two particularly vulnerable and underserved areas: justice populations and rural populations. NIAAA’s research efforts in FY 2019 focused on integrating alcohol screening and brief intervention for youth into routine healthcare to increase accessibility of evidence-based addiction treatment. Findings from this research suggest that providing SBIRT in primary care can reduce health care use and improve adolescent health.

Prescriber education—Efforts at NIH, and NIDA specifically, incorporate education and outreach activities to inform public health policy and practice. NIDA is part of the NIH Pain Consortium, which supports Centers of Excellence in Pain Education (CoEPEs). These 12 centers work to enhance patient outcomes by improving the education of healthcare professionals about pain and its treatment. The CoEPEs act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, and pharmacy schools to improve how health care professionals are taught about pain and its treatment. In addition, NIDA supports the Physician’s Outreach NIDAMED initiative, which engages and educates clinicians in training and in practice in the latest science related to drug use and addiction.

Reduce opioid prescription fills—NIDA funds a portfolio of research to develop and test the effectiveness of interventions to reduce inappropriate opioid prescribing practices and promote best practices. This ranges from studies observing the effects of state-level efforts and national-level guidelines, to studies developing new ways to identify inappropriate prescribing behavior and work with insurers to reduce or eliminate it, to developing and testing novel interventions for educating and changing the behavior of providers.

Prescription Drug Monitoring Program interoperability—NIDA funds a portfolio of research that examines the effects of PDMPs, compares programs across states in order to understand the effects of different implementations and components, and tests the effects of interventions that could be incorporated into such programs.

Evaluation Plan and Performance Measures

The evaluation plan is based on information accessible through NIH websites as well as NIH performance data reported in the *National Drug Control Strategy: Budget and Performance Summary*.

Goal 1. The number of Americans dying from a drug overdose is significantly reduced within five years.

- HEAL Initiative: Focused Medications Development
- NIDA Treatment Measure: Scientific Research Outcome 4.9, “By 2020, evaluate the efficacy of new or refined interventions to treat OUD”
- HEAL Initiative: HEALing Communities Study

Goal 2. Educate the public, especially adolescents, about drug use, specifically opioids.

- National Drug & Alcohol Facts Week: NIAAA Prevention Measure: Scientific Research Outcome 5.15, “By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and substance use disorders and their consequences in underage populations”

Goal 3. Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

- HEAL Initiative: JCOIN
- Rural Opioid Initiative
- NIAAA Treatment Measure: Scientific Research Outcome 4.15, “By 2021, evaluate three interventions for facilitating treatment of alcohol misuse in underage populations”

Goal 4. Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.

- COEPES
- NIDAMED

Goal 5. Reduce nationwide opioid prescription fills.

Results from NIDA-funded research documenting the effectiveness of programs to reduce unnecessary opioid prescription fills will be cited.

- Goal 6. Increase Prescription Drug Monitoring Program interoperability and usage across the country.
- NIDA Clinical Trials Network: PHARMSCREEN
- Results from NIDA-funded research documenting the effectiveness of PDMPs when integrated with EHRs will be cited.

Substance Abuse and Mental Health Administration

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA supports the President’s *Strategy* through a broad range of programs focusing on prevention, treatment and recovery from substance abuse. Major programs for FY 2021 will include the Substance Abuse Prevention and Treatment Block Grant, State Opioid Response Grants, competitive grant programs reflecting Programs of Regional and National Significance (PRNS) and Health Surveillance and Program Support. SAMHSA supports the following *Strategy* Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.

To accomplish Goal 1, the contributing programs include:

- State Opioid Response Grants program addresses the opioid crisis by increasing access to MAT using the three United States Food and Drug Administration-approved medications for the treatment of OUD, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD;
- First Responder Training program allows first responders and members of other key community sectors to administer a drug or device for emergency treatment of known or suspected opioid overdose;

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- Grants to Prevent Prescription/Drug Opioid Drug Related Deaths program helps states identify communities of high need, and provide education, training, and resources necessary to tailor overdose kits to meet their specific needs; and
- Improving Access to Overdose Treatment program addresses the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD.

To accomplish Goal 2, the contributing programs include:

- Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective substance use prevention services and reducing substance use disorders;
- The SPF-Partnerships for Success program addresses underage drinking among youth and young adults age 12 to 20 and allows states to prioritize State-identified top data driven substance use target areas;
- SPF for Prescription Drugs program raises awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to young adults; and
- Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders and substance use disorder issues.

To accomplish Goal 3, the contributing programs include:

- Substance Abuse Prevention and Treatment Block Grant (SAPTBG) program serve as a source of safety net funding, including assistance to states in addressing the opioid epidemic;
- MAT for Prescription Drug and Opioid Addiction (MAT-PDOA) program addresses treatment needs of individuals who have an OUD by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and recovery support services; and
- State Opioid Response Grants program supplements activities pertaining to opioids currently undertaken by the State agency and will support a comprehensive response to the opioid epidemic.

To accomplish Goal 4, the contributing programs include:

- Opioid Treatment Programs/Regulatory Activities SAMHSA supports the Providers' Clinical Support System, which provides education, training and clinical mentoring to primary care providers who wish to treat OUD; and
- Addiction Technology Transfer Centers' purpose is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment and recovery support services for SUD and mental illness.

Evaluation Plan and Performance Measures

SAMHSA's evaluation plan is divided among six programmatic areas: substance abuse prevention; the SAPTBG; 20 Percent Set-Aside; State Opioid Response Grants; Substance Abuse Treatment; and Health Surveillance and Program Support. The accomplishments, including targets and actual metrics achieved, are described in the following paragraphs.

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Substance Abuse Prevention—consistent with the Government Performance and Results Modernization Act of 2010 (GPRMA), SAMHSA continues to refine its use of performance and evaluation data to measure impact and mitigate risk. Data-driven performance reviews help SAMHSA leadership analyze outcome data and learn the extent to which strategies work or need improvement. The following provide the target and actual data for the most recently available performance data the activities described above.

Prevention: Selected Measures of Performance		
Strategic Prevention Framework: Partnerships for Success	FY 2016 Target	FY 2016 Achieved
Increase the number of sub-recipient communities that improved one or more targeted national outcome measure indicators	142	552
Increase the number of evidence-based practices implemented by sub-recipient communities	650	531
Strategic Prevention Framework for Prescription Drugs : Rx	FY 2017 Target	FY 2017 Achieved
Increase the percent of funded states reporting reductions in opioid overdoses	55%	69%

Substance Abuse Prevention and Treatment Block Grant—an independent evaluation of the SAPTBG demonstrated how states have leveraged the statutory requirements of this block grant program to expand existing or establish new treatment capacity in underserved areas of states and territories and to improve coordination of services with other state systems.³ SAMHSA data show that the SAPTBG has been successful in expanding treatment capacity by supporting approximately two million⁴ admissions to treatment programs receiving public funding. Outcome data for the SAPTBG program show positive results as reported through Behavioral Health Services Information System/Treatment Episode Data Set (TEDS) administered by the Center for Behavioral Health Statistics and Quality. In FY 2015, at discharge, clients demonstrated high abstinence rates from both illegal drug (70 percent) and alcohol (83 percent) use.

State substance abuse authorities reported the following outcomes for services provided during FY 2016, the most recent year for which data is available:

- For the 50⁵ States and the District of Columbia (D.C.) that reported data concerning abstinence from alcohol use, all 51 identified improvements in client abstinence;
- Similarly, for the 50 States and D.C. that reported data concerning the abstinence from drug use, 50 of 51 identified improvements in client abstinence;
- For the 50 States and D.C. that reported employments data, 45 of 50 identified improvements in client employment;

³Substance Abuse and Mental Health Administration. Retrieved from <http://tie.samhsa.gov/SAPT2010.html#Evaluation>.

⁴ Substance Abuse and Mental Health Services Administration (2015). Clients Level Data / TEDS. Retrieved from <http://www.samhsa.gov/data/client-level-data-teds>

⁵ Source: West Virginia numbers have been included in the text, but they appear lower than expected.

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- For the 50 States and D.C. that reported criminal justice data, 47 of 51 reported an increase in clients with no arrests based on data reported to TEDS;
- For the 50 States and D.C. that reported housing data, 48 of 51 identified improvements in stable housing for clients based on data reported to TEDS; and
- For the 50 States and D.C. that reported recovery support data, 51 out of 51 identified improvements in client engagement in recovery support programs. At intake clients who were engaged in recovery support programs increased from 29 percent to 44.8 percent at discharge.

20 Percent Prevention Set-Aside—SAMHSA is responsible for managing the 20 percent prevention set-aside of the SAPTBG. The 20 percent set-aside requires SAPTBG grantees to spend at least 20 percent of their award to develop and implement a comprehensive prevention program, which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment.

Substance Abuse Prevention and Treatment Block Grant: Selected Measures of Performance		
Prevention Set-Aside	FY 2014 Target	FY 2014 Achieved
Increase the percent of states showing a decrease in state level estimates of percent of survey respondents to report 30 day use of other illicit drugs (age 12 – 17)	59.0%	49.0%
Increase the percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 days use of other illicit drugs (age 18+)	37.3%	24.0%
Treatment Activities	FY 2016 Target	FY 2016 Achieved
Increase the percentage of clients reporting no drug use in the past month at discharge.	74.0%	69.6%
Increase the percentage of clients reporting being employed/in school at discharge.	43.0%	35.7%
Increase the percentage of clients reporting no involvement with the criminal justice system.	92.0%	93.2%
Increase the percentage of clients receiving services who had a permanent place to live in the community.	92.0%	88.9%

State Opioid Response Grants—grantees exceeded their FY 2017 targets for all three measures.

State Opioid Response Grants		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
Increase in the number of admissions for OUD treatment	118,000	121,781
Increase in number of clients receiving recovery services	33,000	33,602
Increase number of practitioners receiving training for OUD treatment.	31,600	163,467

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

Substance Abuse Treatment—in the table below are selected measures of performance related to Treatment Programs of Regional and National Significance. The Treatment for Prescription Drug and Opioid Addiction exceeded its target outcome for reducing illicit drug use, but also surpassed its goals of increasing the number of clients receiving integrated care and the number of admissions for MAT.

Treatment: Selected Measures of Performance		
Treatment: Prescription Drug and Opioid Addiction	FY 2017 Target	FY 2017 Achieved
Decrease illicit drug use at 6-month follow-up	60.0%	62.0%

Health Surveillance and Program Support—the program exceeded both of its FY 2017 targets.

Health Surveillance and Program Support: Selected Measures of Performance		
Public Awareness and Support	FY 2017 Target	FY 2017 Achieved
Increase the number of individuals referred for behavioral health treatment resources.	752,096	794,108
Increase the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.	33,430,000	44,567,523

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

**Drug Control Funding
FY 2019 - FY 2021
(\$ millions)**

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Health and Human Services:			
Administration for Children and Families	40.0	30.0	60.0
Centers for Disease Control and Prevention ¹	475.6	475.6	575.6
Centers for Medicare and Medicaid Services	8,160.0	8,550.0	9,020.0
Health Resources and Services Administration	665.0	655.0	655.0
Indian Health Service	117.4	118.5	118.0
National Institute on Alcohol Abuse and Alcoholism	57.6	59.9	54.5
National Institute on Drug Abuse	1,408.2	1,457.7	1,431.8
Substance Abuse and Mental Health Services Administration ²	4,140.3	4,158.3	4,003.3
Total HHS	15,064.1	15,505.1	15,918.2

¹ The FY 2021 funding level for CDC includes \$100 million for the Drug-Free Communities (DFC) program. For FY 2019 and FY 2020, DFC is included under the Office of National Drug Control Policy heading.

² Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act.

Department of Homeland Security

The Department of Homeland Security has five bureaus that conduct drug-related programming: United States Customs and Border Protection (CBP); Federal Emergency Management Agency (FEMA); Federal Law Enforcement Training Centers (FLETC); Immigration and Customs Enforcement (ICE); and United States Coast Guard (USCG). The mission, activity, evaluation plan and performance measures, and resources for each are discussed in the following sections.

United States Customs and Border Protection

Titles 8 U.S.C. and 19 U.S.C authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this statutory authority that CBP plays a key role in the overall anti-drug effort at the border. CPB’s jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders. CBP’s activities support the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Evaluation Plan and Performance Measures

Information regarding the performance of the drug control efforts of CBP is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent CBP drug-related achievements through September 30, 2018.

Customs and Border Protection		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
Amount of currency seized on exit from the United States	\$30.0M	\$38.7M
Percentage of JIATF-South annual mission hour objective achieved	100%	100%
Interdiction Effectiveness Rate on the Southwest border between the ports of entry	81.0%	79.7%
Percent of time TECS is available to end users	99.0%	100.0%

The measure “Amount of currency seized on exit from the United States” provides the total dollar amount of all currency, in millions, seized during outbound inspection of exiting passengers and vehicles, both privately-owned and commercial. This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking at the land border ports of entry, a key outcome for the *Strategy*. In 2018, CBP exceeded its target by nearly \$9 million.

The measure “Percentage of JIATF-S Annual Mission Hour Objective Achieved” identifies the degree to which CBP / Air and Marine Operations (AMO) meets its intended flight hours for JIATF-S in support of the *Strategy*. AMO conducts extended border operations as part of CBP’s layered approach to homeland security. In 2018, AMO fulfilled 100 percent of its intended flight hours.

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The measure “Interdiction Effectiveness Rate (IER) on the Southwest border between the ports of entry” is the percent of detected illegal entrants who were apprehended or turned back after illegally entering the United States between the Southwest Border ports of entry. This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking between the land border ports of entry, a key outcome for the *Strategy*. In 2018, CBP nearly achieved its target interdiction effectiveness rate on the southwest border of 81 percent.

The measure, “Percent of time TECS is available to end users,” quantifies the availability of the TECS service to all end-users based on a service level of 24/7 service. TECS is a CBP mission-critical law enforcement application system designed to identify individuals and businesses suspected of or involved in violation of Federal law. In 2018, CBP exceeded its target for this measure by ensuring that TECS was available to end users 100 percent of the time.

Federal Emergency Management Agency

FEMA’s mission is to reduce the loss of life and property and protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other man-made disasters. FEMA leads and supports the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation. FEMA’s efforts Operation Stonegarden Grant Program (OPSG) supports the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Operation Stonegarden (OPSG, overseen by CBP), contributes to efforts to secure United States borders along routes of ingress from international borders. OPSG supports a broad spectrum of border security activities performed by State, local and tribal law enforcement agencies through increased material, manpower readiness, and the number of “boots on the ground” to better secure our Nation’s borders.

Evaluation Plan and Performance Measure

OPSG- funded patrols provide narcotics enforcement performance data in Daily Activity Reports. In 2018, they reported the following data on narcotics seizures:

Type of Drugs Seized	CY 2018 Totals (Kgs)	CY 2018 Totals (Lbs.)
Prosecuted Narcotics Cases	2,350	5,181
Cocaine	520.54	1,146.40
Heroin	198.51	437.64
Marijuana	18,315.08	40,377.85
Methamphetamine	1,082.63	2,386.79
Other Narcotic (i.e. Fentanyl, Ecstasy)	586.21	1,292.37
Total Seizure Weight	20,702.99 (Kgs)	45,641.05 (Lbs.)

Federal Law Enforcement Training Center

FLETC is an interagency law enforcement training institution that serves a leadership role as the Federal Government’s principal provider of interagency law enforcement training to more than 95 Federal partner organizations, as well as training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills of investigation. FLETC supports the *Strategy* by providing drug investigations training for law enforcement agents and officers; specifically, FLETC’s activities support the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Evaluation Plan and Performance Measure

The FY 2018 performance of FLETC’s drug support mission is based on agency Government Performance and Results Modernization Act documents and other agency information. The FY 2018 performance information for FLETC’s drug-related training is shown in the table below.

Federal Law Enforcement Training Center		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
Percent of Partner Organizations that agree the FLETC counterdrug related training (i.e., Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.) meets identified training needs.	90%	89%

FLETC measures its success by assessing the satisfaction of its Partner Organizations with the requested training that FLETC provided. In FY 2018, FLETC trained 73,816 students, equating to 157,234 student-weeks of training. The curriculum for about 20 percent of these students includes training in drug investigation activities. Results of the 2018 Partner Organization Satisfaction Survey conducted by FLETC indicate that 89 percent of Partner Organizations were satisfied with FLETC counterdrug-related training, nearly achieving the target of 90 percent. Due to the survey results, FLETC will reach out to our Partner Organizations regarding counterdrug related training content, in an effort to gain a better understanding of training needs and concerns to make beneficial revisions as necessary.

Immigration and Customs Enforcement

ICE, a multi-mission law enforcement agency, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and ill-gotten gains across the Nation’s borders and dismantle related smuggling organizations. The Homeland Security Investigations (HSI) directorate is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. ICE-HSI supports United States drug control policy—specifically the President’s initiatives to disrupt domestic drug trafficking and production and strengthen law enforcement and international partnerships to reduce the availability of foreign-produced drugs in the United States—by supporting the overall ICE mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of

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DHS’s action items are disruption of domestic drug trafficking and production; and strengthening of international partnerships and reduction in the availability of foreign-produced drugs in the United States. ICE-HIS’s efforts support the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Evaluation Plan and Performance Measures

Information supporting ICE’s drug control performance efforts is based on agency GPRMA documents and other information measuring ICE contribution to the goals and objectives of the *Strategy*. The table and accompanying text below represent ICE drug-related achievements during FY 2018.

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
Percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals	15.2%	9.9%
Total illegal currency and monetary instruments seized (\$) from drug operations	N/A*	\$688.8 M
Percent of Cocaine seizures considered high impact (lbs)*	N/A*	50%
Percent of Heroin seizures considered high impact (lbs)*	N/A*	49%
Percent of Marijuana seizures considered high impact (lbs)*	N/A*	22%
Percent of Fentanyl considered high impact (lbs)*	N/A*	90%
Percent of Methamphetamine seizures considered high impact (lbs)*	N/A*	69%

*ICE does not set targets for seized counternarcotic metrics.

In FY 2018, the percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals was 10 percent, approximately one-third below the FY 2018 target. In FY 2018, ICE-HSI’s 50 percent or more of seizures of specific drugs were categorized as high impact in four-of-the-five drug-specific categories. ICE’s money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. ICE tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. In FY 2018, ICE seized \$688.8 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

United States Coast Guard

The USCG is America’s principal Federal agency for maritime safety, security, and stewardship. It enforces all applicable Federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. As part of its maritime security strategic goal, the USCG’s drug interdiction objective is to reduce the flow of illegal drugs entering the United States

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

by denying smugglers access to maritime routes. The USCG’s activities support the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Evaluation Plan and Performance Measures

Information regarding the performance of the drug control mission of the USCG program is based on agency GPRMA documents and USCG data. The table and accompanying text represent highlights of achievements in FY 2018.

United States Coast Guard		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	10.0%	7.3%
Metric Tons (MT) of Cocaine Removed	200.0	209.6

The USCG continues to use the Interagency Consolidated Counterdrug Database (CCDB) as its source for tracking cocaine movement estimates. The CCDB quarterly event-based estimates are the best available authoritative source for estimating illicit drug flow through the Transit Zone. These estimates permit the USCG to objectively evaluate its performance on a quarterly basis. In FY 2018, the USCG continued to dedicate focus and assets to transit zone interdiction operations above historical levels. The Service exceeded its target of 2,160 major cutter days to the transit zone by 14 percent. Further, the USCG removed more tonnage of cocaine per interdiction in FY 2018 than any year since FY 2008. The USCG target for FY 2019 is to remove 10 percent of the known cocaine flow moving via non-commercial maritime means toward the United States, and to remove a total of 240 MT of cocaine.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goal of the *Strategy* that is within their mission areas.

Drug Control Funding
FY 2019 - FY 2021
 (\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Homeland Security:			
Customs and Border Protection	3,566.2	3,761.5	3,447.6
Federal Emergency Management Agency	13.5	13.5	5.9
Federal Law Enforcement Training Center	50.7	54.8	57.3
Immigration and Customs Enforcement	560.8	598.5	673.9
U.S. Coast Guard	1,559.7	1,836.8	1,825.8
Total DHS	5,750.8	6,265.0	6,010.6

Department of Housing and Urban Development

The Department of Housing and Urban Development (HUD) has a single drug-related bureau, the Office of Community Planning and Development. The mission, activity, evaluation plan and performance measures, and resources for the Office are discussed in the following sections.

Office of Community Planning and Development

Among the priorities of the *Strategy* is to increase the number of individuals who successfully achieve sustained recovery. Stable and affordable housing is often identified as the most difficult barrier for individuals released from prison or jail to overcome. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The safe, stable housing provided by programs supported by HUD help people in recovery achieve their full potential, and ensure that the significant public investment in treatment pays off in terms of long-term recovery. The efforts of HUD support achieving the following *Strategy* Goal:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.

Many of HUD's programs help the most vulnerable citizens in our communities, including individuals with substance abuse issues. HUD's Continuum of Care (CoC) Program is HUD's largest program targeted to men, women, and children experiencing homelessness. Funds are awarded to more than 7,300 projects through a national competition.

The annual CoC Program competition requires project applicants to identify the number of persons with chronic substance abuse that they anticipate serving.⁶ HUD uses the proportion of those persons, relative to the total number of persons experiencing homelessness that will be served to generate a percent of persons with chronic substance use issues that would be served in the CoC Program. While HUD can directly fund substance abuse treatment services, its recipients generally partner with behavioral health providers to serve persons with substance abuse issues.

Evaluation Plan and Performance Measure

HUD firmly believes in the significance of using data to demonstrate progress. However, HUD's CoC Program performance measures are focused on the direct impact the recipient activities have on ending homelessness. HUD measures such things as average length of time homeless, exits to permanent housing destinations, and returns to homelessness. Some of these measures happen at the project level which looks directly at how effective HUD funding is and some of the measures look at the homeless response system in an entire area across all funding sources.

For the purposes of this effort, HUD reports on the projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects. This measure is based on how many people the projects HUD funds state they will serve in their CoC Program project application. The data in the application corresponds to the people who will be served beginning in the subsequent

⁶ This information is reported to HUD through its grants management site, e-snaps. E-snaps includes validations to ensure internal consistency with the data reported and the data are generally derived from historical records generated from local databases called Homeless Management Information Systems (HMIS). HUD prescribes many requirements for HMIS to ensure consistent data collection and reporting protocols.

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calendar year. For instance, data from FY 2018 project applications correspond to people who will be served beginning in calendar year 2019.

Projected number of participants who report substance abuse as a barrier to housing to be served in
Continuum of Care-funded projects

FY 2017 Actual	FY 2018 Actual	FY 2019 Tracking	FY 2020 Tracking	FY 2021 Tracking	FY 2022 Tracking
71,748	70,871				

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureau to make progress toward achieving the Goal of the *Strategy* that is within their mission area.

**Drug Control Funding
FY 2019 - FY 2021
(\$ millions)**

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Housing and Urban Development:			
Office of Community Planning and Development	545.0	575.4	576.8

Department of the Interior

The Department of the Interior has three bureaus that conduct drug-related programming: the Bureau of Indian Affairs (BIA); the Bureau of Land Management (BLM); and the National Park Service (NPS). The mission, activity, evaluation plan and performance measures, and resources for each are discussed in the following sections.

Bureau of Indian Affairs

BIA's mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives. The BIA's Office of Justice Services (OJS) directly operates or funds law enforcement, tribal courts, and detention facilities on Federal Indian lands. The mission of the OJS is to uphold tribal sovereignty and customs and provide for the safety of Indian communities affected by illegal drug activity or abuse. BIA's efforts support the following *Strategy Goal*:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

The Drug Initiative represent an integral component of the BIA Law Enforcement budget activity, which is comprised of eight functional areas related to public safety. BIA relies heavily on tribal and BIA field programs which submit monthly drug statistics to BIA District Offices to show an accurate portrayal of the serious drug issues occurring throughout Indian Country.

Indian Country drug agents continue to expand their efforts to identify and disrupt illegal drug-trafficking organizations and focus on the organizations that are the largest suppliers of methamphetamine and other illicit narcotics throughout Indian Country. Indian Country drug agents also continued to work prescription drug cases and illegal drug trafficking along the United States borders.

Evaluation Plan and Performance Measures

Information regarding the performance of the Bureau's drug control mission is based on law enforcement statistics extracted from the Department's Incident Management Analysis and Reporting System (IMARS) database, and other agency information. The table below presents targets and achievements for FY 2019; BIA exceeded its FY 2019 targets in all categories but two (pounds of processed marijuana seized and pounds of plants seized).

Bureau of Indian Affairs		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
Number of patrol officers receiving drug training	500	598
Number of drug cases worked	9,000	11,098
Amount of drugs seized: Meth (ICE)	70 lbs.	72.6 lbs.
Amount of drugs seized: Meth (Powder)	70 lbs.	475.7 lbs.
Amount of drugs seized: Cocaine (Crack)	0.7 lbs.	1 lbs.
Amount of drugs seized: Cocaine (Powder)	45 lbs.	96.8 lbs.
Amount of drugs seized: Prescription drugs	50 lbs.	106.2 lbs.
Amount of drugs seized: Heroin	30 lbs.	42.1 lbs.
Amount of drugs seized: Marijuana (processed)	6,000 lbs.	5,460.9 lbs.
Amount of drugs seized: Marijuana (plants)	6,000 lbs.	666.1 lbs.
Amount of drugs seized: MDMA (Ecstasy)	.3 lbs.	7.7 lbs.

Bureau of Land Management

The overall mission of BLM is to sustain the health, diversity, and productivity of the public lands for the use and enjoyment of present and future generations. In support of that mission, one of the primary goals of the Resource Protection and Law Enforcement program is the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling. BLM’s drug-related efforts support the following *Strategy Goal*:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include directing funding to (1) address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California; (2) public lands in Idaho, Oregon, Nevada, Utah and other States as needed to combat the expansion of marijuana cultivation activities into those areas; and (3) public lands in Arizona, California and New Mexico, to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest Border.

Evaluation Plan and Performance Measures

Information regarding the performance of BLM’s drug control mission is based on law enforcement statistics extracted from the Department’s IMARS database, and other agency information. The table below presents targets and achievements for FY 2019; BLM exceeded both of its FY 2019 targets.

Selected Measure of Performance	FY 2019 Target	FY 2019 Achieved	FY 2020 Target
Number of marijuana plants seized	259,090	590,558	602,369
Marijuana seizures - processed (in pounds)	16,375	16,702	17,036

National Park Service

The NPS works diligently to ensure that all pertinent Federal laws and regulations are enforced within park units. This includes national parks located along international borders that are plagued with problems such as drug trafficking, illegal immigration, and possible terrorist movement that can threaten park lands and visitors. These efforts are an integral component in keeping our natural and cultural resources unimpaired for future generations, providing the public the opportunity to enjoy parks in a safe manner, and providing employees a safe place of employment. Through the utilization of law enforcement rangers and special agents, in collaboration with Federal, State, and local authorities, the NPS is actively engaged in visitor and resource protection efforts that include:

- Short and long-term counter-smuggling and drug cultivation investigations and operations;
- Ranger patrols and surveillance of roads, trails, and backcountry areas; and
- Cooperation and coordination with the Department of Homeland Security’s Customs and Border Protection Service and other Federal, State, and local agencies involved with border security.

The NPS’ drug-related efforts support the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Evaluation Plan and Performance Measures

Information regarding the performance of the Bureau’s drug control mission is based on law enforcement statistics extracted from the Department’s IMARS database, and other agency information. The table below presents NPS’ drug-related target and achievement for FY 2019; NPS did not meet its FY 2019 target for seizing marijuana plants.

Selected Measure of Performance	FY 2019 Target	FY 2019 Achieved	FY 2020 Target
Number of marijuana plants seized	8,412	< 20	1,000

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goal of the *Strategy* that is within their mission areas.

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

Drug Control Funding
FY 2019 - FY 2021
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of the Interior:			
Bureau of Indian Affairs	18.0	18.0	18.0
Bureau of Land Management	5.1	5.1	5.1
National Park Service	3.5	3.5	3.2
Total DOI	26.5	26.5	26.3

Department of Justice

The Department of Justice (DOJ) has eight bureaus that are part of the drug control program: the Asset Forfeiture Fund (AFF), Bureau of Prisons (BOP), Criminal Division (CD), Drug Enforcement Administration (DEA), Organized Crime Drug Enforcement Task Force (OCDETF), Office of Justice Programs (OJP), United States Attorneys (USA), and United States Marshals Service (USMS). The mission, activity, evaluation plan and performance measures, and resources for each are discussed in the following sections.

Asset Forfeiture Fund

The AFF is a funding source to defray costs to the government in pursuing forfeitures. The AFF funds participating agencies to investigate, identify, seize, and forfeit the assets of criminals and their organizations while ensuring that due process rights of all property owners are protected. The AFF funds DEA and OCDETF for select cost categories for these purposes and Joint Law Enforcement Operations (JLEO) purposes, and reports the amount of funding by decision unit to the ONDCP. After reviewing the nine strategy goals, these are not relevant to the AFF in terms of relating funding to strategic goals and outputs, as the AFF functions as a funding source to select aspects of DEA and OCDETF's Forfeiture and JLEO programs.

Bureau of Prisons

The drug control efforts of the BOP support achieving the following goals of the *Strategy*:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.

The BOP has implemented a program to allow access and administration of naloxone by all BOP staff in situations involving possible opioid overdoses. Mandatory naloxone administration training has been developed and is a part of this program to save lives.

BOP's evidence-based treatment programs focus on three relevant areas:

- Success in expanding access to and increasing the effectiveness of substance use disorder treatment;
- Success in reducing the negative health and social consequences of drug use in the United States; and
- Implementation of evidence-based substance use disorder treatment and prevention programs in the United States and improvements in the adequacy and effectiveness of such programs.

The BOP contributes to the success in expanding access to and increasing the effectiveness of substance use disorder treatment through its implementation of its SUD treatment strategy that includes six programs to educate offenders about the negative health and social consequences of drug use, encourage offenders to consider their drug treatment needs, and engage offenders in evidence-based substance use disorder treatment: Cognitive Behavioral Therapy; Drug Abuse Education;

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

Nonresidential Drug Abuse Treatment Program; Residential Drug Abuse Program; Challenge Program and Community Transition Drug Abuse Treatment.

Evaluation Plan and Performance Measures

BOP provides evidence-based treatment in its Residential Drug Abuse Treatment Program. In FY 2019, BOP targeted 15,700 inmates to participate in the Program. The target was nearly achieved with 14,932 inmates participating.

MAT for offenders at risk for OUD reintegrating into the community has been an increasing focus of the BOP. The BOP launched a staged expansion of the MAT (i.e., administration of Vivitrol prior to release to the community) program beginning in FY 2019 for approximately 160 offenders released in the Boston, Massachusetts area. Future plans are that buprenorphine and methadone would be available at nearly half of BOP institutions, while Vivitrol would continue to be available at all BOP facilities.

The BOP also developed and implemented mandatory training for all physicians and dentists that prescribe opioids to reduce over-prescribing.

Criminal Division

The CD develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. In executing its mission, CRM dedicates specific resources in support of the *Strategy* that focus on disrupting domestic drug trafficking and production, and strengthening international partnerships. The Criminal Division's (CD) activities supports the following *Strategy* Goal:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Many of CD's Sections and Offices contribute to the drug-related activities. The most noteworthy and directly impacted is the CD's Narcotic and Dangerous Drug Section (NDDS). NDDS supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups, as well as by providing sound legal, strategic, and policy guidance in support of that goal. NDDS provides expert guidance on counternarcotics matters in the interagency, intelligence, and international communities. NDDS also develops innovative law enforcement and prosecutorial strategies to counter the fast-paced efforts of organized international trafficking and narcoterrorist groups. In prosecuting the high-level command and control elements of sophisticated international criminal organizations and narcoterrorists (i.e., the kingpins and Consolidated Priority Organization Targets (CPOTs)), NDDS uses the best intelligence available to identify those groups that pose the greatest threat. NDDS then utilizes resources to investigate those groups anywhere in the world and prosecute them.

The table below represents the CD's drug-related achievements in support of the *Strategy's* Goal 8 during FY 2019 for NDDS; the CD exceeded its FY 2019 target.

Selected Performance Measure	FY 2019 Target	FY 2019 Achieved
Number of new drug-related investigative matters and cases	30	32

Additionally, the CD approves and oversees the use of the most sophisticated investigative tools in the Federal arsenal. Examples of these tools include Title III wiretaps, electronic evidence-gathering authorities, correspondent banking subpoenas, and the Witness Security Program. In the international arena, the CD manages DOJ’s relations with foreign counterparts and coordinates all prisoner transfers, extraditions, and mutual legal assistance requests. A successful outcome of an investigation or prosecution often hinges on these key components that could make or break the case.

The table below represents the CD’s drug-related achievements in support of Goal 8 of the *Strategy* during FY 2019 relating to the Division’s approval and oversight of the use of sophisticated investigative tools; the Division fell 5 wiretap reviews short (0.002 percent) of its FY 2019 target.

Selected Performance Measures	FY 2019 Target	FY 2019 Achieved
Number of OCDETF Title III wiretaps reviewed	2,225	2,220
Number of drug-related Mutual Legal Assistance Treaty requests closed	N/A	417
Number of drug-related extradition requests closed	N/A	318

Drug Enforcement Administration

The mission of the DEA is to enforce the controlled substances laws and regulations of the United States; bring to justice those organizations and principal members of organizations involved in the growing, manufacturing, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets. The DEA’s programs and activities support the following *Strategy* goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 7: Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.
- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.
- Goal 9: Illicit drug are less available in the United States as reflected in increased price and decreased purity as measured by price per pure gram.

DEA contributes to achieving these goals through conducting activities in the areas of prevention and reducing drug availability.

Prevention

360 Strategy—DEA’s 360 Strategy involves coordinated law enforcement, diversion control, and community outreach efforts to tackle the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the growing problem of prescription opioid and heroin abuse in United States cities. By 2019, the 360 Strategy had been implemented in 20 United States cities. DEA has partnered with Discovery Education, a division of Discovery Communications, to develop and distribute a prescription opioid and heroin education curriculum (Operation Prevention) to middle and high school students, their teachers, and parents.

Key Operation Prevention statistics, as of September 30, 2019 include more than:

- 90,000 downloads of the lesson plans to educate more than 5.3 million students;
- 1.9 million students educated through Virtual Field Trips; and
- 246,000 students educated through a self-paced prevention module.

Reducing Drug Availability

The following activities undertaken by DEA reduce the availability of foreign-sourced illicit drugs in the United States.

Priority Targeting Program—DEA personnel assigned to foreign offices focus their investigative efforts on DEA Priority Target Organizations (PTOs), some of which connect to DOJ’s CPOTs. As of the end of FY 2019, there were 67 organizations on the CPOT list. DEA’s ultimate objective is to dismantle these organizations in a manner so they may not be reestablished, and eliminate the source of the drug. DEA primarily accomplishes the disruption or dismantlement of CPOT-linked organizations via bilateral investigations with host nation counterparts as well as multi-agency coordination.

Drug Flow Attack Strategy—in order to disrupt the flow of drugs, money, and chemicals into the United States, DEA has developed the Drug Flow Attack Strategy (DFAS) and its enforcement arm, Operation All Inclusive. The strategy includes an integrated intelligence-enforcement process that rests on multiple pillars: intelligence-driven enforcement, sequential operations, and predictive intelligence. The primary objective of this strategy is to cause major disruption to the flow of drugs, money, and chemicals between the source zones and the United States. The Southwest Border is an integral part of DFAS because this region is the primary arrival zone for most illicit drugs smuggled into the United States.

International Training Program—DEA’s International Training Program serves as a model for a variety of international law enforcement training efforts. DEA’s International Training Section (TRI) offers courses at the DEA Training Academy in Quantico, Virginia, as well as in-country and regional training programs conducted by four mobile training teams. In-country programs are seminars conducted in a host country and only include participants from that country. Regional training brings together a combination of participants from a number of countries sharing common drug trafficking issues. TRI continually develops new curricula and modifies the specific courses it offers in response to experiences, changes in law enforcement emphasis, current international narcotics trafficking situations, and specific requests from host nation governments. During FY 2019, TRI’s mobile training teams conducted training seminars for over 2,400 foreign law enforcement personnel.

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

Sensitive Investigative Units—DEA’s Sensitive Investigation Units (SIU) program began in 1996 with four participating countries: Bolivia, Colombia, Mexico, and Peru. As of September 30, 2019, DEA managed 15 SIUs comprised of over 1,000 onboard host nation law enforcement officials. SIU members are polygraphed, trained, and receive monthly salary supplements from DEA. These units have enhanced DEA’s ability to dismantle TCOs worldwide as DEA-mentored units conduct counterdrug operations throughout their countries, develop networks of confidential sources, and gather intelligence leads from wire intercepts.

Evaluation Plan and Performance Measures

The table below presents performance metrics for FY 2018 and 2019 with respect to DEA’s success at disrupting and dismantling foreign PTOs. In FY 2019, DEA exceeded the target for dismantling foreign PTOs linked to CPOTs, but fell slightly short of the targets for disrupting PTOs linked to CPOTs and dismantling PTOs linked to CPOTs and to a greater extent disrupting PTOs not linked to CPOTs.

AOR	Foreign PTO Measures	FY18 EOY Actuals	FY19 EOY Actuals	FY19 EOY Targets	FY20 EOY Target
International Enforcement	Number of Foreign PTOs <u>linked</u> to CPOTs disrupted	20	11	18	19
	Number of Foreign PTOs <u>linked</u> to CPOTs dismantled	11	17	12	13
	Number of Foreign PTOs <u>not linked</u> to CPOTs disrupted	98	70	105	107
	Number of Foreign PTOs <u>not linked</u> to CPOTs dismantled	49	51	54	55
	Number of active Foreign PTOs <u>linked</u> to CPOTs	114	108	85	85
	Number of active Foreign PTOs <u>not linked</u> to CPOTs	454	404	270	270

Almost all DEA investigations touch the internet in some form, from basic communication and social media to more complex issues such as crypto-currencies and the Dark Web.

Cyber Support Section—DEA’s Cyber support section serves as the center of expertise to support DEA’s growing need for technical guidance when conducting investigations in the cyber realm. The section’s key tasks are providing support to investigations, coordinating with other DEA stakeholders, providing training and outreach, developing and managing cyber capabilities, and maintaining strategic assessments of the latest cyber threats posed by TCOs.

Pharmaceutical, Chemical and Internet Section (OSI)—contributing to the opioid epidemic in the United States is the accessibility and convenience of the illicit drug trade on the Dark Web, where a variety of illicit drugs can be purchased and delivered directly to consumers through the mail. OSI provides operational support, case coordination and de-confliction for all domestic and foreign investigations focusing on cyber trafficking, precursor chemicals and pharmaceutical/synthetic investigations. OSI is the initial point of contact on investigations pertaining to websites, e-mail and other Internet-related methods of communications.

A major focus of DEA’s activities is the disruption and dismantlement of PTOs with the ultimate goal of reducing the availability of illicit drugs in the United States.

Priority Targeting Program—DEA personnel assigned to domestic and foreign offices focus their

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investigative efforts on PTOs, which engage in the highest levels of drug trafficking and/or drug money laundering operations that significantly impact international, national, regional, or local drug availability. DEA focuses its resources on PTOs with and without a direct connection to a CPOT. A CPOT is the command and control element of a major international drug trafficking organization and/or money laundering enterprise that significantly impacts the United States drug supply.

DEA's Diversion Control Division (DC) investigative efforts focus primarily on registrant violators of the CSA inclusive of non-registrant criminal enterprises involved in the diversion and trafficking of pharmaceuticals, chemicals, and synthetics. Many of these violators and their criminal counterparts have been identified as PTOs (linked to CPOTs and not-linked to CPOTs).

The objective is to dismantle these organizations so that reestablishment of the same criminal organization is impossible and the source of the drug is eliminated. The disruption or dismantlement of CPOT-linked organizations is accomplished primarily via multi-agency investigations.

Domestic Task Force Program—DEA assigns state and local Task Force Officers (TFOs) primarily to task force groups within Domestic Field Divisions. DEA continuously monitors the task forces to ensure they remain efficient and effective. Through the end of FY 2019, DEA led 292 state and local task forces. Moreover, these task forces consisted of an on-board strength of 2,409 Special Agents and 2,955 TFOs, all of whom are deputized with Title 21 authority and dedicated full-time to investigate major TCOs and address local trafficking problems.

Special Operations Division—the Special Operations Division (SOD) is a DEA-led, multi-agency operational coordination center with participation from 35 law enforcement agencies, including foreign participation from the United Kingdom, Australia, New Zealand and Canada. Emphasis is placed on major drug trafficking and terrorist organizations financed by drug profits, which operate across jurisdictional boundaries on a regional, national, and international level.

Evaluation Plan and Performance Measures

The table below presents performance metrics for FY 2018 and 2019 with respect to DEA's (both Domestic Enforcement and Diversion Control) success at disrupting and dismantling domestic PTOs. In FY 2019, DEA's Domestic Enforcement fell slightly short of all four of its disrupting and dismantling targets (for both PTOs linked and not linked to CPOTS). Diversion Control also fell slightly short of its disrupting and dismantling targets for FY 2019.

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AOR	Domestic PTO Measures	FY18 EOY Actuals	FY19 EOY Actuals	FY19 EOY Targets	FY20 EOY Target
Domestic Enforcement	Number of Domestic PTOs <u>linked</u> to CPOTs disrupted	77	70	93	98
	Number of Domestic PTOs <u>linked</u> to CPOTs dismantled	49	41	62	65
	Number of Domestic PTOs <u>not linked</u> to CPOTs disrupted	551	530	588	601
	Number of Domestic PTOs <u>not linked</u> to CPOTs dismantled	460	463	507	518
	Number of active Domestic PTOs <u>linked</u> to CPOTs	440	524	450	455
	Number of active Domestic PTOs <u>not linked</u> to CPOTs	3,006	3,022	1,540	1,545
Diversion Control	Number of Diversion PTOs <u>linked</u> to CPOTs disrupted	2	2	N/A	N/A
	Number of Diversion PTOs <u>linked</u> to CPOTs dismantled	4	7	N/A	N/A
	Number of Diversion PTOs <u>not linked</u> to CPOTs disrupted	78	77	83	85
	Number of Diversion PTOs <u>not linked</u> to CPOTs dismantled	148	151	163	167
	Number of active Diversion PTOs <u>linked</u> and <u>not linked</u> to CPOTs	750	889	485	490

Organized Crime Drug Enforcement Task Force

The OCDETF program addresses the *Strategy’s* Goal 8 by engaging in several efforts to disrupt the illicit sale of drugs on the internet and their flow into the country by way of mail and express couriers, and across borders.

OCDETF has long had a strong maritime component dedicated to identifying, disrupting, and dismantling the high-level TCOs using the maritime domain to further their illegal activities. OCDETF’s efforts in the Eastern Pacific and the Caribbean were enhanced with the formal establishment by the Florida/Caribbean OCDETF Region of a regional maritime transportation strategic initiative, specifically tasked with conducting multi-faceted attacks on all levels of the maritime drug trafficking and transportation organizations operating in the Region, the Caribbean, and the Pacific Coast of Colombia, primarily by capitalizing on their main vulnerabilities in communications, transportation and distribution.

The OCDETF Program has identified an increased use of the clear and dark web to facilitate the trafficking of illicit drugs in the United States. TCOs routinely use the Internet, combined with anonymizing software and “Darknet” sites, making it more difficult for law enforcement to identify the base of operations of certain criminal organizations. OCDETF has expanded its priorities to address these activities and leveraged the OCDETF Fusion Center and Special Operation Division capabilities to create counter network analytics and reports to identify entire TCOs leading law enforcement to disrupt and dismantle the organizations.

In FY 2016 in conjunction with the OCDETF National Heroin Initiative (NHI), OCDETF identified the US Mail hubs and express couriers as a significant weakness/gaps in our strategic efforts to interdict illicit opioids being shipped into our country. OCDETF has taken steps to address this gap. First, we prioritize efforts and provided resources to facilitate the identification of illicit packages for interdiction with Homeland Security Investigations (HSI), United States Customs and Border Protection (CBP) and the Drug Enforcement Administration (DEA). Additionally, the United States Postal Investigation Service

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(USPIS) was added as a full member of the OCDEF Program in order to allow it to fully utilize the OCDEF resources in addressing these threats.

Office of Justice Programs

OJP contributes to the achievement of the following *Strategy* goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
- Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.

The Bureau of Justice Assistance (BJA) is the administering agency for the Comprehensive Opioid Abuse Program (COAP) on behalf of DOJ. COAP supports Goal 1 of reducing the number of Americans dying from a drug overdose in the next five years by funding diversion programs led by law enforcement, including the provision of \$10 million for Law Enforcement Assisted Diversion programs, as well as diversion programs led by other first responders. COAP also supplies funding for in-custody treatment and reentry services to reduce overdose deaths as individuals leave jails and prisons.

Evaluation Plan and Performance Measure

The following tables provide performance metrics for OJP/BJA efforts to support the Strategy's Goals. BA fell short of achieving its FY 2019 target of the percentage of individuals receiving SUD treatment retained in treatment for greater than 30 days.

COAP Program			
Selected Measures of Performance	FY 2018 Actual	FY 2019 Target	FY 2019 Actual
Percentage of individuals receiving SUD treatment retained in treatment for greater than 30 days.	37%	35%	30%
Number of outreach, prevention, or awareness activities that target youth/youth-serving organizations.	Data not collected in FY 2018	N/A ⁷	40

In addition, the Office of Juvenile Justice and Delinquency's Juvenile Drug Treatment Court Program, Family Drug Court Program, Youth Mentoring Program and Opioid Affected Youth Initiative also support Goal 2. These programs provide the field with education on the risks of opioid and other drug use to the public/youth. This is accomplished through utilizing national training and technical assistance providers to provide the treatment community with the necessary skills to convene and transfer knowledge through targeted SUD treatment opportunities.

⁷ The FY 2019 Target is not established because BJA began collecting this data in FY 2019. Once additional data is collected from grantees, a target can be established for FY 2020.

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COAP/Office of Juvenile Justice and Delinquency's Programs Measures			
Selected Measures of Performance	FY 2018 Actual	FY 2019 Target	FY 2019 Actual
Percentage of participants exhibiting an increased knowledge as a result of the training or technical assistance	92.5%	93%	TBD
Percentage of participants who have applied their knowledge as a result of the training or technical assistance	New Measure	88% (based on actual from the substitute measure described below) ⁸	TBD

To accomplish Goal 3, COAP funding is used to provide assistance to states, units of local government, and Indian tribal governments to fund MAT and other recovery support services. BJA also funds peer learning opportunities for sites that want to learn from other sites that have established effective in-custody and community-based MAT so they can learn how to overcome common obstacles. The Adult Drug Court Discretionary Grant Program provides financial and technical assistance to states, state courts, local courts, units of local government, and Federally-recognized Indian Tribal governments to develop and implement drug courts and Veterans treatment courts.

COAP/Drug Courts Program Measure			
Selected Measures of Performance	FY 2018 Actual	FY 2019 Target	FY 2019 Actual
Percentage of Drug Court and COAP-funded programs that offer MAT to participants receiving substance use treatment	72%	75%	75%

BJA administers the Harold Rogers Prescription Drug Monitoring Program, which funds the PDMP portion of COAP. To support Goal 4 Harold Rogers PDMP grant funds can be used, in part, to fund prescriber education and training on how to use PDMPs to inform clinical practice, so prescribers may have awareness of the risks and benefits of opioid use and to assure stakeholders are aware of the proven opioid reduction strategies and how to implement these strategies.

PDMP Program			
Selected Measures of Performance	FY 2018 Actual	FY 2019 Target	FY 2019 Actual
Percentage of licensed prescribers that have been formally trained to use PDMP systems	19%	26%	26%

BJA administers the Harold Rogers Prescription Drug Monitoring Program, which funds the PDMP

⁸ Note: this measure does not currently exist, but OJP is implementing it. To develop the target, OJP used data from a similar measure (“Percent of organizations reporting improvements in operations based on training and technical assistance received.”)

portion of COAP. The program supports Goal 6 since COAP funds are being used by some grantees to fund interoperability between PDMPs and electronic health records or health information exchanges. BJA also continues to support the RxCheck hub to facilitate interstate and intra-state PDMP data sharing.

COAP/Harold Rogers PDMP			
Selected Measures of Performance	FY 2018 Actual	FY 2019 Target	FY 2019 Actual
Number of states that integrate electronic health records (EHRs) into their PDMPs	15	19	15

United States Attorneys

The 93 USAs are vital participants in the *Strategy* and are working tirelessly to reduce overdose deaths across the country. The USAOs work in conjunction with law enforcement agencies to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. A core mission of each of the USAs is to prosecute violations of federal drug trafficking, controlled substances, money laundering, and related Federal laws to deter continued illicit drug distribution and use in the United States. USAs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities. In recent years, USAs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths during this decade. USAs’ effort support the following *Strategy* Goals:

- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

Evaluation Plan and Performance Measures

In support of the *Strategy*’s Goal 8, the USA will track the following performance measurement:

- The rate of favorable resolution (e.g., convictions or government-endorsed dismissals) for defendants charged with offenses related to drug trafficking.

United States Marshals Service

The USMS drug interdiction efforts center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations, as well as to those primarily responsible for the Nation’s illegal drug supply. In order to contribute to the Administration’s mandate to reduce the illegal drug supply, the USMS focuses its investigative and fugitive apprehension resources on coordinated, nationwide investigations targeting the entire infrastructure of major drug trafficking. The USMS also directly contributes to the Administration’s supply reduction efforts by maintaining the security of all in-custody prisoners with serious drug-related charges. The USMS supports the following *Strategy* Goal:

- Goal 9: Illicit drugs are less available in the United States as reflected in increased price and decreased purity as measured by price per pure gram.

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The USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, the USMS does not have drug-specific performance targets. However, the USMS uses drug-related workload data to capture the USMS’ effort toward implementing the *Strategy*. The USMS collects the “Percent of Warrants Cleared for Drug-Related Charges” to show the number of drug warrants cleared each year by our fugitive mission. In FY 2018, USMS cleared 28.9 percent of warrants on drug-related charges. In FY 2019, USMS cleared 28.0% percent of these warrants. Because the USMS does not control the nature of warrants it pursues and does not target fugitives based on the type of felony alleged (financial, drug, armed robbery), the USMS does not establish targets for these measures.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

**Drug Control Funding
FY 2019 - FY 2021**
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Justice:			
Assets Forfeiture Fund	222.8	236.3	243.2
Bureau of Prisons	3,527.5	3,600.6	3,592.6
Criminal Division	38.0	42.6	44.8
Drug Enforcement Administration (Includes HIDTA in FY 2019) ¹	2,661.1	2,702.6	3,113.3
Organized Crime Drug Enforcement Task Force	560.0	550.5	585.1
Office of Justice Programs	510.4	551.7	429.7
U.S. Attorneys	81.4	89.2	94.9
Unites States Marshals Service	851.4	875.7	933.0
Total DOJ	8,452.5	8,649.1	9,036.6

¹ The FY 2021 President’s Budget requests \$254 million in High Intensity Drug Trafficking Area funding in the Drug Enforcement Administration appropriation. The program is currently funded in the Office of National Drug Control Policy.

Department of Labor

The Department of Labor (DOL) has two bureaus that are part of the drug control program: the Employment and Training Administration (ETA) and the Office of Workers' Compensation Programs (OWCP). The mission, activity, evaluation plan and performance measures, and resources for both are discussed in the following sections.

Employment and Training Administration

The ETA oversees two programs that contain drug-related components, the Job Corps program and the National Dislocated Worker Grants (DWG). The ETA's activities support the following *Strategy's* Goals:

- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

The Job Corps program is a comprehensive, primarily residential, academic and career technical training program for economically disadvantaged youth, ages 16-24. There are currently Job Corps centers in all 50 States, Puerto Rico, and the District of Columbia providing services to at-risk youth to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program, which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

DWGs, formerly known as National Emergency Grants, are discretionary grants awarded by the Secretary of Labor, under Section 170 of the Workforce Innovation and Opportunity Act (WIOA). This funding temporarily expands capacity to serve dislocated workers, including military service members, and meet the increased demand for WIOA employment and training services, to reemploy laid off workers and enhance their employability and earnings. Disaster Recovery DWGs provide funding to create temporary employment opportunities to assist with recovery efforts, when an area is declared eligible for public assistance by a Federal agency with authority or jurisdiction over Federal response to the emergency or disaster. HHS's declaration and subsequent renewals of the opioid crisis as a public health emergency permits DOL to award Disaster Recovery DWGs.

Job Corps continues to support its drug prevention and education activities throughout the program. These activities include the numerous group presentations on drug prevention conducted at all centers, and individual interactions with students who initially tested positive for drug use upon entry. These activities are repeated across all Job Corps centers as a critical component of preparing students for 21st century jobs.

Job Corps also leverages its drug awareness education training for center staff through the expanded use of information technology. The program provides webinars and training sessions to assist staff in identifying the physical symptoms and signs of drug abuse, recognizing drug paraphernalia, becoming familiar with privacy and confidentiality rules for relevant records, and with the medical, social and oral health implications of SUDs.

These efforts help prevent illicit drug use and reduce the negative health and social consequences of drug use in the United States.

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Evaluation Plan and Performance Measures

The performance measure for ETA's Job Corps programs is the percent of students tested for drugs upon entry into the Job Corps program. The FY 2018 target was 100 percent; in FY 2018, ETA achieved this goal, testing 100 percent of students upon entry into the Job Corps program.

The performance measures for DWGs include: (1) number of people served; (2) employment rate, second quarter after exit, and (3) employment rate, fourth quarter after exit. The first grants the Department awarded were in July 2018. These grants have periods of performance that extend until June 30, 2020. Outcome data from these grants, or from grants awarded in later years, are not yet available.

Office of Workers' Compensation Programs

The Federal Employees' Compensation Act (FECA) program is administered by OWCP. The requested \$7.8 million funding highlighted below is included in the base budget to continue to support acquisition of Pharmacy Benefits Management services and the Prescription Management Unit.

The Pharmacy Benefits Management services will improve the safety, quality, and cost-effectiveness of prescription care provided to claimants. The FECA program will implement this cost-sharing service for use by all Federal departments/agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with the Prescription Management Unit, will enable the program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate. Decreasing opioid use will assist in return-to-work efforts for beneficiaries whose use of certain medication limits activity, leading to greater savings on wage-loss compensation payments. It will also assist the program in certifying the necessity of payments made for medical treatment under the FECA.

These efforts help to prevent illicit drug use and reduce the negative health and social consequences of drug use in the United States.

Evaluation Plan and Performance Measures

In the FECA program, OWCP is already improving the safety and quality of care through prior authorization requirements and reimbursement controls for prescription drugs. Beginning in September 2019, the FECA program introduced new controls limiting all newly prescribed opioids to 7-days, followed by three subsequent 7-day fills for a total of 28 days, after which prior authorization and a Letter of Medical Necessity from the prescriber is required. These controls have reduced compounded drug reimbursements from an average of \$23.1 million per month during the first half of 2016 to less than \$56,000 per month for all of FY 2019. The program will perform ongoing program integrity efforts through data analytics, payment audits, and improper payment reporting which support the President's Management Agenda priority of improving access and use of data by providing high quality and timely information to inform evidence-based decision-making and the Secretary's initiative to reduce improper payments.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

Goals of the *Strategy* that are within their mission areas.

Drug Control Funding
FY 2019 - FY 2021
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Labor:			
Employment and Training Administration	6.0	26.0	26.0
Office of Workers' Compensation Programs	7.8	7.8	7.8
Total DOL	13.8	33.8	33.8

Department of State

The Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) and the United States Agency for International Development (USAID) are both part of the drug control program. The mission, activity, evaluation plan and performance measures, and resources for both are discussed in the following sections.

Bureau of International Narcotics and Law Enforcement Affairs

INL is responsible for the Department's counter drug activities. INL's mission is to keep Americans safe at home by countering transnational crime, the cultivation, production, and trafficking of illicit goods, and instability abroad. INL helps countries address these threats by providing assistance to develop and strengthen their counternarcotics, law enforcement, and justice institutions. INL's efforts are directed at reducing the impact of crime and illicit trafficking of drugs, such as coca, opioids, fentanyl and its analogues reaching United States shores. INL's efforts support the following *Strategy Goals*:

- Goal 7: Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.
- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

INL programs advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and other illegal drugs, including synthetic drugs. INL commodity, technical assistance, and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering activities. Training and assistance also support drug use prevention and treatment programs, and projects to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. INL's aviation program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.

Projects funded by INL also improve foreign law enforcement and intelligence gathering capabilities; enhance the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; empower foreign law enforcement to effectively investigate, prosecute, and convict major narcotics criminals; and break up major drug trafficking organizations. INL also provides technical assistance to United States Federal law enforcement authorities working overseas to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives related to counternarcotics in the international arena.

Evaluation Plan and Performance Measures

INL tracks success of their programmatic activities via two performance measures: (1) number of hectares of coca eradicated in Colombia and Peru; and (2) reducing cultivation of opium poppy in Afghanistan by increasing the number of poppy-free provinces and provinces reducing cultivation.

Due to robust INL support, Colombian coca cultivation and cocaine production levels in 2018 decreased for the first time since 2012. With INL support, Colombia has maintained record interdiction levels in 2019, destroying nearly 70 percent more coca base labs and 5 percent more cocaine labs than in the same period in 2018. In 2018 and 2019, the target for hectares eradicated was 25,000. The goal was

exceeded in 2018 and 2019 by a hundred hectares. During the first six months of 2019, Mexican civilian law enforcement agencies seized 9.6 MT of methamphetamine (a 52 percent increase compared to the same period in 2018).

The CY 2019 goal was for 15 of Afghanistan's 34 provinces to be poppy-free and for an additional 10 provinces to reduce cultivation by 10 percent or more in 2019. The number of Poppy Free Provinces (PFP) in 2019 was 13, up from 10 in 2018. There were 20 Provinces Reducing Cultivation (PRC). The United Nations Office on Drugs and Crime (UNODC) observed continued cultivation in almost all opium poppy-growing provinces. Over half of the total national cultivation occurred in Helmand province, with a cultivation of 90,717 hectares. The UNODC Afghanistan Opium Survey states that opium poppy cultivation in Afghanistan covered 163,000 hectares, which represented a 38 percent decrease in 2019 from the 263,000 hectares recorded the previous year. Potential opium production remained the same at 6,400 metric tons.

United States Agency for International Development

USAID is the agency responsible for implementing most of the economic and development foreign assistance provided by the United States Government. It receives overall foreign policy guidance from the Secretary of State. USAID advances United States foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's activities support the following *Strategy's* Goal:

- Goal 7: Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.

USAID's programs contribute toward the achievement of this Goal by helping countries develop economically viable alternatives to narcotics production. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improving commercial agricultural production and market linkages in drug production-prone areas and offering farmers incentives to discontinue planting poppy and other illicit crops. USAID also works to improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and grow a viable agribusiness industry. This support incentivizes and facilitates participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key United States partner countries.

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Evaluation Plan and Performance Measures

In 2019, USAID met or exceeded four of its seven performance measures, and nearly achieved the remaining three measures.

United States Agency for International Development		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
Hectares of alternative crops targeted by USG programs under cultivation (Peru)	77,000	70,853
Total sales of licit farm and non-farm products in USG assisted areas (Peru)	\$59,000,000	\$66,625,359
Percentage of female participants in USG-assisted programs designed to increase productive economic resources	35	46
Number of rural households benefiting directly from USG interventions (Colombia)	10,000	44,667
Value of smallholder incremental sales of licit agricultural products with USG assistance (Colombia)	\$9,500,000	\$8,830,207
Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)	5,148	11,374
Number of families benefiting from alternative development (AD) activities in the Andean region (Peru)	45,000	44,035

During FY 2019, USAID’s efforts in Colombia strengthened legal economies in rural, post-conflict-affected areas by increasing the competitiveness of licit producers and the value of licit products, with a focus on agricultural value chains and market analyses. USAID also offers technical assistance to rural producers and organizations to improve the productivity of licit crops.

USAID/Colombia's encouraging performance with the value of sales indicator is partly a result of the Mission’s effort to entice the private sector to increase investments in rural areas. Assistance has also helped local organizations become effective and reliable partners with public and private sector actors in the planning and implementation of socio-economic development initiatives.

While overall cocaine supply increased in Peru, the number of hectares of coca remained low in geographic areas where USAID carried out Alternative Development (AD) programs in combination with eradication (regions of San Martin, Huánuco, Ucayali, and Pasco). At the national level, coca cultivation increased between 2017 and 2018 by nearly 2,000 hectares according to the United States Government. The United States Government recorded the majority of the increases where the Peruvian counter narcotics model (alternative development, interdiction, and eradication) has not been fully implemented.

NATIONAL DRUG CONTROL STRATEGY: NATIONAL DRUG CONTROL ASSESSMENT

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

**Drug Control Funding
FY 2019 - FY 2021
(\$ millions)**

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of State¹:			
Bureau of International Narcotics and Law Enforcement Affairs	412.5	381.6	441.4
United States Agency for International Development	78.5	70.5	79.0
Total DOS	491.0	452.1	520.4

¹ Funding for FY 2020 and FY 2021 are based on mechanical calculations that do not reflect decisions on funding priorities.

Department of Transportation

The Department of Transportation (DOT) has two bureaus that are part of the drug control program: Federal Aviation Administration (FAA) and the National Highway Traffic Safety Administration (NHTSA). The mission, activity, evaluation plan and performance measures, and resources for both are discussed in the following sections.

Federal Aviation Administration

The FAA has three organizational units that contribute to the *Strategy*:

- The Air Traffic Organization monitors the Air Defense Identification Zone, an area of airspace within which the identification, location, and control of aircraft is required in the interest of national security;
- The Aviation Industry Substance Abuse Program is responsible for ensuring that industry implements and maintains their own drug testing programs, and investigates alcohol or drug rule violations among industry employees; and
- The Office of Security and Hazardous Materials Safety (ASH) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all Federal, state, and local law enforcement agencies engaged in drug interdiction efforts.

These three FAA programs support the following *Strategy* Goals:

- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.

The Aerospace Medical Education Division (AAM-400) produces a brochure, *Opioid Epidemic and Aviation*, to inform Aviation Medical Examiners (AMEs) and airmen of the dangers of opioids. The brochure educates the public by explaining the dangers of opioid use in the aviation environment, and the consequences for an airmen when opioids are used, thereby increasing the prevention of illicit drug use.

FAA's air traffic controllers staffing Air Route Traffic Control Centers, the DEA, and the USCG all monitor the Air Defense Identification Zone for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, FAA controllers support DEA/USCG interdiction efforts by providing radar vectors to track aircraft of interest time of arrival, traffic advisory information, and last known positions to intercept aircraft.

ASH supports the DEA, CBP, ICE and other law enforcement agencies in their efforts to interdict narcotics smuggling, within the United States as well as collaborating with foreign entities on aircraft narcotics smuggling.

Evaluation Plan and Performance Measures

The FAA's Law Enforcement Assistance Program (LEAP) Special Agents take enforcement action against airman certificate holders convicted of use or transportation of illegal substances. As of June 2019, FAA LEAP Special Agents responded to 4,799 requests from law enforcement and other agencies for information regarding airmen/aircraft in support of criminal investigations.

The FAA initiates regulatory investigations on 95 percent of all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement (the 2018 target for this measure was 95%). The FAA initiates regulatory investigations on 95 percent of all aircraft involved in illegal activity within 30 days of knowledge of that activity. As a result, law enforcement agencies were able to identify and act against individuals involved in criminal activities that affect the safety and security of the National Airspace System.

National Highway Traffic Safety Administration

NHTSA's mission is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and enforcement activity. For decades, NHTSA has researched the relationship between drug use and driving safety, and provided programmatic support for drug-impaired driving prevention and law enforcement efforts. In both the 2018 and 2019 Consolidated Appropriations Acts, Congress authorized \$5 million and \$7 million, respectively, in additional highway safety funding to NHTSA to enhance its drug-impaired driving work. NHTSA's efforts support the following *Strategy Goals*:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.
- Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

In support of Goal 1, NHTSA's Office of Emergency Medical Services' (EMS) program contributes to success in reducing the negative health and social consequences of drug use in the United States by improving EMS treatment and surveillance of fatal and non-fatal opioid overdose patients. NHTSA's National Medical Services Information System (NEMSIS) data standard allows local communities and states to receive EMS data in near-real time, including information on fatal and non-fatal overdoses. The NEMSIS data standard also enables linkage of EMS records with hospital records, PDMPs, and other sources of health information.

In support of Goal 2 and in reaction to the legalization of marijuana for recreational and therapeutic use by some states, the opioid epidemic, and the increased use of other licit and illicit drugs, NHTSA engaged in a number of initiatives to educate the public and combat drug-impaired driving on America's roads. In August 2018, NHTSA launched the campaign: *If You Feel Different, You Drive Different*. National TV and radio ads in English and Spanish – supported by paid social media messaging, infographics and banner ads – ran throughout a high-visibility enforcement period with dual messages to deter impaired drivers: *Drive Sober or Get Pulled Over* and *Drive High, Get a DUI*. From late September until mid-November 2019, NHTSA's public awareness campaign focused on the dangers of driving while using over-the-counter and prescription drugs including opioids. Social media and radio ads reminded people not to operate heavy machinery, like their car, until they know how their medication affects

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them because *There's More Than One Way to be Under the Influence*.

Among the best tools to combat drug-impaired driving are Advanced Roadside Impaired Driving Enforcement (ARIDE) and Drug Recognition Expert (DRE) training for law enforcement officers to observe, identify, and articulate the signs of impairment related to drugs. Currently, there are over 8,200 certified DREs in all 50 States, the District of Columbia and Guam; approximately 1,500 DRE instructors; and a DRE Coordinator in every state.

In support of Goal 3, NHTSA engages in activities to support appropriate adjudication of drug-impaired driving cases within the Criminal Justice System. Appropriate dispositions and referrals to treatment for drug-impaired drivers, including those driving under the influence is a crucial objective in support of NHTSA's mission.

NHTSA supports the National Center for Driving While Intoxicated (DW) Courts (NCDC) in its efforts to increase the number of DWI courts that support treatment for alcohol- and drug-impaired drivers across America with the goal of long-term sobriety and reduced risk to public safety. DWI courts follow the well-established drug court model by providing individualized treatment, supervision and accountability plans for repeat DWI offenders based on their risk level and needs. In addition to expansion efforts, NHTSA funding helps NCDC provide training and technical assistance to new and existing courts.

Evaluation Plan and Performance Measures

NHTSA's performance metrics, including output data in support of this goal include:

EMS personnel administered naloxone 244,588 times to patients of all ages in 2016, according to NHTSA's National EMS Database, which uses the NEMSIS data standard. As of November 2019, 42 States, the District of Columbia, the United States Virgin Islands, and Guam are actively submitting NEMSIS data to NHTSA's National EMS Database.

Earned social media efforts for the *If You Feel Different, You Drive Different* campaign continued through September 2018, garnering more than 4.3 million impressions.

More than 700 courts self-identify as DWI or Hybrid DWI/Drug courts, and 241 of them completed training through NCDC between 2009 and 2018.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureaus to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

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Drug Control Funding
FY 2019 - FY 2021
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of the Transportation:			
Federal Aviation Administration	32.3	35.4	38.0
National Highway Traffic Safety Administration	18.9	6.7	6.7
Total DOT	51.2	42.1	44.7

Department of the Treasury

The Department of the Treasury (Treasury) has one bureau, the Internal Revenue Service (IRS) that is part of the drug control program. The mission, activity, evaluation plan and performance measures, and resources for the IRS are discussed in the following sections.

Internal Revenue Service

The mission of the IRS' Criminal Investigation (CI) Division is to investigate potential criminal violations of the Internal Revenue Code and related financial crimes. IRS CI focusses its counter-narcotics resources on investigating individuals and TOC groups involved in illegal drug trafficking, cyber-crime, and other financial fraud schemes in order to reduce or eliminate the financial gains (profits) of major narcotics trafficking and money laundering organizations using unique financial expertise and statutory jurisdiction. IRS CI supports the following *Strategy Goals*:

- Goal 7: Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.
- Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet and stopping their flow into the country through the mail and express courier environments, and across our borders.

In support of Goal 7, IRS CI provides expertise and resources to both the OCDETF and High Intensity Drug Trafficking Areas (HIDTA) programs. IRS CI's highest priorities working in the Interagency Crime and Drug Enforcement (ICDE) program is TOC, Third Party Money Laundering (3PML), and investigating high-level traditional money laundering methods in illegal narcotics trafficking. IRS CI focuses on dismantling and disrupting major TOC/3PML organizations and forfeiting their illegal profits while targeting emerging narcotics related financial schemes. TOC and/or International Organized Crime is organized crime coordinated across national borders, involving groups of individuals working in more than one country to plan and execute illegal business ventures, while protecting their activities through a pattern of corruption and/or violence.

In support of Goal 8, IRS CI primarily works cyber-enabled crime, but overlaps into cyber-dependent investigations when partnering with other law enforcement agencies. As with all types of crimes within IRS CI's area of responsibility, special agents working cybercrimes investigations should deploy the same "follow the money" methodology that made IRS CI's involvement in complex investigations a mainstay since its creation. This entails a high priority on the financial transactions involved in cybercrime and those actions affecting the tax ecosystem. IRS CI agents focus investigative efforts on cases involving virtual/cryptocurrency tax violations and money laundering, cyber-identity theft, account takeovers and terrorism financing using cyber-related techniques.

Evaluation Plan and Performance Measures

The performance results for FY 2014 through FY 2018 are shown below:

Selected Measures of Performance	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Investigations Completed	862	1039	788	693	767
Convictions	584	601	695	542	483
Conviction Rate	91%	92.0%	90.6%	87.4%	89.6%

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IRS CI calculated its year-end performance using the status date of investigations. The results for FY 2019 are shown below:

FY 2019 Narcotics Targets & Performance	FY 2019 Narcotics Targets	FY 2019 Narcotics Performance Results
Investigations Completed	830	667
Convictions	581	448
Conviction Rate	90.1%	90.3%

The decrease in the performance targets is due to the reduction in CI special agent staffing and that agents are being directed to work the most complex investigations, which focuses resources on fewer but more significant investigations.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureau to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

**Drug Control Funding
FY 2019 - FY 2021
(\$ millions)**

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of the Treasury:			
Internal Revenue Service	61.8	60.3	60.3

Department of Veterans Affairs

The Department of Veterans Affairs (DVA) has one bureau, the Veterans Health Administration (VHA), that is part of the drug control program. The mission, activity, evaluation plan and performance measures, and resources of the VHA are discussed in the following sections.

Veterans Health Administration—VHA's mission statement is "Honor America's Veterans by providing exceptional care that improves their health and well-being." Care for Veterans with mental illnesses and SUDs is an important part of overall health care. The goal of VHA's Office of Mental Health and Suicide Prevention is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with substance use disorders and mental illness, those who are vulnerable to substance use disorders and those who are in continuing care to sustain recovery. VA has policies, programs, and/or initiatives in place that support the following *Strategy* Goals:

- Goal 1: The number of Americans dying from a drug overdose is significantly reduced within 5 years.
- Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.
- Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.
- Goal 5: Reduce nationwide opioid prescription fills.
- Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.

VA is a national leader in providing evidence-based SUD care to enrolled patients and is continually innovating to further improve access. VA offers a comprehensive continuum of specialty care serving over 170,000 Veterans in specialty SUD treatment programs and supporting treatment and engagement outside of SUD specialty care with a focus on engaging Veterans where they present for care. This includes the provision of evidence-based psychosocial treatments and pharmacotherapy in general mental health, primary care, and pain management settings.

Specific to the *Strategy's* Goals, the Uniform Mental Health Services Handbook specifies SUD services that must be made available to all Veterans in need of them. MAT, including office-based treatment with buprenorphine and extended-release injectable naltrexone, is accessible to patients seen at 100 percent of VA Medical Centers.

Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT)—MAT has historically been provided in SUD specialty-care clinics, but the majority of Veterans with clinically diagnosed OUD do not access SUD specialty care. VA launched SCOUTT in August 2018 with the intent of supporting the expansion of MAT in Level 1 clinics (i.e., primary care, general mental health and pain management clinics). Pilot sites in each Veterans Integrated Service Network implemented this expansion during FY 2019. From August 2018 through October 2019 there has been a 141 percent increase in the number of patients receiving buprenorphine in the initial pilot Level One clinics and 130 percent increase in the number of providers prescribing buprenorphine in these clinics.

Opioid Overdose Education and Naloxone Distribution—the VA Opioid Overdose Education and Naloxone Distribution (OEND) program decreases opioid-related overdose deaths among VHA patients

by providing education on opioid overdose prevention, recognition of opioid overdose, and training on the rescue response, including provision of naloxone. FDA-approved layperson naloxone formulations (nasal spray and auto-injector) are on the VA National Formulary and are currently available through every VHA facility. VHA recommends offering OEND to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated.

In an effort to ensure timely access to naloxone for emergency responding, VHA launched a Rapid Naloxone Initiative in September 2018 consisting of three elements: (1) OEND to VA patients at-risk for opioid overdose, (2) VA Police Naloxone, and (3) Automated External Defibrillator (AED) Cabinet Naloxone. As of April 2019, 116 facilities have equipped their Police with naloxone and 56 facilities have deployed naloxone in AED Cabinets.

Opioid Safety Initiative—the purpose of the Opioid Safety Initiative (OSI) is to ensure pain management is addressed thoughtfully, compassionately, and safely to make the totality of opioid use visible at all levels in the organization. VA has been recognized by many as a leader in the pain management field for the responsible use of opioids. Notably, VA has organized many types of interdisciplinary pain care teams to help with medication safety, patient education, pain schools, cognitive behavioral therapy and helping patients transition from a biomedical to a biopsychosocial model of pain care. As VA continues its efforts to address opioid overuse, non-opioid treatments and complementary and integrative medicine treatments (such as massage therapy, yoga, meditation, occupational therapy, physical therapy, recreational therapy, acupuncture, tai chi) are an important component to VA's Pain Management Strategy.

Prescription Drug Monitoring Program—VA supports the exchange and integration of state PDMP data into EHRs. Many states and providers already engage in EHR interchanges. Section 134 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MISSION Act) of 2018 grants Federal supremacy to VA providers and authorized delegates to query and access all PDMP databases regardless of state of licensure or practice. This practice will enhance the ability of providers to address issues related to opioid prescribing and also encourage the consideration of other health and safety risks brought on by multi-provider prescribing. Additionally, this assists sites in making great strides towards allowing clinicians to perform a full medication reconciliation in alignment with the Joint Commission, 2020 National Patient Safety Goal (NPSG.03.06.01) to maintain and communicate accurate patient medication information.

Evaluation Plan and Performance Measures

During FY 2019, VA provided services by mental health clinicians in a variety of outpatient settings to roughly 85 percent (219,215) of Veterans with any diagnosis of a drug use disorder. Of the 256,503 Veterans with a diagnosis of a drug use disorder, approximately 17 percent used amphetamines, around 28 percent used cocaine, nearly 28 percent used opioids, and around 52 percent used cannabis.

VA-specific metrics descriptive of agency efforts to support the Nation in meeting the *Strategy* goals are provided below.

1. *The number of Americans dying from a drug overdose is significantly reduced within five years.*

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- Since implementation of the OEND program in 2014, over 22,800 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 338,300 naloxone prescriptions have been dispensed to over 212,200 Veterans (as of November 2019).

3. Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.

- VA is currently at 100 percent of all VA Medical Centers providing access to medication for the treatment of opioid use disorders.
- Of VA providers eligible to obtain a waiver to prescribe buprenorphine (based on the number of prescribers with a DEA license who wrote a prescription during the month of November 2019), 7.8 percent (4,777) have obtained a DEA X-waiver.
- At the end of FY 2019, 40 percent of Veterans clinically diagnosed with opioid use disorder received medication for the treatment of opioid use disorder.

4. Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.

- Since 2016, VA has established mandatory training for providers entitled “Pain Management and Opioid Safety”. During FY 2019, 94.5 percent of VA Providers have completed the mandatory training.

5. Reduce nationwide opioid prescription fills.

- VA’s Opioid Safety Initiative (OSI) was implemented nationwide in August 2013, and is producing the desired results. The basis for the OSI is to make the totality of opioid use visible at all levels in the organization. The OSI includes key clinical indicators such as the number of VA pharmacy users dispensed an opioid. Results of key clinical metrics measured by the OSI from Quarter 4, Fiscal Year 2012 (beginning in July 2012) to Quarter 4, FY 2019 (ending in September 2019) include the following:
 - 370,441 fewer patients receiving opioids (679,376 patients to 308,935 patients).
 - The desired results of the Opioid Safety Initiative have been achieved during a time that VA has seen an overall growth of 284,974 patients (3,959,852 patients to 4,244,826 patients, a 7.2 percent increase) that have utilized VA outpatient pharmacy services.
- VA has reduced the reliance on opioid medication for pain management by more than 55 percent since 2012, largely by starting fewer patients newly on long-term opioid therapy and by offering pain care options that are safer and more effective in the long run. The majority of the decline in VA opioid prescriptions is not due to Veterans “getting by” with fewer opioids, but by following a Stepped Care Model for Pain treatment addressing the causes of pain with fewer Veterans requiring the initiation of long-term opioid therapy. VA has been recognized by many as a leader in the pain management field for the responsible use of opioids.

6. Increase Prescription Drug Monitoring Program interoperability and usage across the country.

- VA staff are required to perform PDMP checks of their applicable patients and state databases and record in the patient’s electronic record. As of December 2019, 88.97 percent of current Long-Term Opioid Therapy Veterans had a PDMP check documented within the last 365 days.

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- From Quarter 3, Fiscal Year 2013 (ending in June 2013) to Quarter 4, Fiscal Year 2019 (ending September 2019), VA providers have documented over 5.8 million queries to State Prescription Drug Monitoring Programs to help guide treatment decisions.

Resources

The table below displays the resources requested in FY 2021 (and the enacted amounts for FY 2020 and FY 2019) to enable the Department and its relevant bureau to make progress toward achieving the Goals of the *Strategy* that are within their mission areas.

Drug Control Funding
FY 2019 - FY 2021
(\$ millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Veterans Affairs:			
Veterans Health Administration	818.3	850.6	903.0

CONCLUSION

The *National Drug Control Strategy* presents the Nation with nine Goals to achieve by 2022 in the areas of drug prevention, treatment, availability, and consequences. The leading Goal focuses on reducing drug-related deaths, the most severe consequence of the current drug epidemic. This first annual *National Drug Control Assessment* presents a summary of the progress achieved this past year by each National Drug Control Program Agency in accomplishing the *Strategy's* Goals and other indicators of success and the resources they have available to continue making progress in the coming year. In conjunction with the *National Drug Control Strategy: Performance Reporting System*, which reports on the progress of the combined efforts of drug control agencies toward achieving the *Strategy's* Goals, the Nation has a comprehensive and detailed assessment of the Administration's efforts to reduce the use and availability of illicit drugs and their consequences.