



NATIONAL DRUG CONTROL STRATEGY

FY2019 BUDGET AND PERFORMANCE SUMMARY

Office of National Drug Control Policy

APRIL 2019

National Drug Control Strategy
FY 2019 Budget and Performance Summary

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Executive Summary

Executive Summary

The President's FY 2019 Drug Control Budget reflects key priorities of the Administration, most notably a commitment to addressing the Nation's opioid epidemic. The non-medical use of opioid medications and heroin and illicit fentanyl (and its analogues) use have taken a heartbreaking toll on many Americans and their families, while straining resources of law enforcement and treatment programs. New data from the Centers for Disease Control and Prevention (CDC) show that opioids—a class of drugs that includes many prescription pain medications, heroin and fentanyl—were involved in 42,249 deaths in 2016.¹ In particular, CDC found a continued sharp increase in heroin-involved deaths and an emerging increase in deaths involving synthetic opioids, such as fentanyl. To better address the challenges facing public health and safety systems, the President is requesting new resources to reduce both the demand for and supply of opioids.

The President's FY 2019 Budget Request supports \$32.0 billion for drug control efforts spanning prevention, treatment, interdiction, international operations, and law enforcement across 14 Executive Branch departments and agencies, the Federal Judiciary, and the District of Columbia. This represents an increase of \$2.6 billion (8.9 percent) over the annualized Continuing Resolution (CR) level in FY 2018 of \$29.4 billion.

Consistent with the recent budget caps agreement and the subsequent 2019 Budget Addendum, the Administration is seeking approximately \$17 billion in opioid-related resources in FY 2019. This estimate includes funding as part of a current level of effort² estimate as well as new and expanded programmatic funding specifically requested to address the opioid epidemic.

The FY 2019 Budget Addendum also includes \$10 billion in discretionary resources in 2019 for the Department of Health and Human Services (HHS) to expand access to prevention, treatment, and recovery support services to combat the opioid epidemic, as well as support for mental health. This request includes funding to support:

- a drug prevention media campaign;
- State grants to respond to the crisis;
- improved first-responder access to overdose-reversal drugs;

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Underlying Cause of Death, 1999-2016 on CDC WONDER Online Database, released 2017. Extracted by ONDCP from <http://wonder.cdc.gov/mcd-icd10.html> on December 21, 2017.

² Drug-specific levels of effort (LOE) were developed by applying drug-specific proportional factors to budget figures. Four drug categories were considered: cocaine, opioids (heroin and prescription pain medications), marijuana, and methamphetamine. For example, drug-specific LOE for the treatment budget were estimated by applying the proportion of treatment admissions for each of the four major drugs.

- surveillance and opioid abuse prevention activities, including improving State-based Prescription Drug Monitoring Programs (PDMPs);
- drug courts;
- treatment services for pregnant and post-partum women;
- regulatory science activities to develop tools to stem the misuse and abuse of opioids;
- multisector, county-level teams in high-risk rural communities to improve access to care and expand treatment and recovery services;
- grants for opioid abuse prevention, treatment, and recovery services in American Indian and Alaska Native communities; and
- an evaluation of the impact of medication-assisted treatment (MAT) on reducing overdose deaths.

In addition to investments outlined here, under the recent two-year budget deal, the Administration is seeking the total \$18 billion request for the border wall, a portion of which is being scored as drug funding. The border wall will assist CBP at the Department of Homeland Security in its efforts to stem the flow of illicit drugs, including heroin and fentanyl, and precursor chemicals across the border.

Within the President's \$32.0 billion request, the Administration is seeking funding to continue and expand current prevention, treatment, and recovery efforts across the Departments of Justice (DOJ), Veterans Affairs (VA), and HHS.

At DOJ, a request for more than \$100 million in funding will continue support for state and local grants that allow jurisdictions to combine treatment and recovery support with the structure and accountability of the justice system, such as drug court and veterans' treatment court programs and the Residential Substance Abuse Treatment program. The President's Budget also requests funding to support the Federal Bureau of Prisons' MAT pilot program, an effort to ensure a successful transition from incarceration to reentry and recovery from opioid use disorder.

At the VA, the Administration continues its efforts to reduce the effects of the opioid epidemic on our Nation's Veterans. VA launched its Opioid Safety Initiative to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management and to ensure pain management is addressed thoughtfully, compassionately, and safely. Since the inception of the initiative in 2012 to the end of 2017, the VA has shown a decrease of nearly 200,000 Veterans under their care who are on long-term opioids.³ The President's Budget request will also support expanded availability of the overdose reversal drug naloxone for Veterans in need.

³ Unpublished estimate provided by the Veterans Health Administration, January 2018

In FY 2019, the VA anticipates spending \$381 million to maintain and expand this progress, working toward the following nine overarching goals:

1. Prescriber education,
2. Drug screening,
3. PDMP usage,
4. Safe and effective tapering practices,
5. Screens for higher-risk patients,
- 6) Improved prescribing practices around long-term opioids,
7. Treatment plan management,
8. Pain management alternatives at all facilities, and
9. Primary and behavioral health care integration for patients with chronic pain.

In FY 2019, HHS is requesting \$500 million to increase support for grant programs and regulatory activities that expand access to treatment, help prevent opioid overdose deaths, and reduce the availability of opioids. Among these programs are grants for expanding access to MAT, training grants for first responders to respond to opioid overdoses, and funds for research and surveillance activities to improve responses to the epidemic.

The President's FY 2019 Budget Request also includes funding to reduce the supply of opioids in our communities. The Drug Enforcement Administration (DEA) is requesting significant increases to target the underlying sources of opioids driving the epidemic.

The DEA request includes new resources to address both the diversion of licit substances and the enforcement of drug control laws that get prescription drugs, heroin, and fentanyl off the streets. Additional resources support eight new enforcement groups, including support personnel and operational funding, to counteract the growing opioid epidemic, increased targeting of the Transnational Criminal Organizations (TCOs) that supply cocaine and methamphetamines to the United States, Diversion Control Program regulatory and enforcement activities, and drug enforcement task forces composed of multiple Federal, State, local, and tribal agencies designed to dismantle and disrupt Drug Trafficking Organizations (DTOs).

FY 2019 Budget by Function and Other Funding Priorities

The consolidated National Drug Control Budget details agency resources by five functional areas—prevention, treatment, domestic law enforcement, interdiction and international—that correspond to commonly understood drug control areas. Table 1 details funding by function.

Table 1: Federal Drug Control Funding by Function
FY 2017 - FY 2019
(Budget Authority in Millions)

Function	FY 2017	FY 2018	FY 2019	FY18-FY19 Change	
	Final	CR	Request	Dollars	Percent
Treatment	\$12,168.7	\$12,529.0	\$14,087.0	+ \$1,558.0	+12.4%
Percent	42.2%	42.7%	44.1%		
Prevention	\$1,572.2	\$1,568.2	\$2,489.6	+ 921.4	+58.8%
Percent	5.5%	5.3%	7.8%		
Domestic Law Enforcement	\$8,982.3	\$9,112.4	\$9,119.6	+ 7.1	0.1%
Percent	31.2%	31.0%	28.5%		
Interdiction	\$4,595.9	\$4,669.4	\$4,909.6	+ 240.2	+5.1%
Percent	16.0%	15.9%	15.4%		
International	\$1,494.2	\$1,475.8	\$1,362.9	- 112.9	-7.6%
Percent	5.2%	5.0%	4.3%		
Total	\$28,813.3	\$29,354.8	\$31,968.6	+ \$2,613.8	+8.9%
Supply/Demand					
Demand Reduction	\$13,740.9	\$14,097.2	\$16,576.6	+ \$2,479.4	+17.6%
Percent	47.7%	48.0%	51.9%		
Supply Reduction	\$15,072.4	\$15,257.6	\$15,392.1	+ 134.5	+0.9%
Percent	52.3%	52.0%	48.1%		
Total	\$28,813.328	\$29,354.787	\$31,968.633	+ \$2,613.8	+8.9%

Note: Detail may not add due to rounding.

ONDCO reports funding by the five functions identified in Table 1, but also aggregates the funding to report funding levels for demand reduction—made up of the Prevention and Treatment functions—and supply reduction—made up of the Domestic Law Enforcement, Interdiction, and International functions. The following sections provide a more detailed description of the drug control functions, Drug Control Program agency funding levels within each drug control function, and an overview of key priorities and funding changes in the drug control budget.

Prevention

Activities conducted by a National Drug Control Program Agency, other than enforcement activities, to discourage the initiation and use of controlled substances while encouraging community outreach efforts to get those who have begun to use illicit drugs to cease their use, including:

- education efforts, including youth mentoring programs and other programs, proven to reduce the risk factors related to drug use;
- drug-free workplace programs;
- drug testing in various settings, including athletic activities, schools and the workplace;
- all other programs (including family based treatment) to communicate the dangers of substance abuse and its consequences; and
- domestic law enforcement efforts that have a direct nexus to education and prevention of drug use among youth and/or the adult population.

Drug Prevention funding levels are reported below (Table 2). Funding for efforts under this function is aggregated under Demand Reduction.

Table 2: Drug Control Prevention Funding

FY 2017 - FY 2019
(Budget Authority in Millions)

	FY 2017	FY 2018	FY 2019	FY18-FY19 Change	
	Final	CR	Request	Dollars	Percent
Court Services and Offender Supervision Agency	\$24.8	\$24.1	\$24.6	+ \$0.5	+2.2%
Department of Defense	118.7	118.1	117.9	- 0.2	-0.1%
Department of Education	48.9	48.7	43.0	- 5.7	-11.7%
Department of Health and Human Services	1,231.1	1,227.6	2,249.6	+ 1,022.0	+83.3%
Department of Justice	8.3	7.7	12.5	+ 4.8	+62.4%
Department of Labor	6.0	6.0	6.0	---	---
Department of the Interior	1.0	1.0	1.0	---	---
Department of Transportation	17.6	20.1	20.2	+ 0.1	+0.6%
Office of National Drug Control Policy	115.8	115.0	14.8	- 100.2	-87.1%
Total, Prevention	\$1,572.2	\$1,568.2	\$2,489.6	+ \$921.4	+58.8%

Note: Detail may not add due to rounding.

Preventing drug use before it starts is a fundamental element of a comprehensive approach to drug control. Federal resources totaling \$2.5 billion are requested to prevent drug initiation among youth, educate people about the consequences of drug use, research new approaches to prevention, and prevent opioid overdose death. This represents an increase of \$921.4 million (59 percent) over the FY 2018 CR level; the major changes to the prevention budget result from the \$1.2 billion requested as part of the President’s budget addendum, which supports activities including a national media campaign, prevention research, prevention of infectious diseases associated with injection drug use, and increased surveillance activities. Also, within this funding is the proposed transfer of the Drug-Free Communities Support Program from the Office of National Drug Control Policy (ONDCP) to the Substance Abuse and Mental Health Services Administration (SAMHSA) at the HHS.

Treatment

Activities conducted by a National Drug Control Agency, other than enforcement activities, focused on assisting regular users of controlled substances to become drug-free and free from the health consequences of the use of illicit drugs and the abuse of alcohol and prescription drugs, and to sustain their recovery long-term, including:

- screening for controlled substances;
- interventions for drug use and dependence;
- rehabilitation and recovery support;
- medical referral;
- drug courts and other community corrections programs that utilize drug testing and swift and certain sanctions to deter future drug use and treat chronic reoccurrence of drug use
- relapse prevention;

- re-entry support for ex-offenders that includes but is not limited to housing, education, employment, and substance and mental health abuse treatment;
- international health care, research, rehabilitation, and interventions for substance abuse and dependence; and
- all other service programs intended to ease the health-related consequences of substance abuse.

SUD treatment funding levels are reported below (Table 3). Funding for efforts under this function are aggregated under Demand Reduction.

Table 3: Drug Control Treatment Funding
 FY 2017 - FY 2019
 (Budget Authority in Millions)

	FY 2017	FY 2018	FY 2019	FY18-FY19 Change	
	Final	CR	Request	Dollars	Percent
Court Services and Offender Supervision Agency	\$32.6	\$32.3	\$32.6	+ \$0.3	+0.8%
Department of Defense	80.0	76.7	77.0	+ 0.3	+0.3%
Department of Health and Human Services	10,404.8	10,744.9	12,232.8	+ 1,488.0	+13.8%
Department of Housing and Urban Development	513.6	494.2	542.2	+ 48.0	+9.7%
Department of Justice	229.0	242.7	242.0	- 0.7	-0.3%
Department of Veterans Affairs	750.4	778.8	806.9	+ 28.1	+3.6%
Federal Judiciary	146.2	147.4	150.5	+ 3.1	+2.1%
Office of National Drug Control Policy	12.0	12.0	3.0	- 9.0	-75.3%
Total, Treatment	\$12,168.7	\$12,529.0	\$14,087.0	+ \$1,558.0	+12.4%

Note: Detail may not add due to rounding.

Treatment and recovery support services are essential elements of reducing drug use and its consequences. The FY 2019 Budget proposes \$14.1 billion, an increase of \$1.6 billion (12.4 percent) over the FY 2018 annualized CR level in Federal funds for early intervention, treatment, and recovery services. The Centers for Medicare and Medicaid Services (CMS) continue to represent the largest single source of treatment services; their estimates represent more than half of the total treatment budget request for FY 2019. Additionally, within the President’s budget addendum is funding across each of the other National Drug Control Program agencies at HHS, including formula grants to expand treatment and recovery services for opioid use disorders, work initiated under the *21st Century Cures Act*. This funding also supports drug court activities, treatment and recovery research, and treatment expansion in areas serving rural and American Indian/Alaska Native populations. At ONDCP, a proposed transfer of the High Intensity Drug Trafficking Areas (HIDTA) program to DOJ will include a small portion of funding supporting treatment.

Domestic Law Enforcement

The Domestic Law Enforcement drug control function consists of drug control investigations; state and local and tribal law enforcement assistance; prosecution; and corrections activities.

Investigative activities are conducted by National Drug Control Program Agencies to develop a prosecutable case against individuals and organizations responsible for the production and distribution of illegal drugs, including efforts to:

- Identify profits and assets from drug-related criminal enterprises in order to seize them;
- Identify leaders and hierarchy of illegal drug and other criminal organizations;
- Gather information of drug-related criminal activity;
- Ensure that legitimate controlled substances are handled, manufactured, and distributed in accordance with Federal laws and regulations; and
- Identify, disrupt, and dismantle drug smuggling in the United States via all other drug law investigative activities.

State and local and tribal law enforcement assistance activities are conducted by National Drug Control Program Agencies that focus on enhancing and coordinating domestic law enforcement efforts toward reducing drug-related violence and property crime and substance use and availability, including efforts among:

- Federal, State, local, and tribal law enforcement;
- National Drug Control Program Agencies; and State, local, and tribal drug control agencies; and
- Federal, State, local, and tribal agencies jointly to promote comprehensive drug control strategies to reduce the availability of illegal substances.

Prosecution activities conducted by National Drug Control Program Agencies to take legal action to enforce Federal drug laws and regulations include efforts to:

- Bring civil or criminal judgment against members of drug trafficking and money laundering organizations;
- Forfeit their assets;
- Divest leaders of their power;
- Extradite, deport, and exclude their members; and
- Prosecute drug traffickers and violators of other drug-related offenses.

Corrections activities conducted by a National Drug Control Program Agency that are associated with the incarceration and/or monitoring of drug-related offenders include Federal assistance for community corrections, such as those related to probation and parole.

Domestic Law Enforcement funding levels are reported below (Table 4). Funding for efforts under this function is aggregated under Supply Reduction.

Table 4: Drug Control Domestic Law Enforcement Funding
 FY 2017 - FY 2019
 (Budget Authority in Millions)

	FY 2017	FY 2018	FY 2019	FY18-FY19 Change	
	Final	CR	Request	Dollars	Percent
Department of Agriculture	\$12.3	\$12.2	\$14.8	+ \$2.6	+21.1%
Department of Defense	256.8	255.4	119.3	- 136.1	-53.3%
Department of Homeland Security	552.1	633.4	602.3	- 31.0	-4.9%
Department of Justice	6,953.9	6,995.3	7,364.8	+ 369.5	+5.3%
Department of the Interior	16.7	16.7	17.9	+ 1.2	+7.4%
Department of the Treasury	60.0	60.3	60.3	---	---
Department of Transportation	2.6	2.4	2.8	+ 0.4	+15.8%
Federal Judiciary	894.9	906.1	932.8	+ 26.7	+2.9%
Office of National Drug Control Policy	233.0	230.7	4.5	- 226.2	-98.0%
Total, Domestic Law Enforcement	\$8,982.3	\$9,112.4	\$9,119.6	+ \$7.1	+0.1%

Note: Detail may not add due to rounding.

Maximizing Federal support for interagency law enforcement drug task forces is critical to leveraging limited resources. A total of \$9.1 billion in Federal resources are requested in FY 2019 to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), an increase of \$7.1 million (0.1 percent) above the FY 2018 annualized CR level. A notable change in domestic law enforcement is the transfer of the HIDTA program from ONDCP to DEA. Additionally, DEA's FY 2019 request includes \$40.5 million and 145 positions for 8 new enforcement groups that will target not only the growing opioid epidemic, but also Mexican TCOs that import significant quantities of heroin, cocaine, methamphetamine, marijuana, and possibly fentanyl into the United States.

Interdiction

The Interdiction drug control function consists of activities by National Drug Control Program Agencies to reduce availability of illegal drugs in the United States or abroad by targeting the transportation link. Interdiction efforts, which encompass intercepting and ultimately disrupting shipments of illegal drugs and their precursors, as well as the proceeds, include:

- Air and maritime seizures and presence to deter access to routes;
- Accurate assessment and monitoring of interdiction programs;
- Enhancement of drug source nations' ability to interdict drugs;

- Efforts along the Nation’s borders to interdict the flow of drugs, weapons, and bulk currency; and
- All other air and maritime activities that promote efforts to disrupt illegal drug trafficking operations.

Drug interdiction funding levels are reported below (Table 5). Funding for efforts under this function is aggregated under Supply Reduction.

Table 5: Drug Control Interdiction Funding

FY 2017 - FY 2019
(Budget Authority in Millions)

	FY 2017	FY 2018	FY 2019	FY18-FY19 Change	
	Final	CR	Request	Dollars	Percent
Department of Defense	\$415.9	\$348.3	\$418.0	+\$69.7	+20.0%
Department of Homeland Security	4,143.6	4,283.4	4,453.7	+ 170.3	+4.0%
Department of Justice	---	---	20.7	+ 20.7	
Department of the Interior	0.4	0.4	0.4	---	---
Department of Transportation	12.5	13.3	13.3	+ 0.1	+0.5%
Office of National Drug Control Policy	23.4	24.0	3.5	- 20.5	-85.5%
Total, Interdiction	\$4,595.9	\$4,669.4	\$4,909.6	+ \$240.2	+5.1%

Note: Detail may not add due to rounding.

The United States continues to face a serious challenge from the large-scale smuggling of drugs from abroad that are distributed to every region of the Nation. In FY 2019, the Administration’s request includes \$4.9 billion to support the efforts of Federal law enforcement agencies, the military, the intelligence community, and our international allies to support collaboration to interdict or disrupt shipments of illegal drugs, their precursors, and their illicit proceeds. The FY 2019 request represents an increase of \$240.2 million (5.1 percent) above the FY 2018 annualized CR level. Among the funding priorities in the interdiction budget, the U.S. Coast Guard is requesting funds to support continued production costs for the Offshore Patrol Cutter (OPC) project as part of the recapitalization of the Coast Guard fleet. The OPC acquisition will bridge the capability gap between the National Security Cutter and Fast Response Cutter (FRC), while replacing the Coast Guard’s fleet of Medium Endurance Cutters. Funding is also requested for four FRCs. With advanced electronics and enhanced operational capabilities, these new FRCs will build on the successes of FRCs in FY 2017—15,833 kilograms of cocaine interdicted in the approaches to the United States. A notable change in interdiction is the transfer of the HIDTA program from ONDCP to DEA.

International

The International drug control function consists of activities conducted by National Drug Control Program Agencies, primarily focused on areas outside of the United States, that reduce illegal drug availability in the United States or abroad, such as:

- Drug law enforcement efforts outside the United States;
- Source country programs to assist our international partners in managing the consequences of drug production; trafficking; consumption in their own societies, including the training and equipping of security forces; raising awareness of science-based practices and programs to prevent, treat, and recover from substance abuse; and supporting economic development programs primarily to reduce the production or trafficking of illicit drugs;
- Assessment and monitoring of international drug production programs and policies;
- Coordination and promotion of compliance with international treaties relating to the eradication of illegal drugs;
- Promotion of involvement of other nations in international law enforcement programs and policies to reduce the supply of drugs; and
- All other overseas drug law enforcement efforts to disrupt the flow of illicit drugs into the United States.

International drug control funding levels are reported below (Table 6). Funding for efforts under this function is aggregated under Supply Reduction.

Table 6: Drug Control International Funding
FY 2017 - FY 2019
(Budget Authority in Millions)

	FY 2017	FY 2018	FY 2019	FY18-FY19 Change	
	Final	CR	Request	Dollars	Percent
Department of Defense	\$488.7	\$486.0	\$499.3	+ \$13.3	+2.7%
Department of Homeland Security	34.2	42.0	45.3	+ 3.3	+7.9%
Department of Justice	466.6	446.5	455.3	+ 8.8	+2.0%
Department of State	500.9	497.5	359.5	- 138.0	-27.7%
Office of National Drug Control Policy	3.9	3.8	3.5	- 0.3	-9.1%
Total, International	\$1,494.2	\$1,475.8	\$1,362.9	- \$112.9	-7.6%

Note: Detail may not add due to rounding.

Illicit drug production and trafficking generate huge profits and are responsible for the establishment of powerful and corrosive criminal enterprise networks that destroy the lives of individuals, tear at the social fabric, and weaken the rule of law in affected countries. In FY 2019, \$1.4 billion is requested for international drug control efforts, a decrease of \$112.9 million (7.6 percent) below the FY 2018 annualized CR level. These funds are

requested to support the efforts of the United States Government and our international partners around the globe to meet the challenges of illicit trafficking of all drugs, including synthetics and precursors, and illicit substance use. Of note is the almost 30 percent reduction in funding for Department of State’s (DOS) drug control activities. This reduction reflects adjustments across the Department.

Table 7 presents the drug control funding levels reported by all of the Drug Control Program agencies reporting funding to ONDCP by agency and by fiscal year.

Table 7: Federal Drug Control Spending by Agency
 FY 2017 - FY 2019
 (Budget Authority in Millions)

Department/Agency	FY 2017 Final	FY 2018 CR	FY 2019 Request
Department of Agriculture:			
U.S. Forest Service	\$12.3	\$12.2	\$14.8
Court Services and Offender Supervision Agency for D.C.:	\$57.4	\$56.3	\$57.1
Department of Defense:			
Drug Interdiction and Counterdrug Activities ¹ (incl. OPTEMPO, DSCA, and OCO)	\$1,280.2	\$1,207.8	\$1,154.5
Defense Health Program	\$80.0	\$76.7	\$77.0
Total DOD	\$1,360.2	\$1,284.5	\$1,231.6
Department of Education:			
Office of Elementary and Secondary Education	\$48.9	\$48.7	\$43.0
Federal Judiciary:	\$1,041.1	\$1,053.5	\$1,083.3
Department of Health and Human Services:			
Departmental Opioids Funding – Drug Prevention and Treatment Activities ²	\$0.0	\$0.0	\$3,000.0
Administration for Children and Families	\$18.6	\$18.6	\$60.0
Centers for Disease Control and Prevention	\$125.4	\$124.7	\$125.6
Centers for Medicare and Medicaid Services ³	\$7,050.0	\$7,400.0	\$7,690.0
Health Resources and Services Administration	\$173.0	\$173.0	\$173.0
Indian Health Service	\$114.4	\$110.0	\$117.8
National Institute on Alcohol Abuse and Alcoholism	\$50.6	\$50.2	\$36.5
National Institute on Drug Abuse	\$1,070.8	\$1,083.4	\$839.8
Substance Abuse and Mental Health Services Administration ^{4,5}	\$3,033.1	\$3,012.5	\$2,439.7
Total HHS	\$11,636.0	\$11,972.5	\$14,482.4
Department of Homeland Security:			
Customs and Border Protection	\$2,799.7	\$2,799.7	\$3,207.3
Federal Emergency Management Agency	\$8.3	\$8.3	\$6.2
Federal Law Enforcement Training Center	\$43.6	\$43.2	\$53.4
Immigration and Customs Enforcement	\$534.4	\$623.9	\$588.0
U.S. Coast Guard	\$1,344.0	\$1,483.8	\$1,246.3
Total DHS	\$4,729.9	\$4,958.8	\$5,101.3
Department of Housing and Urban Development:			
Office of Community Planning and Development	\$513.6	\$494.2	\$542.2
Department of the Interior:			
Bureau of Indian Affairs	\$9.7	\$9.7	\$11.3
Bureau of Land Management	\$5.1	\$5.1	\$5.1
National Park Service	\$3.3	\$3.3	\$3.0
Total DOI	\$18.1	\$18.1	\$19.3

Department/Agency	FY 2017 Final	FY 2018 CR	FY 2019 President's Budget
Department of Justice:			
Assets Forfeiture Fund	\$222.6	\$231.7	\$232.0
Bureau of Prisons	\$3,345.4	\$3,344.6	\$3,369.8
Criminal Division	\$40.3	\$40.1	\$40.0
Drug Enforcement Administration (Includes HIDTA in FY 2019) ⁶	\$2,457.9	\$2,478.7	\$2,862.2
Organized Crime Drug Enforcement Task Force	\$517.0	\$513.5	\$521.6
Office of Justice Programs	\$211.5	\$228.8	\$180.3
U.S. Attorneys	\$75.9	\$78.9	\$78.9
Unites States Marshals Service	\$787.2	\$776.0	\$810.7
Total DOJ	\$7,657.7	\$7,692.2	\$8,095.3
Department of Labor:			
Employment and Training Administration	\$6.0	\$6.0	\$6.0
Office of National Drug Control Policy:			
Operations	\$19.3	\$19.1	\$17.4
High Intensity Drug Trafficking Area Program ⁶	\$254.0	\$252.3	\$0.0
Other Federal Drug Control Programs ⁵	\$114.9	\$114.1	\$11.8
Total ONDCP	\$388.1	\$385.5	\$29.2
Department of State⁷:			
Bureau of International Narcotics and Law Enforcement Affairs	\$392.9	\$390.3	\$289.0
United States Agency for International Development	\$107.9	\$107.2	\$70.5
Total DOS	\$500.9	\$497.5	\$359.5
Department of the Transportation:			
Federal Aviation Administration	\$29.3	\$33.1	\$33.6
National Highway Traffic Safety Administration	\$3.5	\$2.7	\$2.7
Total DOT	\$32.7	\$35.8	\$36.4
Department of the Treasury:			
Internal Revenue Service	\$60.0	\$60.3	\$60.3
Department of Veterans Affairs:			
Veterans Health Administration	\$750.4	\$778.8	\$806.9
Total Federal Drug Budget ⁸	\$28,813.3	\$29,354.8	\$31,968.6

¹ Due to statutory changes included in the FY 2017 National Defense Authorization Act that consolidated the Department of Defense's (DOD) security sector assistance authorities, funding for building foreign partner counter-drug enforcement capacities is now included in DOD's Defense Security Cooperation Agency's budget request.

² FY 2019 HHS funding levels include \$3 billion in new funding allocated from the FY 2019 Budget Addendum to combat the opioid epidemic .

³ The estimates for the Centers for Medicare & Medicaid Services reflect Medicaid and Medicare benefit outlays for substance abuse treatment; they do not reflect budget authority. The estimates were developed by the CMS Office of the Actuary.

⁴ Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act.

⁵ The FY 2019 President's Budget requests Drug-Free Communities funding in the Substance Abuse and Mental Health Services Administration appropriation. The program is currently funded in the Office of National Drug Control Policy.

⁶ The FY 2019 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.

⁷ Funding for 2018 column is a mechanical calculation that does not reflect decisions on funding priorities.

⁸ Detail may not add due to rounding.

Table 8 presents a 10-year historical reporting of drug control funding by the supply/demand split and the five drug control function.

Table 8: Historical Drug Control Funding
 FY 2010 - FY 2019
 (Budget Authority in Millions)

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
	Final	Final	Final	Final	Final	Final	Final	Final	CR	Request
Demand Reduction										
Treatment	\$7,544.5	\$7,659.7	\$7,848.3	\$7,888.6	\$9,481.8	\$9,553.1	\$9,845.1	\$12,168.7	\$12,529.0	\$14,087.0
Prevention	1,573.4	1,483.9	1,346.2	1,274.9	1,316.9	1,341.5	1,486.4	1,572.2	1,568.2	2,489.6
Total, Demand Reduction	9,117.9	9,143.5	9,194.4	9,163.5	10,798.7	10,894.6	11,331.5	13,740.9	14,097.2	16,576.6
Supply Reduction										
Domestic Law Enforcement	9,245.5	9,217.3	9,439.5	8,857.0	9,348.8	9,394.5	9,282.8	8,982.3	9,112.4	9,119.6
Interdiction	3,662.4	3,977.1	4,036.5	3,940.6	3,948.5	3,960.9	4,734.7	4,595.9	4,669.4	4,909.6
International	2,595.0	2,027.6	1,833.7	1,848.5	1,637.1	1,643.0	1,524.9	1,494.2	1,475.8	1,362.9
Total, Supply Reduction	15,502.9	15,221.9	15,309.7	14,646.1	14,934.4	14,998.3	15,542.5	15,072.4	15,257.6	15,392.1
Total, Drug Control Funding	\$24,620.8	\$24,365.5	\$24,504.1	\$23,809.6	\$25,733.1	\$25,892.9	\$26,874.0	\$28,813.3	\$29,354.8	\$31,968.6

Note: Detail may not add due to rounding.

Agency Budget Summaries

DEPARTMENT OF AGRICULTURE



DEPARTMENT OF AGRICULTURE

U.S. Forest Service

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Intelligence	\$0.200	\$0.199	\$0.200
Investigations	11.300	11.223	13.800
Prosecution	.200	0.199	.200
State and Local Assistance	.600	.596	.600
Total Drug Resources by Function	\$12.300	\$12.217	14.800
Drug Resources by Decision Unit			
Law Enforcement Agency Support	\$12.300	\$12.217	\$14.800
Total Drug Resources by Decision Unit	\$12.300	\$12.217	\$14.800
Drug Resources Personnel Summary			
Total FTEs (direct only)	56	56	56
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5.6	\$5.6	\$4.8
Drug Resources Percentage	0.2%	0.2%	0.3%

Program Summary

MISSION

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, the Forest Service Law Enforcement and Investigations (LEI) program’s basic function is to 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. Most of this land is located in rural areas of the United States and its territories.

Three drug enforcement issues are of specific concern to the Forest Service LEI program: marijuana cultivation, methamphetamine production, and smuggling across international borders. These activities increase health and safety risks to the visiting public, employees, and to the continued viability of the Nation’s natural resources.

METHODOLOGY

The Forest Service budget structure includes a LEI budget line item within the National Forest System (NFS) appropriation. Within the LEI budget line item, funds allocated for drug

enforcement activities are based on an analysis of workload that takes into account all law enforcement responsibilities related to the mission of the Forest Service.

BUDGET SUMMARY

The FY 2019 request is \$14.8 million, \$2.6 million above the FY 2018 Annualized Continuing Resolution (CR) level.

Law Enforcement Agency Support

FY 2019 Request: \$14.8 million (+\$2.6 million over the FY 2018 Annualized CR)

Forest Service drug-related activities include Law Enforcement Agency (LEA) support for detection and monitoring on NFS lands. Forest Service works to identify, investigate, disrupt, and dismantle drug trafficking organizations involved in marijuana cultivation, including supporting co-conspirators (transportation and financial components) responsible for large-scale marijuana grow operations on NFS lands. With the collection, dissemination, and use of intelligence pertaining to individuals and organizations involved in the cultivation and trafficking of marijuana on NFS lands, Forest Service provides prosecutorial support in an effort to convict marijuana cultivators and their co-conspirators. Forest Service eradication efforts include dismantling and rehabilitating marijuana grow sites to deter the reuse of NFS lands for marijuana cultivation.

The funding will also be used for clean-up, reclamation, and hazardous material mitigation at marijuana cultivation sites. Law Enforcement and Investigations will also provide security staffing during non-law enforcement reclamation and rehabilitation activities at inactive and historic grow sites. These efforts will help mitigate the harmful effects of hazardous materials and help restore the severe environmental damage caused by illegal grows on our public lands.

Eliminating methamphetamine production on NFS lands continues to be a significant enforcement priority. Efforts to detect and disrupt the production and halt the dumping of hazardous waste by-products is essential to the health of our National Forests and the safety of those recreating on NFS lands.

Forest Service will also continue to work with partners to reduce cross-border smuggling activities to ensure the safety and security of its employees and the visiting public on NFS lands along both the Southwest and Northern borders.

In FY 2019, Forest Service will increase efforts and prioritize reclamation and rehabilitation of grow sites, conduct multi-agency eradication operations to target marijuana cultivated on NFS lands, and continue enforcement and investigative activities. Forest Service will also continue its participation in the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program to leverage resources with Federal, State, and local agencies, placing emphasis on NFS lands along the Southwest and Northern borders to decrease trafficking and movement of drugs in support of the *National Drug Control Strategy*.

PERFORMANCE

Information regarding the performance of the drug control efforts of the LEI program is derived from Forest Service Law Enforcement and Investigations Management Attainment Reporting System, Government Performance and Results Modernization Act documents, evaluations, and other agency information. The table and accompanying text represent Forest Service LEI drug-related achievements during FY 2017.

U.S. Forest Service		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
Percent of drug cases referred for Adjudication resulting in negative consequences	30.2%	34.95%
Number of plants eradicated	*	1,487,509
Number of sites dismantled	*	293
Percentage of drug-related incidents	*	0.019

* New measure of performance – no identified Target for FY 2017

National Forest System lands are often used by drug trafficking organizations in the unlawful cultivation of marijuana and production of other controlled substances. Forest Service utilizes a performance management framework designed to track the agency's efforts to address drug cultivation and production on public lands. Forest Service tracks key measures to help assess progress. The percent of drug cases referred for adjudication resulting in negative consequences has been a performance measure since 2013. The Forest Service has also recently added three additional performance measures: the number of marijuana plants eradicated, the number of marijuana cultivation sites dismantled, and the percentage of drug-related incidents per 100,000 forest visitors. The new measures provide a broader means of assessing performance related to specific drug control activities conducted by the Forest Service.

In FY 2017, 35 percent of assigned drug cases referred for adjudication resulted in negative consequences for the defendants. The identified target for FY 2017 was 30 percent.

In FY 2017, 1,487,509 marijuana plants were eradicated from NFS lands compared to 1,172,696 eradicated in FY 2016. This represents a 27 percent increase in the number of plants eradicated. Forest Service believes that several factors have contributed to the increase. Illegal growers continue to move back onto public land from private land due to increased law enforcement pressure and a change in local laws that prohibit grows in some counties and municipalities. Another factor is the lessening drought conditions in California. The increased water resources have opened up additional growing areas on public lands. Also, with marijuana legalization in California and other states, the market and demand for marijuana continues to increase. Legalization or decriminalizing the use and possession of marijuana has adversely affected Forest Service's ability to remove illegal marijuana cultivation on NFS lands. Many State and local cooperating law enforcement agencies are reducing or even eliminating the resources that typically assist Forest Service with counter marijuana cultivation operations. These resources

are now often committed to addressing regulatory concerns or crimes related to “legal” growing activities on private lands.

In FY 2017, 293 marijuana cultivation sites were dismantled on NFS lands compared to 261 in FY 2016. In FY 2017, there were 0.019 percent drug-related incidents on NFS lands per 100,000 forest visitors compared to 0.033 percent in FY 2016.

Forest Service, in partnership with many other Federal, State, and local agencies, has long employed methods in support of the *National Drug Control Strategy* to identify, investigate, disrupt, prosecute, and ultimately dismantle drug trafficking organizations involved in marijuana cultivation on NFS and other public lands. Forest Service also reclaims grow sites to mitigate the dangerous and far-reaching adverse environmental effects from the illegal use of pesticides, rodenticides and other hazardous materials, and to deny continued site use by illegal cultivators.

In FY 2017, there was an alarming increase in the amount of illegal or restricted chemicals found in marijuana grow sites in California. Illegal or restricted chemicals were found in an estimated 75 percent of marijuana grow sites in FY 2017 compared to 25 percent of marijuana grow sites in FY 2016. This significant increase poses an even greater risk to the public, employees, and the environment.

In FY 2017, Forest Service participated in multiple operations in partnership with other Federal, State, and local partners. Major operations in California through the Campaign against Marijuana Planting, a multi-agency law enforcement task force, focused primarily on public lands but also included adjacent private lands. Teams consisting of Federal, State, and local law enforcement officers eradicated 1,264,715 marijuana plants in 323 grow sites. These efforts also resulted in the seizure of over 8,696 pounds of processed marijuana, 35 firearms, and 35 arrests. Reclamation and cleanup efforts included the removal of over 30 tons of infrastructure; 655 miles of irrigation pipe; 22.1 tons of fertilizers; 128 gallons of pesticides; and 14 gallons of restricted or banned poisons. These poisons indiscriminately kill wildlife and pose a significant threat to the safety of law enforcement and other personnel at grow sites. Also during these operations, 211 manmade dams/reservoirs were dismantled, and 296 propane tanks and 57 car batteries were removed.

The above data represents a significant and measurable impact Forest Service enforcement operations and investigations and its cooperators have had on illegal drug activities on NFS, public, and other adjacent lands. Forest Service will continue to provide the personnel, support, and leadership necessary to protect natural resources from the harmful effects of drug production and trafficking on public lands. In support of the *National Drug Control Strategy*, and as stewards of the land, it is vital that Forest Service protect these lands for current users and for future generations.

COURT SERVICES AND OFFENDER SUPERVISION AGENCY
FOR THE DISTRICT OF COLUMBIA



COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$24.801	\$24,054	\$24,593
Treatment	32.612	32.292	32.555
Total Drug Resources by Function	\$57.413	\$56.346	\$57.148
Drug Resources by Decision Unit			
Community Supervision Program	\$38.472	\$38.472	\$38.525
Pretrial Services Agency	18.941	17.874	18.623
Total Drug Resources by Decision Unit	\$57.413	\$56.346	\$57.148
Drug Resources Personnel Summary			
Total FTEs (direct only)	266	272	269
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$248.0	\$246.3	\$256.7
Drug Resources Percentage	23.15%	22.87%	22.26%

Program Summary

MISSION

The mission of the Court Services and Offender Supervision Agency for the District of Columbia (CSOSA) is to increase public safety, prevent crime, reduce recidivism, and support the fair administration of justice in close collaboration with the District of Columbia community. The CSOSA appropriation consists of two components: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

CSOSA's CSP provides supervision for adult men and women released by the U.S. Parole Commission on parole or supervised release, those sentenced to probation by the Superior Court of the District of Columbia, as well as a small set of deferred sentence agreement (DSA) and civil protection order (CPO) cases. The CSP strategy emphasizes public safety, successful reentry into the community, and effective evidence-based supervision strategies through an integrated system of comprehensive risk and needs assessment, close supervision, routine drug testing, treatment and support services, and graduated sanctions and incentives. CSP also develops and provides the Courts and the U.S. Parole Commission with critical and timely information for probation and parole decisions. Many who are under CSP's supervision are a high risk to public safety, have significant needs, and face many challenges to successfully completing supervision. Individuals who fail to successfully complete supervision and/or

recidivate place an enormous burden on their families, the community, and the entire criminal justice system.

PSA is an independent entity within CSOSA. Its mission is to promote pretrial justice and enhance community safety. PSA assists judicial officers in both the Superior Court of the District of Columbia and the United States District Court for the District of Columbia by conducting a risk assessment for every arrested person who will be presented in court and formulating release or detention recommendations based upon the arrestee's demographic information, criminal history, and substance use and/or mental health information. For defendants placed on conditional release pending trial, PSA provides supervision and treatment services that reasonably assure they return to court and do not engage in criminal activity pending their trial and/or sentencing. Seventy percent of convicted individuals serve all or part of their sentence in the community; from FY 2013 to FY 2017, the average percent of pretrial defendants released to the community while awaiting trial was 94 percent.

The effective supervision of pretrial defendants and convicted men and women is critical to public safety in the District of Columbia. Three strategic goals support CSOSA's mission. The first goal targets public safety by striving to decrease criminal activity among the supervised population and to increase the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on the delivery of preventive interventions to those with identified behavioral health, employment, and/or housing needs. The third goal targets the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers; namely, the Courts and the United States Parole Commission.

A challenge faced by CSOSA and all law enforcement entities is the detection of and treatment for synthetic drugs used by those in populations served by CSOSA. During the past three years, both CSP and PSA have worked with various criminal justice, research, health, and policy partners to assess the prevalence of synthetic cannabinoids among those under supervision in the District of Columbia. Often referred to as "synthetic marijuana," synthetic cannabinoids (SCs) exist in several different forms, with newer ones being synthesized and added to the class rapidly.

Since late FY 2015, CSOSA has allocated financial resources to purchase K2-2 reagent kits, and PSA's Office of Forensic Toxicology Services (OFTS) began large-scale screening of all incoming specimens for synthetic cannabinoids beginning October 1, 2015. In fiscal years 2016 and 2017, PSA conducted research on the detection of newer varieties of SCs using the third generation screening reagent (K2-3) in response to a decline in the rate of positive tests using the K2-2 screening reagent (less than 1 percent). On May 1, 2017, PSA fully integrated K2-3 into the routine screening of all incoming specimens for SCs, and the rate of positive tests for SCs increased to approximately 4 percent. The results indicate that defendants are still using SCs but shifting to different varieties.

Additionally, PSA is studying the trend in positive rates and prevalence of fentanyl use within the DC criminal justice population. PSA will use the results of the ongoing research to develop a plan for routine testing of fentanyl in the populations supervised and provide avenues to respond to the opioid epidemic. PSA also plans to determine the specific type(s) of fentanyl analogue that is in use by these groups.

METHODOLOGY

The methodologies used by CSOSA to determine Drug Budget resources remain unchanged from those used for the FY 2018 ONDCP Drug Budget.

CSP uses a cost allocation methodology to determine Drug Prevention (Testing) and Treatment activity resources, including both direct (e.g., direct staff, direct contracts) and indirect (e.g., rent, management) cost items supporting CSP Drug Prevention and Treatment activities. The resources for these activities are derived from CSP's 2014-2018 Strategic Plan framework reported in CSOSA's performance budgets.

PSA has two program areas related to its drug control mission: drug testing and substance use disorder treatment. The Drug Testing and Compliance Unit (DTCU) is responsible for the collection of urine and oral fluid samples, and the Office of Forensic Toxicology Services (OFTS) provides forensic toxicology drug testing and analysis. Treatment services are provided by or coordinated through PSA's Treatment Program. The major cost elements for the drug testing program include labor expenses for DTCU and OFTS staff, recurring expenses for reagents and other laboratory supplies and materials, rent expenses for the OFTS, and the purchase and maintenance of lab equipment. Other overhead and agency administrative expenses are not included. PSA provides drug testing services for other Federal and non-Federal agencies on a limited reimbursable basis. Revenues from other agencies are netted against gross costs. The major cost elements for the Treatment Program include direct labor expenses and contracted SUD treatment services.

BUDGET SUMMARY

The total drug control request for CSOSA for FY 2019 is \$57.1 million, an increase of \$0.8 million above the FY 2018 CR level.

CSP Drug Prevention

FY 2019 Request: \$11.56 million
(\$15,000 above the FY 2018 CR)

In FY 2017, approximately 83 percent of the men and women beginning CSP supervision self-reported a history of illicit substance use. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment. Eligible individuals are drug tested at supervision intake and are then placed on a drug testing schedule by their Community Supervision Officer, with testing frequency dependent upon prior substance

use history, supervision risk level, and length of time under CSP supervision. In addition, all individuals are subject to random spot testing at any time. Clients submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center and four CSP Illegal Substance Collection Units located throughout the District of Columbia. In FY 2017, each urine sample was tested for up to nine substances [Marijuana, PCP, Opiates (codeine/morphine), Methadone, Cocaine, Amphetamines, Alcohol, Heroin, and Synthetic Cannabinoids]. In addition, samples are tested for Creatinine levels to determine sample validity and for Ethyl Glucuronide (EtG) to confirm alcohol use. CSP client urine samples are tested by PSA and results provided back to CSP within 48 hours after the sample is taken. Limited testing of oral fluid samples is performed and reported to CSP contractually. The FY 2019 request will provide resources to continue client drug testing at current levels.

CSP Treatment

FY 2019 Request: \$27.0 million
(\$38,000 above the FY 2018 CR)

CSP provides sanctions-based treatment and support services, as determined by drug testing, assessments, and other factors, to assist supervisors in reintegrating into the community. Those who are drug-involved are evaluated through individualized assessments and, based on priority and available funds, are referred to a variety of contracted treatment services, including detoxification, residential and intensive out-patient treatment programs, transitional housing, and other specialized mental health assessment and co-occurring treatment services as indicated through continuing evaluations of individual needs.

Typically, those referred to treatment with severe illicit substance use disorders require a contract treatment program continuum consisting of at least three separate substance disorder treatment placements (in-house or contract) to fully address their issues. This continuum may include placement in detoxification, followed by residential treatment, and then placement in transitional housing in conjunction with intensive outpatient continuing care.

In FY 2017, CSP made 1,927 contract treatment and transitional housing placements with contract vendors. In addition, CSOSA's Reentry and Sanctions Center (RSC) at Karrick Hall provides high risk individuals with an intensive assessment, reentry, and treatment readiness counseling program in a residential setting. The RSC program is specifically tailored for men and women with long histories of crime and substance use disorders coupled with long periods of incarceration and little outside support. These individuals are particularly vulnerable to both criminal and drug relapse. Most that complete the RSC program are determined to need treatment services and are referred to contract treatment.

CSP performed a review of FY 2016 intakes to determine estimated annual treatment needs. In FY 2016, a total of 6,248 individuals entered CSP supervision. Roughly one-third of FY 2016 intakes (2,054 clients) tested positive for drugs (excluding positive tests for alcohol) on three or more occasions within one year of their supervision start date. Nearly 65 percent of these 2,054 persistent drug users (1,329 clients) had a special condition for court-ordered

treatment/treatment evaluation during their first year of supervision, and a similar percentage (1,342 clients) were supervised at the highest risk levels (intensive or maximum) at some point during that year. High-risk clients, however, are not the only group to demonstrate a possible need for treatment. Of the 2,361 clients who entered supervision in FY 2016 and were assessed at either the medium or minimum risk level, 652 exhibited persistent drug use during their first year of supervision.

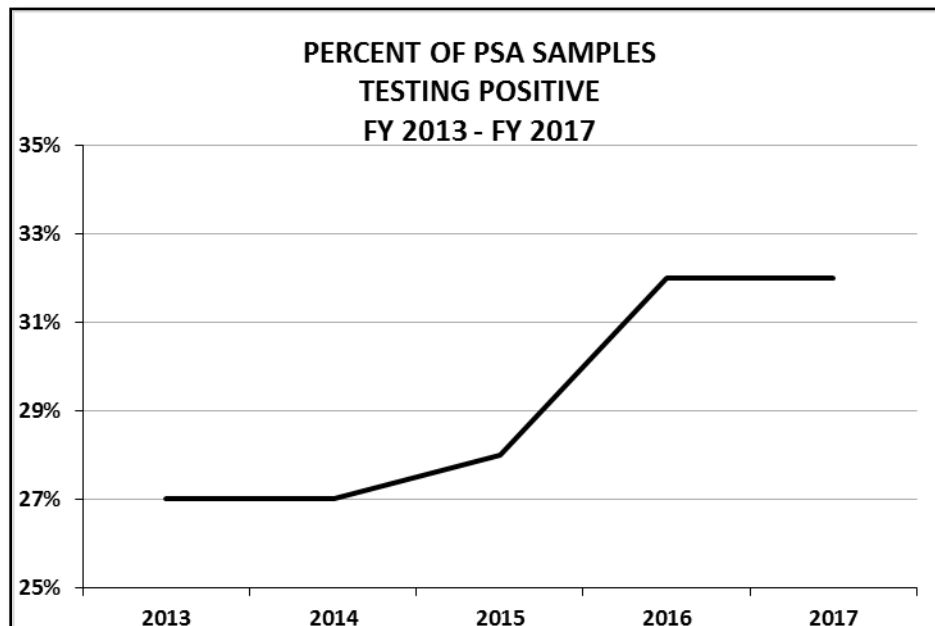
CSP considers the combination of drug test results, assessed risk level, and the releasing authority's imposed special conditions when determining appropriate treatment interventions. However, since CSP does not have resources to treat everyone with an illicit substance use disorder, we currently focus resources on those assessed and supervised at the highest risk levels. Using CSP's cost allocation methodology, the FY 2019 request will provide resources to continue treatment at current levels.

PSA Drug Prevention

FY 2019 Request: \$13.0 million
(\$0.5 million above the FY 2018 CR)

Because a substantial number of defendants have substance use disorders that must be addressed to mitigate their risk to public safety, drug testing provides vital data used to form judiciary release decisions and PSA supervision approaches. Additionally, drug testing assists in monitoring compliance with court-ordered release conditions, prevents drug use, measures the success of SUD treatment, and predicts future criminality.

The chart below provides a five-year history of the percentage of urine samples collected from PSA defendants that recorded at least one non-compliant drug test result.



PSA's Drug Testing and Compliance Unit (DTCU) collects urine and oral fluid samples for analysis from defendants detained prior to arraignment and defendants who have been ordered to drug test as a condition of pretrial release, as well as respondents ordered into drug testing by the DC Superior Court Family Division.

The Office of Forensic Toxicology Services (OFTS) performs urine forensic drug testing for pretrial defendants under PSA's supervision and individuals under the CSOSA Community Supervision Program (i.e., persons on probation, parole, and supervised release), as well as respondents ordered into testing by the DC Superior Court Family Division. Each sample is tested for up to nine drugs of abuse, including synthetic cannabinoids. In addition, samples are tested for Creatinine levels to determine sample validity and for Ethyl Glucuronide (etG) to confirm alcohol use. All positive samples are retested for agreement and accuracy. Gas chromatograph/mass spectrometry (GC-MS) analyses are conducted to confirm test results and provide affirmation of the identity of a drug when results are challenged. Toxicologists conduct levels analysis to determine if the detected drug concentration signifies new use or if it is residual. These interpretations are essential to the courts for determining continued drug use by a defendant. Expert witness court testimony and forensic consultations are also provided to assist the judicial officers.

OFTS conducts forensic research that leads directly to practical enhancements in drug testing, improves strategies in surveillance monitoring, develops beneficial bi-directional partnerships with the scientific and social research community, and introduces cutting edge technologies that improve efficiency, reduce cost and enhance Agency stature. The FY 2019 budget request will provide resources to continue drug testing at current levels.

PSA Drug Treatment

FY 2019 Request: \$5.6 million

(\$0.2 million above the FY 2018 CR)

A significant number of defendants under PSA supervision have substance use disorder treatment needs. In any given fiscal year, PSA conducts clinical assessments that identify nearly 850 supervised defendants who require intensive substance use disorder treatment services. Defendants with substance use disorders present greater risks of non-compliance during the pretrial period as illustrated in the table below.

OUTCOME	FY 2015	FY 2016	FY 2017
Percentage of Defendants Who Remain Arrest-free During the Pretrial Release Period			
Overall	91%	88%	86%
Drug User	85%	80%	77%
Non-Drug User	92%	91%	90%
Percentage of Defendants Who Make All Scheduled Court Appearances During the Pretrial Release Period			
Overall	90%	87%	88%
Drug User	85%	87%	84%
Non-Drug User	91%	91%	90%

PSA responds to drug use by referring defendants to appropriate internal or external treatment services. For certain categories of defendants, PSA provides both close supervision and in-house treatment. For others, PSA places defendants into contracted sanction-based treatment services (medical and social detoxification, residential, intensive outpatient services) while continuing to provide supervision. If sanction-based treatment is not available or is not ordered by the Court, PSA provides supervision and refers defendants to community-based providers, as available. Community services are limited, however, and are not optimal for higher risk defendants who require close monitoring.

Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration. PSA operates a model Drug Court and other sanction-based treatment programs which utilize research-supported techniques as a mechanism for enhancing community safety.

PSA's FY 2019 budget request will provide resources to continue SUD treatment services at the current level.

PERFORMANCE

Drug testing and treatment are at the core of CSP's approach to addressing client needs regarding illicit substance use, and several performance goals (PGs) have been set forth in CSOSA's FY 2014 – 2018 Strategic Plan to address these items. Figure 1 depicts CSP's progress

toward achieving these goals during FY 2015 – 2017, and the accompanying text summarizes progress specifically related to programs designed to address illicit substance use.

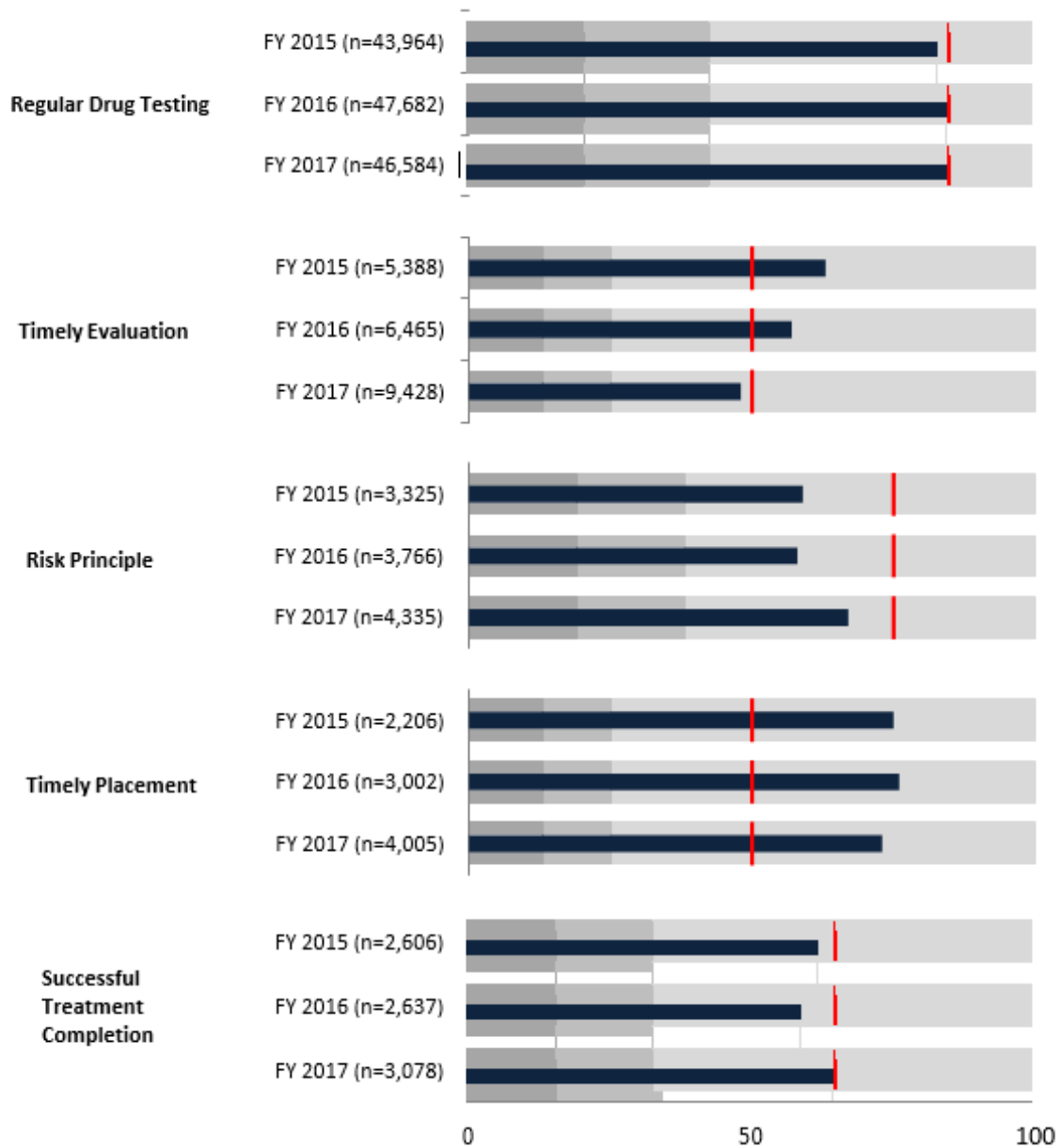


Figure 1. CSP performance on goals related to drug testing and treatment, FYs 2015 - 2017.

Community Supervision Program

Many CSP offenders are a high risk to public safety, have significant needs, and face many challenges to successfully completing supervision. Among these challenges is illicit substance use. In FY 2017, approximately 83 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use. Further, 4,327 offenders tested in September 2017, 46 percent tested positive for one or more of the 11 tested substances.⁴

CSP monitors offenders' compliance with the releasing authorities' requirements to abstain from drug use and assesses the clients' needs for SUD treatment. CSP policy also defines the schedule under which eligible offenders are drug-tested. Offenders can become ineligible for testing (other than initial testing at intake) for a variety of administrative reasons, including a change from active to warrant status, case transfer from DC to another jurisdiction, rearrests, and admission to SUD treatment. The policy includes spot testing for offenders who are on minimum supervision, as well as those who do not have histories of drug use and have established a record of negative tests.

CSP addresses offenders' substance abuse (non-compliance) by initiating actions to remove them from the community through placement into residential treatment or sanctions programs for treatment. For those offenders who started SUD treatment or treatment readiness programs, 60 percent satisfactorily completed their programs in FY 2017 (see Appendix A, Figure 2, Successful Treatment Completion). CSOSA's Re-entry and Sanctions Center (RSC) provides high-risk offenders and pretrial defendants with a 28-day intensive assessment and treatment readiness program (42 days for women) in a residential setting. The RSC program is specifically tailored for offenders/defendants with persistent substance abuse, long periods of incarceration, and little outside support. Of the high-risk offenders who were discharged from the RSC in FY 2017, 67 percent satisfactorily completed the program⁵ (see Appendix A, Figure 2, Successful Treatment Completion). Relatively low treatment completion rates for offenders participating in aftercare, transitional housing and outpatient treatment contributed to CSP not meeting its FY 2017 performance target (see Appendix A, Figure 2, Successful Treatment Completion [SA Tx modality]). CSP is currently in the process of evaluating both the RSC and CSP's SUD treatment programs in an effort to inform change and improve completion rates.

Once offenders are referred for SUD treatment or treatment readiness by their community supervision officers, they are evaluated by treatment staff to determine programming [or placement] appropriateness. If deemed appropriate for intervention, it is also imperative that offenders be placed in treatment and support services in a timely manner.

Two new performance goals were developed and set forth in CSOSA's FY 2014 – 2018 Strategic Plan to address the timeliness in which evaluations and treatment placements occurred. In

⁴ The Pretrial Services Agency (PSA) tests samples obtained by CSP from offenders. Each sample may be tested for up to eleven substances [Marijuana, PCP, Opiates, Methadone, Cocaine, Amphetamines, Alcohol, Creatinine, Heroin, Ethyl Glucuronide (Etg), and Synthetic Cannabinoids]

⁵ Pretrial defendants excluded from reporting

FY 2017, 54 percent of offenders referred to SUD treatment or treatment readiness programs received a formal evaluation of need in a timely manner, and 74 percent of treatment placements were made in a timely fashion (see Appendix A, Figure 2, Timely Evaluation and Timely Placement).

Additionally, due to limited resources, CSP attempts to focus its programs on the highest-need and highest-risk offenders. In FY 2017, 65 percent of SUD treatment and treatment readiness placements were made for offenders supervised at the highest risk levels (maximum and intensive; see Appendix a, Figure 2, Risk Principle).

Pretrial Services Agency

Selected Measure of Performance	FY 2017	FY 2017 Target	FY 2018 Target	FY 2019 Target
Percentage of PSA defendants who have a reduction in drug usage following placement in a sanction-based treatment program	85%	74%	74%	74%

FY 2017 Highlights:

Drug Testing

- Collected 87,962 urine and 880 oral fluid specimens for drug testing and analysis from arrestees detained prior to arraignment, defendants ordered to drug test as a condition of pretrial release, and respondents with matters in DC Family Court.
- Conducted 2,378,354 drug tests on 264,548 urine samples of persons on pretrial release, probation, parole, and supervised release, as well as for persons (juveniles and adults) whose matters are handled in the Family Court.
- Performed 14,905 levels analyses, which aid in the determination of continuing drug use, and performed GC/MS confirmation tests for 5,334 specimens.
- Provided expert witness testimony in 110 cases to interpret drug test results in the face of challenges by defendants, as well as during Drug Court daily pre-court interdisciplinary team meetings.
- Provided 648 affidavits to support hearings and adjudications in parole and probation cases in District Court.
- Performed 148,052 tests on 119,685 specimens for Ethyl Glucuronide (EtG) in the population that is routinely tested for alcohol. This test allows PSA to accurately determine overt or discreet use of alcohol. The EtG test is able to detect alcohol use within the immediate three to five days after alcohol consumption.

Synthetic Drug Testing

- Continued using the Randox analyzer for researching the use of synthetic cannabinoids among the criminal justice populations supervised by PSA and CSP.
- Began using the Randox analyzer to conduct in-house drug testing of oral fluid specimens from defendants who are unable to submit urine specimens. PSA currently uses the instrument to test approximately 60 percent of all oral fluid specimens submitted by pretrial defendants. Based on the success of this program, PSA plans to enable in-house screening of all oral fluid specimens for drugs of abuse in FY 2018 and may extend this service to stakeholders.
- Implemented preliminary use of a liquid chromatography–tandem mass spectrometry (LC-MS/MS) to assess its readiness for deployment for full case work.
- Continued partnership with the DC Office of Chief Medical Examiner (OCME) to research and develop methods for analyzing and characterizing the identities of emerging new synthetic drugs and their urinary metabolites. Through this partnership, PSA tested an average of 84 urine specimens per month for synthetic cannabinoids and confirmed the use of two new synthetic cannabinoid metabolites that had previously not been identified in tests. These are AB-FUBINACA metabolites 3 and 4. PSA typically obtains specimens that it shares with OCME for analysis from individuals supervised by PSA and CSP.

Opioid Testing

- Studied fentanyl use among the lock-up population and defendants released to PSA supervision. Overall, 6.3 percent of this sample population tested positive for fentanyl (102 out of 1,631 samples). Of the 102 samples, 4.3 percent (20 out of 465) tested positive from the lock-up population while 7 percent (82 out of 1,166) tested positive from the surveillance population. Among these, 65.7 percent (67 out of 102) involved the use of multiple drugs and 34.3 percent (35 out of 102) involved only fentanyl use. Of the 67 samples testing positive for multiple drugs, 34.3 percent tested positive for a combination of fentanyl and heroin use only. The results of this study and one conducted in FY 2016 suggest that fentanyl use is occurring within the DC criminal justice population. At the present time, routine screening for fentanyl is not included in PSA's standard testing panel. As this study continues, OFTS will form recommendations for monitoring/testing for fentanyl use and other emerging substances.

Treatment Functions

PSA is committed to reducing drug-involved defendant re-arrest and failure-to-appear rates through four core activities: identifying and addressing illicit drug use, problematic alcohol use, and other criminogenic needs; delivering and facilitating evidence-based substance use disorder treatment; using motivational strategies and program incentives to encourage treatment initiation, engagement and retention; and establishing swift and certain consequences for continued drug use.

PSA uses two additional performance measures to monitor and assess progress toward its strategic objective in providing appropriate treatment to effectively mitigate defendants' risk of rearrest and failure to appear for court appearance.

	Measures	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2017 - 2019 Target
3.a	Percentage of referred defendants who are assessed for substance use disorder treatment	91%	94%	93%	95%
3.b	Percentage of eligible assessed defendants placed in substance use disorder treatment programs ^{Note 1}	49%	49%	53%	50%

FY 2017 Highlights:

- Expanded access to the Drug Court Program to defendants with drug-related traffic and domestic violence cases from the DC Office of the Attorney General (OAG). During FY 2017, defendants referred from the OAG participated in two graduation ceremonies.
- Partnered with DC Superior Court (DCSC) and OAG to expand treatment services and specialized supervision opportunities with the Mental Health Community Court (MHCC) to defendants with behavioral health diagnosis that are charged with low level misdemeanors. Also collaborated with DCSC and OAG to develop eligibility criteria and screening processes.
- Drafted referral protocols to expand access to trauma groups for defendants assigned to general supervision units with self-reported incidents of trauma.
- Partnered with the Criminal Justice Coordinating Council's Substance Abuse Treatment and Mental Health Services Integration Taskforce (SATMHSIT) to:
 - improve treatment options available to defendants with mental illness and/or co-occurring substance use disorder issues;
 - target specific populations for treatment and diversion opportunities; and
 - establish a uniform consent form for the release of protected health information to improve communication among entities responsible for providing and coordinating mental health and substance use services; and improve continuity of care for individuals moving between incarceration and the community.
- Continued to provide defendants with services through the in-house intensive outpatient co-occurring Building Bridges Program.
- Sixty-three (63) defendants successfully graduated from Drug Court, with 43 defendants charged with misdemeanors having their cases nulled due to participation.
- Conducted 2,862 substance use disorder assessments and 1,169 alcohol assessments for defendants under pretrial supervision.

- Expanded access to contract treatment services for defendants with domestic violence and drug/alcohol related traffic offenses.

APPENDIX A

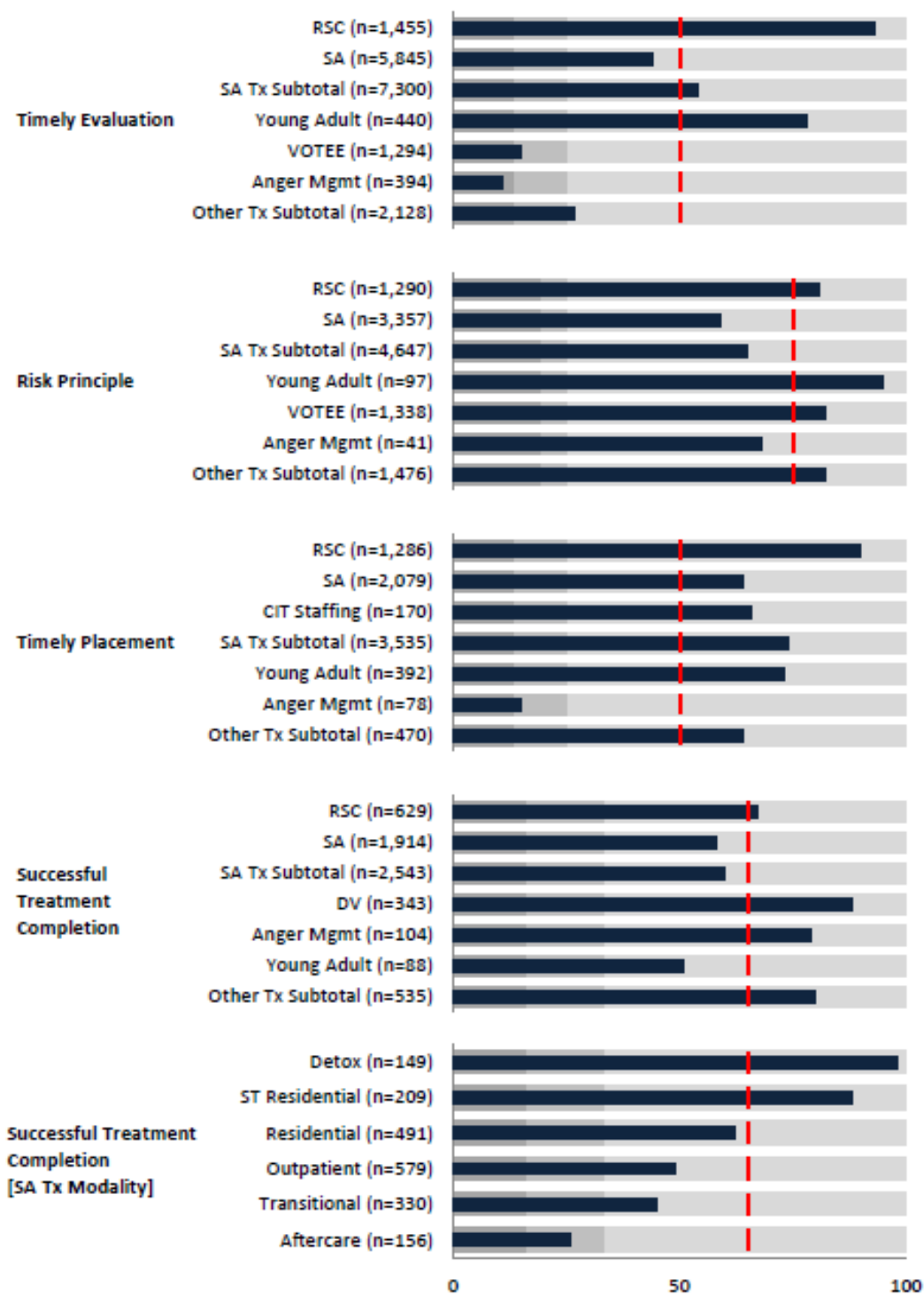


Figure 2. CSP performance on goals related to drug testing and treatment, by Treatment, type and drug treatment modality, FY 2017.

DEPARTMENT OF DEFENSE



DEPARTMENT OF DEFENSE

Office of the Secretary of Defense

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Intelligence	122.486	121.805	124.893
Interdiction	375.214	¹ 373.138	378.627
International	419.785	² 417.460	426.647
Prevention	118.713	118.054	117.900
State and Local Assistance	243.956	242.610	106.475
Total Drug Resources by Function	\$ 1,280.154	\$ 1,273.067	\$ 1,154.542
Drug Resources by Decision Unit			
Drug Interdiction and Counterdrug Activities	998.800	1,004.263	787.525
Defense Security Cooperation Agency (DSCA)	-	-	³ 105.000
Overseas Contingency Operations (OCO):			
- Drug Interdiction and Counterdrug Activities	215.333	203.087	153.100
- DSCA	-	-	³ 43.200
Operations Tempo (OPTEMPO)	66.021	65.717	65.717
Total Drug Resources by Decision Unit	\$ 1,280.154	\$ 1,273.067	\$ 1,154.542
Drug Resources Personnel Summary			
Total Full Time Equivalent (FTE) positions (direct only)	1,552	1,538	1,528
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$626.2	\$599.1	\$686.1
Drug Resources percentage	0.20 %	0.21 %	0.17 %

¹ Includes \$65.717 million in estimated FY 2018 OPTEMPO budgeted by the military services.

² Includes \$203.087 million in FY 2018 Overseas Contingency Operations (OCO) funding for U.S. Central Command activities.

³ The FY 2017 National Defense Authorization Act directed that all DoD security cooperation activities executed under 10 U.S.C. §333, including those in support of DoD counter-illicit drug trafficking operations and counter-transnational organized crime operations, must be financed by amounts derived only from those authorized to be appropriated to DoD for the Defense Security Cooperation Agency (DSCA.)

Program Summary

MISSION

The Drug Interdiction and Counterdrug Activities of the Department of Defense seek to disrupt and degrade drug trafficking and other illicit threat networks, reducing them to a level where they no longer threaten United States national security, while promoting and maintaining a drug-free DoD workforce and work environment. Program goals and objectives aim to strengthen collaborative efforts among interagency and international partners, assist partner nations' counterdrug and counter-transnational organized crime efforts, and support United States security interests at home and abroad.

The FY 2019 request finances the DoD statutory mission to detect and monitor aerial and maritime transit of illegal drugs into the United States and other activities that support the

2017 National Security Strategy priority to protect the homeland by deterring, disrupting, and defeating potential threats before they reach the United States. This includes supporting interagency and international efforts to target transnational criminal organizations (TCO) at their source and by building international partnerships to prevent transnational threat organizations from undermining sovereign governments, decreasing regional stability, and threatening the homeland. While sustaining its Drug Demand Reduction (DDR) and global counterdrug (CD) activities, DoD will increasingly direct operational and fiscal resources toward efforts that support the National Defense Strategy objectives to disrupt, degrade, and dismantle threat networks and violent extremist organizations that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism.

Through the exercise of its statutory authorities, DoD supports national drug control and Departmental priorities via two major subprograms: the Counterdrug (CD) Program, and the Drug Demand Reduction (DDR) Program.

CD Program activities focus on DoD collaboration with and assistance to local, state, Federal, and international law enforcement agencies to address the threats posed by illicit drug trafficking and related transnational organized crime with the following strategic goals:

- *Strengthened Partners:* U.S. and international partners become stronger allies in efforts to combat drug trafficking and other illicit threat networks.
- *Neutralized Threat Networks:* Illicit threat networks lose the capacity to conduct sustained operations or activities.
- *Reduced Drug Trafficking and Transnational Criminal Activity:* Fewer illicit drugs enter U.S. markets, and other forms of transnational criminal activity decline.

The Office of the Deputy Assistant Secretary of Defense (Counternarcotics and Global Threats), by direction of the Under Secretary of Defense for Policy, and with oversight by the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict, provides policy oversight, guidance, resources, and effects measurement for DoD CD, counter-transnational organized crime (CTOC), and counter threat finance (CTF) efforts.

DDR Program activities focus on maintaining DoD readiness by:

- *Ensuring a Drug Free Workforce and Workplace:* Urinalysis drug testing of service members, DoD civilian personnel in testing designated positions, and applicants for military service and DoD civilian pre-employment testing; and
- *Prevention, Education, and Outreach:* DDR programs focused on DoD military and civilian communities designed to raise awareness of the adverse consequences of illicit drug use on one's performance, safety, health, family stability, fiscal security, and employment opportunities.

The Office of Deputy Assistant Secretary of Defense for Readiness, by direction of the Under Secretary of Defense for Personnel and Readiness, and with oversight by the Assistant Secretary

of Defense, Readiness and Force Management, provides policy oversight, guidance, resource allocation, and effects measurement for DoD DDR efforts to detect and deter drug use.

METHODOLOGY

DoD's Drug Interdiction and Counterdrug Activities budget is drug-related, and therefore scored as a part of the National Drug Control Budget. Funds are programmed and budgeted for specific projects and activities, and then transferred during the fiscal year of execution to the most appropriate Military Service or Defense Agency for implementation. Requested Overseas Contingency Operations funds primarily support Afghanistan units with a CD mission. OPTEMPO estimates are computed by the Services to support counterdrug efforts, either by aircraft hours or ship days, and are reported by the Services to the office of the Deputy Assistant Secretary of Defense (Counter narcotics and Global Threats).

This budget request also includes estimates for DoD counter-illicit drug trafficking operations and counter-transnational organized crime operations that plan to be executed by DoD under Title 10 U.S. Code (USC), Chapter 16, Section 333. The FY 2017 National Defense Authorization Act directed that all DoD security cooperation activities executed under 10 USC §333 must be financed by amounts derived only from those authorized to be appropriated to DoD for the Defense Security Cooperation Agency (DSCA).

BUDGET SUMMARY

In FY 2019, DoD requests \$1,154.5 million for drug control activities, a decrease of \$118.5 million from the FY 2018 CR level.

Drug Interdiction and Counterdrug Activities

Total FY 2019 Request: \$787.5 million
(\$216.7 million below the FY 2018 CR level)

The FY 2019 request for the Drug Interdiction and Counterdrug Activities decision unit represents a net decrease of \$216.7 million from the FY 2018 CR level and supports five major DoD activities: Demand Reduction, Detection and Monitoring, International Support, Intelligence, Technology and Other, and Domestic Support.

Demand Reduction

FY 2019 Request: \$117.9 million
(\$0.2 million below the FY 2018 CR level)

This activity supports DoD efforts to detect and deter the misuse of illicit and prescription drugs among military and civilian personnel. Funding supports drug testing specimen collection, drug testing laboratories, and associated analysis costs and finances Military Service, National Guard, and Defense Agency outreach, prevention, and education programs. These funds support a minimum of 100% random drug testing for active duty military, National Guard and Reserve personnel; drug testing for all DoD civilian employee applicants and civilians in testing designated positions once every two years; drug abuse prevention/education activities for military and civilian personnel and their dependents.

Detection and Monitoring

FY 2019 Request: \$233.9 million
(\$4.2 million below the FY 2018 CR level)

Pursuant to Title 10, U.S. Code §124, this activity will provide \$128.4 million to establish programs and maintain DoD assets to detect, monitor, interdict, disrupt, or curtail activities related to substances, material, weapons, or resources used to finance, support, secure, process, or transport illegal drugs; \$32.2 million for international forward operating locations; and \$73.3 million for command and control centers, including the operations of Joint Interagency Task Force–South and Joint Interagency Task Force–West.

International Support

FY 2019 Request: \$125.3 million (excluding OCO)
(\$79.4 million below the FY 2018 CR level)

The majority of programs within this activity are executed under Title 10, U.S. Code, Chapter 15 §284. Programs within this activity support CD efforts within the six geographic Combatant Commands' Areas of Responsibility (AOR) to detect, interdict, disrupt, or curtail activities related to substances, material, weapons or resources used to finance, support, secure, cultivate, process or transport illegal drugs. CD activities including transportation support, detection and monitoring, and intelligence analysis support United States and international law enforcement agencies and complement DoD security cooperation efforts. Pursuant to §1241 of the FY 2017 National Defense Authorization Act (NDAA), the Drug Interdiction and Counterdrug Activities, Defense appropriation is no longer authorized to finance CD security cooperation training and equipping activities. \$30 million has been transferred in the FY 2019 request from this decision unit to the Defense Security Cooperation Agency (DSCA) to support CD capacity-building efforts with international partners. This amount is in addition to \$75.0 million previously transferred in the FY 2018 budget request. (See Defense Security Cooperation Agency decision unit below).

Intelligence and Technology

FY 2019 Request: \$180.1 million
(\$3.1 million above the FY 2018 CR level)

This activity finances intelligence and technology programs to collect, process, analyze, and disseminate information required for CD operations. Funding provides intelligence support and analysis to the combatant commands; signals intelligence (SIGINT) collection and processing; and support to Military Service and Special Operations CD command and control programs.

Domestic Support

FY 2019 Request: \$130.3 million
(\$136.1 million below the FY 2018 CR level)

This activity supports Federal, state and local drug law enforcement agency (DLEA) requests for domestic operational and logistical support, and provides assistance to DLEA in their

efforts to reduce drug-related crime. Under Title 32 U.S. Code, §112, this activity provides DoD support, via the National Guard, to domestic law enforcement under the Governors' State Plans and Counterdrug Schools programs. Funding also supports U.S. Northern Command (NORTHCOM) CD support to DLEA under Title 10, U.S. Code.

Defense Security Cooperation Agency decision unit

**FY 2019 Request: \$105.0 million (excluding OCO)
(\$105.0 million above the FY 2018 CR level)**

This decision unit finances CD capacity-building training and equipping activities in support of international partners. Pursuant to §1241 of the FY 2017 NDAA, \$30 million has been transferred to the FY 2019 Defense Security Cooperation Agency (DSCA), in addition to \$75.0 million previously transferred in the FY 2018 budget request, to support international capacity-building efforts under the sole source of funding provision contained within 10 U.S.C. §333(g). Congress requires that all DoD security cooperation activities conducted under this section's authority must now be financed by amounts derived only from those authorized to be appropriated to DoD for DSCA.

Overseas Contingency Operations decision unit

**FY 2019 Request: \$196.3 million (including DSCA OCO)
(\$6.8 million below the FY 2018 CR level)**

Since 2004, DoD CD activities in Afghanistan and Central Asia have been financed primarily by this decision unit. These activities continue to support U.S. security goals for Central Asia and international partners' efforts to disrupt, degrade, and dismantle threat networks and violent extremist organizations that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism. The majority of resources of this decision unit support special-purpose vetted units, including the Afghanistan Special Mission Wing and the Counternarcotics Police of Afghanistan.

Operations Tempo (OPTEMPO)

**FY 2019 Request: \$65.7 million
(No change from the FY 2018 CR level)**

The DoD CD OPTEMPO decision unit estimates the level of funding for DoD aircraft flight hours and ship steaming days that support CD activities. The Military Services derive these estimates by multiplying the aircraft cost per flight hour/ship steam days by the number of hours/days the system is employed in supporting CD missions and activities. Estimates may include transit time, on-station time, and training.

PERFORMANCE

In accordance with the *Department of Defense (DoD) Counternarcotics and Global Threats Strategy*, dated April 27, 2011, DoD commits resources in support of an integrated counterdrug program designed to combat drug trafficking and related forms of transnational organized crime. DoD CD, and related CTOC and CTF programs, support the *National Drug Control Strategy* and the *National Strategy to Combat Transnational Organized Crime*.

The international security environment has changed considerably since the *DoD Counternarcotics and Global Threats Strategy* was first published in 2011. DoD has been developing a follow-on strategy to guide the synchronization of military assets and civilian law enforcement for countering drug trafficking and illicit threat networks. It is anticipated that this new strategy will be issued in FY 2018, aligned with the new National Security Strategy released in December 2017, and having revised strategic goals and objectives that will be reflected in the FY 2018 Performance Summary Report.

During FY 2017, DoD executed its counterdrug program in accordance with the following established strategic goals:

- *Strategic Goal 1.* To disrupt and, to the degree possible disable, not only the nexus of actors and activities but also the individual activities of trafficking, insurgency, corruption, threat finance, terrorism, and distribution of precursor chemicals in Afghanistan/Pakistan such that material support for the insurgency and terrorists is significantly reduced, the Afghan National Police and other law enforcement agencies are strengthened, and the governments of Afghanistan and Pakistan are reinforced.
- *Strategic Goal 2.* Illicit drug and drug precursor trafficking and related transnational organized criminal threats to U.S. national security interests in the Western Hemisphere – particularly in Mexico, Central America, Colombia, and Peru – are reduced sharply in a manner sustained by partner nations.
- *Strategic Goal 3.* The size, scope, and influence of targeted Transnational Criminal Organizations (TCOs) and trafficking networks are mitigated such that these groups pose only limited, isolated threats to U.S. national security and international security. The United States and partner nations have developed layered and coordinated approaches that regularly disrupt the operations of these organizations and networks, limit their access to funding, reduce their assets, and raise their costs of doing business.

Guided by these strategic goals, DoD continues to provide detection and monitoring, capacity building, and operational and analytical support to U.S. and partner nation law enforcement entities. Selected examples of FY 2017 qualitative and quantitative program performance results are provided in the following table to communicate progress on these strategic goals and operational objectives.

Department of Defense		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
Demand Reduction		
» Active duty military personnel testing positive for drug use	under 2 %	0.94 %
» DoD civilian personnel testing positive for drug use	under 1 %	0.33 %
Strategic Goal 1		
» Heroin Removal by Combined Task Force – 150 in Indian Ocean Transit Zone	*	1,542 kg
Strategic Goal 2		
» Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources	80 %	75 %
Strategic Goal 3		
» Total value in U.S. dollars interdicted through DoD counterdrug funded National Guard Programs (Western Hemisphere)	\$230 M	\$844 M

*Target not established.

Demand Reduction: DoD is on track to keep the illicit drug positive rate below 2% showing a downward trend for both active duty personnel and DoD civilian personnel, in spite of expanding the drug testing panel to include commonly-abused prescription drugs and synthetic marijuana (aka Spice). DoD policy is to ensure 100% random urine drug testing for all active, reserve, and National Guard. Given the success of the Defense civilian drug testing program, the DoD random testing rate for civilians in testing designated positions will be 50% of the workforce per year.

Strategic Goal 1: Co-located with USCENTCOM's Navy component in Bahrain, the Regional Narcotics Interagency Fusion Cell (RNIFC) analyzes, fuses, develops and disseminates all-source military intelligence and law enforcement information to assist in targeting drug trafficking, transnational criminal organization networks, and other transnational threats emanating from the illicit drug trade in Afghanistan. The rapid development of the RNIFC as a trusted regional partner was recently demonstrated by the 2017 seizure of the fishing vessel (F/V) Ammaar by Tanzanian law enforcement officials.

The F/V Ammaar was developed as a contact of interest by RNIFC personnel, who then provided the information to Coalition Maritime Forces. On 21 October 2017, Her Majesty's Australian Ship (HMAS) Newcastle, operating as a member of Combined Task Force 150, conducted a flag verification boarding of the F/V Ammaar. The resulting search found no illicit goods aboard and the Ammaar was released to continue its journey. Based on historic movements of the F/V Ammaar, RNIFC analysts developed a series of predictive products on the likely destination of the fishing vessel and passed the information to the United Kingdom's National Crime Agency (NCA). With a likely landing in Tanzania, NCA contacted its vetted partner unit in Tanzania law enforcement and secured support from the Tanzanian Peoples Defense Force (TPDF) to use two offshore patrol vessels to intercept the F/V Ammaar once it entered Tanzanian territorial waters. NCA advisors with their Tanzanian law enforcement partners deployed aboard the TPDF vessels and on 24 October 2017, after being cued by information provided by RNIFC, intercepted the F/V Ammaar once again. This time, after using

real-time information provided by RNIFC law enforcement partners, the Tanzanians found and seized more than 111 kilograms of heroin, arrested the 12 person crew, and confiscated the dhow. This marked the largest seizure of heroin by the Tanzanian Drug Control Enforcement Agency.

The interdiction of the F/V Ammaar by law enforcement and security elements of the Government of Tanzania demonstrates the complex environment RNIFC operates in and the significant regional coordination required to affect an interdiction. It reveals the maturity of its regional partnerships and a level of trust that has developed through RNIFC's willingness to share timely information. Finally, this operation highlighted the value of fused intelligence and information gathered from multiple international civilian, military, and law enforcement organizations in a common location that provides improved opportunities to collaborate, coordinate, and share information.

Strategic Goal 2: DoD is the single lead agency for detection and monitoring of aerial and maritime transit of illicit drugs into the United States. Through cued intelligence and other sources, Joint Interagency Task Force-South (JIATF-S) detects, monitors, and hands-off illicit targets to U.S. and international law enforcement agencies that possess the authorities to conduct the interdiction and apprehension (I&A) phase of the interdiction continuum.

In FY 2017, JIATF-S logged 7,859 Critical Movement Alerts (CMAs) comprised of initial intelligence submissions, of which 7,646 were Drug Movement Alerts (DMAs), a subset of CMAs that capture an impending or ongoing illicit drug movement. During the quarterly CCDB vetting conferences, this vetting process led to the designation of 4,251 JIATF-S CCDB validated events for FY 2017. Of the 4,251 JIATF-S CCDB events, JIATF-S was able to target 1,071 events (25%) with JIATF-S controlled resources such as aircraft, ships, helicopters, etc. The remaining 3,180 events (75%) were not targeted primarily due to the lack of allocated air and maritime resources.

Of the 1,071 targeted events, 410 (38%) were detected (eyes on the illicit conveyance) by U.S. or partner nation D&M assets. Of the 410 detected cases, 309 were successfully handed-off to U.S. or partner nation (PN) law enforcement Interdiction and Apprehension (I&A) assets achieving a success rate of 75% for seizures or disruptions. This overall hand-off rate of 75% falls short of the FY 2017 target of 80%. The ultimate hand-off percentage is driven by many factors, to include a lack of JIATF-S air and maritime resources (only 20% of JIATF-S flight hour requirement and 31% of JIATF-S ship day requirement were sourced by U.S. and PNs in FY 2017). The FY18 target of 80% of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources was set as an incremental increase towards the goal of 100%. There are many variables that effect the actual hand-off percentage, but each year U.S. Government and PNs strive to become more efficient and effective by increasing capabilities, capacities and competencies with assets and resources, command and control, information sharing, and technological advancements to enable better "detection" to "hand-off" successes. JIATF-S is a critical force multiplier for U.S. and partner nation law enforcement agencies for evidence collection, grand jury proceedings, indictments, and extraditions leading to the interdiction or arrests of key Drug Trafficking Organizations (DTO) members, Consolidated

Priority Organization Targets (CPOT) and ultimately the dismantlement of drug trafficking networks. Below are JIATF-S FY 2017 seizure statistics compared to the previous fiscal year:

- Arrests/Detainees: 894, increased by 14%
- Conveyances (vessels and aircraft): 252, increased by 1%
- Cocaine: 283MT, increased by 1MT (\$5.7B loss to traffickers)
- Marijuana: 12MT, decreased by 60% (\$25.4M loss to traffickers)
- Heroin: 5KG, decreased by 75% (\$440K loss to traffickers)

Strategic Goal 3: In FY 2017, National Guard Counterdrug Programs supported law enforcement interdiction of greater than \$11 billion in illicit assets. \$844 million of the \$11 billion were U.S. dollar seizures.

The National Guard Counterdrug Program supported 260 Federal, State, Local, Tribal, and Territorial law enforcement agencies across all 54 states and territories. Support categories included: Linguist and Translation Support, Investigative Case Support, Criminal Analysis Support, Counter Threat Finance (CTF) Analysis Support, Transportation Support, and Ground and Aerial Reconnaissance Support.

DoD CD-funded National Guard criminal analysts and CTF analysts produced more than 175,000 analytical products in support of 20,000 U.S. law enforcement agency counterdrug investigations. National Guard support directly contributed to disruption or dismantlement of over 1,000 CPOT-linked DTOs, and the dismantlement of five money laundering targets in excess of \$5 Million.

DEPARTMENT OF DEFENSE

Defense Health Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Treatment	\$75.507	\$76.744	\$76.509
Research and Development	\$4.522	0.400	\$0.500
Total Drug Resources by Function	\$80.029	\$77.144	\$77.009
Drug Resources by Decision Unit			
Defense Health Program	\$80.029	\$77.144	\$77.009
Total Drug Resources by Decision Unit	\$80.029	\$77.144	\$77.009
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$33.5	\$33.7	\$33.7
Drug Resources Percentage	0.2%	0.2%	0.2%

¹ Total Agency Budget represents Defense Health program appropriated funding only and excludes Medicare Eligible Retiree Health Care Fund (MERHCF)

Program Summary

MISSION

The medical mission of the DoD is to enhance DoD's and the Nation's security by providing health care support for the full range of military operations and sustaining the health of all those entrusted to its care. The Defense Health Program (DHP) appropriation funding provides worldwide medical and dental services for active duty forces and other eligible beneficiaries, veterinary services, medical command headquarters, specialized services for the training of medical personnel, and occupational and industrial health care.

Included are the estimated costs associated with provisions of the TRICARE benefit, as well as the allocations for the Congressionally-mandated program in alcohol and substance abuse research. The TRICARE benefit provides for the health care of active duty service members, National Guard and Reserve members, retirees, their families, survivors, and certain former spouses worldwide. As a major component of the Military Health System (MHS), TRICARE brings together the health care resources of the uniformed services and supplements them

with networks of civilian health care professionals, institutions, pharmacies, and suppliers to provide access to high-quality health care services while maintaining the capability to support military operations.

METHODOLOGY

With the exception of Congressionally-directed research activities, the DHP appropriation does not have specific line items or programs designated for drug control activities. As a result, the estimates for substance use disorder treatment costs are based on an extract of inpatient and ambulatory encounter claims data containing selected drug abuse primary diagnoses and procedures, whether provided by MHS staff (direct care) or from private providers (purchased care). Excluded from the total treatment cost are prescription costs (because pharmaceutical records do not contain diagnoses codes), Medicare-eligible beneficiary treatment costs (not paid by the DHP appropriation), U.S. Family Health Plan (a TRICARE health plan), and beneficiary treatment costs (because such care is funded on a capitated basis, and claims level data are not available for these beneficiaries). The private sector care (PSC) portion of the costs reported for FY 2017 includes costs such as claim processing fees, capital and direct medical education payments.

The out-year estimates are derived by applying the estimated growth rates of the direct care and purchased care system costs to the historical actual treatment costs.

BUDGET SUMMARY

In FY 2019, The DHP requests an estimated \$77.0 million for drug control activities, a decrease of \$0.1 million from the FY 2018 CR level.

Defense Health Program

FY 2019 Request: \$77.0 million

(\$0.1 million below the FY 2018 CR level)

The FY 2019 request for DoD's DHP includes \$0.50 million for research activities exclusive of Congressionally mandated programs such as the Alcohol and Substance Abuse Program. In support of its mission to provide medical services and support to members of the Armed Forces to keep them physically prepared for deployment, the DoD provides a comprehensive TRICARE benefit to all members of the armed forces, delivered in a regional environment with a seamless continuity of care. In addition, pursuant to applicable authorities, DoD offers substance use disorder treatment services (including replacement therapies in Military Treatment Facilities and TRICARE-authorized substance use disorder treatment facilities, when indicated). Proposed changes to the MHS benefit, currently in internal coordination, will seek to expand the types of substance use disorder treatment settings available to all eligible beneficiaries.

PERFORMANCE

Information regarding the activities of the DHP appropriation is drawn from agency documents and other information.

The DoD medical research portfolio aims to address the continuum of alcohol and substance abuse, including research aimed at prevention, screening, assessment, and diagnosis, as well as treatment and recovery services. The DHP appropriation continues to support the Congressionally directed Alcohol and Substance Abuse Disorders Research Program. The research efforts continue to focus on understanding the underlying mechanisms of alcohol and substance use within the context of other behavioral health issues (e.g., post-traumatic stress, depression) in general and also within the military context (e.g., military service, deployment, reintegration, operational stressors). Studies also continued on developing evidence-based prevention and treatment interventions for alcohol and substance use disorders applicable to military populations. Future research includes evaluating the effectiveness of brief interventions for preventing and treating alcohol and substance use disorders.

DEPARTMENT OF EDUCATION



DEPARTMENT OF EDUCATION
Office of Safe and Healthy Students

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$48.886	\$48.682	\$43.000
Total Drug Resources by Function	\$48.886	\$48.682	\$43.000
Drug Resources by Decision Unit			
School Safety National Activities	\$48.886	\$48.682	\$43.000
<i>School Climate Transformation Grants</i>	46.461	46.257	42.000
<i>Other Activities</i>	2.425	2.425	1.000
Total Drug Resources by Decision Unit	\$48.886	\$48.682	\$43.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a percent of Budget			
Total Agency Budget ¹ (in Billions)	\$45.6	\$45.6	\$39.0
Drug Resources percentage	0.1%	0.1%	0.1%

¹The total agency budget reflects discretionary funds only, excluding Pell Grants.

Program Summary

MISSION

The Department of Education administers programs to help ensure that students can meet challenging State-determined academic standards and to improve: elementary and secondary education; special education and early intervention programs for children with disabilities; English language acquisition for English learners and immigrant children; career, technical, and adult education; and higher education. In addition, the Department of Education carries out research, data collection, and civil rights enforcement activities. The Department’s programs under School Safety National Activities are intended to improve student safety and well-being during and after the school day.

METHODOLOGY

The programs funded under School Safety National Activities comprise the only Department of Education operations included in the drug control budget. These programs help States and school districts foster a safe, secure, and drug-free learning environment, facilitate emergency management and preparedness, and prevent drug use and violence by students and otherwise improve their well-being. School Safety National Activities supports the prevention goals and objectives of the *Strategy*.

The Department of Education’s budget for drug control programs includes all funding under School Safety National Activities, except for amounts corresponding to the following activities that have no clear drug control nexus: (1) Project School Emergency Response to Violence, a crisis response program that provides education-related services to local educational agencies (LEAs) and institutions of higher education (IHEs) in which the learning environment has been disrupted due to a violent or traumatic crisis; (2) Project Prevent, which makes grants to LEAs to help schools in communities with pervasive violence address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence; (3) the Readiness and Emergency Management for Schools Technical Assistance Center, which supports schools, school districts, and institutions of higher education in the development of high-quality emergency operations plans and comprehensive emergency management planning efforts; and (4) in fiscal year 2017, funds for school-based activities to support students in communities that have experienced significant episodes of civil unrest.

BUDGET SUMMARY

In FY 2019, the Department of Education requests \$43.0 million for drug control activities, a decrease of \$5.7 million from the FY 2018 CR level.

School Climate Transformation Grants

FY 2019 Request: \$42.0 million

(\$4.3 million below the FY 2018 CR level)

The opioid crisis has devastated families and communities across the United States, and the Administration believes that schools can play an important role in both preventing opioid abuse and addressing the mental health and other needs of students affected by the epidemic. The request includes \$42.0 million for a new cohort of School Climate Transformation grants to State educational agencies (SEAs) and LEAs and related technical assistance to help school districts implement multi-tiered, evidence-based strategies to prevent opioid-abuse by students and address associated behavioral and academic challenges.

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. In the 2019 competition, the Department would give priority to applicants that describe how their project would address the opioid epidemic, which would include, at a minimum, activities to prevent opioid abuse by students. Funds would be used to implement data tracking systems, train teachers and other school staff to analyze the data, and select the most appropriate evidence-based programs to address students’ needs, train teachers and staff to implement the selected programs with fidelity, and purchase associated programmatic materials.

Other Safe Schools National Activities

FY 2019 Request: \$1.0 million

(\$1.4 million below the FY 2018 CR level)

The request also includes \$1.0 million for the National Center on Safe Supportive Learning Environments. The Center provides technical assistance to SEAs, LEAs, and IHEs to help improve conditions for learning in schools and classrooms and to provide safe and healthy environments to prevent substance abuse; support student academic success; and prevent violence at the elementary, secondary, and postsecondary levels. It is well-positioned to help SEAs, LEAs, schools, and IHEs respond effectively to the Nation's opioid epidemic. For example, it will develop and provide opioid abuse prevention resources—such as publications and webinars—that would be available to all schools and postsecondary institutions.

PERFORMANCE

Information regarding the performance of the drug control efforts of the School Safety National Activities is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent drug control-related achievements during FY 2017.

The Department has developed a variety of measures to assess the performance of the School Climate Transformation Grants, including (1) measures related to increasing the capacity of LEAs to implement a multi-tiered decision-making framework to improve behavioral and learning outcomes and (2) measures to demonstrate the progress of LEAs in achieving those outcomes as evidence by decreasing student disciplinary actions and increased student attendance. The selected measures included in the chart below most directly support the drug prevention function of the School Safety National Activities program. Data are based on analyses of grantee performance reports.

The first pair of measures support the drug prevention function of the School Safety National Activities program by implementing a multi-tiered behavioral framework where selected drug and other prevention programs are (1) evidence-based and (2) more likely to be implemented effectively. These measures are designed to evaluate whether the LEA School Climate Transformation Grants result in such increased capacities. The second pair include explicit references to drugs and alcohol. 2017 performance exceeded the targets on all four measures.

Department of Education		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» 2014 cohort - The number of schools annually that are implementing the multi-tiered behavioral framework with fidelity (based on 67 of 70 grantees reporting data)	677	814
» 2014 cohort - The percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity (based on 67 of 70 grantees reporting data)	60%	65%
» 2014 cohort - The number of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol (based on 64 of 70 grantees reporting data)	540	698
» 2014 cohort - The percentage of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol (based on 64 of 70 grantees reporting data)	53%	59%

FEDERAL JUDICIARY



FEDERAL JUDICIARY

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR ²	FY 2019 Request
Drug Resources by Function			
Corrections	\$513.681	\$517.702	\$528.725
Prosecution	373.830	380.989	396.544
Research and Development	7.353	7.402	7.535
Treatment	146.228	147.372	150.509
Total Drug Resources by Function	\$1,041.092	\$1,053.465	\$1,083.313
Drug Resources by Decision Unit			
Administrative Office of the U.S. Courts	2.013	2.023	2.068
Court Security	39.012	39.329	41.559
Defender Services	127.447	131.456	139.262
Federal Judicial Center	1.132	1.140	1.162
Fees of Jurors and Commissioners	9.706	10.996	12.272
Salaries and Expenses	854.542	861.233	879.571
U.S. Sentencing Commission	7.240	7.288	7.419
Total Drug Resources by Decision Unit and Function	\$1,041.092	\$1,053.465	\$1,083.313

Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$7.2	\$7.3	\$7.5
Drug Resources Percentage	14.5%	14.5%	14.5%

¹ Includes Mandatory and Discretionary Resources

² Because final appropriations outcomes for FY 2018 are currently unknown, the Judiciary made funding assumptions about FY 2018 in order to construct its FY 2019 budget request. The FY 2018 funding level assumed that Congress will provide a full-year discretionary appropriation for the Salaries and Expenses account at a 0.5 percent increase above the FY 2017 enacted level, a mid-point between a hard freeze at the FY 2017 enacted levels and the FY 2018 House mark for the Defender Services and Court Security accounts, and the Fees of Jurors account at current services level.

Program Summary

MISSION

The Federal Judiciary (Judiciary) is an equal branch of government and provides fair and impartial justice within the jurisdiction as conferred by the Constitution and Congress. The Judiciary's drug-related resources represent an estimate of the Judiciary's resources associated with adjudication of Federal laws, representation for indigent individuals accused under these laws, and the supervision of offenders and defendants.

METHODOLOGY

The drug portion of the Judiciary's budget is estimated by applying the percentage of drug-related activity experienced in each appropriation to the current appropriation or requested funding. The percentages are developed by analyzing the workload of each component of the Judiciary's budget; estimating the amount that is attributed to drug-related crime, prosecution, treatment, or corrections; and then rounding to the nearest five percent before application. The percentages are updated each September to reflect the most recent drug workload information available.

The Judiciary is organized geographically into twelve Judicial Circuits and 94 Districts, each with supporting offices, such as the Office of the Clerk of the Court, Probation and Pretrial Services Offices, and Bankruptcy Courts. The courts receive administrative support from the Administrative Office of the United States Courts and research and training services from the Federal Judicial Center and the U.S. Sentencing Commission. In addition to personnel and court operating expenses, Judiciary costs include payments to jurors, payments to defense attorneys for indigent defendants, court reporting and interpreting, and court facility security. The resources also support drug cases, trials, defendants, and their associated costs. The resources also support drug cases, trials, defendants, and their associated costs. The Judiciary also provides for court ordered drug testing, SUD treatment, and supervision of Federal defendants, probationers, parolees, and supervised releasees.

Drug-related workload is identified by the types of cases being heard, as well as the offenses of the individuals needing counsel or under supervision. Funding is used by probation and pretrial services offices for drug testing and treatment of Federal defendants and offenders. Probation and pretrial services officers have primary responsibility for enforcing conditions of release imposed by the courts and for monitoring the behavior of persons placed under their supervision. With Administrative Office of the United States Courts oversight, officers administer a program of drug testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole. The goal is to eliminate substance abuse by persons under supervision and to remove violators from the community before relapse leads to recidivism.

BUDGET SUMMARY

For FY 2019, the drug control budget request totals \$1,083.3 million, an increase of \$29.8 million above the FY 2018 CR level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request reflects increases to maintain current services.

Administrative Office of the United States Courts

**FY 2019 Request: \$2.1 million
(\$45,000 above the FY 2018 CR level)**

The Administrative Office of the United States Courts provides professional support, analysis, program management, and oversight for the Judiciary. The drug-related resources in this

account are for the necessary expenses of the Administrative Office departments related to the drug case workload in the courts and probation and pretrial services offices.

Court Security

FY 2019 Request: \$41.6 million

(\$2.2 million above the FY 2018 CR level)

This program provides security for judicial areas at courthouses and in Federal facilities housing court operations. The U.S. Marshals Service (USMS) acts as the Judiciary's agent in contracting for security and guard services and the purchase, installation, and maintenance of security systems and equipment for all court locations. In the event that a particular court is trying a drug-related case or cases and the trial has been designated by the USMS to be a "high threat" proceeding, the standard level of security normally provided at the facility is enhanced, using a combination of the resources noted above, for the duration of the trial.

Defender Services

FY 2019 Request: \$139.3 million

(\$7.8 million above the FY 2018 CR level)

The Defender Services program provides effective representation for any person financially unable to obtain adequate representation in Federal criminal and certain related proceedings.

Federal Judicial Center

FY 2019 Request: \$1.2 million

(\$22,000 above the FY 2018 CR level)

The Federal Judicial Center provides education and training for judges, probation and pretrial services officers, and other Federal court personnel, and performs independent research to improve the administration of justice in the Federal courts. Many Federal Judicial Center programs deal with drug-related court workload issues that include training for Federal judges in criminal law and procedure, sentencing, and criminal case management; training for probation and pretrial services officers to help judges formulate sentences and supervise drug-dependent defendants and offenders; and training for other court staff to help them manage resources effectively, particularly in those courts beset by heavy caseload.

Fees of Jurors and Commissioners

FY 2019 Request: \$12.3 million

(\$1.3 million above the FY 2018 CR level)

This program includes funding for jurors sitting on drug cases. Required drug-related resources depend largely upon the volume and length of jury trials for parties to criminal actions and the number of grand juries being convened by the courts at the request of the U.S. Attorneys.

Salaries and Expenses

FY 2019 Request: \$879.6 million

(\$18.3 million above the FY 2018 CR level)

The Salaries and Expenses request includes salaries, benefits, and other operating expenses of judges and support personnel for the U.S. courts of appeals, district courts, bankruptcy courts, and probation and pretrial services officers and staff.

United States Sentencing Commission

FY 2019 Request: \$7.4 million

(\$0.1 million above the FY 2018 assumed level)

The U.S. Sentencing Commission covers costs related to the establishment, review, and revision of sentencing guidelines, policies, and practices for the criminal justice system.

PERFORMANCE

Information regarding the activities of the Judiciary is drawn from data collected by the Administrative Office. The information presented here is based on data for the fiscal year ending September 30, 2016, the last full year for which data are available. Of note, while data are available regarding drug related defendants, cases, filings, and other court activities, performance measures, targets, and actuals are not included. The work of the Federal Judiciary is guided by a Strategic Plan developed by the Judicial Conference. However, this branch of the Federal Government is not covered by the requirements of the Government Performance and Results Modernization Act.

Drug crimes remained the offenses prosecuted most frequently in the U.S. district courts, constituting 32 percent of all defendant filings. Filings for defendants charged with crimes related to marijuana decreased 8 percent to 5,158. Filings for non-marijuana defendants fell 2 percent to 19,480. Filings related to the sale, distribution, or dispensing of illegal drugs decreased 2 percent to 2,717 for marijuana and fell 1 percent to 17,391 for all other drugs.

Forty-nine percent of persons under post-conviction supervision had been convicted of drug offenses. Offenders convicted of drug offenses rose from 48 percent to 49 percent of persons under post-conviction supervision.

Cases in which the major offense charged involved drugs accounted for 27 percent of pretrial services cases (the same as last year).

DEPARTMENT OF HEALTH AND HUMAN SERVICES



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Departmental Opioids Funding – Drug Prevention and Treatment Activities

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$ ---	\$ ---	\$700.000
Treatment	---	---	1,525.000
Research and Development: Prevention	---	---	375.000
Research and Development: Treatment	---	---	400.000
Total Drug Resources by Function	\$ ---	\$ ---	\$3,000.000
Drug Resources by Decision Unit			
Media Campaign	\$ ---	\$ ---	\$100.000
Evaluate Impact of MAT on Reducing Overdose Deaths	---	---	25.000
State Opioid Grants [SAMHSA]	---	---	1,000.000
Reducing Use of Injected Drugs, HIV/AIDS, Hepatitis C [SAMHSA]	---	---	150.000
Improving Access to Overdose Treatment [SAMHSA]	---	---	50.000
Drug Courts [SAMHSA]	---	---	20.000
Pregnant and Post-Partum Women Treatment Program [SAMHSA]	---	---	20.000
Opioid Overdose and Abuse Prevention (incl. surveillance) [CDC]	---	---	175.000
Rural Health – Addressing Substance and Opioid Use Disorder [HRSA]	---	---	150.000
Health Centers [HRSA]	---	---	400.000
American Indian and Alaska Native: Prevention, Treatment, and Recovery Services [IHS]	---	---	150.000
Research Activities [NIH]	---	---	750.000
Regulatory Science Activities [FDA]	---	---	10.000
Total Drug Resources by Decision Unit	\$ ---	\$ ---	\$3,000.000

Program Summary

The Health and Human Services budget provides a historic level of new resources across HHS to combat the opioid epidemic and serious mental illness, to build upon the work started under the *21st Century Cures Act*.

The Budget's targeted investments advance the Department's five part strategy, which involves:

- Improving access to prevention, treatment, and recovery services, including medication assisted therapies;
- Targeting availability and distribution of overdose-reversing drugs;
- Strengthening our understanding of the epidemic through better public health data and reporting;

- Supporting cutting edge research on pain and addiction; and
- Advancing better practices for pain management.

The President has identified an additional \$3.0 billion opioids allocation as part of the \$10 billion proposed in the FY 2019 Budget to address the opioid crisis and mental health, allocating funds among agencies within the Department to carry out the activities in the Secretary's plan.

The proposed allocation to the Office of the Secretary will support HHS-wide activities to launch a nation-wide digital and mass media campaign to raise awareness about opioids and reduce drug demand, and to support a robust evaluation to strengthen the evidence of the impact of MAT on reducing overdose deaths.

The Substance Abuse and Mental Health Services Administration allocation includes \$1.0 billion to extend the State Targeted Response to the Opioid Crisis program. Funding will address 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 opioid addiction. This allocation also includes \$150.0 million for opioid-related services to reduce injection drug use and related HIV/AIDS and Hepatitis C infection rates, and \$90.0 million will be used to support efforts to: expand and enhance drug court programs, expand services for pregnant and post-partum women, and promote the use of life-saving overdose reversal drugs by first responders.

The FY 2019 President's Budget Request would initially allocate \$175.0 million of funding for opioid activities in the Centers for Disease Control and Prevention (CDC) in two areas, prevention and surveillance. This increase will provide critical resources needed to promote the use of prescription drug monitoring program (PDMP) data to inform action, amplify messaging within states to educate about the risks associated with opioids, strengthen prevention activities at the community level for a more customized response, and target populations of particular need, including rural and tribal communities. Funds also will be used to conduct evaluation of effective interventions that can be applied throughout the United States.

CDC will advance its understanding of the opioid overdose epidemic by increasing the timeliness and improving the quality of morbidity and mortality data. CDC will partner with states and localities to implement strategies including surveillance activities to promote linkage to treatment for individuals with an opioid use disorder and linking PDMP data to mortality data to inform prevention strategies.

At the Health Resources and Services Administration (HRSA), an initial allocation totaling \$550.0 million is requested to address substance abuse—including opioid abuse—and the overdose crisis in highest risk rural communities. This funding will go directly to communities that are best situated to address this crisis, and will support multi-sector, county-level teams located in communities identified at the highest risk for substance abuse by the Centers for Disease Control and Prevention (CDC).

The HRSA funding will support and enhance the capacity of health centers to treat substance use disorders, which includes expanding evidence-based substance abuse prevention and

education programs for patients, families, communities, and personnel to increase awareness of patient access to, and patient retention in, substance use disorder treatment programs. Funding will allow communities to develop plans to address local needs. Additionally, this funding will provide additional loan repayment awards through the National Health Service Corps to support the recruitment and retention of health professionals needed in rural areas to provide evidence-based SUD treatment and prevent overdose deaths.

The Indian Health Service (IHS) requests a \$150.00 million allocation to implement its Tribal Opioid Prevention, Treatment, and Recovery Support grant program. Funding will be awarded to Tribes using competitive grant amounts based on need with a portion of funding made available to Title V Urban Indian organizations. IHS facilities operating a primary care clinic will be eligible to apply for a Federal program award with agreement from the direct service Tribe.

Under the grant, Tribes will develop a comprehensive tribal action plan to address gaps in prevention, treatment, and recovery. Once the gaps are identified, Tribes can use funds for activities that meet their needs, including implementing prevention approaches; expanding access to treatment—including medication-assisted treatment—in underserved areas and in justice settings; hiring clinical and non-clinical staff to support service delivery; offering recovery support services through peer-to-peer and direct service providers; and improving public health surveillance and data collection.

At the National Institutes of Health (NIH), a funding allocation of \$750.0 million will support a series of projects, including a multi-year, public-private partnership to accelerate the development of safe, non-addictive, and effective strategies to prevent and treat pain, opioid misuse, and overdose, and to help optimize their implementation. In consultation with experts from government, industry, and academia, NIH has proposed a coordinated strategy with two primary aims: developing new formulations and combinations of medications to treat opioid use disorders and to prevent and reverse overdose; and accelerating development of new non-addictive pain therapies.

The Food and Drug Administration (FDA) request for a \$10.0 million allocation would support, among other things, investment in FDA regulatory science in development of tools to stem the misuse and abuses of opioids and for FDA to provide technical assistance related to clinical study design related to MAT. FDA proposes applying funds to develop algorithm-driven diagnostics to support the opioid use disorder treatment workforce. The goal is to enable evidence-based treatment to allow clinicians to more optimally prescribe MAT.

Additionally, to accelerate the development of generic versions of opioid drug products with abuse deterrent formulations, FDA will use the resources to fund studies to identify additional tools and methodologies that can be used to evaluate whether differences in formulations impact abuse deterrence. FDA anticipates that identification of such tools and methodologies will help generic drug applicants streamline the testing necessary to support approval, resulting in increased competition. FDA welcomes the opportunity to make a meaningful impact on this crisis through these scientific projects that will promote the development of opioids that are harder to manipulate and abuse and concurrently increase access to MAT.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$18.620	\$18.620	\$60.000
Total Drug Resources by Function	\$18.620	\$18.620	\$60.000
Drug Resources by Decision Unit			
Promoting Safe and Stable Families – Regional Partnership Grants	\$18.620	\$18.620	\$60.000
Total Drug Resources by Decision Unit	\$18.620	\$18.620	\$60.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$53.5	\$52.7	\$46.9
Drug Resources percentage	0.03%	0.04%	0.13%

Program Summary

MISSION

The Administration for Children and Families (ACF), within HHS, is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. The mission of ACF is to foster health and well-being by providing Federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

METHODOLOGY

The *Targeted Grants To Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse* within the *Promoting Safe and Stable Families* program was established by The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). In 2012, these grants were renamed *Targeted Grants to Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Substance Abuse* and reauthorized through FY 2016 as part of The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). 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.

BUDGET SUMMARY

- In FY 2019, ACF requests \$60.0 million for drug control activities, an increase of \$41.4 million above the FY 2018 annualized CR level. Of this increase, \$1.4 million reflects a current law increase in the baseline for the program, and \$40.0 million reflects a proposal to expand this program.

Regional Partnership Grants

FY 2019 Request: \$60.0 million

(\$41.4 million above the FY 2018 CR level)

In FY 2019, this program will continue to provide services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance use. The proposal for an increase of \$40.0 million per year will allow ACF to expand this program to additional jurisdictions.

PERFORMANCE

Information regarding the performance of the drug control efforts of ACF is based on agency GPRMA documents and other agency information that measures the agency's contribution to the Strategy. The table and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2016, the latest year for which data are available.

Administration for Children and Families		
Selected Measure of Performance	FY 2016 Target	FY 2016 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)	92.1%	92.0%

Since funding for the Regional Partnership Grant 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 2016, ACF placed 92.0 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

RESOURCE SUMMARY

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$125.402	\$124.726	\$125.579
Total Drug Resources by Function	\$125.402	\$124.726	\$125.579
Drug Resources by Decision Unit			
Opioid Abuse and Overdose Prevention ¹	\$125.402	\$124.726	\$125.579
Total Drug Resources by Decision Unit	\$125.402	\$124.726	\$125.579
Drug Resources Personnel Summary			
Total FTEs (Direct Only)²	51	51	51
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)^{3, 4}	\$7.2	\$7.0	\$5.7
Drug Resources Percentage	1.8%	1.8%	2.2%

¹FY 2018 President’s Budget and FY 2019 Request combines 2017 Prescription Drug Overdose and Illicit Opioid Risk Use Factors to Opioid Abuse and Overdose Prevention.

²Includes vacancies.

³Excludes mandatory programs.

⁴Includes funding from the Prevention and Public Health Fund, PHSSEF Pandemic Influenza Transfers, and PHS Evaluation Fund.

Program Summary

MISSION

The Centers for Disease Control and Prevention (CDC) serves as the nation’s public health agency and exercises its expertise in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. To accomplish its mission, CDC identifies and defines preventable health issues and maintains active surveillance of diseases through epidemiologic and laboratory investigations and data collection, analysis, and distribution.

CDC helps support the National Drug Control Strategy through its surveillance activities and by advancing data-driven prevention strategies to address opioid use, misuse, and overdose. CDC’s work aligns with the Department of Health and Human Services strategies to combat the opioid crisis:

- Improving access to treatment and recovery services;
- Promoting use of overdose-reversing drugs;

- Strengthening our understanding of the epidemic through better public health surveillance;
- Providing support for cutting edge research on pain and addiction; and
- Advancing better practices for pain management.

CDC works to prevent opioid-related harms and overdose deaths by:

- Using data to monitor emerging trends and direct prevention activities
- Strengthening state, local, and tribal capacity to respond to the epidemic and prevent opioid-related harms
- Working with providers, health systems, and payers to reduce unsafe exposure to opioids and treat addiction
- Coordinating with public safety and community-based partners to rapidly identify overdose threats, reverse overdoses, link people to effective treatment, and reduce harms associated with illicit opioids
- Increasing public awareness about the risks of opioids

METHODOLOGY

The CDC methodology for determining the drug control budget was established using the amount appropriated for the Opioid Abuse and Overdose Prevention Program¹ (previously the Prescription Drug Overdose and Illicit Opioid Use Risk Factors Programs) under P.L. 115-31, Consolidated Appropriations Act, 2017.

CDC is committed to an approach that protects the public's health and prevents opioid overdose deaths. CDC's activities supported through appropriation focus on fighting the opioid overdose epidemic through improving data quality and surveillance to monitor and respond to the epidemic, strengthening state efforts by scaling up effective public health interventions, and supplying healthcare providers with the data, tools, and guidance needed to improve the safety of their patients. In addition to educating providers, CDC also raises awareness about the risks of prescription opioids among patients and the general public. CDC also is leveraging and strengthening collaboration with partners in other sectors, including but not limited to public safety and those engaged with substance use disorder treatment.

BUDGET SUMMARY

In FY 2019 CDC requests \$125.6 million for drug control activities, an increase of \$0.9 million above the FY 2018 CR level.

Opioid Abuse and Overdose Prevention

FY 2019 Request: \$125.6 million

(\$0.9 million above the FY 2018 CR level)

The FY 2019 Budget Request includes funding to continue state support for opioid overdose prevention programs for a national response to the epidemic. The investment will support rigorous monitoring and evaluation and improvements in data quality at a national level. CDC

also will continue efforts to increase uptake among providers of the CDC Guideline for Prescribing Opioids for Chronic Pain. In addition, CDC will continue to coordinate in efforts with Federal partners, including with the Bureau of Justice Assistance's Harold Rogers Prescription Drug Monitoring Program (PDMP), helping states maximize the use of their PDMPs as health tools to identify and address inappropriate prescribing.

Deaths from heroin have tripled since 2010, and deaths from other illicit opioids also are sharply on the rise. In FY 2019, CDC will continue to address the rising rate of overdoses attributable to illicit opioids by supporting state efforts to improve their ability to detect, track, and respond to illicit opioid overdoses, including obtaining more timely and accurate emergency department and death data. CDC likewise will continue to strengthen the relationship between public health and public safety to address and prevent overdoses attributable to illicit opioids in particular.

State Support

In FY 2015, CDC initiated its Overdose Prevention in States (OPIS) effort, which is comprised of three state programs that together provide funding and scientific support to 45 states and Washington, D.C. The overarching aim of OPIS is to strengthen the public health response to the epidemic by shoring up greater expertise at the state level with regard to opioid overdose surveillance and other prevention strategies to inform a comprehensive response to save lives and reduce opioid misuse, abuse, and overdose. Funds are invested in states across three distinct programs: the Prevention for States (PFS) program, the Data-Driven Initiative (DDPI), and the Enhanced State Opioid Overdose Surveillance (ESOOS) program.

Beginning in FY 2015, the PFS program funded an initial 16 states. With additional appropriations received in FY 2016, the program was scaled up and now funds a total of 29 states to conduct activities that contribute to the National Drug Control Strategy to "prevent drug use in our communities." The 29 PFS states are funded to implement activities within the following four categories:

- Enhancing PDMPs and leveraging them as public health and clinical decision making tools
- Improving health system and insurer practices to improve opioid prescribing
- Evaluating state policies in place to address the epidemic
- Implementing rapid response projects to allow states heightened flexibility in using dollars to address opioid overdose as it manifests within their borders

These strategies are being implemented by state health departments under PFS to improve patient care and safety and reduce high-risk prescribing as a key driver of the opioid overdose epidemic.

Also in FY 2016, DDPI funded a total of 13 states and Washington, D.C. to build and support the infrastructure, collaboration, and data capacity necessary to address and prevent opioid overdoses within their borders.

Lastly, CDC funded an initial 12 states in FY 2016 under its ESOOS program to increase the timeliness and comprehensiveness of nonfatal and fatal opioid-involved overdose reporting, identify associated risk factors with fatal overdoses, and to disseminate surveillance findings to key stakeholders to inform the public health response. With the increase in appropriations received in FY 2017, CDC scaled up the ESOOS program, which now funds a total of 32 states and Washington, D.C.

Moving forward, CDC will continue its approach in partnering with states to combat the opioid epidemic. In particular, CDC will provide state health departments with resources and support needed to scale up surveillance and to advance preventive interventions. Examples of state efforts include enhancing PDMPs and leveraging them as public health surveillance and clinical decision support tools, as well as improving health system and insurer practices to improve safe opioid prescribing. In addition, CDC will sharpen its focus on localities and communities within states, recognizing that there may be particular areas in which targeted resources are needed to quickly address overdose outbreaks that may occur and prevent them from happening again.

CDC also will strengthen surveillance of opioid overdoses within states by improving the timeliness and comprehensiveness of actionable fatal and non-fatal opioid overdose data. State activities will include supporting an early warning system to detect sharp increases or decreases in nonfatal opioid overdoses, collecting information on the number and rate of opioid overdose deaths, and analyzing information from toxicology tests and death scene investigations. Funds likewise will support comprehensive toxicology testing within coroner and medical examiner offices.

To enhance prevention activities, CDC will expand the reach of messaging on risks associated with opioids. In calendar year 2017, CDC launched its communications campaign in targeted states. In 2018, CDC will support activities to expand campaign messaging in more states and through more tailored and targeted communications tactics.

Indirect Support

Apart from these programs, the FY 2019 budget request continues to provide funding for expansion of electronic death reporting to provide faster, better quality data on deaths of public health importance, including prescription and illicit opioid overdose deaths.

PERFORMANCE

CDC has been tracking the rise of opioid overdose deaths, using the data to pivot to prevention activities to curb this alarming epidemic. Since 1999, there have been more than 165,000 deaths from overdoses related to prescription overdoses. Taken together with illicit opioids, that equals about 78 Americans dying every day from an opioid overdose. As one of the programs under the OPIS umbrella, CDC's PfS program currently funds 29 states to advance and evaluate comprehensive state-level interventions for preventing opioid-related overdose, misuse, and abuse. CDC will evaluate changes in the number of overdose deaths involving all opioids (prescription and illicit) among the 29 states funded under PfS as part of the National Drug Control Strategy.

In addition to CDC's state-based opioid prevention programs, the agency will continue implementation of the CDC Guideline for Prescribing Opioids for Chronic Pain, which was released in March 2016. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Treatment	\$7,050.000	\$7,400.000	\$7,690.000
Total Drug Resources by Function	\$7,050.000	\$7,400.000	\$7,690.000
Drug Resources by Decision Unit			
Grants to States for Medicaid	\$4,980.000	\$5,230.000	\$5,440.000
Medicare	2,070.000	2,170.000	2,250.000
Total Drug Resources by Decision Unit	\$7,050.000	\$7,400.000	\$7,690.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions) ¹	\$1,054	\$1,084	\$1,172
Drug Resources percentage	0.7%	0.7%	0.7%

¹ The total agency budget reflects only Medicare and Medicaid current law benefit costs as estimated by the CMS Office of the Actuary. The Medicaid total reflects the Federal share of net benefit outlays and includes outlays from the Vaccines for Children Program. The Medicare total reflects gross benefit outlays.

Program Summary

MISSION

As an effective steward of public funds, the Centers for Medicare and Medicaid Services (CMS) is committed to strengthening and modernizing the Nation's health care system to provide access to high quality care and improved health at lower cost. Through its coverage of SUD treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of the ONDCP by continuing to meet the challenges of providing drug use disorder treatment care benefit payments to eligible beneficiaries.

METHODOLOGY

Medicaid: These projections were based on data from the Medicaid Analytic eXtract (MAX) for 2007 through 2012, based on expenditures for claims with substance use disorder as a primary diagnosis. Managed care expenditures were estimated based on the ratio of substance use disorder expenditures to all expenditures for fee-for service by eligibility group. The estimates were trended forward to fiscal year 2016 using the growth rate of expenditures by state and eligibility category from the CMS-64, MAX data, and estimates consistent with the President's Budget. The annual growth rates were adjusted by comparing the rate of substance use

disorder expenditure growth from 2007-2011 to all service expenditure growth and adjusting the growth rate proportionately. CMS notes that the estimates are higher than those for the FY 2018 President's Budget for several reasons. First, CMS expanded the methodology to include more claims codes than had previously been used. Second, updated expenditure data was higher than previous estimates, which increased the overall estimate.

Medicare: The estimates of Medicare spending for the treatment of substance use disorder are based on the FY 2019 President's Budget baseline. These projections reflect estimated Part A and Part B spending and are based on an analysis of historical fee-for-service claims through 2015, using the primary diagnosis code included on the claims. These projections are higher than those for the 2018 President's Budget, due to the incorporation of additional diagnosis codes for substance use disorder. Specifically, *Other Chronic and Potentially Disabling Conditions for Alcohol and Drug Use Disorders*, as defined by the Chronic Conditions Data Warehouse, as well as the *Core Category of Service* substance use disorder diagnosis codes, as defined by the Office of National Drug Control Policy, were all incorporated. The historical trend was used to make projections into the future.

An adjustment was made to reflect spending for beneficiaries who are enrolled in Medicare Advantage plans, since their actual claims are not available. It was assumed that the proportion in costs related to substance use disorder treatment was similar for beneficiaries enrolled in Medicare Advantage plans as for those enrolled in fee-for-service Medicare.

These estimates do not include spending under Part D of Medicare as there is no diagnosis code associated with prescription drug claims, and drugs used to treat substance use disorders are also used to treat other conditions.

BUDGET SUMMARY

The total FY 2019 drug control outlay estimate for the CMS is \$7,690.0 million. This estimate reflects Medicaid and Medicare—excluding Part D—benefit outlays for substance use disorder treatment. Overall, year-to-year projected growth in substance use disorder spending is a function of estimated overall growth in Medicare and Medicaid spending. Some of the FY 2018 to FY 2019 growth is attributable to the incorporation of actual data in Medicare and Medicaid, which was higher than anticipated, and the incorporation of additional diagnosis codes for substance use disorder.

Grants to States for Medicaid

FY 2019 Request: \$5,440.0 million
(\$210.0 million above the FY 2018 CR level)

Medicaid is a means-tested health care entitlement program financed by States and the Federal government. States have considerable flexibility in structuring their Medicaid programs. Medicaid mandatory services include substance use disorder services for detoxification and treatment for substance use disorder needs identified as part of early and periodic screening, diagnostic and treatment services for individuals under age 21 years of age. Additional Medicaid substance use disorder treatment services may be provided as optional services.

Medicare

FY 2019 Request: \$2,250.0 million
(\$80.0 million above the FY 2018 CR level)

Medicare provides coverage for hospital, supplemental medical, and prescription drug insurance to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare substance use disorder treatment benefits payments are made by Medicare Part A and Medicare Part B for inpatient and outpatient treatment, respectively.

PERFORMANCE

CMS uses quality measures in its various programs that include quality improvement, pay for reporting, and public reporting. However, none of the programs require reporting of specific measures, nor do they set specific performance targets for measures. In May 2017, the National Quality Forum, a Consensus-Based Entity which has multiple duties in improving performance measurement, endorsed three new measures to help identify use of opioids at high doses or from multiple providers to persons without cancer.

The Department of Health and Human Services established a FY 2018-19 HHS-wide Agency Priority Goal to *Reduce Opioid Misuse* and CMS is a supporting partner in that effort. Additional Information can be seen on Performance.gov.

Medicaid

In FY 2018, states will continue voluntary reporting on a core set of health care quality measures for adults and children enrolled in Medicaid and CHIP. The 2018 Adult Core Set includes several measures focused on behavioral health; these along with similar measures from the Child Core Set have been identified as a Behavioral Health Core Set.⁶ CMS released an updated Adult Core Set of measures for 2018 in November 2017, including a new measure: “Concurrent Use of Opioids and Benzodiazepines.” Additional related measures include: “Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence,” “Initiation and Engagement of Alcohol and Other Drug Dependence Treatment,” and “Use of Opioids at High Dosage in Persons without Cancer.” CMS publicly reports state-specific data from the Adult Core Set on Medicaid.gov under Annual Reporting.

Medicare

In 2017 The Physician Quality Reporting System transitioned to the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP). The program encourages reporting of quality measures by “eligible professionals” by tying payment adjustments to reporting criteria. The QPP has two tracks: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). Clinicians can choose how they want to participate based on their practice size, specialty, location, or Medicare patient population.

⁶ More information on these healthcare quality measures can be found on the CMS website at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-adult-core-set.pdf> and <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-bh-core-set.pdf>

There are four MIPS categories: Quality, Advancing Care Information, Improvement Activities, and Cost. In order to receive full credit under the Quality category, many clinicians must report on six quality measures. The current program portfolio includes two Improvement Activities, and four quality measures that address opioid use.

The CMS Quality Innovation Network- Quality Improvement Organization Program (QIN-QIO) is working with over 5,000 outpatient settings including pharmacies, nursing homes, and clinical practices and with community coalitions and state based efforts across the nation to improve management and safety of opioid medication while addressing appropriate treatment of pain. The program is currently working toward 2018 goals to achieve a hospital utilization reduction of over 58,000 opioid admissions, observation stays and ED visits for the high risk opioid Medicare population and a reduction in over 4,800 readmissions for the high risk opioid Medicare population. To reach these goals, QIN-QIOs implement interventions in partnership with clinicians, use data analytics to support local innovation and change, and support local efforts such as improving communication across settings and communities. CMS QIN-QIOs have established a methodology using CMS data to identify adverse events for high risk Medicare beneficiaries who have taken an opioid medication. QIN-QIOs provide aggregated reports to recruited providers and community coalitions to support local and national efforts to address the opioid epidemic and increase surveillance of adverse events. QIN-QIOs also use advance analytics to support clinicians in prescribing and understanding how they compare to their state or community.⁷

CMS recently updated its interactive online Medicare Part D Opioid Drug Mapping Tool⁸ that allows the public to search Medicare Part D opioid prescription claims data at the state, county, and ZIP code levels. The tool allows the user to see both the number and percentage of opioid claims at the local level and allows a better understanding of variability in provider prescribing behaviors within and across region and how this critical issue impacts communities nationwide. The updated tool includes the addition of extended-release opioid prescribing rates and county-level hot spots and outliers, which may identify areas that warrant attention.

Medicare Part D Drug Management Program

CMS currently uses a Part D Opioid Drug Utilization Review (DUR) Policy/Overutilization Monitoring System (OMS) based on retrospective DUR to reduce opioid utilization in Part D, Medicare's prescription drug benefit. In conjunction with Part D opioid overutilization policies that address prospective opioid use, this policy has played a key role in reducing high risk opioid overutilization. The Comprehensive Addiction and Recovery Act of 2016 (CARA), effective January 2019, requires CMS to establish through rulemaking a framework under which Part D plan sponsors may establish a drug management program for "at-risk beneficiaries" (ARBs). Under such a program, sponsors may restrict ARB access to controlled substances that CMS

⁷ Additional information about these initiatives can be found at the following links:

<http://qioprogram.org/campaign-meds-management>

<http://qioprogram.org/qionews/topics/adverse-drug-events>.

⁸ For further information, please visit: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html>

determines are "frequently abused drugs" (FADs) to a selected prescriber(s) and/or network pharmacy(ies) through "lock-in". Lock-in programs are common in Medicaid programs, and CARA provides statutory authority to allow Part D plan sponsors to lock in beneficiaries to a certain pharmacy or prescriber in the Medicare Part D program. In November 2016 CMS convened stakeholders to provide input on specific topics in promulgating regulations governing Part D drug management programs.

Clinical Quality Measure Reporting

CMS has included opioid use disorders as a key meaningful measure area in the Meaningful Measures framework, and also incorporated opioids-related measures and clinical improvement activities for clinicians to select as they participate in Medicare's Quality Payment Program (QPP). CMS is also working in partnership with the Office of the National Coordinator for Health Information Technology to incorporate clinical quality measures (CQMs) with information into electronic health records (EHRs) to assist in implementing healthcare delivery and payment. Finally, CMS included opioid-related quality measures in the "Measures Under Consideration (MUC) List" published each year to inform the public about measures being considered for use in Medicare. The 2017 MUC list included "Continuity of Pharmacotherapy for Opioid Use Disorder for the Merit-based Incentive Program, and "Opioid Related Adverse Respiratory Events for the Inpatient Quality Reporting Program."

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$20.000	\$20.000	\$20.000
Treatment	\$153.000	\$153.000	\$153.000
Total Drug Resources by Function	\$173.000	\$173.000	\$173.000
Drug Resources by Decision Unit			
Bureau of Primary Health Care	\$173.000	\$173.000	\$173.000
Total Drug Resources by Decision Unit	\$173.000	\$173.000	\$173.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	--	--	--
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$10.5	\$10.6	\$9.6
Drug Resources percentage	1.7%	1.6%	1.8%

Program Summary

MISSION

The Health Resources and Services Administration (HRSA) is the principal Federal agency charged with increasing access to primary health care for those who are underserved. For more than 50 years, HRSA-funded health centers have delivered affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay. Access to substance abuse services is critical to ensuring overall health and well-being of health center populations. HRSA-funded health centers must provide primary care services for all age groups. Although all health centers enhance access to substance abuse services, a subset (Health Care for the Homeless grantees) are required to provide it either directly or through formal arrangements with other organizations.

Health centers advance a model of coordinated, comprehensive, and patient-centered care, coordinating a wide range of medical, dental, behavioral, and patient services. Today, nearly 1,400 health centers operate more than 10,400 service delivery sites that provide care in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

METHODOLOGY

The Uniform Data System (UDS) tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. The UDS data are collected from grantees and reported at the grantee, State, and national levels. The UDS reporting provides a reasonable basis for estimating the share of the Primary Health Care Grants used for SUD treatment. Using the data reflected on table 8A Financial Costs in the 2016 UDS report, 0.65 percent represents the dollars expended by health centers on substance abuse in 2016 divided by the total cost of all services provided. To calculate the estimated amount of annual ongoing grant funding spent by health centers, 0.65 percent is multiplied by the amount of Health Center Program grants awarded for health center services (net of targeted substance abuse funding) in FY 2017, FY 2018 and FY 2019.

In FY 2016, the Health Center Program awarded approximately \$94.0 million on a targeted supplemental funding opportunity for substance abuse service expansion in existing health centers. The \$94.0 million in FY 2016 substance abuse expansion funding was awarded as ongoing supplemental funding, to be included in health centers' base continuation funding in FY 2017, FY 2018, and FY 2019.

In FY 2017, the Health Center Program awarded an additional \$50.0 million on a targeted supplemental funding opportunity for substance abuse services in existing health centers. The \$50.0 million in FY 2017 substance abuse expansion funding was awarded as ongoing supplemental funding, to be included in health centers' base continuation funding in FY 2018 and FY 2019.

As a result, estimated amounts of substance abuse resources in health centers for FY 2017, FY 2018 and FY 2019 reflect the historic methodology for ongoing funding and the supplemental substance abuse service expansion funding initially awarded in FY 2016 and FY 2017.

BUDGET SUMMARY

In FY 2019, the Health Resources and Services Administration requests \$173.0 million for drug control activities, no change from the FY 2018 CR level.

Bureau of Primary Health Care

FY 2019 Request: \$173.0 million

(No change from the FY 2018 CR level)

In FY 2019, the Health Center program plans to support nearly 1,400 grantees and provide primary health care services to approximately 26 million patients, including access to SUD treatment. Health centers will continue to provide SUD treatment for all age groups.

PERFORMANCE

Information regarding HRSA's Health Center Program's performance is based on the UDS. The table and accompanying text represent highlights of their achievements for the latest year for which data are available.

Health Resources and Services Administration		
Selected Measures of Performance	FY 2016 Target	FY 2016 Achieved
» Number of Health Center Program grantees providing SBIRT services	260	488
» Number of Health Center Program grantees providing substance abuse counseling and treatment services	300	401

HRSA is taking several approaches to improve access to high quality substance abuse services for medically underserved communities through the Health Center Program. General approaches include developing the infrastructure for high quality care through the adoption of health information technology (HIT) and the transformation of health centers to patient-centered medical homes (PCMH). PCMH and the meaningful use of HIT will enable enhanced access to care, better care coordination, and improved patient engagement. Transformed health centers are better positioned to partner with other addiction-related services in the community including inpatient and outpatient substance abuse services.

To further improve access and raise the quality of substance abuse services, the availability of services on-site is essential. This is to be achieved by training health center clinicians to provide high quality and expanded services for those with addiction disorders. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based process used by primary care providers in health centers to effectively detect and treat addiction. Because many communities served by health centers have a high burden of addiction disorders, many health centers have chosen to co-locate and integrate substance abuse specialty services reflecting efficient and effective approaches in meeting patient needs. The integration of substance abuse services may include the provision of enhanced services, such as medication-assisted treatments, by primary care clinicians. In addition, HRSA provides guidance to health centers on collaboration with State agencies to ensure that appropriate standards of care are implemented and that referrals are coordinated.

In FY 2016, 401 health centers provided substance abuse counseling and treatment services, exceeding the program FY 2016 target. Also in FY 2016, 488 health centers provided SBIRT services, exceeding the program FY 2016 target.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$27.058	\$24.106	\$25.199
Treatment	87.311	85.855	92.576
Total Drug Resources by Function	\$114.369	\$109.961	\$117.775
Drug Resources by Decision Unit			
Alcohol and Substance Abuse Prevention and Treatment	\$110.765	\$106.386	\$114.171
Urban Indian Health Program	3.604	3.575	3.604
Total Drug Resources by Decision Unit	\$114.369	\$109.961	\$117.775
Drug Resources Personnel Summary			
Total FTEs (direct only)	171	171	171
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$6,389.0	\$6,363.2	\$6,426.1
Drug Resources percentage	1.8%	1.7%	1.8%

Program Summary

MISSION

The Indian Health Service (IHS), an agency within HHS, is responsible for providing Federal health services to American Indians and Alaska Natives (AI/AN). IHS supports substance use disorder treatment and prevention services as part of this mission.

METHODOLOGY

The IHS includes the appropriation for Alcohol and Substance Abuse (excluding the amount designated as Adult Alcohol Treatment) and the portion of Urban Indian Health Program funds from the NIAAA programs transferred to the IHS under the Urban Indian Health Program budget.

BUDGET SUMMARY

In FY 2019, IHS requests \$117.8 million for drug control activities, an increase of \$7.8 million above the FY 2018 annualized CR level.

Alcohol and Substance Abuse Prevention and Treatment

FY 2019 Request: \$114.8 million

(\$7.8 million above the FY 2018 CR level)

In FY 2019, the IHS budget request for its drug control activities supports ONDCP funding priorities as well as the *Strategy*. The *Strategy* emphasizes the partnership between Federal agencies and their state, local, tribal, and international counterparts and addresses public health and public safety challenges. IHS is also working with Federal partners to implement ONDCP's Prescription Drug Misuse Prevention Plan, "*Epidemic: Responding to America's Prescription Drug Abuse Crisis.*"

The Prescription Drug Misuse Prevention Plan expands upon the Administration's *Strategy* which offers a valuable opportunity for IHS to advance its mission by strengthening existing programs to control and reduce substance use and eliminate its deleterious effects on the health and safety of AI/AN patients and communities.

In FY 2019, IHS will continue to serve AI/ANs impacted by substance use disorders and dependence through its Youth Regional Treatment Centers (YRTC) and other IHS, Tribal, and Urban Indian operated substance use disorder treatment and prevention programs. In addition to those direct services, the IHS Substance Abuse and Suicide Prevention (SASP), a nationally-coordinated grant program, focusing on providing targeted methamphetamine and suicide prevention and intervention resources to communities in AI/AN communities with the greatest need for these programs. There is mutual development and implementation of the MSPI project with Tribes, Tribal programs, and other Federal agencies which now provides support to 175 IHS, Tribal, and Urban Indian health programs nationally. The strategic goal is to support Tribal programs in their continued substance use prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with IHS to deliver services developed by the communities themselves, with a national support network for ongoing program development and evaluation.

Tribal Youth Regional Treatment Centers Aftercare Pilot Project - IHS currently funds thirteen YRTCs to provide a range of clinical services rooted in a culturally relevant, holistic model of care. These services include clinical evaluation, substance use education, group, individual and family psychotherapy, art therapy, adventure-based counseling, life skills, medication management or monitoring, evidence-based/practice-based treatment, aftercare relapse prevention, and limited post-treatment follow-up services. Once AI/AN youth are discharged home, they are faced with leaving a structured treatment environment to return home where little work has occurred with their families and often times, aftercare services are limited.

In December 2017, IHS established a pilot project to fill this gap in services and provide a continuum of care for AI/AN youth after they are discharged home from YRTCs. The goal of the

pilot project is to promote integration of cultural practices with evidence based treatment in aftercare services for AI/AN youth. IHS funds two YRTCs to participate in the pilot project over the next three years.

Substance use disorders continue to rank high on the concern list of the Tribal partners. IHS believes that a shift in emphasis to earlier intervention is required to be successful in reducing the consequences of substance use disorders. IHS proposes focusing on early intervention with adolescents and youth adults and preventing further progression by recognizing and responding to the sequel of the abuse. IHS promotes expanded health care services, such as mental and behavioral health treatment and prevention, by providing training on substance use disorders to IHS, Tribal, and Urban Indian health programs at annual conferences, meetings, and webinars. Continuing medical education and Continuing Education Units are offered in these training opportunities provided to primary care providers.

IHS continues to support the integration of substance use disorder treatment into primary care and emergency services through its activities to implement the *Strategy*. Integrating treatment into healthcare offers opportunities for healthcare providers to identify patients with substance use disorders, provide them with medical advice, help them understand the health risks and consequences, and refer patients with more severe substance use-related problems to treatment.⁹ One integration activity is SBIRT which is an early intervention and treatment service for people with substance use disorders and those at risk of developing these disorders.

The IHS drug control budget also includes an increase in FY 2017 to support staffing/operating cost requirements for newly constructed facilities and current services, which include medical and non-medical inflation, population growth, and pay costs. Current Services funding prevents erosion of purchasing power and ensures continued level of health care services and access to care for American Indians and Alaska Natives.

Urban Indian Health Program

**FY 2019 Request: \$3.6 million
(\$29,000 above the FY 2018 CR level)**

Urban Indian Organizations (UIO) are resources to both tribal and urban communities. UIO that offer inpatient and outpatient substance use disorder treatment have become reliable referral sites for tribes. In FY 2019, IHS is proposing \$3.6 million for the urban ONDCP budget.

AI/AN people who live in urban centers present a unique morbidity and mortality profile. Urban AI/AN populations suffer disproportionately higher mortality from certain causes in sharp contrast to mainstream society. These unique challenges require a targeted response. Existing UIO see their efforts in health education, health promotion, and disease prevention as essential to impacting the behavioral contributors to poor health¹⁰:

⁹ ONDCP. Integrating Treatment into Healthcare. Available at <http://www.whitehouse.gov/ondcp/integrating-treatment-and-healthcare>.

¹⁰ Indian Health Service, Report to Congress: New Needs Assessment of the Urban Indian Health Program and the Communities it Serves at 10 (Mar. 31, 2016) (hereinafter New Needs Assessment), available at https://www.ihs.gov/urban/includes/themes/newihstheme/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf.

- Alcohol-induced death rates are 2.8 times greater for urban AI/AN people than urban all races.
- Chronic liver disease death rates are 2.1 times greater for urban AI/AN people than urban all races.
- Tuberculosis death rates are two times greater for urban AI/AN people than urban all races.
- Accidents and external causes of death rates are 1.4 times greater for urban AI/AN people than urban all races.

Alcohol and drug-related deaths continue to plague urban AI/ANs. Alcohol-induced mortality rates for urban AI/ANs are markedly higher than for urban all races. All regions, with the exception of eastern seaboard cities in the Nashville Area, show dramatically higher rates for urban AI/ANs than for urban all races who live in the same communities: the Billings Area is 4 times greater, the Phoenix Area is 6 times greater, the Tucson Area is 6.7 times greater, and the Aberdeen Area has a 13.4 times greater alcohol-induced rate of mortality.¹¹

Urban AI/AN populations are more likely to engage in health risk behaviors. Urban AI/AN are more likely to report heavy or binge drinking than all-race populations and urban AI/AN are 1.7 times more likely to smoke cigarettes. Urban AI/ANs more often view themselves in poor or only fair health status, with 22.6 percent reporting fair/poor health as compared to 14.7 percent of all races reporting as fair/poor.

UIO emphasis on integrating behavioral health, health education, health promotion and disease prevention into primary care offered within a culturally appropriate framework, leads to positive outcomes for urban AI/ANs. Urban AI/ANs in need of substance use disorder treatment commonly exhibit co-occurring disorders. UIO programs have recognized the need for more mental health and substance use disorder counselors to adequately address the needs presented by AI/ANs with co-occurring disorders. AI/ANs need gender- and age-appropriate substance use disorder treatment. Stakeholders reported the need for more age- and gender-appropriate resources for substance use disorder treatment. While male AI/ANs can encounter wait times for treatment admission up to six months, treatment options for youths, women, and women with children can be greater than six months. Some of the best AI/ANs treatment programs for youth, women, and women with children are administered by UIO. Affecting lifestyle changes among urban AI/AN families requires a culturally sensitive approach. The existing UIO have operated culturally appropriate initiatives to reduce health risk factors. UIOs continued efforts to target behavioral or lifestyle changes offer the best hope for impacting the major health challenges of the urban AI/AN population.

Fetal alcohol spectrum disorders is a term used to describe a range of effects that can occur in someone whose mother consumed alcohol during pregnancy. Fetal alcohol spectrum disorders

¹¹ Ibid.

includes disorders such as fetal alcohol syndrome, alcohol-related neuro developmental disorder, and alcohol-related birth defects. Interventions are needed in urban centers to address prevention efforts for urban AI/ANs with a fetal alcohol spectrum disorders. The IHS policy on conferring with UIOs identifies fetal alcohol spectrum disorders as a provision that requires the IHS to confer with UIO “to develop and implement culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol spectrum disorders clinics for use in Indian communities and urban centers.” Heavy drinking during pregnancy can cause significant birth defects, including fetal alcohol syndrome. Fetal alcohol syndrome is the leading and most preventable cause of intellectual disability. The rates of fetal alcohol syndrome are higher among AI/ANs than the general population. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of fetal alcohol syndrome.

In FY 2017, two UIOs implemented the process outlined in the IHS and BIA memorandum of agreement to provide naloxone to law enforcement officers (as mentioned previously). The goal of this effort to reduce deaths from prescription drug and heroin overdoses and includes the participation of the Oklahoma City Indian Clinic, Oklahoma City, OK; and Indian Health Care Resource Center of Tulsa, Tulsa, OK.

PERFORMANCE

Information regarding the performance of the drug control efforts of IHS are based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. In FY 2017, IHS began tracking overall substance use disorder (SUD) encounters provided in all clinical settings across the health system to aid in promoting integrated substance use disorder services. Tracking overall clinical substance use disorder encounters will allow IHS to report on the effectiveness of IHS programs that focus on drug use. In FY 2017, IHS clinics provided 688,514 substance use disorder encounters. IHS will continue to report on substance use disorder encounters in emergency departments, primary care, and in all IHS clinics program measures in FY 2019.

In FY 2018, IHS began tracking the number of naloxone prescriptions as part of its efforts to increase access to naloxone.

The table and accompanying text below represent highlights of IHS achievements during FY 2017, the latest year for which data are available. The selected performance measures reported in the table provide targets and results from both Tribally Operated Health Programs and Federally Administered Health Programs.

Indian Health Service		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Universal Alcohol- Screening: all patients 12 through 75 years of age	Baseline	68.0%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	100%
» Report on number of emergency department patients who receive substance abuse disorder intervention	41,696	39,658
» Report on number of substance use disorder services in primary care clinics	121,343	113,497

To provide more comprehensive routine screening, IHS retired the alcohol screening measure for female patients and expanded the new alcohol screening measure to include all patients 12 through 75 years of age. The final FY 2018 results for the new universal alcohol screening measure will be reported in FY 2019.

In FY 2017, IHS implemented the Screening, Brief Intervention, and Referral to Treatment (SBIRT) measure. SBIRT is an effective screening tool in identifying risky alcohol use and will have a far-reaching positive impact on the overall health of AI/AN communities. The final FY 2018 results for the new SBIRT screening measure will be reported in FY 2019.

The accreditation measure for YRTCs reflects an evaluation of the quality of care associated with accreditation status by either the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, state certification, or regional Tribal health authority certification. For youth with substance use disorders, the YRTCs provide invaluable treatment services. The 100 percent accreditation performance measure was met in FY 2017. The FY 2019 performance target for the YRTCs remains unchanged at 100 percent for accreditation status.

The IHS monitors two program measures on the number of substance use disorder (SUD) encounters provided in emergency departments and primary care clinics. The final results for FY 2017 number of SUD encounters provided in emergency department was 39,658 while SUD encounters provided in primary care clinics totaled 113,497. In addition, starting in FY 2017, IHS tracked overall substance use disorder encounters provided in all clinical settings across the health system to aid in promoting integrated substance use disorder services. The final results for FY 2017 SUD intervention services provided across all IHS clinics was 688,514 encounters.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Research and Development: Prevention	\$426.017	\$430.283	\$330.216
Research and Development: Treatment	695.434	703.326	546.125
Total, Drug Resources by Function	\$1,121.451	\$1,133.609	\$876.341
Drug Resources by Decision Unit			
National Institute on Alcohol Abuse and Alcoholism	\$50.638	\$50.164	\$36.525
National Institute on Drug Abuse	1,070.813	1,083.445	839.816
Total, Drug Resources by Decision Unit	\$1,121.451	\$1,133.609	\$876.341
Drug Resources Personnel Summary			
Total FTEs (direct only)	380	382	382
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$34.2	\$34.1	\$34.8
Drug Resources percentage	3.28%	3.33%	3.41%

Program Summary

MISSION

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), two of NIH's Institutes and Centers, support *the National Drug Control Strategy*:¹² NIDA, by funding research on the prevention and treatment of drug use, addiction, and its harmful consequences; and NIAAA, by funding research on the prevention and treatment of underage drinking and its harmful consequences.

The societal impact of the misuse of illicit drugs in 2007 was estimated at \$193 billion in health care, crime-related, and productivity losses.¹³ Knowledge is the foundation of the transformative agenda needed to strike at the heart of this stubborn and costly challenge. To provide a comprehensive public health response, NIDA will continue to build on science advances from the Institute's investments in genetics, neuroscience, pharmacotherapy, and behavioral and health services research that have led to innovative strategies for preventing and treating substance use disorders (SUDs) in this country and worldwide.

¹² <https://obamawhitehouse.archives.gov/ondcp/policy-and-research/ndcs>

¹³ U.S. DOJ National Drug Intelligence Center. *The Economic Impact of Drug Use in American Society*. April 2011

Studying drug use, SUDs, and their causes is a complex challenge compounded by societal stigma and misunderstanding that most other illnesses do not face. The landscape of drug addiction in America evolves from year to year; we are currently seeing the terrible results of a decades-long epidemic of prescription drug misuse that is leading to a rise in heroin use as well as new HIV and Hepatitis C outbreaks. A growing number of states are legalizing marijuana for medical or recreational use, producing natural experiments whose outcomes cannot yet be predicted. New synthetic drugs as well as new delivery systems such as electronic cigarettes (e-cigarettes) are changing how people use drugs. NIDA is supporting research to address today's drug use-related challenges in several key areas, including supporting the Secretary of HHS to respond to opioid abuse and overdose; spearheading a landmark longitudinal study of adolescent substance use and brain development¹⁴; studying the impact of the changing marijuana landscape¹⁵; studying the impact of new synthetic drugs¹⁶; and contributing to scientific and public understanding of the brain mechanisms underlying addiction.

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, and costs the United States \$249 billion per year.¹⁷ Since its creation, NIAAA has led the national effort to define alcohol problems as medical in nature and address them using evidence-based findings. The research supported by the Institute has transformed the understanding and treatment of alcohol misuse and its consequences, including alcohol use disorder (AUD). NIAAA is working to reduce the considerable burden of alcohol misuse for individuals at all stages of life by supporting research on: the neurobiological mechanisms underlying alcohol misuse, AUD, and co-occurring disorders; fetal alcohol spectrum disorders; the effects of alcohol misuse on the developing adolescent brain and on other tissues and organs; the development of strategies to prevent and treat alcohol misuse and its consequences. NIAAA also supports efforts to translate and implement research findings into improved health care for individuals with AUD and with co-occurring conditions, as well as to disseminate research-based information to health care providers, researchers, policy makers, and the public.

¹⁴ NIDA ABCD Study description: <https://www.drugabuse.gov/related-topics/adolescent-brain/longitudinal-study-adolescent-brain-cognitive-development-abcd-study>

¹⁵ NIDA's marijuana research is described here: <https://www.drugabuse.gov/drugs-abuse/marijuana/nida-research-marijuana-cannabinoids>

¹⁶ NIDA NDEWS System: <https://www.drugabuse.gov/related-topics/trends-statistics/national-drug-early-warning-system-ndews>

¹⁷ Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tomedi, L. E., & Brewer, R. D. (2015). 2010 national and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine*, 49(5), e73-e79.

METHODOLOGY

NIDA's entire budget is drug-related and scored as a part of the National Drug Control Budget.

The prevention and treatment components of NIAAA's underage drinking research program are scored as a part of the national drug control budget. Underage drinking research is defined as research that focuses on alcohol use by youth (individuals under the legal drinking age of 21), as well as the negative consequences of underage alcohol use (e.g., alcohol-related injuries, impact on adolescent development, including on the developing brain, and risk for AUD).¹⁸ It includes basic research, epidemiological studies, behavioral research, screening and intervention studies, and the development and testing of preventive interventions. NIAAA's methodology for developing budget estimates for the *Budget and Performance Summary* is a two-step process. First, NIAAA identifies its underage drinking projects using NIH's automated, electronic text mining system for research, condition, and disease categorization. Once all underage drinking projects are identified through this process, NIAAA conducts a manual review of the project listing and identifies only those projects and amounts that are relevant to prevention and treatment. This is used to generate the NIAAA drug control budget estimate.

BUDGET SUMMARY

In FY 2019 NIH requests \$876.3 million for drug control activities, a decrease of \$257.3 million from the FY 2018 CR level.

NIH-supported research has and will continue to provide the scientific basis for budget policy. For example, NIH continues to explore the many biological, behavioral, and environmental influences on drug addiction vulnerability, which will allow the development of more targeted and effective prevention approaches. Research reveals that universal prevention programs not only reduce drug use, underage drinking, and other risky behaviors that can lead to HIV and other adverse outcomes, but can also promote other positive outcomes, such as strengthening young people's sense of community or "connection" to school—key to reducing substance misuse, violence, and mental health problems.

Another top priority continues to be the development of therapeutic interventions to treat SUDs, including medications, biologics, and non-pharmacological interventions such as transcranial magnetic stimulation or neurofeedback. NIH is now poised to capitalize on a greater understanding of the neurobiology underlying addiction, and of newly identified candidate molecules and brain circuits that show promise as potential targets for the treatment of SUDs. NIH is also exploring ways of improving the dissemination and implementation of evidence-based practices (implementation science) in real world settings to improve the prevention and treatment of SUDs and co-occurring conditions such as HIV, thereby enhancing the public health impact of NIH-supported research.

¹⁸ U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.

National Institute on Drug Abuse

FY 2019 Request: \$839.8 million

(\$243.6 million below the FY 2018 Annualized CR level)

NIDA's efforts consist of Neuroscience and Behavioral Research; Epidemiology, Services and Prevention Research; Pharmacotherapies and Medical Consequences; Clinical Trials Network; Intramural Research Program (IRP); and Research Management and Support (RMS).

Neuroscience and Behavior Research

FY 2019 Request: \$429.7 million

(\$14.5 million above the FY 2018 CR level)

The Division of Neuroscience and Behavior (DNB) seeks to expand our understanding of the fundamental neurological, genetic/epigenetic, and behavioral processes that underlie SUDs. Central to this goal are efforts to delineate the multiple neurobiological factors that contribute to drug use and addiction risk, with particular emphasis on individual differences in vulnerability and drug sensitivity. NIDA is supporting research to develop advanced technologies that improve our ability to study the organization of the living brain from cells to networks. This is helping to elucidate the interactions of complex neural circuits and how they encode reward, craving, compulsive behavior, and related decision making that drive substance use. Ongoing pharmacological research is developing and testing new compounds that target the neurobiological factors that underlie addiction, as is research on the development of novel non-pharmacological strategies such as transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), deep brain stimulation (DBS), and neurofeedback. NIDA also supports research on the interactions between HIV infection and addiction to understand how this comorbidity influences outcomes for both illnesses. Finally, NIDA is working to support big data science to promote efficient analysis of large, diverse data sets on a scale not previously possible. Collectively, this research will provide new perspectives on the effects of drugs on multiple biological systems and improve our understanding of the basic neural and genetic mechanisms that underlie drug use and addiction, thus guiding the development of novel therapies for treating addiction.

In addition, under the Collaborative Research on Addiction at the NIH (CRAN) initiative, NIDA and NIAAA, along with other components of NIH and the Centers for Disease Control and Prevention, are supporting a longitudinal study to examine the neurodevelopmental consequences of substance use. The Adolescent Brain Cognitive Development (ABCD) study will follow the biological and behavioral development of more than 10,000 children beginning at ages 9-10 through adolescence into early adulthood. Over the course of the next decade, scientists will use advanced brain imaging, interviews, and behavioral testing to determine how childhood experiences interact with each other and with a child's changing biology to affect brain development and—ultimately—social, behavioral, academic, health and other outcomes. Understanding these relationships may help reveal the biological and environmental building blocks that contribute to successful and resilient young adults. This enhanced knowledge also may lead to ways to predict potential developmental problems including mental illness and SUD so that they can be prevented or reversed. Families that volunteer will be part of groundbreaking research that promises to inform future substance use prevention strategies,

educational priorities, child development innovations, research priorities, and public health interventions.

Epidemiology, Services, and Prevention Research

FY 2019 Request: \$332.8 million

(\$26.2 million above the FY 2018 CR level)

NIDA's Division of Epidemiology, Services, and Prevention Research (DESPR) supports integrated approaches to understanding and developing strategies to address the interactions between individuals and environments that contribute to drug use, addiction, and related health problems. The Division supports the annual Monitoring the Future survey, which tracks drug use and related attitudes among adolescent students nationwide, and the National Drug Early Warning System (NDEWS), a surveillance network that monitors emerging trends related to illicit drug use around the country so that rapid, informed, and effective public health responses can be developed and implemented when and where they are needed. DESPR also supports research on integrating prevention and treatment services into healthcare and community systems to reduce the burden of drug problems across the lifespan. For example, ongoing research is exploring SUD treatment in the criminal justice system, including studies on implementation of medication-assisted treatment (MAT) and seek, test, treat, and retain (STTR) strategies for people with SUDs who are also at risk for HIV. NIDA also funds research into the efficacy of screening brief intervention and referral to treatment (SBIRT) in primary care settings for reducing drug use and SUD.

Program efforts also focus on research to optimize implementation of evidence-based prevention interventions and treatment services in real-world settings. For instance, NIDA is funding researchers to partner with states as they use the State Targeted Response funding from the 21st Century Cures Act to test approaches for expanding access to MAT for opioid use disorder and naloxone for the reversal of overdose.¹⁹ NIDA is also partnering with Appalachian Regional Commission (ARC), the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA), to address the opioid crisis in rural U.S. regions. Nine grants issued over the past year aim to help communities develop comprehensive approaches to prevent and treat substance use disorder, overdose, and HIV.²⁰ These projects will work with state and local communities to develop best practices that can be implemented by public health systems in the nation's rural regions.

Therapeutic and Medical Consequences

FY 2019 Request: \$169.5 million

(\$5.7 million above the FY 2018 CR level)

NIDA's Division of Therapeutics and Medical Consequences is focused on developing therapeutics for the treatment of SUDs. Since the pharmaceutical industry has traditionally made limited investment in the development of medications to treat SUDs, the responsibility

¹⁹ More information about the SAMHSA grants is available here: <https://www.samhsa.gov/grants/grant-announcements/ti-17-014>

²⁰ More information about this funding is available here: <https://www.drugabuse.gov/news-events/news-releases/2017/08/grants-awarded-to-address-opioid-crisis-in-rural-regions>

for supporting their development has rested largely with NIDA. To most effectively leverage NIDA resources, this program encourages the formation of alliances between strategic partners (pharmaceutical and biotechnology companies, as well as academic institutions) with the common goal of advancing medications through the development pipeline toward FDA approval in a timely manner. NIDA conducts research to decrease the risks associated with medications development to make it more feasible for pharmaceutical companies to complete costly phase IIb and III clinical studies. Preclinical studies with this class of molecule indicate they could be effective for treating cannabis use disorders and possibly sleep and anxiety disorders, which are highly common in individuals with substance use disorders. NIDA also invests in research supporting the development of vaccines and monoclonal antibodies for the treatment of SUDs. For example, an ongoing collaboration with Selecta Biosciences is working to develop a novel nicotine vaccine²¹ and another with InterveXion Therapeutics is working to develop a monoclonal antibody to treat methamphetamine addiction, both of which are now being evaluated in clinical trials.²²

Clinical Trials Network

FY 2019 Request: \$40.9 million

(\$1.4 million above the FY 2018 CR level)

The CTN comprises 13 research nodes with 25 principal investigators affiliated with academic medical centers and large health care networks, two research coordinating centers, and more than 240 community anchored treatment programs and/or medical settings in over 40 States plus the District of Columbia and Puerto Rico. The overarching mission of the CTN is to improve the effectiveness of, and accelerate the adoption of, evidence-based SUD prevention and treatment interventions. The network evaluates interventions, implementation strategies, and health system approaches to addressing SUDs and related disorders, such as co-occurring mental health disorders and HIV, in randomized controlled trials (RCTs) and other clinical studies that are conducted in diverse treatment settings and patient populations. Another pilot study is developing and testing a clinical decision support (CDS) tool to treat opioid use disorder for use in electronic health record (EHR) systems. Additional studies are investigating the effectiveness and safety of a combination pharmacotherapy for treatment of methamphetamine use disorder. The CTN has also undertaken a multi-pronged initiative to develop effective methods for using the big healthcare data generated via EHRs to speed the pace and reduce the costs of SUD RCTs and to improve clinical care for SUDs. These efforts include developing a pilot patient registry to follow outcomes for opioid use disorder patients longitudinally; investigating patient- and system-level factors associated with quality measurement across health systems; and exploring methods for capturing health and behavioral data from mobile technology and linking those data to EHRs to facilitate monitoring and longitudinal follow-up of hard-to-reach patient populations.

²¹

https://projectreporter.nih.gov/project_info_description.cfm?aid=9110936&icde=37966795&ddparam=&ddvalue=&ddsub=&cr=1&cbsb=default&cs=ASC&pbll=

²² https://projectreporter.nih.gov/project_info_description.cfm?aid=9067432&icde=37966812

Intramural Research Program

FY 2019 Request: \$93.7 million

(\$2.7 million above the FY 2018 CR level)

In addition to funding extramural scientists, NIDA conducts research in high priority areas through its IRP. Intramural research at NIDA focuses on conducting multidisciplinary cutting-edge research to: 1) elucidate the underlying causes of addiction; 2) evaluate the potential of emerging new therapies for SUDs, including pharmacological and non-pharmacological (e.g. psychosocial, biofeedback, brain stimulation technologies); and 3) evaluate the long-term consequences of drug use on health, with particular emphasis on the brain and its development. For example, the IRP is collaborating with pharmaceutical industry partners to study a potential medication that can decrease methamphetamine craving and collaborating with researchers in Italy to study the efficacy of TMS for treatment of cocaine use disorders. In addition, the IRP is working to understand and develop interventions to reverse the impact of deficits in the prefrontal cortex caused by cocaine and heroin use. The IRP is also working to develop clinically useful indicators (biomarkers) of addiction severity or treatment efficacy that will support the development of more effective treatments. IRP scientists are also working to better understand factors that contribute to cravings and relapse. Researchers are developing interventions that might be used in humans to selectively impair harmful addiction memories. The IRP is also planning a large translational study of a novel medication, with promising results in animal studies, to treat opioid use disorder and compare the efficacy with buprenorphine. In addition, IRP scientists are developing a mobile health toolbox to collect data on the daily-life reality of addiction with the goal of developing tools that can predict relapse and deliver help just when a person needs it.

Research Management and Support

FY 2019 Request: \$70.8 million

(\$3.4 million above the FY 2018 CR level)

RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of RMS encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1,662 research grants and more than 82 research and development contracts. NIDA also provides evidence-based resources and educational materials about SUDs and to raise awareness of the science relating to cutting-edge issues such as opioid overdose prevention, marijuana research, synthetic drug trends and MAT. The RMS portfolio also incorporates education and outreach activities to inform public health policy and practice by ensuring the institute is the primary trusted source for scientific information on drug use and addiction. NIDA is also committed to being at the forefront of training the next generation of innovative researchers by supporting both pre-doctoral and postdoctoral-level scientists interested in drug use and addiction research. NIDA leads the NIH Pain Consortium Centers of Excellence in Pain Education (CoEPEs); these twelve 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.

Program Portrait: NIH Public-Private Partnerships to End the Opioid Crisis

FY2018 Level: \$ 12.1 million

FY2019 Level: \$112.1 million

Change: \$100.0 million

Opioid misuse and addiction is an ongoing and rapidly evolving public health crisis. Millions of Americans suffer from opioid use disorder, and millions more suffer from chronic pain. The urgency and scale of this crisis calls for innovative scientific solutions. As part of a government-wide effort to address this crisis, the NIH is planning to supplement existing research efforts with a public-private collaborative research initiative to develop new, safe, and effective strategies to prevent and treat pain, opioid use disorder, and overdose in half the time it currently takes. The totals above include \$50 million for pain research funded through the National Institute of Neurological Disorders and Stroke (NINDS). These funds are not part of the drug control budget.

In collaboration with the Food and Drug Administration (FDA), NIH is moving forward with establishing public-private partnerships to address the opioid crisis facing the Nation. Three major areas for advancement have been targeted: (1) *safe, more effective, and non-addictive strategies* for chronic pain management to improve pain care and reduce reliance on opioids; (2) *new and innovative opioid addiction treatments and overdose reversal interventions* to promote access to treatment and reduce mortality.

To identify the scientific strategies with the greatest potential for solutions to the opioid crisis, NIH brought together innovative experts from government, industry, and academia for a series of three cutting-edge science meetings in 2017. The meetings explored how to accelerate our understanding of the neurological mechanisms of pain; the development of safe, effective, non-addictive pain treatments; and medications development to treat opioid use disorders and for overdose prevention and reversal.

The initiative will focus on a few key areas related to treatment of OUD and overdose prevention and reversal including:

- Developing new treatments for opioid use disorder – such as extended release formulations of existing medications used to treat OUD (methadone, buprenorphine, and naltrexone) and alternative therapeutics including vaccines and antibodies.
- Overdose prevention and reversal – such as stronger formulation of naloxone to reverse overdose from powerful synthetic opioids like fentanyl and carfentanyl, and devices to detect and reverse overdose (i.e. naloxone autoinjectors).

National Institute on Alcohol Abuse and Alcoholism

FY 2019 Request: \$36.5 million

(\$13.6 million below the FY 2018 CR level)

Alcohol screening and brief intervention in primary care has been recognized as a leading preventive service for reducing harmful alcohol use in adults, and a growing body of evidence demonstrates its effectiveness in preventing and reducing alcohol misuse in youth. Yet research indicates that adolescents are not routinely asked about drinking when they interface with the health care system. NIAAA supports research on the implementation of alcohol screening and brief intervention among youth and young adult populations, including those disproportionately affected by alcohol misuse. NIAAA also supports efforts to encourage the adoption of alcohol screening and brief intervention in healthcare and other appropriate settings.

Reducing alcohol misuse among college students, many of whom are underage, continues to be a high priority for NIAAA. Binge drinking (drinking 4 or more drinks for women and 5 or more drinks for men, in approximately two hours) and extreme binge drinking (drinking at levels two or more times the binge drinking threshold) are especially pervasive among college students; these practices are particularly troubling as they increase risks for alcohol-related blackouts, alcohol overdoses, sexual assault, sexually transmitted diseases, AUD, and other detrimental consequences. To assist college and university officials in addressing alcohol misuse on their campuses, NIAAA developed the College Alcohol Intervention Matrix (*CollegeAIM*), a user-friendly guide and website that rates nearly 60 evidence-based alcohol interventions in terms of effectiveness, costs, and other factors. With this tool, school officials can use research-based information to choose wisely among the many potential interventions to address harmful and underage student drinking.

NIAAA's investment in underage drinking research also includes studies to understand how alcohol affects the developing brain. For example, NIAAA supports the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), an accelerated longitudinal study of more than 800 youth ages 12-21 to assess the vulnerability of the adolescent brain to alcohol exposure. NCANDA has laid the methodological foundation for the NIH Adolescent Brain Cognitive Development (ABCD) study, the largest long-term study of brain development and child health in the United States. Over 10,000 9- to 10-year olds are being invited to participate in the ABCD study, which will use brain imaging and neuropsychological and behavioral assessments to track the biological and behavioral development of youth before and after they start to use alcohol and/or other addictive substances. These two studies are expected to illuminate the neurobiological, cognitive, and behavioral precursors of alcohol and other drug misuse and ultimately inform preventive and treatment strategies. Complementing NCANDA and ABCD, NIAAA's Neurobiology of Adolescent Drinking in Adulthood Initiative is enabling investigators to examine, in animal models, the molecular, cellular, and circuit-level mechanisms by which adolescent drinking affects brain structure and function in the short- and long-term and how the changes observed during this critical period persist into adulthood.

PERFORMANCE

Information regarding the performance of the drug control efforts of NIH is based on agency GPRMA documents and other information that measures the agency's contribution to the *National Drug Control Strategy*.²³ NIH's performance measures are representative of Institute contributions to NIH's priorities regarding specific scientific opportunities, identified public health needs, and Presidential priorities. Such measures, reflecting NIH's broad and balanced research portfolio, are not Institute-specific. Many measures are trans-NIH, encompassing lead and contributing institutes and centers. This approach reflects NIH's commitment to supporting the best possible research and coordination of research efforts across its institutes and centers. All performance results reported were achieved in FY 2017.

- NIDA and NIAAA lead and support a number of trans-NIH measures in the Scientific Research Outcome (SRO) functional area. While NIDA and NIAAA engage in many research and related activities, three measures best reflect the breadth of their efforts in the prevention and treatment of substance use, misuse, addiction, and its consequences.

One of these measures, led by NIAAA and supported by NIDA, is SRO-5.15: "By 2018, 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." This measure, which began in FY 2014, is indicative of NIDA's and NIAAA's efforts to support research to foster the development and implementation of prevention-based strategies for reducing substance misuse and addiction. NIH's prevention portfolio encompasses a broad range of research on the efficacy and cost effectiveness of primary prevention programs—designed to prevent substance use before it starts, or prevent escalation to misuse or addiction—and how these programs can be enhanced by targeting prevention efforts toward populations with specific vulnerabilities (genetic, psychosocial, or environmental) that affect their likelihood of substance use or SUDs.

NIDA created and leads SRO-7.3: "By 2020, develop and/or evaluate two treatment interventions using health information technology (HIT) to improve patient identification, treatment delivery and adherence for substance use disorders and related health consequences." This measure began in FY 2014 and has been updated to reflect NIDA's current focus in exploring and leveraging technological advances to improve the efficiency and quality of health care delivery for SUDs.

In addition to developing and leading SRO-5.15, NIAAA contributes to SRO-8.7: "By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems." This measure, which began in FY 2008 and has been updated over time, reflects NIH's ongoing commitment to supporting research on the implementation of preventive and treatment interventions and improving the translation of research into practice.

²³ <https://obamawhitehouse.archives.gov/ondcp/policy-and-research/ndcs>

National Institute on Drug Abuse		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Scientific Research Outcome-5.15: By 2018, 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.	Assess the efficacy or effectiveness of at least two indicated/selective interventions to prevent substance use and other risk behaviors in "high risk" youth and young adult populations.	The efficacy or effectiveness of three interventions to prevent substance use and other risk behaviors in "high risk" youth and young adult populations was tested.
» Scientific Research Outcome-7.3: By 2020, develop and/or evaluate two treatment interventions using health information technology (HIT) to improve patient identification, treatment delivery and adherence for substance use disorders and related health consequences.	Continue to test and/or deploy technology-enabled strategies to improve substance use disorder treatment or medication adherence interventions; implement substance use disorder treatment or medication adherence interventions using mobile technology at 1-2 service delivery settings	Research testing the feasibility and efficacy of 3 technology-based strategies to improve substance use disorder treatments and adherence was conducted, including research in 2 different care delivery settings.

Prevention – Scientific Research Outcome-5.15

The 2017 target for SRO-5.15 was met. The efficacy or effectiveness of three interventions to prevent substance use and other risk behaviors in “high risk” youth and young adult populations was tested. Prevention of the initiation of drug use and escalation to addiction continues to be one of NIDA’s primary strategic goals (see [NIDA’s Strategic Plan](#)). NIDA continues to fund a robust prevention portfolio that builds upon solid epidemiological findings and insights from genetics and neuroscience research, applying this knowledge to develop effective strategies to prevent initiation of drug use and escalation of use to addiction among youth.

Substance use problems are highly prevalent among youth in foster care. Such problems in adolescence have long-lasting implications for subsequent adjustment throughout adulthood and even across generations. Although several programs have demonstrated positive results in reducing substance use in at-risk youth, few studies have systemically examined how such programs work for foster youth and whether they are effective for both genders. A NIDA-funded study examined the efficacy of KEEP SAFE, a family-based and skill-focused program designed to prevent substance use and other related health risking behaviors among youth in foster care. The authors hypothesized that improving the caregiver-youth relationship would lead to later reductions in youths' involvement with deviant peers, which subsequently would

lead to less substance use, and that this mechanism would work comparably for both genders. 259 youth (105 boys and 154 girls, age range = 11-17) in foster care and their caregivers participated in a randomized controlled trial and were followed for 18 months post-baseline. Results indicated that the intervention significantly reduced substance use in foster youth at 18 months post-baseline and that the intervention influenced substance use through two processes: youths' improved quality of relationships with caregivers at 6 months post-baseline and fewer associations with deviant peers at 12 months post-baseline. This suggests that these two processes may be fruitful immediate targets in substance use prevention programs for foster youth. The authors also found little gender differences in the effects of the intervention, suggesting KEEP SAFE may be effective for both genders in foster care.²⁴

Another NIDA-funded study evaluated the effectiveness of an evidence-based, parent-centered intervention called *Familias Unidas*. The intervention aimed to prevent substance use (alcohol, illicit drugs) and sex without a condom among Hispanic adolescents. School personnel, including social workers and mental health counselors, were trained to deliver the evidence-based intervention. A randomized controlled trial (n = 746) evaluated the effectiveness of *Familias Unidas* among Hispanic eighth graders (age range = 12-16), relative to prevention as usual, within a public school system. (Prevention as usual was defined as a six-lesson HIV risk reduction educational unit provided by science teachers in the classroom setting.) *Familias Unidas* was effective in preventing drug use from increasing and prevented greater increases in sex without a condom 30 months after baseline, relative to prevention as usual. *Familias Unidas* also had a positive impact on family functioning and parental monitoring of peers at six months after baseline. The study demonstrated the effectiveness of a parent-centered preventive intervention program in preventing risky behaviors among Hispanic youths. Findings highlight the feasibility of training community members to effectively deliver a manualized intervention in a real-world setting.²⁵

Another study examined an intervention for disruptive behavior. Prior research suggests that under some conditions, interventions that aggregate high-risk youth may be ineffective, or at worst, may even exacerbate risk. However, group formats have considerable practical utility for delivery of preventive interventions, and thus it is crucial to understand child and therapist factors that predict which children who demonstrate increased aggressive behaviors benefit from group intervention and which do not. To address these questions, researchers video-recorded group Coping Power intervention sessions (938 sessions) and analyzed both therapists' and children's behaviors in the sessions that predicted changes in teacher and parent reports of problem behavior at one-year follow up. The sample included 180 high-risk children (69% male) who received intervention in 30 separate Coping Power intervention groups (six children assigned per group). The evidence-based Coping Power prevention program consists of 32 sessions delivered during the 4th and 5th grade years. The behavioral coding system used in the analyses included two clusters of behaviors for children (positive; negative) and two for the primary therapists (group management; clinical skills). The analyses

²⁴ <https://www.ncbi.nlm.nih.gov/pubmed/28523585?dopt=Summary>

²⁵ <https://www.ncbi.nlm.nih.gov/pubmed/28207330?dopt=Citation>

suggest that high levels of children’s negative behaviors usually predicted increases in teacher and parent rated aggressive and conduct problem behaviors during the follow-up period. Therapist use of clinical skills (e.g., warmth, nonreactive) predicted less increase in children’s teacher-rated conduct problems. These findings suggest the importance of clinical training in the effective delivery of evidence-based practices, particularly when working with high-risk youth in groups.²⁶

Treatment—Scientific Research Outcome-7.3

The FY 2017 target for SRO-7.3 was met. NIDA funds a broad portfolio of research on the potential of HIT tools to improve health care delivery and health outcomes related to SUDs. In FY 2017, research testing the feasibility and efficacy of three technology-based strategies to improve substance use disorder treatments and adherence was conducted, including research in two different care delivery settings. Research findings leveraging HIT to address NIDA research priority areas include:

Approval of the ReSET mobile application for SUD Treatment – A major development in mHealth in 2017 was the FDA approval of the reSET mobile app. ReSET – previously known as the Therapeutic Education System (TES) – is a mobile app that is approved for use in outpatient treatment for substance use disorders related to cocaine, other stimulants, cannabis, and alcohol. The mobile app delivers cognitive behavioral therapy, which aims to change behavior by changing an individual’s cognitive processes. The app rewards users for continuing with therapy with various incentives, which can improve adherence. When adopted widely, evidence-based advances in digital therapeutics will broaden the spectrum of substance use disorder treatment options, particularly in rural and underserved communities.

This treatment tool was created through NIDA’s behavior-therapy development program and validated through a major nationwide multi-site trial conducted in the NIDA Clinical Trials Network (CTN) program. In the clinical trial, the 12-week abstinence rate from drugs and alcohol for users of the app, 40 percent, was more than twice the abstinence rate for individuals who received standard care (18 percent). Pear Therapeutics, Inc. acquired the right to rebrand TES as reSET and used the CTN trial results as pivotal evidence to gain approval from the Food and Drug Administration as the first prescription digital therapeutic to improve clinical outcomes in a disease. The reSET app is not approved for treating opioid use disorder, but with a Small Business Innovation Research grant from NIDA, a new version of the app called reSET-O is currently being developed.

Implementation of Evidence-Based HIT Tools – A recent study by NIDA explored strategies to support the implementation of a combination of evidence-based technologies in the primary care setting – including both reSET and a mobile application that provides SUD recovery

²⁶ Lochman, John E; Dishion, Thomas J; Boxmeyer, Caroline L; Powell, Nicole P; Qu, Lixin. J Abnorm Child Psychol. 2017; Jan. 5. <https://www.ncbi.nlm.nih.gov/pubmed/28058517>

support (ACHESS). When these combined technologies, branded Seva, were pilot tested using proven implementation strategies (informed by quality improvement), researchers found that they supported patients' sustained, positive use of Seva.²⁷

My Mobile Advice Program (MyMAP) – Other NIDA-funded research is exploring a mobile optimized website accessed via smartphone to improve medication adherence and provide tailored advice to manage symptoms to help users quit smoking. An initial pilot study in a large health system determined that MyMAP is a feasible, acceptable, and potentially effective means to support varenicline use to quit smoking.²⁸ Future studies are planned to determine the efficacy of this intervention for smoking cessation.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Scientific Research Outcome- 5.15: By 2018, 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.	Continue to promote the <i>College Alcohol Intervention Matrix (CollegeAIM)</i> .	NIAAA promoted and disseminated <i>CollegeAIM</i> and initiated efforts to update <i>CollegeAIM</i> to reflect the latest evidence-based alcohol interventions.
» Scientific Research Outcome- 8.7: By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.	Continue to support studies evaluating screening and brief alcohol interventions in underage or young adult populations.	NIAAA supported a multi-site, school-based study to evaluate NIAAA's <i>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</i> , and another study to evaluate a brief alcohol intervention for adolescents hospitalized for a suicide plan or attempt who report co-occurring alcohol use.

²⁷ Mares, M.L., et al., *Implementing an mHealth system for substance use disorders in primary care: a mixed methods study of clinicians' initial expectations and first year experiences*. BMC Med Inform DECIS Mac, 2016. 16:126.

²⁸ McClure, J.B., et al., *Evaluating an Adaptive and Interactive mHealth Smoking Cessation and Medication Adherence Program: A Randomized Pilot Feasibility Study*. JMIR Mhealth Uhealth, 2016. 4(3): p. e94.

Prevention – Scientific Research Outcome-5.15

The FY 2017 target for SRO-5.15 was met.

In September 2015, NIAAA released the *College Alcohol Intervention Matrix (CollegeAIM)* guide and website, important new resources to address harmful and underage student drinking. Developed with input from researchers and college staff, *CollegeAIM* is an easy-to-use and comprehensive tool to help colleges and universities identify evidence-based alcohol interventions. *CollegeAIM* rates nearly 60 alcohol interventions in terms of effectiveness, costs, and other factors, and presents the information in a user-friendly and accessible way. With this tool, school officials can use research-based information to choose wisely among the many potential interventions to address student drinking.

With the release of *CollegeAIM*, NIAAA embarked on a multifaceted promotion and dissemination effort to introduce college and university officials to this new resource. NIAAA senior staff and selected researchers from the *CollegeAIM* development team made numerous presentations, including at national higher education conferences and regional workshops, to demonstrate how to use the guide and website. For example, in FY 2017, NIH staff presented *CollegeAIM* at a special workshop of the New Jersey Higher Education Consortium on Alcohol and Other Drug Prevention at Rutgers University and at the Substance Abuse and Mental Health Services Administration Prevention Day, which was held at the Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum. NIAAA also continued to promote *CollegeAIM* through its communication outlets, including Twitter and the NIAAA website. Since its launch in 2015, the *CollegeAIM* website has received over 47,000 visitors (16,146 in FY 2017), the digital *CollegeAIM* booklet was downloaded more than 8,000 times (2,275 in FY 2017), and NIAAA distributed more than 14,000 print copies of the booklet (2,824 in FY 2017). NIAAA is also in the process of updating *CollegeAIM* to ensure that it reflects the latest research on evidence-based alcohol interventions for college-age individuals. The Institute reconvened the original group of developers to begin working on the updated *CollegeAIM*, which is scheduled to be completed in 2018.

Treatment – Scientific Research Outcome-8.7

The FY 2017 target for SRO-8.7 was met. NIAAA continued to support studies evaluating screening and brief alcohol interventions in underage populations. In one ongoing study, researchers are performing a multisite, school-based evaluation of NIAAA's *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*. The evaluation is designed to assess the extent to which the questions in NIAAA's youth screening guide predict current and subsequent alcohol use, alcohol-related problems, and AUD, as well as illicit drug use, sexual risk behavior, and problem behaviors (e.g., aggression, rule breaking), in a diverse sample of 6th, 8th, and 10th graders attending public schools in Miami-Dade County, Florida and the Maryland suburbs of Washington, D.C. The study will also examine the extent to which the validity of the screening tool varies based on contextual factors, such as the density of alcohol

outlets near participants' homes and schools, neighborhood socioeconomic factors, family characteristics, as well as the gender and ethnicity of participants.

NIAAA is also supporting the development of a brief alcohol intervention, iASIST (integrated Alcohol and Suicide Intervention for Suicidal Teens), for adolescents hospitalized for a suicide plan or attempt who report co-occurring alcohol use. Alcohol can play a significant role in suicidal ideation and attempts as disinhibition caused by alcohol can increase the likelihood of acting on suicidal thoughts. The iASIST emphasizes the assessment and initial treatment of alcohol use in adolescent inpatient psychiatric settings and involves three components: 1) an individual intervention with the adolescent using motivational enhancement techniques to explore alcohol use as a risk factor for continued suicide-related thoughts and behaviors, build his or her motivation to reduce or stop drinking, and create a complementary change plan; 2) a family intervention to facilitate a discussion between the adolescent and parent about the change plan and strengthen the adolescent's commitment to the plan and the parent's ability to support the adolescent in their plan; and 3) a post-discharge mobile health "booster" intervention to strengthen the child's commitment to the plan and the parent's ability to support him or her. The investigators are planning to conduct a randomized trial with 50 adolescents and their parents to test the feasibility and acceptability of iASIST, as well as alcohol- and suicide-related outcomes among adolescents three months after discharge from the hospital.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Resource Summary

	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$614.032	\$609.867	\$613.587
Treatment	2,419.078	2,402.671	1,826.126
Total, Drug Resources by Function	\$3,033.110	\$3,012.538	\$2,439.713
Drug Resources by Decision Unit			
Programs of Regional and National Significance – Prevention Drug Free Communities ¹	\$221.869 ---	\$220.362 ---	\$120.885 100.000
Programs of Regional and National Significance – Treatment State Targeted Response to the Opioid Crisis Grants ²	350.427 500.000	348.047 496.605	255.318 ---
Substance Abuse Prevention and Treatment Block Grant ³	1,858.079	1,845.461	1,858.079
Health Surveillance and Program Support ⁴	102.735	102.063	105.431
Total, Drug Resources by Decision Unit	\$3,033.110	\$3,012.538	\$2,439.713
Drug Resources Personnel Summary			
Total FTEs ⁵	420	474	476
Drug Resources as a Percent of Budget			
Total Agency Budget ⁶	\$4,258.2	\$4,236.5	\$4,788.1
Drug Resources Percentage	71.2%	71.1%	51.0%

¹ Drug Free Communities was funded in the Office of National Drug Control Policy at \$97.0 million in FY 2017 and at \$96.3 million under the FY 2018 CR.

² Authorization for these grants expires in FY 2019. To continue these activities, the Department is requesting this funding as part of the President's Budget Addendum. This information can be found in the chapter for HHS Departmental Opioids Funding – Drug Prevention and Treatment Activities.

³ The Substance Abuse Prevention and Treatment Block Grant is split 20% to the Prevention function and 80% to the Treatment function.

⁴ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Substance Abuse as follows: Program Support, Health Surveillance and PQIS are split the same percentage split as between MH/SA appropriations. PAS, and Data Request and Publication User Fees are split 50/50 between MH/SA. The resulting Substance Abuse total is then divided between Prevention (20%) and Treatment (80%).

⁵ This figure accounts for the staff needed to ensure the full functioning of the 21st Century Cures Act Mental Health and Substance Use Policy Laboratory. It also represents the staffing needed to administer the \$1.2 billion in discretionary funding. It differs from the reported figure in MAX, which does not include these elements.

⁶ The FY 2019 President's Budget Request includes \$10.0 billion in new resources investment across HHS for a variety of new and expanded efforts to fight the opioid crisis and address mental illness. Funding in addition to what was included in the President's Budget Request and is reflected in the exhibit in the chapter for HHS Departmental Opioids Funding – Drug Prevention and Treatment Activities.

Program Summary

MISSION

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA supports the *President's National Drug Control Strategy* through a broad range of programs focusing on prevention, treatment and recovery from substance abuse. Major programs for FY 2019 will include the Substance Abuse Prevention and Treatment Block Grant, Drug Free Communities, competitive grant programs reflecting Programs of Regional and National Significance (PRNS) and Health Surveillance and Program Support. SAMHSA's Centers for Substance Abuse Prevention (CSAP) and Substance Abuse Treatment (CSAT) as well as through SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) and the Office of Communications administer these programs.

METHODOLOGY

SAMHSA distributes drug control funding into two functions: prevention and treatment. Both functions include a portion of funding from the Health Surveillance and Program Support (HSPS) appropriation.

The portion of the Health Surveillance and Program Support account attributed to the Drug Budget uses the following calculations:

- The Health Surveillance, Program Support, and PQIS portions of the HSPS appropriation are divided between Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts.
 - The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.
- The PAS portion of the HSPS appropriation is divided evenly between Mental Health and Substance Abuse.
 - The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

The prevention function also includes all of the Substance Abuse Prevention appropriation, including the Substance Abuse Prevention Programs of Regional and National Significance, Drug Free Communities and 20 percent of the Substance Abuse Prevention and Treatment Block Grant funds specifically appropriated for prevention activities from the Substance Abuse Treatment appropriation.

The treatment function also includes the Substance Abuse Treatment appropriation, including the Substance Abuse Treatment Programs of Regional and National Significance, and 80 percent of the Substance Abuse Prevention and Treatment Block Grant funds.

BUDGET SUMMARY

In FY 2019, SAMHSA requests a total of \$2.4 billion for drug control activities, a decrease of \$572.8 million from the FY 2018 CR level.

The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has three major drug-related decision units: Substance Abuse Prevention, Substance Abuse Treatment, and Health Surveillance and Program Support. Each decision unit is discussed below:

Center for Substance Abuse Prevention

In FY 2019, CSAP requests a total of \$220.9 million for drug control activities, an increase of \$3.5 million above the FY 2018 CR level. This change includes the \$100.0 million for the Drug Free Communities program transfer in FY 2019 from ONDCP.

Substance Abuse Prevention Programs of Regional and National Significance

FY 2019 Request: \$120.9 million
(\$99.5 million below the FY 2018 CR level)

The Substance Abuse Prevention Programs of Regional and National Significance support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. The FY 2019 President's Budget request for SAMHSA's Substance Abuse Prevention Programs of Regional and National Significance includes \$120.9 million for eight programmatic activities, a \$100.8 million decrease from the FY 2018 Annualized CR. The request includes: \$58.4 million for Strategic Prevention Framework, \$4.9 million for the Federal Drug-Free Workplace Program, \$7.0 million for Sober Truth on Preventing Underage Drinking, \$7.5 million to continue provision of technical assistance to maximize effectiveness through the Centers for the Application of Prevention Technologies, \$4.1 million for Science and Service Program Coordination, \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, \$15.0 million for Tribal Behavioral Health Grants, and \$12.0 million for First Responder Training (Comprehensive Addiction and Recovery Act).

Strategic Prevention Framework (PRNS non-add)

FY 2019 Request: \$58.4 million
(\$60.2 million below the FY 2018 Annualized CR level)

SAMHSA's Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. The Strategic Prevention Framework – 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 abuse target areas.

Strategic Prevention Framework for Prescription Drugs (PRNS non-add)

FY 2019 Request (within SPF): \$10.0 million
(\$0.1 million above the FY 2018 CR level)

Due to alarming trends related to prescription drug misuse and overdoses involving opioids, SAMHSA is prioritizing efforts to address prescription drug misuse. SAMHSA implemented the

Strategic Prevention Framework for Prescription Drugs to raise awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA's program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of program success.

Federal Drug-Free Workplace (PRNS non-add)

FY 2019 Request: \$4.9 million

(\$33,000 above the FY 2018 CR level)

SAMHSA's activities related to the Federal Drug-Free Workplace support two principal activities mandated by Executive Order 12564 and Public Law 100-71. This includes: 1) oversight of the Federal Drug-Free Workplace program, aimed at the elimination of illicit drug use within Executive Branch agencies and the federally regulated industries; and 2) oversight of the National Laboratory Certification Program, which certifies laboratories to conduct forensic drug testing for Federal agencies and federally regulated industries. The private sector also uses the HHS-Certified Laboratories.

In FY 2019, SAMHSA will continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs, including review of Federal Drug-Free Workplace plans from those Federal agencies that perform employee testing, random testing of those in positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories.

First Responder Training (PRNS non-add)

FY 2019 Request: \$12.0 million

(\$0.1 million above the FY 2018 CR level)

SAMHSA is authorized to support additional efforts to prevent opioid overdose-related deaths by providing grants to train first responders. In FY 2017, SAMHSA funded 21 grants for the First Responder CARA grant program (FR-CARA). The purpose of this program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees will train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. The FY 2018 funding provides continuation grants to 21 grantees to address the opioid crisis in this country.

Funding in FY 2019 will provide continuation grants to 21 grantees and support the continuation of training, technical assistance, and evaluation activities to address the opioid crisis in this country.

Sober Truth on Preventing Underage Drinking (PRNS non-add)

FY 2019 Request: \$7.0 million

(\$48,000 above the FY 2018 CR level)

The *Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006* (P.L. 109 - 422) was the Nation's first comprehensive legislation on underage drinking. One of the primary components of the *STOP Act* is the community-based coalition enhancement grant program, which provides up to \$50,000 per year over four years to current or former grantees under the *Drug Free Communities Act of 1997* to prevent and reduce alcohol use among youth under the age of 21. The *STOP Act* grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The *STOP Act* was reauthorized in the *21st Century Cures Act*. In FY 2019, SAMHSA will support 95 *STOP Act* grant continuations. This funding will continue to strengthen SAMHSA's commitment to reduce and prevent underage drinking.

Centers for the Application of Prevention Technologies (PRNS non-add)

FY 2019 Request: \$7.5 million

(\$0.1 million above the FY 2018 CR level)

The Center for the Application of Prevention Technologies (CAPT) program provides state-of-the-art training and technical assistance to build the capacity of SAMHSA grantees and develop the skills, knowledge, and expertise of the prevention workforce. The program builds capacity and promotes the development of substance abuse prevention professionals in the behavioral health field through three core strategies: 1) establishing technical assistance networks using local experts; 2) developing and delivering targeted training and technical assistance activities; and 3) using communication media such as teleconference and video conferencing, online events, and web-based support. These activities help ensure the delivery of effective prevention programs and practices and the development of accountability systems for performance measurement and management. In FY 2019, the program will continue to provide technical assistance and training to over 9,000 individuals in the prevention field.

Science and Service Program Coordination (PRNS non-add)

FY 2019 Request: \$4.1 million

(\$28,000 above the FY 2018 CR level)

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around substance abuse prevention. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI). In FY 2019, these funds will support SAMHSA's substance abuse prevention efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native (AI/AN) communities.

Tribal Behavioral Health Grants (PRNS non-add)

FY 2019 Request: \$15.0 million

(\$0.1 million above the FY 2018 CR level)

SAMHSA's Tribal Behavioral Health Grants program addresses the high incidence of substance abuse and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance abuse, trauma, and suicide and by promoting the mental health of AI/AN young people. The FY 2019 request, combined with \$15.0 million in the request for the Center for Mental Health Services, will award 20 new grants and continue support for 93 grants that promote mental health and prevent substance use among high-risk AI/AN youth and their families.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PRNS non-add)

FY 2019 Request: \$12.0 million

(\$0.1 million above the FY 2018 CR level)

Opioid overdose is a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics, such as fentanyl). SAMHSA's Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program helps states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other overdose death prevention strategies, support education on these strategies, provide materials to assemble and disseminate overdose kits. The FY 2019 funding will provide continuation grants to 12 states to reduce the number of opioid overdose-related deaths. Funding will help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other overdose-related death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

Drug-Free Communities

FY 2019 Request: \$100.0 million

(\$100.0 million increase from the FY 2018 CR level)

The *Drug-Free Communities (DFC) Act of 1997* created the DFC Support Program (P.L. 105-20). By statute, the DFC Support Program has two goals:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as Federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth.
- Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The goal of the program is to establish and strengthen collaboration among communities, public and private non-profit agencies, as well as Federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth. In addition, the program aims to reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. Funding will be used to continue both the DFC and DFC-Mentoring programs.

In FY 2019, the President's Budget Request shifts funding for the DFC program to SAMHSA from the Office of National Drug Control Policy. ONDCP was provided \$96.3 million in the FY 2018 CR for this program.

Center for Substance Abuse Treatment

In FY 2019, CSAT requests a total of \$2.1 billion for drug control activities, a decrease of \$576.7 million from the FY 2018 CR level. This change includes the \$100.0 million for the Drug Free Communities program transfer in FY 2019 from ONDCP.

Substance Abuse Treatment Programs of Regional and National Significance

FY 2019 Request: \$255.3 million

(\$92.7 million below the FY 2018 CR level)

The Substance Abuse Treatment Programs of Regional and National Significance (PRNS) support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. These programs support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas.

Opioid Treatment Programs/Regulatory Activities (PRNS non-add)

FY 2019 Request: \$8.7 million

(\$0.1 million above the FY 2018 CR level)

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid

dependence. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the Drug Enforcement Administration, states, territories, and the District of Columbia. SAMHSA also funds the Opioid Treatment Programs Medical Education and Supporting Services project aimed at preparing Opioid Treatment Programs to achieve accreditation and providing technical assistance and clinical training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs. In FY 2019, SAMHSA will continue support for the Secretary's five-prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

Targeted Capacity Expansion (PRNS non-add)

FY 2019 Request: \$67.2 million

(\$0.5 million above the FY 2018 CR level)

The Targeted Capacity Expansion (TCE) program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for SUD treatment and recovery support services. Examples of such needs include limited or no access to medication-assisted treatment (MAT) for opioid use disorders; lack of resources needed to adopt and implement health information technologies (HIT) in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process. In FY 2019, SAMHSA intends to fund 32 continuation MAT PDOA grants, 13 new TCE-Technology Assisted Care grants, and 17 new TCE-Peer-To-Peer grants.

Improving Access to Overdose Treatment

FY 2019 Request: \$1.0 million

(\$0.1 million above the FY 2018 CR level)

The Improving Access to Overdose Treatment (CARA) grant program utilizes SAMHSA's Opioid Overdose Prevention toolkit and other resources to help grantees train and provide resources to health care providers and pharmacists on the prescribing of drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

Further, the Improving Access to Overdose Treatment (CARA) grant 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 opioid use disorder (including prescription opioids as well as illicit drugs such as heroin). SAMHSA awarded one (1) Improving Access to Overdose Treatment (CARA) grant in FY 2017. The grantee partners with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the grantee will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose. This grant program also ensures the grantee establishes protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.

Treatment Systems for Homeless (PRNS non-add)

FY 2019 Request: \$36.4 million

(\$0.2 million above the FY 2018 CR level)

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with substance use disorders and who are experiencing homelessness, including veterans, and those experiencing chronic homelessness. SAMHSA intends to fund 65 continuation grants (17 Cooperative Agreements to Benefit Homeless Individuals [CABHI] and 48 Grants to Benefit Homeless Individuals). SAMHSA also plans to award 37 new CABHI grants. Additional funds will support two contracts including the continuation of cross-center contracts for national evaluation and technical assistance.

Pregnant and Postpartum Women

FY 2019 Request: \$19.9 million

(\$0.1 million above the FY 2018 CR level)

The Pregnant and Postpartum Women program is a substance use treatment grant program that uses a family-centered approach to deliver services not normally covered by private or public insurance. The services provided by PPW grantees include: outreach; engagement; pretreatment; screening and assessment; detoxification; substance misuse education; treatment; relapse prevention; healthcare services, including mental health services; postpartum health care, including attention to depression, anxiety, and medication needs; parenting education and interventions; home management and life skills training, education, testing, and counseling; and treatment of hepatitis, HIV/AIDS, and other sexually transmitted diseases. Services available to children include screening and developmental diagnostic assessments addressing social, emotional, cognitive, and physical well-being; and interventions related to mental, emotional, and behavioral wellness. Services for families include family-focused programs to support family strengthening, including involvement with the child's other parent.

Under CARA, a new Pregnant and Postpartum Women Pilot program was authorized to address substance use and addiction across the country through the implementation of prevention, treatment, and recovery programs. In FY 2017, SAMHSA funded three new state PPW pilot grants to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot. In FY 2019, SAMHSA intends to fund two new residential treatment PPW grants and 26 continuation PPW grants. These funds also support the continuation of the three PPW Pilot grants (\$4.0 million) to provide an array of services and supports to pregnant women and their children.

Building Communities of Recovery

FY 2019 Request: \$3.0 million

(Reflects a \$20,000 increase from the FY 2018 Annualized CR)

In FY 2017, SAMHSA funded a new cohort of grants through the Building Communities of Recovery program authorized under CARA. The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services, as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from substance use disorders who reflect the community served. Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including: primary care, other recovery networks, child welfare system, criminal justice system, housing services and employment systems. Grantees will also work to reduce negative attitude, discrimination, and prejudice around addiction and addiction recovery. In FY 2019, these funds will be used to support seven new grants and five continuation grants the Building Communities of Recovery Program to develop, expand, and enhance recovery support services.

Criminal Justice Activities (PRNS non-add)

FY 2019 Request: \$78.0 million

(\$0.5 million above the FY 2018 CR level)

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with substance use disorders and/or co-occurring substance use and mental disorders. This includes Treatment Drug Courts and the Offender Re-Entry Programs.

Drug Courts (PRNS non-add)

FY 2019 Request: \$60.0 million

(\$0.1 million above the FY 2018 CR level)

SAMHSA's Adult Drug Court programs support a variety of services including direct treatment services for diverse populations, wraparound/recovery support services designed to improve access and retention, drug testing for illicit substances, education support, relapse prevention and long-term management, pharmacotherapy), and HIV testing conducted in accordance with state and local requirements. The program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served.

Ex-Offender Re-Entry Program

FY 2019 Request: \$18.0 million

(Reflects a \$0.4 million increase from the FY 2018 Annualized CR)

In addition to the drug court portfolio, SAMHSA supports Offender Reentry Program (ORP) grants, as well as other criminal justice activities, such as evaluation and behavioral health contracts. In FY 2017, SAMHSA funded 11 new ORP grants and 27 ORP grant continuations.

Other PRNS Treatment Programs (PRNS non-add)

FY 2019 Request: \$41.1 million

(Reflects a \$0.3 million increase from the FY 2018 Annualized CR)

The FY 2019 budget includes resources of \$41.1 million for several other Treatment Capacity programs including: Recovery Community Services Program; Children and Families; and Addiction Technology Transfer Centers. The FY 2019 Budget includes funds for continuing grants and contracts in these programs. Grant funding will enhance overall SUD treatment quality by incentivizing treatment and service providers to achieve specific performance targets. Examples of grant awards could include supplements for treatment and service providers who are able to connect higher proportions of detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods.

State Targeted Response to the Opioid Crisis Grant Program

FY 2019 Request: \$0.0 million – Funding for this program is being requested under the President’s Opioids Allocation

(\$496.6 million below the FY 2018 CR level)

The State Targeted Response to the Opioid Crisis Grant Program (Opioid STR) was authorized under Section 1003 of the *21st Century Cures Act*. The program aims to address 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 opioid addiction. Grantees are required to: use epidemiological data to demonstrate the critical gaps in availability of treatment for opioid addiction in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly address the gaps in their systems of care; implement prevention strategies; deliver evidence based treatment interventions including medication and psychosocial interventions; deliver recovery support services; and report progress toward increasing availability of treatment for opioid addiction and reducing opioid-related overdose deaths.

The Opioid STR grants have helped states target these resources to address the particular problems they are facing with respect to opioids. States have applied learn lessons from the first year of this program and are already identifying ways to maximize impact and efficiency. States have quickly implemented a wide range of evidence-based prevention, treatment, and recovery interventions that respond to the unique needs in their communities. In FY 2017, Opioid STR grants were awarded via formula to all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Northern Marianas, Micronesia, Palau, and American Samoa. Funds are also being used to support a cross-site evaluation to demonstrate program effectiveness and technical assistance activities.

This program is currently not authorized for FY 2019. However, the President’s Budget Request Addendum includes \$1.0 billion to extend efforts under the State Targeted Response to the Opioid Crisis program. This funding will address 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 opioid addiction.

Substance Abuse Prevention and Treatment Block Grant

FY 2019 Request: \$1.9 billion

(\$12.6 million above the FY 2018 CR level)

The Substance Abuse Prevention and Treatment Block Grant (SABG) program distributes funds to 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota (referred to collectively as states) to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance misuse and substance use disorders. The SABG's overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility to grantees.

In FY 2019, SABG funds will continue to serve as a source of safety net funding, including assistance to states in addressing the opioid epidemic, and will continue to support certain services (e.g., recovery support services) not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance abuse prevention and treatment service systems.

Health Surveillance and Program Support

FY 2019 Request: \$105.4 million

(\$3.3 million above the FY 2018 CR level)

Health Surveillance and Program Support (HSPS) provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the Center for Disease Control and Prevention's National Health Information Survey, and the data archive. This request represents the total funding available for these activities first divided between Mental Health and Substance Abuse using the same percentages splits that exist between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. In FY 2019, Health Surveillance funding will support the continuation of the NSDUH, NREPP, BHSIS, C-EMS, and the Analytic Support Center contracts as well as operations and payroll Program Support funding will continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

Public Awareness and Support

FY 2019 Request: \$5.8 million

(\$0.7 million below the FY 2018 CR level)

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders and substance abuse issues. This represents the total funding available for these activities first divided evenly between Mental Health and Substance Abuse. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

In FY 2019, funding will support the President’s initiative and allow SAMHSA to continue to streamline its web presence, develop innovative mobile apps, expand its presence on social media, and provide other critical resources to support behavioral health and other health.

Performance and Quality Information Systems

FY 2019 Request: \$8.8 million

(\$1.7 million above the FY 2018 CR level)

Performance and Quality Information Systems provides funding to support SAMHSA’s Performance Accountability and Reporting System (SPARs) related activities, as well as provide support for the National Registry of Evidence-based Programs and Practices that will reduce the backlog of interventions accepted but not reviewed under the previous contract. SPARS will provide a common data and reporting system for all SAMHSA discretionary grantees and allow programmatic technical assistance (TA) on use of the data to enhance grantee performance monitoring and improve quality of service delivery. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. In FY 2019, SAMHSA will use these funds for system development, training and TA to support operations, National Registry of Evidence-Based Programs (NREPP) and SPARS.

Data Request and Publication User Fees

FY 2019 Request: \$0.8 million

(\$5,000 above the FY 2018 CR level)

SAMHSA will collect and retain fees for extraordinary data and publications requests. This represents the total funding estimated for these activities first divided evenly between Mental Health and Substance Abuse. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

PERFORMANCE

In the table below are selected measures of performance related to Prevention Programs of Regional and National Significance.

Prevention: Selected Measures of Performance		
Program	FY 2016 Target	FY 2016 Achieved
SPF: Partnerships for Success		
» Increase the number of sub-recipient communities that improved one or more targeted NOMs indicators	650	531
SPF: Rx		
» Increase the percent of funded states that incorporate PDMP data into their needs assessments in developing their strategic plans	100%	72%
» Increase the percent of funded states reporting reductions in opioid overdoses	55%	52%
STOP Act		
» Increase the percent of coalitions that report at least a 5 percent improvement in the past 30-day use of alcohol in at least 2 grades	62.0%	63.6%
» Increase the percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades	68%	72.7%
Center for the Application of Prevention Technologies		
» Increase the percent of participants who agree or strongly agree that the training or TA provided increased their capacity to do substance abuse prevention work	90.0%	94.0%
» Increase the percent of participants who agree or strongly agree that the training or TA provided increased their organization's capacity to do substance abuse prevention work	92%	98%
Tribal Behavioral Health Grants		
» Increase the number of programs/organizations that implemented specific mental health-related practices/activities as a result of the grant	296	5,670

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 medication-assisted treatment. Though the target for the SBIRT outcome was not met, the program's performance has improved. The drug court program not only exceeded its outcome goals, including for a reduction in past month drug use, but also exceeded its goals for the number of clients served. In FY 2017, more than 8,500 adult clients were served by the adult drug court grant.

Treatment: Selected Measures of Performance		
Treatment: Prescription Drug and Opioid Addiction	FY 2016 Target	FY 2016 Achieved
» Decrease illicit drug use at 6-month follow-up	60%	62%
SBIRT	FY 2017 Target	FY 2017 Achieved
» Increase the percentage of clients receiving services who had no past-month substance use	36%	34.8%
Criminal Justice	FY 2017 Target	FY 2017 Achieved
» Drug Courts: Increase the percentage of adult clients receiving services who had no past month substance use	71.0%	86.1%
» Offender Reentry: Increase the percentage of adult clients receiving services who had no past month substance use	74%	69.1%

SAMHSA is undertaking a series of agency-wide efforts designed to develop a set of common performance, quality, and cost measures to demonstrate the impact of SAMHSA’s programs. Ultimately, SAMHSA and its state partners will collaborate to develop a streamlined behavioral health data system that complements other existing systems (e.g., Medicaid administrative and billing data systems, and state mental health and substance abuse treatment data systems), ensures consistency in the use of measures, and provides a more complete perspective of the delivery of mental illness and substance abuse treatment services.

An independent evaluation of the SABG 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.²⁹ SAMHSA data show that the SABG has been successful in expanding treatment capacity by supporting approximately two million³⁰ admissions to treatment programs receiving public funding. Outcome data for the Block Grant program show positive results as reported through Behavioral Health Services Information System/Treatment Episode Data Set (TEDS) administered by SAMHSA’s 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 2015, the most recent year for which data is available:

State substance abuse authorities reported the following outcomes for services provided during

²⁹ Substance Abuse and Mental health Administration. Retrieved from <http://tie.samhsa.gov/SAPT2010.html#Evaluation>.

³⁰ Substance Abuse and Mental Health Services Administration (2015). Clients Level Data / TEDS. Retrieved from <http://www.samhsa.gov/data/client-level-data-teds>

FY 2016, the most recent year for which data is available:

- For the 50³¹ states and the District of Columbia 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 employment data, 45 of 50 identified improvements in client employment;
- 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 states 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 SABG. The 20 percent set-aside requires SABG grantees to spend at least 20 percent of their SABG 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. The prevention set-aside is one of SAMHSA's main vehicles for supporting SAMHSA's Strategic Initiative for the Prevention of Substance Abuse and Mental Illness. The 20 percent set-aside is focused only on substance use prevention. States use these funds to develop infrastructure and capacity and to fund programs specific to primary substance abuse prevention. Some states rely solely on the 20 percent set-aside to fund their prevention systems while others use the funds to target gaps and enhance existing program efforts.

States are encouraged to make prevention a top priority, taking advantage of recent science, best practices in community coordination, proven planning processes, and the findings articulated by the Institute of Medicine report, Preventing Mental, Emotional, and Behavioral

³¹ West Virginia numbers have been included in the text, but they appear lower than expected.

Disorders Among Young People. SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capacities.

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.	100%	72%
Treatment Activities, continued	FY 2015 Target	FY 2015 Achieved
» 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 has a permanent place to live in the community.	92.0%	88.9%

In the table below are selected measures of performance related to Prevention Programs of Regional and National Significance

Health Surveillance and Program Support: Selected Measures of Performance		
Performance and Quality Information Systems	FY 2017 Target	FY 2017 Achieved
» Increase the combined count of webpage hits, hits to the locator, and hits to Substance Abuse and Mental Health Data Archive (SAMHDA) for SAMHSA-supported data sets	1.7 million	34,315
» Increase the number of evidence-based programs or practices in review	55	99
Public Awareness and Support	FY 2016 Target	FY 2016 Achieved
» Increase the number of individuals referred for behavioral health treatment resources.	400,000	752,096
» Increase the total number of interactions through phone inquiries, eblasts, dissemination of SAMHSA publications, and total website hits.	33,000,000	41,437,011

DEPARTMENT OF HOMELAND SECURITY



DEPARTMENT OF HOMELAND SECURITY
Customs and Border Protection

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Intelligence	\$420.179	\$420.179	\$489.214
Interdiction	\$2,379.476	\$2,379.476	\$2,718.126
Total Drug Resources by Function	\$2,799.655	\$2,799.655	\$3,207.340
Drug Resources by Decision Unit			
Operations and Support	\$2,591.416	\$2,591.416	\$2,717.811
<i>Border Security Operations</i>	\$576.941	\$576.941	\$669.701
<i>Trade and Travel Operations</i>	\$1,246.705	\$1,246.705	\$1,323.723
<i>Integrated Operations</i>	\$683.771	\$683.771	\$666.142
<i>Mission Support</i>	\$83.999	\$83.999	\$58.245
Procurement, Construction, and Improvements	\$208.239	\$208.239	\$489.529
<i>Border Security Assets and Infrastructure</i>	\$79.776	\$79.776	\$388.874
<i>Trade and Travel Assets and Infrastructure</i>	\$33.737	\$33.737	\$34.063
<i>Integrated Operations Assets and Infrastructure</i>	\$94.726	\$94.726	\$66.592
Total Drug Resources by Decision Unit	\$2,799.655	\$2,799.655	\$3,207.340
Drug Resources Personnel Summary			
Total FTEs (direct only)	11,263	11,263	13,932
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$12.0	\$11.8	\$14.0
Drug Resources Percentage	23.4%	23.7%	23.0%

MISSION

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. CBP's jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the Bank Secrecy Act (P.L. 99-570), "USA PATRIOT Act" (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), and other laws.

METHODOLOGY

CBP is a multi-mission agency and calculates obligations by budget decision unit and function, pursuant to an approved drug control cost methodology. On the basis of past practice, six organizations within CBP [Office of Field Operations (OFO), U.S. Border Patrol (USBP), Office of Training and Development (OTD), Office of Information and Technology (OIT), Air and Marine Operations (AMO), and Office of Acquisition (OA)] were provided with guidance on preparing estimates for the reporting of drug control funds. These offices were asked to estimate, on the basis of their expert opinion, the portion of their activities related to drug enforcement. The aforementioned organizations identified resources in their financial plans that support the drug enforcement mission of the agency. OFO, USBP, OIT, OTD, and AMO attribute their resources to both intelligence and interdiction functions. OA attributes their resources solely to interdiction.

Office of Field Operations

OFO is the law enforcement component within CBP responsible for carrying out CBP's complex and demanding border security mission at all POEs. OFO manages the lawful access to our Nation and economy by securing and expediting international trade and travel. OFO operates 328 POEs and 16 Preclearance locations, 47 User Fee Airports, and 19 Express Consignment Carrier Facilities. POEs welcome travelers and facilitate the flow of goods essential to our economy 24 hours a day, 7 days a week. OFO estimates that for FY 2019 there will be 3,333 CBP officer positions related to drug control efforts on enforcement teams. These enforcement teams work closely with the Passenger Enforcement Rover Team and Passenger Analytical Unit teams to coordinate all enforcement activities. CBP estimates that 69 percent of the enforcement teams' time is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities.

Canine enforcement teams play an important role in the detection of illicit drugs being smuggled into the United States. At the end of November 2017, of their 841 total canine enforcement teams, OFO had 520 canine teams nearly 100 percent devoted to smuggling interdiction. Of the teams devoted to smuggling interdiction, 472 were Narcotics Detection Teams and 48 Currency Firearms Detection Teams.

U.S. Border Patrol

USBP is responsible for controlling almost 6,000 miles of land and water borders between ports of entry (POEs) with Canada and Mexico and nearly 2,100 miles of coastal waters surrounding the Florida Peninsula, Puerto Rico, and United States Virgin Islands. USBP estimates that for FY 2019 there will be 21,008 Border Patrol agents (funded by USBP), assigned to the mission of detecting and apprehending illegal entrants between the POEs. These illegal entrants include aliens, drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated POEs due to their undocumented status. It has been determined that 15 percent of the total agent time nationwide is related to counterdrug activities, which equates to 20,633 Border Patrol Agent full-time equivalent (FTE). Of the 15 percent of total agent time related to drug activities, 3.5 percent of these efforts are related to intelligence and 96.5 percent to drug interdiction. These activities

include staffing 34 permanent border traffic checkpoints nationwide and 176 tactical immigration checkpoints including 1,113 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.

In addition to staffing and canine units, USBP manages several programs focused on the acquisition and deployment of technology and tactical infrastructure to secure the Southern and Northern borders of the United States. Some examples of technology programs include the Remote Video Surveillance System (RVSS) Program, Mobile Video Surveillance System (MVSS) Program, Integrated Fixed Towers (IFT) Program, and Tactical Communications Modernization Program (TACCOM). The Tactical Infrastructure (TI) Program is responsible for the deployment and maintenance of infrastructure, including roads, fencing, lighting, and gates. USBP's technology and infrastructure programs increase situational awareness and assist law enforcement personnel in identifying and resolving illegal activity. USBP estimates that 15 percent of the funding for these programs – both Procurement, Construction, and Improvements (PC&I) and Operations and Support (O&S) funding – supports drug interdiction activities only.

Office of Training Development

OTD calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed, and subject matter experts determine course hours delivered related to drug enforcement for this tasking. If specific courses offered through the National Training Plan contain drug enforcement-related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours). Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers, agents, and intelligence analysts. Office of Training Development's day-to-day operational resources are attributed to drug enforcement activities at the same rate as the NTP course delivery rates which are initially projected at 19.61% for interdiction and .65% for intelligence during FY2019. These percentages vary during the year of execution depending upon the actual course delivery funding obligation rates.

Office of Information and Technology

OIT's budget supports the drug enforcement mission through the acquisition, support, and maintenance of technology and through mission-critical targeting application systems. OIT estimates that 10 percent each of Automated Targeting Systems (Passenger, Narcotics, and Anti-Terrorism) and TECS software applications, as well as 10 percent of data center operations costs are in support of the counter-drug mission.

Air and Marine Operations

AMO's core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit, and Arrival Zones. In FY 2017, AMO P-3 aircraft flew 6,090 hours in drug control efforts, which represent 76 percent of all AMO P-3 hours. These hours were in support of Joint Interagency Task Force-South (JIATF-S) in the Source and Transit zones. AMO P-3's participated in the interdiction of 163,482 pounds of cocaine in the Source and Transit zones. This equates to 26.8 pounds of cocaine for every counternarcotic hour flown.

Using flight hours spent performing drug-related activities, AMO has determined that 80 percent of the budget resources that support AMO are considered to be drug-related. Of the total flight hours flown by AMO, 23 percent were related to intelligence and 77 percent were related to interdiction in FY 2017.

Also managed under AMO, the Tethered Aerostat Radar System (TARS) program is a national surveillance asset operating along the Southwest Border and other key locations for nearly 25 years. TARS provides detection and monitoring of suspicious traffic over air, maritime, and land corridors. CBP took ownership of the TARS program in FY 2014 as part of a transfer from the DOD. TARS consists of fixed site, aerostat-based radar systems that provide air surveillance across the entire U.S.-Mexico border (approximately 2,000 nautical miles). The systems are designed to detect compliant low-altitude aircraft and non-compliant low-altitude aircraft attempting to smuggle narcotics or other contraband into the United States.

Office of Acquisition

OA currently uses contractors and Integrated Logistics Support to assist in the development, deployment, operations, and maintenance of border technology, both deployed and in the acquisition process, which is part of an SLA providing support to the Program Management Office during the two-year transition phase to US Border Patrol. OA applies a 15 percent ratio to this funding, which matches the USBP counternarcotics methodology.

BUDGET SUMMARY

In FY 2019, CBP requests \$3.2 billion for drug control activities, an increase of \$407.7 million above the FY 2018 CR level.

Operations and Support

FY 2019 Request: \$2,717.8

(\$126.4 million above FY 2018 CR level)

Operations and Support funds CBP's primary field activities, including CBP Officers, Border Patrol Agents, Air and Marine Interdiction Agents, Aviation Enforcement Agents, Detection Enforcement Officers, import and entry specialists, and agricultural specialists. The agency's field organization comprises 20 Border Patrol Sectors, with 35 permanent border and 140 tactical checkpoints between the POEs; 142 stations and substations; 20 Field Operations Offices; 328 associated POEs, of which 16 are pre-clearance locations; 47 User Fee Airports; and 19 Express Consignment Carrier Facilities. Field personnel use a mix of air and marine assets, non-intrusive technology such as large-scale x-rays and radiation portal monitors, targeting systems, and automation to ensure the detection and apprehension of high-risk travelers, illegal entrants, and smugglers and the seizure of contraband.

Border Security Operations

FY 2019 Request: \$669.7 million

(\$92.8 million above FY 2018 CR level)

The FY 2019 President's Budget request of \$669.7 million provides funding for border security and control between the Ports of Entry (POEs). The FY 2019 President's Budget request increase over the FY 2018 President's Budget levels is associated with the maturation of the pay associated with the journeyman agent workforce. USBP has primary responsibility for drug interdiction between the land POEs. In pursuit of drugs, Border Patrol agents engage in surveillance activities supported by computer-monitored electronic ground sensors. Traffic check operations are also conducted along major routes of travel to restrict access to the interior by drug and alien smugglers. Transportation centers are placed under surveillance for the same reason.

In addition, the USBP canine program was implemented in 1986 in response to escalating alien and drug smuggling activities along the Mexican and Canadian borders. The canines are trained at Canine Center El Paso in El Paso, Texas, to locate concealed humans and detect several narcotic odors and their derivatives. The canines are used in nearly every enforcement activity of the Border Patrol including line watch, traffic check operations, and train and bus checks. The canine program is responsible each year for the detection of record numbers of smuggled aliens and large narcotic loads, including the arrest of the criminals involved in smuggling activities.

The Border Patrol also participates in numerous interagency drug task force operations with other Federal, state, and local LEAs through Operation Alliance along the southern border. The Border Patrol is also an active participant in the Southwest Border HIDTA in Texas, New Mexico,

Arizona, and California. To further assist the Border Patrol in this endeavor, all Border Patrol Agents receive DEA Title 21 cross-designated authority as part of their basic training.

Trade and Travel Operations

FY 2019 Request: \$1,323.7 million

(\$77.0 million above FY 2018 CR level)

The FY 2019 request is \$77.0 million above the FY 2018 continuing resolution level for drug-related resources associated with border security and trade facilitation at the POEs, which provides continued support for front-line CBP Officers.

CBP will use its resources to support aggressive border enforcement strategies that are designed to interdict and disrupt the flow of narcotics and ill-gotten gains across our Nation's borders and dismantle the related smuggling organizations. CBP narcotics interdiction strategies are designed to be flexible so they can successfully counter the constantly shifting narcotics threat at the POEs.

CBP is intent on using resources to develop and implement security programs that safeguard legitimate trade from being used to smuggle the implements of terror and other contraband, including narcotics into the U.S. Under the Customs-Trade Partnership Against Terrorism (C-TPAT), CBP works closely with importers, carriers, brokers, freight forwarders, and other industry sectors to develop a seamless, security-conscious trade environment resistant to the threat of international terrorism. C-TPAT provides the business community and government a venue to exchange ideas, information, and best practices in an ongoing effort to create a secure supply chain, from the factory floor to U.S. POEs. Under C-TPAT, the Americas Counter Smuggling Initiative, the Carrier Initiative Program, and the Business Anti-Smuggling Coalition, partnership programs remain instrumental in expanding CBP's anti-narcotics security programs with trade groups and governments throughout the Caribbean, Central and South America, and Mexico.

CBP has implemented a Field Operations Intelligence Program, which provides support to CBP inspection and border enforcement personnel in disrupting the flow of drugs through the collection and analysis of all source information and dissemination of intelligence to the appropriate components. In addition, CBP interdicts undeclared bulk currency, cutting off funds that fuel terrorism, narcotics trafficking, and criminal activities worldwide. CBP officers perform enforcement operations that involve screening outbound travelers and their personal effects. CBP also supports operations that focus on interdicting bulk currency exported in cargo shipments. CBP uses mobile x-ray vans and specially trained currency canine teams to target individuals, personal effects, conveyances, and cargo acting as vehicles for the illicit export of undeclared currency.

Southwest Border Efforts

On the Southwest border, CBP employs a risk based strategy for outbound operations which are normally short, periodic inspections followed by periods without inspections. This allows

for the immediate stand-down of outbound inspections to manage traffic flow departing the POE.

Northern Border Efforts

The Northern border counter-smuggling approach focuses on bi-national, Federal, state, local, and tribal law enforcement partnerships, information sharing agreements, joint integrated operations, and community outreach in order to maximize efforts and resources. This approach has proven successful along the Northern border.

Integrated Operations

FY 2019 Request: \$666.1 million

(\$17.6 million below the FY 2018 CR level)

AMO secures the borders against terrorists, acts of terrorism, drug smuggling, and other illegal activity by operating air and marine branches at strategic locations along the borders. The FY 2019 request includes a \$17.6 million decrease in the drug-related resources associated with AMO's portion of CBP's Operations and Support account.

AMO maximizes the capabilities of air and marine assets through a cohesive joint air operations model for centralized command and control and a responsive and integrated control system for decentralized execution. AMO partners with numerous stakeholders in performing its missions throughout the continental United States and the Western Hemisphere. This includes domestic operations at the borders, source, transit and arrival zone operations, interior law enforcement support, and support to other agencies. In fulfilling the priority mission of CBP to protect the borders, CBP AMO's geographical areas of responsibility include the southwest, northern, and southeast/coastal borders of the U.S. as well as Caribbean regions.

The P-3 Airborne Early Warning and Long Range Tracker aircraft are critical to interdiction operations in the source and transit zones because they provide vital radar coverage in regions where mountainous terrain, expansive jungles and large bodies of water limit the effectiveness of ground-based radar. The P-3 Airborne Early Warning and P-3 Long Range Tracker are the only detection and monitoring assets solely dedicated to the counterdrug mission.

In the transit zone, CBP AMO crews work in conjunction with the Law Enforcement Agents (LEAs) and military forces of other nations in support of their counternarcotic programs. CBP is prepared to support counterdrug missions in the source zone. Counter narcotics missions include detection and monitoring, surveillance, interceptor support, and coordinated training with military and other law enforcement personnel.

Mission Support

FY 2019 Request: \$58.2 million

(\$25.8 million below FY 2018 CR level)

The FY 2019 President's Budget request of \$58.245 million for Mission Support funds training courses that contain any items related to drug enforcement policy and operational direction, and technical expertise to CBP mission operations. This account also supports critical information technology support to CBP frontline personnel and contract support for acquisition management.

Procurement, Construction, and Improvements

FY 2019 Request: \$489.5 million

(\$281.3 million above the FY 2018 CR level)

The Procurement, Construction, and Improvements (PC&I) appropriation provides funds necessary for the planning, operational development, engineering, and purchase of one or more CBP assets prior to sustainment.

Border Security Assets and Infrastructure

FY 2019 Request: \$388.9 million

(\$309.1 million above the FY 2018 CR level)

In the FY 2019 President's Budget, CBP requests \$388.9 million for the PC&I Border Security Assets and Infrastructure PPA aligned to the drug control mission. This account will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for USBP's frontline agents. The increase from FY 2018 President's Budget levels is primarily driven by the construction of the new border wall.

Trade and Travel Assets and Infrastructure

FY 2019 Request: \$34.1 million

(\$0.3 million above the FY 2018 CR level)

The PC&I request for Trade and Travel Operations comprises the drug control portion of Non-Intrusive Inspection (NII) equipment procurement, such as large-scale x-rays and radiation portal monitors. The decrease from the FY 2018 President's Budget level is due to a lower requirement of NII technology procurements requested in the FY 2019 President's Budget.

Integrated Operations Assets and Infrastructure

FY 2019 Request: \$66.6 million

(\$28.1 million below the FY CR level)

The PC&I Integrated Operations Assets and Infrastructure PPA funds the procurement of new AMO platforms. CBP Air and Marine aviation assets include: sensor-equipped detection and monitoring aircraft, long-range trackers, and maritime patrol aircraft; high performance helicopters; and single/multi-engine support aircraft. CBP AMO's range of maritime assets includes interceptor, safe-boat, and utility-type vessels.

PERFORMANCE

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, 2016.

Customs and Border Protection		
Selected Measures of Performance	FY 2016 Target	FY 2016 Achieved
» Amount of currency seized on exit from the United States	\$30.0 M	\$28.9 M
» Percentage of JIATF-South annual mission hour objective achieved	100%	100%
» Interdiction Effectiveness Rate on the Southwest border between the ports of entry	80.0%	82.7%
» Percent of time TECS is available to end users	99.0%	99.9%

Discussion

The performance 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. The scope of this measure covers all POEs on both the Southwest and Northern borders and includes all modes of transportation (land, air, and sea). This measure assists in evaluating CBP's success in disrupting domestic drug trafficking at the land border ports of entry. This measure is based upon the seizure-related enforcement outcomes of CBP's Outbound Enforcement Program, which provides an indicator of the success that CBP has in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to criminal or transnational groups.

Air and Marine Operations (AMO) conducts extended border operations as part of CBP's layered approach to homeland security. AMO deploys assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The National Interdiction Command and Control Plan (NICCP) sets the overarching operational architecture for organizations involved in interdicting illicit drugs in keeping with the goals and objectives of the National Drug Control Strategy. AMO coordinates with the larger law enforcement and interdiction community through its partnership with JIATF-S. JIATF-S is the tasking coordinator and controller for counter-drug missions within the transit and source zones. JIATF-S submits its resource allocation requirements through the NICCP. The Department of Homeland Security (DHS) responds to the requirements in a Statement of Intent. AMO conducts extended border operations to support a layered approach to homeland security. AMO applies assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The performance measure "Percentage of JIATF-South Annual Mission Hour Objective" identifies the degree to which AMO meets its intended flight hours for JIATF-South.

Border Patrol agents (BPAs) detect and intercept any combination of threats that present themselves along the borders including: terrorists, weapons of terrorism, smuggling of narcotics and other contraband, and people who illegally enter the United States. The interdiction of people frequently coincides with the interdiction of drugs in the border environment; therefore, the IER can be associated with effectiveness in resolving all cross-border entries, including those involving persons transporting narcotics. Apprehensions are captured in the Border Patrol's Interdiction Effectiveness Rate, and this measure does not differentiate between apprehensions and those apprehended transporting narcotics. This measure assists in evaluating CBP's success in disrupting domestic drug trafficking between the land border ports of entry.

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 24X7 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. TECS is also a communications system permitting message transmittal between the Department of Homeland Security law enforcement offices and other national, state, and local LEAs, access to the Federal Bureau of Investigation's (FBI) National Crime Information Center, and the National Law Enforcement Telecommunication Systems. National Law Enforcement Telecommunication Systems provide direct access to state motor vehicle departments. This measure assists in evaluating CBP's success in improving information systems for Analysis, Assessment, and Local Management.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Enacted	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
State and Local Assistance	\$8.250	\$8.250	\$6.188
Total Drug Resources by Function	\$8.250	\$8.250	\$6.188
Drug Resources by Decision Unit			
Operations & Support	\$8.250	\$8.250	\$6.188
Total Drug Resources by Decision Unit	\$8.250	\$8.250	\$6.188
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$3.827	\$4.236	\$3.520
Drug Resources percentage	<0.1%	<0.1%	<0.1%

Program Summary

MISSION

The Federal Emergency Management Agency’s (FEMA) 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.

METHODOLOGY

Operation Stonegarden (OPSG) grants are awarded by FEMA in coordination with CBP.

OPSG contributes to efforts to secure the 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 LEAs through increased material, manpower readiness, and the number of “boots on the ground” to better secure our Nation’s borders. The funds awarded are used in intelligence informed operations, which may assist with counterdrug efforts. Due to the intricate nature of these operations, CBP is unable to delimit the amount applied toward counterdrug operations; however, they estimate no more than 15 percent of OPSG funding and activity supports counter drug activities.

As OPSG is not specifically a drug enforcement grant program there is no statutory or programmatic requirement under OPSG to specifically delineate drug interdiction activities or

expenditures. OPSG grant funds are primarily used for personnel costs, which are not reported by activity therefore the exact specific amount expended for drug enforcement cannot be determined.

BUDGET SUMMARY

In FY 2019, FEMA requests \$6.2 million for drug control activities, a decrease of \$2.1 million from the FY 2018 CR level.

Operation Stonegarden

FY 2019 Request: \$6.2 million³²

(\$2.1 million below the FY 2018 CR level)

FEMA's FY 2019 request includes \$41.3 million for OPSG. Using the 15 percent estimation methodology, FEMA requests \$6.2 million for drug-related activities in FY 2019.

The intent of OPSG is to enhance cooperation and coordination among Federal, state, and local LEAs in a joint mission to secure the U.S. borders along routes of ingress from international borders, to include travel corridors in states bordering Mexico and Canada, as well as in states and territories with international water borders. Recipients of OPSG funds are local units of government at the county level and federally recognized tribal governments. Recipients are in the states bordering Canada (including Alaska), southern states bordering Mexico, and states and territories with international water borders.

OPSG funds are used for operational overtime, equipment, mileage, fuel, and vehicle maintenance and for operational activities that will enhance border security and are coordinated directly with the CBP. Funds are allocated competitively to designated localities within U.S. Border States based on risk analysis and the anticipated feasibility and effectiveness of proposed investments by the applicants.

³² A FEMA does not specifically request the funding for Operation Stonegarden, the funds are historically appropriated by Congress. The amount is notational and subject to change upon enacted legislation.

DEPARTMENT OF HOMELAND SECURITY

Federal Law Enforcement Training Centers

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Enacted	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Investigations	\$41.839	\$41.508	\$51.309
State & Local Assistance	\$1.307	\$1.297	\$1.603
International	\$.436	\$.432	\$.534
Total Drug Resources by Function	\$43.583	\$43.237	\$53.446
Drug Resources by Decision Unit			
Operations & Support	\$43.583	\$43.237	\$53.446
Total Drug Resources by Decision Unit	\$43.583	\$43.237	\$53.446
Drug Resources Personnel Summary			
Total FTEs (direct only)	216	225	237
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$.2	\$.2	\$.14
Drug Resources Percentage	18.1%	18.1%	14.0%

Program Summary

MISSION

The Federal Law Enforcement Training Centers (FLETC) is an interagency law enforcement training institution that serves a leadership role as the Federal Government's principal provider of world-class, 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 *National Drug Control Strategy* by providing drug investigations training for law enforcement agents and officers.

METHODOLOGY

The portion of FLETC's total budget considered to be drug resources is identified by historical trends of drug-related training relative to total student-weeks of training and the associated budget authority required to conduct that training. Advanced training programs with a drug nexus are considered to provide 100% support to drug enforcement activities. State and local

training programs with a drug nexus are also considered to provide 100 percent support. All international training has a drug nexus and is also considered to provide 100 percent support. FLETC drug enforcement training support is in the following three training functions: Investigations, 96 percent; State and Local Training and Assistance, three percent; and, International Training and Technical Assistance, one percent.

The percentage of the Salaries and Expenses appropriation that supports drug enforcement activities remains constant at 20.4 percent; however, the percentage of FLETC’s total budget authority in support of drug enforcement activities fluctuates.

BUDGET SUMMARY

The FY 2019 FLETC request is \$53.5 million for drug control activities, an increase of \$7.5 million over the FY 2018 continuing resolution.

Operations and Support

FY 2019 Summer Budget: \$53.5 million
(\$10.2 million above the FY 2018 CR level)

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly used illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The FY 2019 request reflects an increase in the total drug resources funding available due to increased FLETC training funds associated with the President’s Executive Orders on *Border Security and Immigration Enforcement Improvements* and *Enhancing Public Safety in the Interior of the United States*.

PERFORMANCE

The FY 2017 performance of FLETC’s drug support mission is based on agency Government Performance and Results Modernization Act documents and other agency information. The FY 2017 performance information for FLETC’s drug-related training is shown below.

Federal Law Enforcement Training Center		
Selected Measures of Performance	FY 2017 Target	FY 2017 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.	95%	92%

Discussion

FLETC supports the Strategy by providing drug investigations training for law enforcement agents and officers.

The officers and agents who receive FLETC training in drug investigation activities are employed primarily by Federal agencies with a law enforcement role. These Federal agencies, which have formalized their relationship with FLETC as their trainer of choice through memoranda of understanding, are substantively involved in the strategic direction of FLETC and are referred to as Partner Organizations. FLETC measures its success by assessing the satisfaction of its Partner Organizations with the requested training that FLETC provided.

In FY 2017, FLETC trained 68,491 students, equating to 133,788 student-weeks of training. The curriculum for about 20 percent of these students includes training in drug investigation activities.

In FY 2012, FLETC established a new metric to more accurately reflect the satisfaction of Partner Organizations with the counterdrug-related training FLETC provides to their officers and agents. In order to establish the performance goal against which to set a baseline, FLETC examined its actual and targeted historical training-related performance measures. Additionally, FLETC held discussions with a sampling of Partner Organizations to gauge their satisfaction with FLETC's drug control-related training to date. For FY 2017, FLETC's performance target for counter-drug training was 95 percent satisfaction. Results of FLETC's 2017 Partner Organization Satisfaction Survey indicate that 92 percent of Partner Organizations were satisfied with FLETC counterdrug-related training. FLETC is currently reaching out to its Partner Organizations regarding counterdrug related training content to identify areas of dissatisfaction in order to make revisions as necessary.

DEPARTMENT OF HOMELAND SECURITY
Immigration and Customs Enforcement

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Intelligence	\$25.597	34.256	\$36.540
Investigations: Domestic	\$500.687	\$582.302	\$543.223
Investigations: International	\$8.135	\$7.307	\$8.225
Total Drug Resources by Function	\$534.419	\$623.865	\$587.988
Drug Resources by Decision Unit			
Operations & Support	\$534.419	\$623.865	\$587.988
<i>Intelligence (non-add)</i>	\$25.597	\$34.256	\$36.540
<i>Investigations: Domestic (non-add)</i>	\$500.687	\$582.302	\$543.223
<i>Investigations: International (non-add)</i>	\$8.135	\$7.307	\$8.225
Total Drug Resources by Decision Unit	\$534.419	\$623.865	\$587.988
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,337	2,758	2,943
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$6.7	\$6.7	\$8.5
Drug Resources percentage	7.8%	9.3%	5.6%

Program Summary

MISSION

U.S. Immigration and Customs Enforcement (ICE), a multi-mission LEA, 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. ICE achieves these objectives by maintaining an aggressive cadre of Title 21 cross-designated Special Agents and enforcing multi-disciplined money laundering control initiatives to investigate financial crimes and interdict bulk currency shipments exported out of the United States. This mission is executed through the enforcement of hundreds of Federal statutes and focuses on smart immigration enforcement, preventing terrorism and combating the illegal movement of people and goods.

METHODOLOGY

ICE's approved drug methodology is based on investigative case hours recorded in the ICE Investigative Case Management System (ICM). ICE agents record the hours they work, categorized by the type of investigation, in ICM. Following the close of the fiscal year, a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, showing all investigative case hours logged. Counternarcotics activity percentages are determined separately for each ICE Homeland Security Investigations (HSI) program responsible for counter narcotics enforcement. The percentages for Domestic Investigations, International Investigations, and Intelligence programs are determined by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours logged by each program. In FY 2017 quarter, 31.98 percent of case hours were drug-related for HSI Domestic Investigations, 7.40 percent for HSI International Investigations, and 43.05 percent for Intelligence. The ICE drug budget is projected by applying these ratios to the annual appropriations request for each ICE program executing counternarcotics activities.

BUDGET SUMMARY

In FY 2019, ICE requests \$588.0 million for drug control activities, a decrease of \$35.9 million from the FY 2018 CR level.

Operations and Support

FY 2019 Request: \$588.0 million

(\$35.9 million below the FY 2018 Annualized CR)

Operations and Support contributes to the ICE mission of bringing a unified and coordinated focus to the enforcement of Federal immigration and customs laws. Operations and Support resources are used to address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, transnational criminal organizations, and disruption of criminal trade and money laundering associated with illicit drugs. ICE investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the goals and objectives of the *Strategy* to disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

Intelligence

FY 2019 Request: \$36.5 million

(\$2.3 million above the FY 2018 CR level)

HSI Intelligence collects, analyzes, and shares strategic and tactical data with Federal, state, local, and tribal law enforcement partners to support efforts to disrupt the flow of illicit drugs. HSI intelligence collects and analyzes multiple -sources, develops the information to enable enforcement actions and inform decision makers, and disseminates strategic, operational and tactical intelligence to the appropriate fusion partners to coordinate and de-conflict intelligence and investigative actions.

Investigations

FY 2019 Request: \$551.4 million

(\$38.2 million below the FY 2018 CR level)

ICE Investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the *Strategy's* goals and objectives to disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

Domestic Investigations

FY 2019 Request: \$543.2 million

(\$39.1 million below the FY 2018 CR level)

Border-related crime and the violence often associated with it pose a significant risk to the public safety and national security of the United States. Therefore, ICE continues to focus enforcement efforts to disrupt cross-border criminal activity relative to contraband smuggling, human smuggling, money laundering, weapons trafficking, and other crimes, as well as the dismantlement of the transnational criminal organizations responsible for these illicit activities.

In FY 2019, ICE will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). ICE has expanded the BEST program to 57 locations throughout the United States. BEST now leverages more than 1,200 Federal, State, local, and foreign law enforcement agents and officers representing over 100 law enforcement agencies.

The requested resources will support investigative efforts, coordination with Federal, State, local, and foreign LEAs, and participation in task forces, such as the OCDETF, HIDTAs, DEA Special Operations Division (SOD), and the BEST initiative to counter the flow of all illicit drugs into and out of the United States.

In further support of interagency collaboration, ICE will continue active participation in the DEA SOD, an interagency coordination unit consisting of representatives from several Federal agencies that include DEA, FBI, and the Internal Revenue Service. During ICE field investigations, ICE targets the command and control communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level and coordinates this information among LEAs, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

Implemented in FY 2006, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. The BEST teams incorporate personnel from ICE, CBP, DEA, ATF, FBI, Coast Guard, and the U.S. Attorney's Office (USAO), along with other key Federal, state, local, and foreign LEAs. In response to the Transnational Criminal Organizations (TCO) activities, HSI has assigned more than 1,500 special agents and almost 150 intelligence research specialists to Southwest Border Offices.

ICE will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center, which targets bulk cash smuggling both domestically and internationally. Bulk cash smuggling is a preferred method of operations for transnational criminal organizations to smuggle funds into or out of the United States. The Bulk Cash Smuggling Center is focused on disrupting facilitation pipelines used to move currency derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption. HSI has refined its ability to target money laundering and financial violations through the National Bulk Cash Smuggling Center which generates long-term, multi-jurisdictional bulk cash investigations.

Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center continue to provide the analytic infrastructure supporting financial and trade investigations. The TTU identifies and analyzes complex trade-based money laundering systems. The TTU's unique ability to analyze domestic trade and financial data, in addition to the trade and financial data of foreign cooperating partners, enables ICE to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. The TTU Headquarters established a TTU in Mexico City, Mexico, in 2008. The Mexico City TTU comprises Mexican law enforcement assigned under the Finance Ministry within the Central Tax Authority developed to support Mexican Customs. The TTU Mexico City representatives use trade and financial data to develop criminal targets involved in trade-based money laundering. TTU Mexico City is one of the most active joint initiatives to date, due in part to the excellent working relationship between the two countries.

International Investigations

FY 2019 Request: \$8.2 million

(\$0.9 million above the FY 2018 CR level)

The Homeland Security Act of 2002 authorizes the deployment of DHS officers to diplomatic posts to perform visa security activities and provide advice and training to Department of State (DOS) consular officers. This critical mission is accomplished through ICE HSI's Visa Security Program (VSP). VSP operations are presently functioning at 30 diplomatic posts in 25 countries.

Through the VSP, ICE deploys HSI special agents to visa issuing posts worldwide to utilize available investigative resources, such as in-depth, in-person interviews and collaboration with U.S. agencies at post, to exploit and disrupt the travel of suspect individuals during the visa application process. International VSP operations are supported through screening and vetting of visa applicants by the Pre-Adjudicated Threat Recognition and Intelligence Operations Team (PATRIOT), an interagency endeavor with CBP. PATRIOT includes in-depth vetting of applicants identified as potentially having derogatory information who may be of investigative interest, or ineligible to receive U.S. visas.

On September 27, 2011, U.S. Immigration and Customs Enforcement (ICE) HSI officially established the TCIU Program. HSI TCIUs are comprised of foreign law enforcement officials, customs officers, immigration officers, and prosecutors who undergo a strict vetting process to ensure that shared information and operational activities are not compromised.

ICE HSI TCIUs facilitate information exchange and rapid bilateral investigation of weapons trafficking and counter-proliferation, money laundering and bulk cash smuggling, human smuggling and trafficking, narcotics trafficking, intellectual property rights violations, customs fraud, child exploitation, cyber-crime, and many of the other 400 violations of law within ICE HSI's investigative purview. There are over 300 foreign law enforcement officers that comprise the nine TCIUs and two International Taskforce units in 13 countries.

U.S. Immigration and Customs Enforcement (ICE), in collaboration with the U.S. Department of Defense, developed and manages the Biometric Identification Transnational Migration Alert Program (BITMAP). BITMAP is a host-country-led initiative in which ICE HSI trains and equips Transnational Criminal Investigative Units (TCIU) and partner nations to collect biometric and biographic data on suspect individuals via portable Secure Electronic Enrollment Kits (SEEK). Foreign partners share this data with HSI who then screen the data prior to its entry into U.S. Government databases. HSI currently conducts dedicated BITMAP operations in nine (9) countries.

ICE HSI BEST and HSI International Operations have initiated training of foreign national law enforcement officers assigned to domestic BEST units, to include Mexican law enforcement. This initiative engages foreign national law enforcement officers in temporary assignment as subject matter experts to domestic BEST units. This training enhances foreign national law enforcement capacity by coordinating foreign national law enforcement officers training in support of international cross-border efforts with multiple countries to identify, disrupt, and dismantle transnational criminal organizations that seek to exploit border vulnerabilities and threaten public safety on both sides of the border.

ICE HSI continues to target drug trafficking organizations by developing intelligence to identify drug smuggling schemes, trends, and violators through operational programs managed by the HSI Narcotics and Contraband Smuggling Unit; strengthening the international development and expansion of the National Initiative for Illicit Trade Enforcement to exploit criminal organizations via information technology; prioritizing investigative focus on border violators and the transnational criminal organizations they support; prioritizing drug-related investigations to those involving Consolidated Priority Organization Targets (CPOTs) and Regional Priority Organization Targets; and prioritizing drug-related investigations to criminals earning, laundering, or moving more than \$10 million per year through repeated exploitation or evasion of global movement systems.

With 67 attaché offices and 8 DOD liaison offices in 50 countries around the world, ICE is the largest investigative component of the Department of Homeland Security. ICE is responsible for enhancing national security by conducting and coordinating international investigations involving transnational criminal organizations and serving as ICE's liaison to foreign law enforcement counterparts overseas. ICE coordinates with DEA on its overseas narcotics investigations.

ICE supports the *Strategy* by attacking the vulnerabilities of drug trafficking organizations and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the U.S. is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation’s borders. ICE agents enforce a wide range of criminal statutes, including Title 18 and Title 19 of the U.S. Code to investigate transnational crimes. These statutes address general smuggling issues as well as customs violations. ICE also enforces Title 21, which covers the importation, distribution, manufacture, and possession of illegal narcotics.

PERFORMANCE

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 represent ICE drug-related achievements during FY 2017.

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals	15%	19%
» Total illegal currency and monetary instruments seized (\$) from drug operations	N/A*	\$434.6 M
» Percent of Cocaine seizures considered high impact (lbs.)*	N/A*	53%
» Percent of Heroin seizures considered high impact (lbs.)*	N/A*	43%
» Percent of Marijuana seizures considered high impact (lbs.)*	N/A*	33%
» Percent of Methamphetamine seizures considered high impact (lbs.)*	N/A*	66%

*ICE does not set targets for seized counternarcotic metrics.

ICE established a new performance metric in FY 2013 to better reflect Law Enforcement efforts related to counternarcotics enforcement. The new performance metric is the percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals. Cases are deemed high impact or high risk based on a pre-defined set of criteria and are reviewed monthly by a case panel. A disruption is defined as actions taken in furtherance of the investigation that impede the normal and effective operation of the target organization or targeted criminal activity. Dismantlement is defined as destroying the target organization’s leadership, network, and financial base to the point that the organization is incapable of reconstituting itself. Agents submit enforcement actions that meet the definition of either a disruption or dismantlement, which are cases deemed high-impact or high-risk based on a pre-defined set of criteria and are reviewed by an SCR panel. The SCR panel reviews enforcement actions and examines each submission to ensure it meets the requirement of a disruption or dismantlement.

These investigations include HSI investigations directly related to the disruption and/or dismantlement of Consolidated Priority Organization Targets and Regional Priority Organization Targets in accordance with targets designated by the Organized Crime Drug Enforcement Task Force. Percentages are calculated by dividing drug-related enforcement actions (deemed a disruption or dismantlement) by the total number of enforcement actions within the domestic program.

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 2017, ICE seized \$434.6 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

DEPARTMENT OF HOMELAND SECURITY
United States Coast Guard

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Interdiction	\$1,339.843	\$1,478.729	\$1,244.381
Research, & Development	4.114	5.031	1.947
Total Drug Resources by Function	\$1,343.957	\$1,483.760	\$1,246.328
Drug Resources by Proposed Decision Unit			
Operations & Support	\$984.921	\$1,010.928	\$1,009.844
Procurement, Construction, & Improvements	354.922	467.801	234.537
Research, Development, Test, and Evaluation	4.114	5.031	1.947
Total Drug Resources by Proposed Decision Unit	\$1,343.957	\$1,483.760	\$1,246.328
Drug Resources Personnel Summary			
Total FTEs (direct only)	6,727	6,808	6,191
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$10.5	\$10.7	\$11.0
Drug Resources percentage	12.8%	13.6%	11.4%

Program Summary

MISSION

The Coast Guard 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. This includes the United States’ territorial seas, the contiguous zone, the Exclusive Economic Zone, and the high seas. As part of its maritime security strategic goal, the Coast Guard’s drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. Interdicting illicit drug-related trafficking as close to the source as possible helps dismantle TOC networks that directly threaten the national security of the United States, exploit U.S. citizens, and destabilize our Western Hemisphere neighbors. This goal is accomplished through projection of an effective law enforcement presence over the six-million-square-mile transit zone of the Caribbean Sea, the Gulf of Mexico, and the Eastern Pacific Ocean.

The Coast Guard has a comprehensive approach to maritime counterdrug law enforcement in the source, transit, and arrival zones. The key objectives of the Coast Guard strategy are to: (1)

maintain an interdiction presence based on the availability of assets, deny smugglers access to maritime routes, and deter trafficking activity; (2) strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and (3) support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

METHODOLOGY

The Coast Guard does not have a specific appropriation for drug interdiction activities. All Coast Guard operations, capital improvements and acquisitions, reserve training, and research and development activities targeted toward drug interdiction are funded out of the associated appropriations specified herein. Reflecting the multi-mission nature of Coast Guard units, the accounting system is keyed to operating and support facilities, rather than to specific missions. Consistent with that approach, personnel and other costs are administered and tracked along operational and support capability lines requiring detailed cost accounting techniques. The Coast Guard uses a Mission Cost Model methodology to compute its drug mission allocation. The Mission Cost Model allocates funding across Coast Guard missions in the Performance-Based Budget presentation. The Mission Cost Model allocates all direct and support costs to mission-performing units (e.g., National Security Cutter [NSC] or Maritime Patrol Aircraft [MPA]). Established baselines of operational activity are used to further allocate those costs to the various missions.

Procurement, Construction, & Improvements

The Mission Cost Model is used to develop allocation of costs by mission areas for proposed Procurement, Construction & Improvements (PC&I) projects based on the typical employment of assets germane to the project. For example, if a new asset is being proposed for commissioning through a PC&I project, costs would be applied to missions using the operational profile of a comparable existing asset. The Coast Guard uses a zero-based budget approach in developing its request for PC&I funding. Program changes in the PC&I account may vary significantly from year-to-year depending on the specific platforms or construction projects supported. PC&I funding finances the acquisition of new capital assets, construction of new facilities, and physical improvements to existing facilities and assets. The funds cover Coast Guard-owned and operated vessels, shore facilities, and other equipment, such as computer systems.

Operations and Support

Operations and Support funds are used to operate assets and facilities; maintain capital equipment; improve management effectiveness; and recruit, train, and sustain all active-duty military and civilian personnel, and support selected reserve personnel who in turn operate facilities, maintain capital equipment, improve management effectiveness and assist in sustaining all operations.

Budget presentations for current and future years use the most recent Operations and Support asset cost data and systematically allocate costs in the following manner:

- **Direct Costs:** Applied directly to the operating assets [NSC, Fast Response Cutters (FRC), and MPA] that perform missions.
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on carefully-developed allocation criteria).
- **Overhead Costs:** Applied to assets based on proportion of labor dollars spent where cost variability cannot be specifically linked to operating assets. This is a standard industry approach to overhead allocation.

Once all Operations and Support costs are fully loaded on mission-performing assets, those costs are further allocated to Coast Guard missions (Drug Enforcement, Search and Rescue, etc.) using actual or baseline projections for operational employment hours.

Research, Development, Test, and Evaluation (RDT&E)

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed RDT&E projects. Allocation of drug interdiction funding is accomplished within the zero-based RDT&E appropriation by evaluating each project's anticipated contribution to drug interdiction efforts based on subject matter expert professional judgment.

BUDGET SUMMARY

In FY 2019, the Coast Guard requests \$1,246.3 million for drug control activities, a decrease of \$237.4 million from the FY 2018 CR level. The primary driver for the change from FY 2018 to FY 2019 is the change in PC&I due to the completion of the Survey and Design work of the Offshore Patrol Cutter, and re-prioritization of shore infrastructure funding to properly execute homeporting for anticipated delivery of NSCs, OPCs and Fast Response Cutters (FRC).

Operations and Support

FY 2019 Budget: \$1,009.8 million
(\$1.1 million below the FY 2018 CR level)

This decision unit captures the funding previously classified as Operating Expenses and the funding that was classified as Reserve Training. In the FY 2018 continuing resolution, the funding level for those decision units was \$1,010.9 million. The FY 2019 request is \$1,009.8 million, a decrease of \$1.1 million.

In the FY 2019 Budget, Operations and Support Funds will support both new assets coming online and depot level maintenance for aging assets. These assets contribute significantly to the drug interdiction mission. In addition to reinvesting efficiencies to sustain operations, support, and critical asset recapitalization, the FY 2019 Budget supports the Coast Guard workforce, including personnel pay and allowances, training, and recruiting.

The eighth NSC is under contract and scheduled for delivery in the second quarter of FY 2019. The FY 2019 request will also support follow on operations and crewing for five and four FRCs, respectively.

Procurement, Construction & Improvements

FY 2019 Budget: \$234.5 million

(\$233.3 million below the FY 2018 CR level)

This decision unit captures the funding previously classified as Acquisition, Construction, and Improvements. In the FY 2018 continuing resolution, the funding level for that decision unit was \$467.8 million. The FY 2019 request is \$234.5 million, a decrease of \$233.3 million.

The FY 2019 Budget requests funding for the continued replacement or refurbishment of outdated, deteriorating assets. Recapitalization is crucial to preserving surface, air, and shore asset capability and remains a critical investment for the Nation. FY 2019 investments will provide the Coast Guard with assets that will be in service for decades. These assets will enhance the Coast Guard's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve our economic resources and vitality, and protect the environment. Preserving the Coast Guard's maritime capability through recapitalizing surface and air assets supports the *National Drug Control Strategy*.

The FY 2019 budget provides funding to acquire new assets and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance investments needed to support them. Specifically, the FY 2019 Budget:

- Continues to support the OPC project as part of the recapitalization of the Coast Guard fleet. This funding will support continued production costs for the first OPC. The OPC acquisition will bridge the capability gap between the NSC and Fast Response Cutter (FRC), while replacing the Coast Guard's fleet of Medium Endurance Cutters.
- Supports funding for four FRCs. The FRC is the replacement for the 110-foot Island Class patrol boat that is past its designed service life. The FRC, with advanced electronics and enhanced operational capabilities, is more capable than the 110-foot patrol boat. In FY 2017, FRCs removed 15,833 kilograms of cocaine in the approaches to the United States.
- Provides sufficient funding to continue with C-27J Asset Project Office activities; begin aircraft missionization and purchase initial spare parts; contractor logistics support, and training; and coordinate airworthiness evaluation with Naval Air Systems Command. The C-27J is a medium-range surveillance and transport aircraft and will provide additional detection and monitoring support in the Western Hemisphere Drug Transit Zone. The two-engine high-efficiency turboprop design allows extended surveillance and quick response capability at a lower cost per flight hour than the HC-130H/J.
- Provides funding to begin retrofitting the HC-130J and the HC-144A aircraft with the new Coast Guard variant of the Minotaur mission system. The Minotaur upgrade will improve performance and address obsolescence issues, ensuring continued detection and monitoring capabilities provided by the HC-130J and HC-144A fleets.

- Supports funding to conduct Post Delivery Activities on the fourth through eighth NSCs to ensure operational readiness following delivery.

Research, Development, Test, and Evaluation

FY 2019 Budget: \$1.9 million

(\$3.1 million below the FY 2018 CR level)

RDT&E funding allows the Coast Guard to sustain critical missions by the Department of Homeland Security. The requested RDT&E funding supports all 11 statutorily mandated Coast Guard mission programs. These mission-programs, in turn, directly support the Coast Guard’s role as the principal Federal agency for ensuring maritime safety, security, and stewardship. FY 2019 resources will continue to support the development of technologies to improve detection of hidden contraband; improve tactical communications systems to improve interagency coordination, command and control; and develop technologies that give operational commanders a wider range of options to stop fleeing vessels.

PERFORMANCE

Information regarding the performance of the drug control mission of the Coast Guard program is based on agency GPRMA documents and Coast Guard data. The table and accompanying text represent highlights of their achievements in FY 2017.

United States Coast Guard		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	11.5%	8.2%
» Metric Tons (MT) of Cocaine Removed	100	223.8
» Percent Non-Commercial Maritime Conveyance	<90.0%	93.4%

The Coast Guard continues to use the Interagency 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 Coast Guard to objectively evaluate its performance on a quarterly basis.

The Coast Guard’s target for FY 2018 is to remove ten percent of the known cocaine flow moving via non-commercial maritime means toward the United States.

In FY 2017, the Coast Guard dedicated additional focus and assets to transit zone interdiction operations above historical levels. The Coast Guard was able to reallocate ship deployments due to a decreased operational demand from other missions, and exceeded its target of 2,153.5 major cutter days to the transit zone. Coast Guard Maritime Patrol Aircraft (MPA) support to Joint Interagency Task Force South (JIATF-S) slightly exceeded the Service’s 3,180 hour commitment with 3,183 MPA hours deployed. Coast Guard LEDETs met all requests for deployments. As a result, in FY2017, the Coast Guard removed a record 223.8 MT of cocaine, over 20 MT above Coast Guard’s FY2016 removal record.

FY 2017 Performance Highlights

- 17 February 2017: A Coast Guard FRC located the F/V LADY MICHELLE 92 nautical miles (NM) north of Paramaribo, Suriname. The master provided official documentation for St. Vincent and the Grenadines, and the U.S./St Vincent and Grenadines Bilateral Agreement was enacted. The subsequent boarding yielded 182 bales for a total of 4,240 kgs. of cocaine removed from international waters.
- 08 June 2017: While on routine patrol in the eastern Pacific Ocean, a Coast Guard NSC was diverted for intercept triggered by a Joint Interagency Task Force South (JIATF-S) MPA. The NSC's small boat gained positive control of the Go Fast Vessel (GFV) without use of force and embarked the four subjects. The Right of Visit (ROV) boarding yielded 2,519 kgs of cocaine removed from international waters.
- 14 August 2017: While on routine patrol in the eastern Pacific Ocean, a JIATF-S MPA detected a TOI. A Coast Guard MEC was 60 NM away and diverted for intercept. A ROV boarding yielded 2,886 kgs of cocaine removed from international waters.
- 21 August 2017: While on routine patrol in the eastern Pacific Ocean, a JIATF-S MPA detected a TOI. A Coast Guard NSC was 15 NM away and diverted for intercept. A ROV boarding yielded 3,250 kgs of cocaine removed from international waters.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Community Planning and Development

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Treatment	\$513.608	\$494.217	\$542.197
Total Drug Resources by Function	\$513.608	\$494.217	\$542.197
Drug Resources by Decision Unit			
Continuum of Care: Homeless Assistance Grants	\$513.608	\$494.217	\$542.197
Total Drug Resources by Decision Unit	\$513.608	\$494.217	\$542.197
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$48.0	\$40.7	\$39.2
Drug Resources percentage	1.1%	1.2%	1.4%

Program Summary

MISSION

The President's *National Drug Control Strategy* calls for Federal support for reducing barriers to recovery from substance use disorders. Lack of housing creates a sense of hopelessness for those using substances and presents a barrier to maintaining recovery. It specifically calls for programs to prevent homelessness as a step toward recovery from substance use disorders. Stable and affordable housing is often identified as the most difficult barrier for individuals released from prison or jail to overcome. Also, the *National Drug Control Strategy* identifies supportive environments and drug-free homes as necessary elements for recovery. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes.

METHODOLOGY

The Office of Special Needs Assistance Programs in HUD does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in our communities, including individuals with chronic mental health or substance use issues, persons living with HIV/AIDS, and formerly incarcerated individuals. Project recipients report to HUD annually how many people they intend to serve through the Continuum of Care (CoC) Program funding. The most recent CoC Competition data (from FY 2016) shows that 24.86 percent of clients served will receive substance use treatment.

BUDGET SUMMARY

The fiscal year 2019 drug control estimate for Continuum of Care (CoC) is \$542.197 million, an increase of \$47.98 million above the fiscal year 2018 President’s budget request.

Continuum of Care Homeless Assistance Grants

FY 2019 Request: \$542.197 million

(\$48.0 million above the FY 2018 CR level)

HUD’s Homeless Assistance Grants are funded through the CoC Program. Nonprofit organizations, states, local governments, and instrumentalities of state or local governments apply for funding through the CoC competitive process to provide homeless services. The CoC Program is designed: to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

PERFORMANCE

Information regarding the performance of the drug control efforts of HUD is based on data collected from programs receiving funding through the annual CoC Program competition. The table and accompanying text below highlight HUD’s achievements during fiscal year 2015.

Office of Special Needs Assistance Programs			
Selected Measures of Performance	FY 2014 Achieved	FY 2015 Achieved	FY 2016 Achieved
» Percentage of participants exiting CoC-funded transitional housing, rapid rehousing, and supportive services only projects that move into permanent housing.	59.4%	52.0%	47.3%
» Percentage of participants in CoC-funded permanent supportive housing remaining in or exiting to permanent housing.	91.8%	92.9%	93.3%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	87,286	76,390	73,755

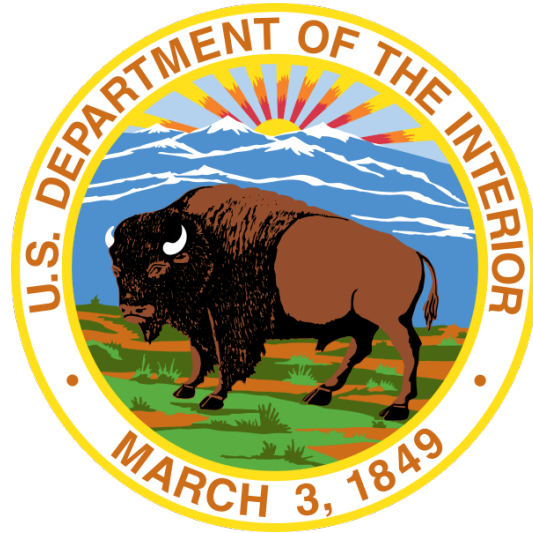
HUD continues to update how it collects data on performance. HUD expects to make at least one more change to the data for these measures that will impact the performance measures for this report over the next two years. At this time, HUD has not set targets because it is still collecting sufficient data to make such determinations. As more data is available, HUD will set targets and track progress.

The fiscal year 2015 data shows that 52.0 percent of persons exiting these project types go to permanent housing destinations. The data from fiscal year 2015 shows that 92.9 percent of persons exiting CoC-funded permanent supportive housing remain in or exit to permanent housing destinations. Both of those measures reflect the importance for persons who receive homeless services through HUD funded programs to exit to a stable housing situation.

The final measure tracks the number of persons proposed to be served by HUD's CoC-funded programs who enter with chronic substance abuse issues. There is no goal assigned to this measure but HUD measures how many people are served through Continuum of Care funding with chronic substance abuse issues. In fiscal year 2015, 76,390 persons with chronic substance abuse were projected to be served.

As an additional note on performance, between calendar years 2015 and 2016, HUD saw a decline of 17 percent in veterans experiencing homelessness (nearly 50 percent decline since 2010) and a 5 percent decline in families experiencing homelessness, as reported in HUD's 2016 Annual Homeless Assessment Report (AHAR): Part 1 – Point-in-Time Estimates of Homelessness.

DEPARTMENT OF THE INTERIOR



DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	8.216	8.216	9.791
Prevention	1.000	1.000	1.000
Total Drug Resources by Function	\$9.716	\$9.716	\$11.291
Drug Resources by Decision Unit			
Drug Initiative	\$9.716	\$9.716	\$11.291
Total Drug Resources by Decision Unit	\$9.716	\$9.716	\$11.291
Drug Resources Personnel Summary			
Total FTEs (direct only)	57	57	70
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.8	\$2.8	\$2.5
Drug Resources Percentage	0.3%	0.3%	0.5%

Program Summary

MISSION

The Bureau of Indian Affairs (BIA) 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.

METHODOLOGY

The Drug Initiative is funded within the Law Enforcement sub-activity that supports initiatives involving drug enforcement. The special initiative line also allows the OJS to specifically track drug-related funding.

BUDGET SUMMARY

In FY 2019, BIA requests \$11.3 million for drug control activities focusing on the disruption and dismantling of drug trafficking organizations; an increase from the FY 2018 CR baseline.

Drug Initiative

FY 2019 Request: \$11.3 million

(+\$1.6 million above FY 2018 CR baseline)

Drug-related activity in Indian country is a major contributor to violent crime and imposes serious health and economic difficulties on Indian communities. Methamphetamine, heroin and prescription drugs continue to cause devastating effects on tribal families and communities.

In FY 2019, \$8.8 million in requested funding will support drug enforcement efforts that allow BIA Drug Enforcement Officers (DEOs) to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by DEOs include eradicating illegal marijuana cultivations; conducting criminal investigations; surveilling criminals; infiltrating drug trafficking networks; confiscating illegal drug supplies' and establishing and maintaining cooperative relationships with other Federal, state, local, and tribal law enforcement organizations in the efforts against drug-related activity.

In FY 2019, \$1,000,000 is requested to continue support for the School Resource Officer (SRO) program. The SRO program has proven to be an important part of the OJS drug initiative allowing interaction of officers and students in the students' environment. SROs provide instruction in drug awareness and gang resistance using nationally recognized and adopted curriculum to educate students on the negative aspects of illegal drug use and gang activity. The SROs play a key role in providing a visual deterrent and identifying potential threat of school violence.

The Victim/Witness Services (VWS) program funded at \$486,000, provides needed support to cooperative witnesses and victims of violent and drug crimes. The protection of witnesses and victims is essential during drug investigations, and VWS can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, VWS staff provides guidance to tribes in developing their own VWS programs. VWS also includes assessments of existing victim/witness programs for potential expansion to all BIA law enforcement districts.

The budget request also provides \$500,000 to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

Approximately \$500,000 of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts as well. Through the academy, BIA provides advanced training courses

with content specific to drug enforcement to law enforcement officers that assist in drug investigations throughout the nation. Also, students that graduate from Basic Police and/or Criminal Investigator Training have completed an introduction to drug awareness and investigations component. The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

PERFORMANCE

Information regarding the performance of the drug control efforts of BIA is based on agency 2010 Government Performance Results Modernization Act (GPRMA) documents and other information that measure the agency’s contribution to the *Strategy*. The BIA Division of Drug Enforcement (DDE) has historically experienced challenges gathering accurate data using systems developed by the BIA IT division or its contractors. To assist with data collection, in FY 2014, the BIA began using the newly developed Incident Management Analysis and Reporting System (IMARS) system to capture crime data, which will include drug information for DDE. However, user error and the lack of complete functionality with the new system have continued to hamper DDE in the collection of accurate and complete drug data. As we move forward with enhancing the IMARS system, drug data collection from BIA programs should increase and allow for more efficient analysis.

To show an accurate portrayal of the serious drug issues occurring throughout Indian Country, BIA relies heavily on tribal and BIA field programs to submit their monthly drug statistics to a BIA Program Analyst stationed in each BIA District Office. Historically, tribal and BIA field program monthly drug report submissions have been minimal in some regions; distorting the number of drug offenses that are actually occurring in Indian Country vs. what is being reported to BIA. The data discussed below were gathered and verified from the IMARS database and the DDE case log.

Bureau of Indian Affairs		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Number of patrol officers receiving drug training	325	407
» Number of drug cases worked*	5,175	6,036
» Amount of drugs seized: Meth (ICE)**	61.00 lbs.	56.13 lbs.
» Amount of drugs seized: Meth (Powder)**	11.00 lbs.	34.88 lbs.
» Amount of drugs seized: Cocaine (Crack)**	1.00 lbs.	0.60 lbs.
» Amount of drugs seized: Cocaine (Powder)**	27.00 lbs.	54.15 lbs.
» Amount of drugs seized: Prescription drugs**	96.00 lbs.	8.0 lbs.
» Amount of drugs seized: Heroin**	30.00 lbs.	16.49 lbs.
» Amount of drugs seized: Marijuana (processed)**	2,000 lbs.	6,233.89 lbs.
» Amount of drugs seized: Marijuana (plants)**	10,000 lbs.	6,097 lbs.
» Amount of drugs seized: MDMA (Ecstasy)**	2.00 lbs.	0.29 lbs.

* Includes cases reported by tribes.

** Drug seizures were accomplished by the combined efforts of BIA-DDE, BIA and Tribal Police programs.

In FY 2017, the BIA responded to a wide range of illegal drug activity on Indian lands. BIA DDE agents supported highly technical investigations, such as court ordered Title III wire intercepts, Organized Crime Drug Enforcement Task Forces (OCDETF) cases, Racketeer Influenced and Corrupt Organization (RICO) cases, High Intensity Drug Trafficking Area (HIDTA) cases, synthetic marijuana cases, and multi-jurisdictional cases involving the Indian Brotherhood Gang. BIA DEO's continued to provide technical assistance and training to tribal law enforcement agencies throughout the nation. As a result, Indian Country drug cases worked in FY 2017 increased 19 percent of above the FY 2016 drug cases worked. These improvements are due to the success that BIA DDE has achieved in forming partnerships with local law enforcement programs servicing Indian Country.

Partnerships among BIA-DDE, DEA, BIA and Tribal officers have been particularly important. BIA DDE Agents are responsible for managing drug investigations and providing direct technical assistance to reduce the effects of drugs and drug-related crime in Indian Country. As a result of DDE's technical assistance, there have been an increasing number of drug cases worked in Indian country every year since FY 2011. During FY 2017, BIA DDE, BIA, and Tribal officers worked 6,036 cases in Indian country, an overall increase of approximately 19 percent over the number of cases worked during FY 2016. This improvement was due to BIA DDE's change in focus from working cases to providing direct technical assistance to the BIA and Tribal police departments.

BIA DDE opened 386 cases in FY 2017, 276 of which were closed by arrest, indictment, or referral to another agency for a 72 percent closure rate. 110 cases remain open and under active investigation. Of 386 cases opened, 344 investigations, or 89 percent of DDE investigations, occurred within reservation boundaries or upon trust/allotted lands. The remaining 11 percent of investigations held a direct nexus to Indian country.

In FY 2017, BIA DDE continued involvement in drug trafficking conspiracy cases that resulted in numerous drug related arrests across Indian Country. DEO's continued to focus on the methamphetamine trafficking organizations that continue to be the largest supplier of illegal narcotics throughout Indian Country. In FY 2017, BIA DDE also began experiencing an increase in Heroin becoming available to Indian Country Communities. DEOs expanded their efforts as they enhance their focus on identifying and disrupting heroin trafficking organization.

In FY 2017, law enforcement training played an important supporting role. During the year, 139 students graduated from the USIPA basic police program, known as the Rural Police Officer Training Program (RPOTP) with an introduction to drug awareness and investigations. Seven students graduated FLETCs Advanced Drug Training Programs and 31 students graduated from FLETCs Criminal Investigator Training Program with an introduction to drug awareness and investigations. An additional 230 students graduated from advanced drug training exported to the field offices. The total number of law enforcement officers that received drug training from BIA OJS was 407.

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
Total, Drug Resources by Function	\$5.100	\$5.100	\$5.100
Drug Resources by Decision Unit			
Resource Protection and Law Enforcement	\$5.100	\$5.100	\$5.100
Total, Decision Unit	\$5.100	\$5.100	\$5.100

Drug Resources Personnel Summary			
Total FTEs (direct only)	20	20	20

Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.1	\$1.2	\$1.2
Drug Resources Percentage	0.4%	0.4%	0.4%

Program Summary

MISSION

The overall mission of the Bureau of Land Management (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.

METHODOLOGY

The Bureau's appropriation in the Resource Protection and Law Enforcement subactivity includes \$5.1 million for drug enforcement. The primary focus of these funds is the identification, investigation, and eradication of marijuana cultivation on public lands and rehabilitation of the cultivation sites. Bureau costs associated with identifying, investigating, and eradicating marijuana cultivation; interdicting marijuana smuggling; and rehabilitating the public lands damage caused by these activities are scored as drug control. Under its

Government Performance and Results Act (GPRA) Performance Plan, the Bureau utilizes specifically defined Program Element designations to calculate and track expenditures associated with its patrol, investigative, and drug enforcement activities.

BUDGET SUMMARY

In FY 2019, the BLM requests \$5.1 million for drug control activities, which is unchanged from the FY 2018 level. The budget directs resources to 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.

Resource Protection and Law Enforcement

Total FY 2019 Request: \$5.1 million

(Reflects no change from FY 2018 CR Baseline)

Resource Protection and Law Enforcement Program strategies in support of the National Drug Control Strategy include, 1) directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California; 2) directing funding to 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) directing funding to public lands in Arizona and New Mexico to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest Border. Associated activities include:

- Conducting proactive uniformed patrol to deter and detect cultivation activities.
- Focusing on investigations likely to result in the arrest of drug trafficking organization leadership.
- Utilizing Federal, state, and local partners to conduct multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication and investigative efforts.
- Establishing interagency agreements, partnerships, and service contracts with State and local law enforcement agencies to support counter-drug efforts on public lands.
- Partnering with non-law enforcement personnel/entities to rehabilitate cultivation and drug smuggling-related environmental damage in an effort to deter re-use of those areas.

PERFORMANCE

Introduction

Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the U.S., the BLM has traditionally gauged performance using a single measure, specifically “number of marijuana plants seized.” Given the significant year-to-year fluctuation seen in public lands marijuana seizures over the past six years, and the number of variables believed to affect large scale public lands cultivation operations, the BLM currently bases its out-year plant seizure target on the preceding fiscal year’s seizure level. Beginning in FY 2015, the Bureau has adjusted its out-year target to achieve a 2 percent improvement over the prior fiscal year’s seizure level.

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 below table and associated text present activities and achievements during FY 2017.

Selected Measure of Performance	FY 2017 Target	FY 2017 Achieved	FY 2018 Target	FY2019 Target
» Number of marijuana plants seized	152,083 ¹	95,859	97,776 ²	TBD ³

¹ Target based on FY 2016 seizure level.

² Target based on 2% increase over FY 2017 seizure level.

³ Target will be based on 2% increase over FY 2018 seizure level.

Discussion

Due to the scope of the marijuana cultivation problem on public lands and the large number of Federal, State, and local agencies involved in combatting the issue, it is difficult to establish a direct cause for the fluctuations seen in marijuana plant seizure statistics and the decline since FY 2016. However, several factors are believed to be affecting large scale marijuana cultivation on public lands, to include:

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Active participation of BLM law enforcement personnel in Federal, State, and local task forces, including California and Oregon HIDTA task forces, DEA-led Organized Crime Drug Enforcement Task Forces, and a number of State and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations.
- Prosecution of individuals at all levels of multi-State drug trafficking organizations is disrupting organizational structures, and reducing their cultivation and distribution capabilities.
- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.

- Several State medical marijuana laws provide for the lawful cultivation of marijuana on private lands. Quantities of this lawfully cultivated marijuana are known to be diverted to sale for non-medical use. This unlawful sale of legally cultivated marijuana, combined with the public's ability to lawfully cultivate marijuana for personal recreation and medicinal purposes, may be altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on public lands.

DEPARTMENT OF THE INTERIOR

National Park Service

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Investigations	\$3.300	\$3.300	\$2.957
Total Drug Resources by Function	\$3.300	\$3.300	\$2.957
Drug Resources by Decision Unit			
National Park Protection Subactivity	\$3.300	\$3.300	\$2.957
Total Drug Resources by Decision Unit	\$3.300	\$3.300	\$2.957
Drug Resources Personnel Summary			
Total FTEs (direct only)	27	27	25
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$2.93	\$2.92	\$2.43
Drug Resources percentage	0.1%	0.1%	0.1%

Program Summary

MISSION

The National Park Service (NPS) works to preserve the resources and values of the national park system for the enjoyment, education, and inspiration of this and future generations. The NPS is required to enforce all Federal laws and regulations within all park units, allowing the public the opportunity to enjoy the national park units in a safe manner, providing employees a safe place of employment, and keeping resources unimpaired for future generations.

METHODOLOGY

NPS does not have a specific appropriation for drug control. The NPS cost management system verifies the location and actual use of funding that is directed to this function. The NPS utilizes these data, combined with annual financial/spending plans, to estimate the level of drug control funding.

BUDGET SUMMARY

In FY 2019, NPS requests \$3.0 million for drug control activities; a decrease of \$0.3 million from the FY 2018 CR baseline.

National Park Protection Subactivity

FY 2019 Request: \$3.0 million

(-\$0.3 million from the FY 2018 CR baseline)

The National Park Service 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 CBP and other Federal, state, and local agencies involved with border security.

Additionally, the NPS in concert with the US Forest Service, the Drug Enforcement Administration, and other Federal, State, and local partners, actively combats illegal drug operations in park areas. The NPS has developed a framework for combating the evolving process of marijuana cultivation and addressing site rehabilitation and reclamation. This includes outlining of the comprehensive and integrated approach involving long-term investigations, prevention, detection, eradication, interdiction, and other actions to disrupt cultivation and dismantle drug trafficking organizations. Through these efforts, the NPS supports Federal drug control priorities by reducing domestic drug production and availability.

PERFORMANCE

Information regarding the performance of the drug control mission of NPS is based on agency GPRMA documents and other agency information. The table and accompanying text represent highlighted achievements during FY 2017.

National Park Service Visitor and Resource Protection Program		
Selected Measure of Performance	FY 2017 Target	FY 2017 Achieved
» Number of marijuana plants seized in the Pacific West region	15,000	3,393

In FY 2017, the NPS continued conducting targeted eradication and seizure operations. Law enforcement personnel saw a decrease in marijuana plants eradicated from NPS lands from 37,400 marijuana plants in FY 2016 to 3,393 plants in FY 2017. This decrease coincides with a downturn in the number of sites detected within parks where cultivation of marijuana is

entrenched. In addition to efforts to deter illicit cultivation activities, road interdiction activities have resulted in significant seizures of illegal drugs, firearms, and other contraband while also deterring illegal activities such as wildlife poaching, vandalism, and resource theft.

From the early 2000s until FY 2008, the NPS experienced an increase in the number of plants seized and the number of cultivation sites detected. Beginning in FY 2009, Congress provided the Service an increase of \$3.3 million to strengthen efforts to eradicate drug production on public lands, and as a result, plant counts and cultivation sites detected began to decline. The expanded eradication efforts of the NPS coincided with enactment of more permissive cultivation laws in many California counties. Though many of these ordinances have since been repealed due to the rise in associated crime, there is evidence that the ban on cultivation within unincorporated agricultural lands has increased cultivating activities within Federal lands.

In 2016, the NPS updated the Marijuana Eradication Report. The report summarizes the 2013 – 2016 NPS approach to illegal marijuana cultivation in the region. It outlines the framework and goals originally developed in 2008 to better understand and respond to the issue of marijuana cultivation, and it includes case studies that highlight the successes and challenges encountered by parks.

DEPARTMENT OF JUSTICE



DEPARTMENT OF JUSTICE

Asset Forfeiture Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2017	FY 2018	FY 2019
	Final	CR	Request
Drug Resources by Budget Function			
Investigations	\$156.139	\$153.547	\$153.820
State and Local Assistance	\$66.502	\$78.150	\$78.150
Total Drug Resources by Function	\$222.641	\$231.697	\$231.970
Drug Resources by Decision Unit			
Asset Forfeiture	\$222.641	\$231.697	\$231.970
Total Drug Resources by Decision Unit	\$222.641	\$231.697	\$231.970
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.35	\$1.50	\$1.21
Drug Resources Percentage	16.49%	15.45%	19.17%

Program Summary

MISSION

The primary purpose of the Asset Forfeiture Program (AFP) is to provide a stable source of resources to cover the costs of an effective AFP, including the costs of seizing, evaluating, inventorying, maintaining, protecting, advertising, forfeiting, and disposing of property seized for forfeiture. Prior to the creation of the Assets Forfeiture Fund (AFF) in 1985, the costs of these activities had to be diverted from agency operational funds. The more effective an agency was in seizing property, the greater the drain on its appropriated funds. The AFP has supported the increase of forfeited criminal assets through coordinated investigative efforts and effective asset management. Increases in resources have permitted the AFP to remove more assets essential to criminal activity.

The AFP not only represents an effective law enforcement tool against criminal organizations, but it also provides financial support to other Federal law enforcement efforts, remuneration and restitution to victims, and an additional source of funding for State and local law enforcement partners. Without this resource, agency funds would be seriously taxed to maintain and preserve seized assets and liquidate forfeited assets. Law enforcement operations supported by the AFP would occur at reduced levels, would not be undertaken at all, or would have to compete with limited funding from other sources. In addition, the AFP is able to support Program-related training, case evaluations, funds management, and contract support to produce an AFP that provides the greatest benefit to our society.

METHODOLOGY

While the AFP's mission does not specifically address the *Strategy*, the AFF supports two drug-related agencies (DEA and OCDETF). All AFP-funded drug investigative monies for DEA and OCDETF are allocated in the following Program Operations Expenses: Investigative Costs Leading to Seizure, Awards Based on Forfeiture, Contracts to Identify Assets, Special Contract Services, Joint Law Enforcement Operations, and Case-Related Expenses.

Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. § 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the [AFF]." This joint law enforcement funding benefits Federal, State, and local law enforcement efforts. The Department of Justice supports state and local assistance through the allocation of AFP monies, commonly referred to as Joint Law Enforcement Operations (JLEO) Program Operations Expenses.

BUDGET SUMMARY

In FY 2019, the AFP requests \$232.0 million for drug control activities, \$0.3 million above the FY 2018 level.

Asset Forfeiture Program

FY 2019 Request: \$232.0 million

(\$0.3 million above the FY 2018 level)

AFP funds are allocated to DEA and OCDETF to carry out their drug-related activities, providing a stable source of resources to cover operating expenses including Case-Related, Contracts to Identify Assets, Awards for Information, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure. The AFF is a special fund established in the Treasury to receive the proceeds of forfeitures pursuant to any law enforced or administered by the Department of Justice, as defined in 28 U.S.C. 524(c), as well as the Federal share of forfeitures under state, local, and foreign law, and the proceeds of investments of AFF balances.

The request for DEA and OCDETF investigative activities is \$153.8 million, an increase of \$0.3 million over the FY 2018 level. Additionally, DEA and OCDETF state and local assistance funding is approximately \$78.2 million, equal to the FY 2018 CR level. The FY 2019 request will support the following:

- **Case-Related Expenses:** These are expenses associated with the prosecution of a forfeiture case or execution of a forfeiture judgment, such as court and deposition reporting, courtroom exhibit services, and expert witness costs.
- **Special Contract Services:** The AFP uses contract personnel to manage data entry, data analysis, word processing, file control, file review, quality control, case file preparation, and other process support functions for asset forfeiture cases. Without this contract

support, it would be impossible to maintain the automated databases, process equitable sharing requests and maintain forfeiture case files.

- **Investigative Costs Leading to Seizure:** Investigative costs are those incurred in the identification, location, and seizure of property subject to forfeiture. These include payments to reimburse any Federal agency participating in the AFP for investigative costs leading to seizures.
- **Contracts to Identify Assets:** Investigative agencies use these funds for subscription services to nationwide public record data systems and for acquisition of specialized assistance, such as to reconstruct seized financial records.
- **Awards for Information Leading to Forfeiture:** Section 114 of Public Law 104-208, dated September 30, 1996, amended the Justice Fund statute to treat payments of awards based on the amount of the forfeiture the same as other costs of forfeiture.
- **Joint Federal/State and Local Law Enforcement Operations:** Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. § 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the [AFF]." Such cooperative efforts significantly benefit Federal, state, and local law enforcement efforts.

PERFORMANCE

Information regarding the performance of the drug control efforts of the AFP is based on data from the Attorney General’s Management Initiatives, the GPRMA, and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent AFP drug-related achievements during FY 2017.

Assets Forfeiture Fund		
Selected Measure of Performance	FY 2017 Target	FY 2017 Achieved
» Achieve effective funds control as corroborated by an unqualified opinion on the AFF financial statements	100%	100%

The challenges that have an impact on achievement of the AFP goal are complex and dynamic. These challenges are both external and internal and include changes in legislation, technology, and the cooperation of all participating organizations. In FY 2017 AFP achieved 100% of its effective funds control as corroborated by an unmodified opinion on the AFF financial statements.

Internally, the AFP is working with the participating agencies to enhance the financial reporting process to include reconciling and researching differences in budgetary information reported in the financial statements, and in their gathering and evaluating the supporting judicial

information prior to recognizing revenue and evaluating adjustments to revenue accounts. These efforts also include coordination with AFP participating agencies on:

- Preemptive identification, mitigation, and resolution of potential audit issues;
- Continuation of data integrity and confidence efforts within collection systems;
- Enabling portfolio management through advanced ah-hoc reporting capabilities.

The AFP is working with the Office of the Deputy Attorney General to establish incentives for AFP participating agencies to help ensure those agencies and components follow established policies and procedures.

DEPARTMENT OF JUSTICE
Bureau of Prisons

Resource Summary

	Budget Authority (in millions)		
	FY 2017	FY 2018	FY 2019
	Final	CR	Request
Drug Resources by Budget Function			
Corrections	\$3,228.555	\$3,226.645	\$3,251.825
Treatment	\$116.802	\$117.947	\$117.947
Total Drug Resources by Function	\$3,345.357	\$3,344.592	\$3,369.772
Drug Resources by Decision Unit			
Salaries and Expenses	\$3,287.121	\$3,286.374	\$3,323.935
<i>Inmate Care and Programs (non-add)</i>	1,254.719	1,255.063	1,281.305
<i>Institution Security and Administration (non-add)</i>	1,439.375	1,460.743	1,463.625
<i>Contract Confinement (non-add)</i>	479.056	468.250	475.222
<i>Management and Administration (non-add)</i>	113.971	102.318	103.783
Buildings and Facilities	58.236	58.218	45.837
<i>New Construction (non-add)</i>	21.436	23.150	0.000
<i>Modernization and Repair (non-add)</i>	36.800	35.068	45.837
Total Drug Resources by Decision Unit	\$3,345.357	\$3,344.592	\$3,369.772
Drug Resources Personnel Summary			
Total FTEs (direct only)	17,601	17,406	16,948
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$7.1	\$7.1	\$7.1
Drug Resources Percentage	46.9%	46.9%	47.2%

Program Summary

MISSION

The mission of the BOP is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The BOP’s mission statement has two parts: the first part addresses the obligation to help protect public safety through the secure and safe confinement of inmates; the second part addresses the obligation to help inmates prepare to return to their communities and to remain crime free. Post-release success is as important to public safety as is an inmate’s secure incarceration.

Preparing inmates for eventual release to the community has been one of BOP's key objectives. The BOP's SUD treatment program facilitates the successful reintegration of inmates into society, consistent with community expectations and standards. Treatment programs assist inmates in identifying, confronting, and altering the attitudes, values, and thinking patterns that led to criminal behavior and drug abuse.

METHODOLOGY

The costs related to incarcerating individuals for drug-related offenses, as well as those costs for SUD treatment programs, are scored as part of the drug control budget. SUD treatment efforts are funded through a distinct program in Inmate Care and Programs and Contract Confinement Decision Units. Corrections costs are based on the percentage of inmates currently incarcerated or projected to be incarcerated for drug convictions.

BUDGET SUMMARY

In FY 2019, BOP requests \$3,369.8 million for drug control activities, an increase of \$25.2 million above the FY 2018 level.

The majority of Federal inmates are in BOP facilities, but others are housed in privately operated facilities, Residential Reentry Centers (halfway houses), and bed space secured through Intergovernmental Agreements with state and local entities.

In response to the growth of Federal inmates with diagnoses of a drug abuse disorder, the BOP continues to develop evidence-based treatment practices to manage and treat drug-using offenders. The BOP's strategy includes early identification through a psychology screening, drug education, non-residential drug abuse treatment, intensive residential drug abuse treatment, and community transition treatment. The request will provide for maintaining the current drug abuse treatment programs that support residential SUD treatment to all eligible inmates.

The BOP's Medication-Assisted Treatment (MAT) program is currently waiting on approval to hire two Regional Patient Navigators for Northeast Region to assist with inmates participating in the MAT program.

Salaries and Expenses

FY 2019 Request: \$3,323.9 million
(\$37.6 million above the FY 2018 level)

Salaries and Expenses encompasses four decision units – Inmate Care and Programs, Institution Security and Administration, Contract Confinement, and Management and Administration.

Inmate Care and Programs

FY 2019 Request: \$1,281.3 million
(\$26.2 million above the FY 2018 level)

Inmate Care and Programs covers the costs of food, medical supplies, clothing, education, welfare services, release clothing, transportation, gratuities, staff salaries, and operational costs

of functions directly related to providing inmate care. Inmate Care and Programs support the following treatment programs/activities:

- **Drug Program Screening and Assessment:** Upon entry into a BOP facility, an inmate's records are assessed to determine if there is a history of drug use, a judicial recommendation for drug abuse treatment, a violation due to drug use, or if the instant offense is related to drug use. If so, the inmate is required to participate in the Drug Abuse Education course.
- **Drug Abuse Education:** Participants in the Drug Abuse Education course receive factual information on the relationship between drug use and crime – the impact the substance abuse has on the inmate psychologically, biologically and socially – while also motivating inmates to volunteer for the appropriate drug abuse treatment programs. In FY 2017, 22,000 inmates participated in Drug Abuse Education.
- **Nonresidential Drug Abuse Treatment:** Unlike residential programs, inmates are not housed together in a separate unit; they are housed with the general inmate population. Nonresidential treatment was designed to provide maximum flexibility to meet the needs of the offenders, particularly those individuals who have relatively minor or low-level substance abuse problems. These offenders do not require the intensive level of treatment needed by individuals with moderate to severe (substance abuse or dependence) diagnoses and behavioral problems.
- A second purpose of the program is to provide those offenders who have a moderate to severe drug abuse problem with supportive program opportunities during the time they are waiting to enter the Residential Drug Abuse Program (RDAP), or those who have little time remaining on their sentence and are preparing to return to the community. In FY 2017, more than 21,000 inmates participated in Nonresidential Drug Abuse Treatment program.
- **Residential Drug Abuse Program (RDAP):** The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate residential SUD treatment for 100 percent of inmates who have a diagnosis for substance abuse or dependence and who volunteer for treatment. More than half of the BOP's facilities operate RDAPs. RDAPs, based on Cognitive Behavioral Therapy (CBT) wrapped into a modified therapeutic community model of treatment, are located in separate units away from the general population. CBT and therapeutic communities are proven effective treatment models with inmate populations. The BOP was able to provide appropriate SUD treatment to 100 percent of eligible inmates in FY 2017, with over 16,600 inmates participating in RDAP.
- In coordination with NIDA, the BOP conducted a rigorous three year outcome study of the RDAP beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition,

female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

- **Nonresidential Follow-up Treatment:** If an inmate has time to serve in the institution after completing the RDAP, he or she must participate in follow-up treatment in the institution. Follow-up treatment ensures the inmate remains engaged in the recovery process and is held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts 12 months or until the inmate is transferred to a Residential Reentry Center (RRC).
- **Medication Assisted Treatment:** Medication Assisted Treatment (MAT) is for offenders at risk for opioid use disorder that are reintegrating into the community. The BOP sponsored a field trial that provides evidence-based pre- and post-release therapy (Vivitrol™) for targeted at risk offenders entering a Residential Reentry Center (RRC). In FY 2019, MAT will be supported at \$1 million within Inmate Care and Programs.

Institution Security and Administration

FY 2019 Request: \$1,463.6 million

(\$2.9 million above the FY 2018 level)

Institution Security and Administration covers costs associated with the maintenance of facilities and institution security, including institution maintenance, motor pool operations, powerhouse operations, institution security, and other administrative functions.

Contract Confinement

FY 2019 Request: \$475.2 million

(\$7.0 million above the FY 2018 level)

Contract Confinement provides for the confinement of sentenced Federal offenders in a government-owned, contractor-operated facility, and state, local, and private contract facilities and contract community residential reentry centers. Contract Confinement also supports the following treatment program:

- **Community Treatment Services (formerly Community Follow-up Treatment):** The Community Treatment Services Program (CTS) is the premier reentry effort of the Psychology Services Branch. CTS, formerly known as Transitional Drug Abuse Treatment (TDAT), provides a comprehensive network of over 225 contracted community-based treatment providers serving approximately 15,000 inmates annually. This network of professionals consists of licensed individuals (e.g., certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies, resulting in a variety of services available in the community. In addition to providing SUD treatment to RDAP participants, services are expanded to include treatment for inmates with mental illness and sex offenders. Moreover, crisis intervention counseling for situational anxiety, depression, grief/loss, and adjustment issues is also available to inmates placed in RRCs or on home confinement.

Management and Administration

FY 2019 Request: \$103.8 million

(\$1.5 million above the FY 2018 level)

Management and Administration covers all costs associated with general administration and oversight functions and provides funding for the central office, six regional offices, and staff training centers.

Buildings and Facilities

FY 2019 Request: \$45.8 million

(\$23.2 million below the FY 2018 level)

Buildings and Facilities includes two decision units - New Construction and Modernization and Repair Costs.

New Construction

FY 2019 Request: \$0.00 million

(\$23.2 million below the FY 2018 level)

New Construction includes the costs associated with land payments of the Federal Transfer Center in Oklahoma City, salaries and administrative costs of architects, project managers, site selection, and other staff necessary to carry out the program objective. It also includes the costs associated with land and building acquisition and new prison construction when needed. In FY 2019, the Administration proposes a rescission of \$50 million in prior year unobligated new construction balances.

Modernization and Repair

FY 2019 Request: \$45.8 million

(\$10.8 million above the FY 2018 level)

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs.

The BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the United States taxpayer. The BOP remains committed to acting as a sound steward of valuable taxpayer dollars and will continue to seek cost avoidance and find efficiencies while successfully executing its mission responsibilities.

PERFORMANCE

Information regarding the performance of the drug control efforts of BOP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent BOP drug-related achievements during FY 2017.

Bureau of Prisons		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Number of inmates participating in Residential Drug Abuse Treatment	18,591	16,641
» Number of inmates participating in Nonresidential Drug Abuse Treatment	22,190	21,000

The BOP operates 88 RDAPs in 76 Bureau institutions and one contract facility. In FY 2017 the BOP provided RDAP to 16,641 inmates, and 21,000 inmates participated in the Nonresidential Drug Abuse Treatment Program.

DEPARTMENT OF JUSTICE

Criminal Division

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Budget Function			
Prosecution	\$40.284	\$40.086	\$39.997
Total Drug Resources by Budget Function	\$40.284	\$40.086	\$39.997
Drug Resources by Decision Unit			
Enforcing Federal Criminal Laws	\$40.284	\$40.086	\$39.997
Total Drug Resources by Decision Unit	\$40.284	\$40.086	\$39.997
Drug Resources Personnel Summary			
Total FTEs (direct only)	151	155	155
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.18	\$0.18	\$0.19
Drug Resources percentage	22.2%	22.2%	21.3%

Program Summary

MISSION

The Criminal Division (CRM) develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 USAOs, is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys not only prosecute many nationally significant cases, they also formulate and implement criminal enforcement policy and provide advice and assistance to LEAs and USAOs. 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.

METHODOLOGY

The drug budget represents the level of efforts each section or office within the CRM estimates spending on drug-related activities. That estimate, a percentage, is then applied to the pro-rata base funding figure for each section or office to determine CRM's total base funding for drug-related activities.

BUDGET SUMMARY

In FY 2019, CRM requests \$39.997 million for drug control activities, a decrease of \$0.1 million below the FY 2018 level. The decrease reflects a reduction in ten attorney positions and associated dollars to CRM's Narcotic and Dangerous Drug Section (NDDS). This reduction contributes towards executing the President's Executive Order on a "Comprehensive Plan for Reorganizing the Executive Branch" and the Department's dedication to being good stewards of taxpayer dollars, in an effort to reprioritize and reshape resources for a smaller, more efficient Department at the Headquarters level. While the requested reduction will yield a smaller, more efficient NDDS at the Headquarters level, the section will continue to work to reduce the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking groups. NDDS will focus on the opioid epidemic, particularly those who supply fentanyl and other opioids throughout the country.

Enforcing Federal Criminal Laws

FY 2019 Request: \$39.997 million

(\$0.1 million below the FY 2018 level)

CRM's Narcotic and Dangerous Drug Section (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 and 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 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 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.

Additionally, CRM 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, CRM 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.

PERFORMANCE

Information regarding the performance of the drug control efforts of CRM is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text represent CRM drug-related achievements during FY 2017.

Criminal Division		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Number of new drug-related investigative matters and cases	35	39
» Number of OCDETF Title III wiretaps reviewed	2,500	2,382
» Number of drug-related Mutual Legal Assistance Treaty requests closed	N/A	444
» Number of drug-related extradition requests closed	N/A	168

In FY 2017, NDDS exceeded its target for new drug-related investigative matters and cases by 11.4%, opening a combined 39 new drug-related investigative matters and cases. NDDS set its FY 2017 targets for new drug-related prosecutions and investigations based on historical trend analysis.

CRM's Office of Enforcement Operations is responsible for reviewing and approving all applications submitted by Federal prosecutors to intercept wire, oral, and electronic communications in order to obtain evidence of crimes. A subset is applications relating to investigations and prosecutions of OCDETF cases. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies their number of OCDETF Title III wiretaps reviewed, a measure of the drug-related Title III wiretap work achieved by the Office of Enforcement Operations during a fiscal year.

In FY 2017, OEO reviewed 5% fewer OCDETF Title III wiretaps than its projected target of 2,500. This workload is directly reactive to the number of incoming requests for OCDETF Title III approvals. While the number of OCDETF wiretap applications decreased slightly from FY 2016 to FY 2017, the number of facilities within those OCDETF applications increased by 5.3% in FY 2017. Applications that contain more facilities are more complicated and often target larger, more complex organizations. Issues associated with changing and emerging technologies also raise novel legal issues and add to the intricacy of the wiretap applications. In addition, OEO works with USAOs to ensure they have put in place appropriate mitigation measures where the Title III applications identify public safety risks. Finally, during FY 2017, OEO continued to conduct an aggressive training and outreach to the field.

CRM's Office of International Affairs is responsible for negotiating and securing the return of fugitives from abroad, for obtaining foreign evidence needed in U.S. criminal investigations, for approving sensitive overseas actions by U.S. LEAs, and for responding to extradition and Mutual Legal Assistance Treaty requests from foreign governments. A single extradition request can include more than one fugitive and be time-consuming to process and obtain. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. In FY 2017, the Office of International Affairs was actively involved in executing requests for assistance in drug-related cases and closing 444 Mutual Legal Assistance Treaties and 168 extradition requests.

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2017	FY 2018	FY 2019
	Final	CR	Request
Drug Resources by Function			
Intelligence	\$179.666	\$179.432	\$256.169
Interdiction	0.000	0.000	20.678
International	444.698	425.510	433.899
Investigations	1823.823	1853.732	2,115.937
Prevention	5.977	6.304	9.190
Prosecution	0.000	0.000	5.732
Research and Development: Domestic Law Enforcement	0.000	0.000	2.700
State and Local Assistance	3.776	13.690	13.948
Treatment	0.000	0.000	3.909
Total Drug Resources by Function	\$2,457.940	\$2,478.668	\$2,862.162
Drug Resources by Decision Unit			
Salaries and Expenses	\$2,102.976	\$2,086.617	\$2,187.459
<i>Domestic Enforcement</i>	1,633.975	1,627.776	1,719.584
<i>International Enforcement</i>	465.225	445.151	453.927
<i>State and Local Assistance</i>	3.776	13.690	13.948
HIDTA (High Intensity Drug Trafficking Areas)*	\$0.000	\$0.000	\$254.000
Diversion Control Fee Account	\$354.964	\$392.051	\$420.703
Total Drug Resources by Decision Unit	\$2,457.940	\$2,478.668	\$2,862.162
Drug Resources Personnel Summary			
Total FTEs (direct only)	7,811	7,850	7,941
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$2.5	\$2.5	\$2.9
Drug Resources Percentage	100%	100%	100%

* In FY 2017 and FY 2018, the HIDTA program was included in the Office of National Drug Control Policy's budget. As of FY 2019, the HIDTA Program is being transferred to DEA.

Program Summary

MISSION

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.

METHODOLOGY

All DEA appropriations are scored as part of the National Drug Control Budget.

BUDGET SUMMARY

The FY 2019 President's Budget requests \$2,862.2 million for DEA's Salaries and Expenses Account, Diversion Control Fee Account (DCFA), and the High Intensity Drug Trafficking Areas (HIDTA) Program Account. Additional resources support eight new enforcement groups, including support personnel and operational funding, to counteract the growing opioid epidemic, increased targeting of the Transnational Criminal Organizations (TCOs) that supply cocaine and methamphetamines to the U.S, Diversion Control Program regulatory and enforcement activities, and drug enforcement task forces comprised of multiple Federal, state, local, and tribal agencies designed to dismantle and disrupt Drug Trafficking Organizations (DTOs).

Salaries & Expenses

FY 2019 Request: \$2,187.5 million

(\$100.8 million above the FY 2018 level)

DEA's Salaries and Expenses (S&E) resources support three strategic focus areas designed to achieve the maximum impact against the full spectrum of drug trafficking activities: Domestic Enforcement, International Enforcement, and State and Local Assistance.

Domestic Enforcement

FY 2019 Request: \$1,719.6 million

(\$91.8 million above the FY 2018 level)

The Domestic Enforcement Decision Unit comprises the majority of DEA's investigative and support resources. These resources, in conjunction with DEA's foreign offices, create a seamless intelligence and investigative network to pursue drug trafficking organizations ranging from multi-national and poly-drug conglomerates to independent specialty one-function cells.

DEA continues an aggressive and balanced domestic enforcement program with a multi-jurisdictional approach designed to focus Federal resources on the disruption or dismantlement of drug trafficking organizations that control the illegal drug trade, and on the seizure of proceeds and assets involved in the illegal drug trade. Similar to legitimate businesses, drug trafficking organizations have corporate leaders, employees, chemical suppliers, transporters, financial service providers, communication needs, infrastructure, and assets. Key components of DEA's domestic enforcement efforts are its state and local task forces. As of September 30, 2017, these task forces consist of an on-board strength of 2,345 DEA Special Agents and 2,685 deputized state and local law enforcement officers with Title 21 authority dedicated full time to addressing the drug trafficking problems in their local communities.

DEA's intelligence program comprises several components responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions of major drug trafficking organizations, and provides policymakers with drug trend information upon which tactical and strategic decisions are based. DEA's intelligence program supports the El Paso Intelligence Center, a multi-agency facility that serves as a clearinghouse for tactical intelligence and a central point for the collection, analysis, and dissemination of information related to worldwide drug movement and alien smuggling. The El Paso Intelligence Center provides support for all drug law enforcement interdiction operations and is accessible 24 hours a day, 7 days a week. DEA also continues to support the Document and Media Exploitation program and high-priority strategic intelligence reports.

The FY 2019 request includes current services funding to support domestic operations and to fund mandatory increases in existing costs, including pay raises, health insurance premiums, and changes in compensable days, and Government Services Administration rent, among others. An additional \$40.5 million and 145 positions is requested for eight new enforcement groups, including support personnel and operational funding, to counteract the growing opioid epidemic, and increased targeting of the Mexican TCOs that export significant quantities of heroin, cocaine, methamphetamine, marijuana, and possibly fentanyl into the United States.

International Enforcement

FY 2019 Request: \$453.9 million

(\$8.8 million above the FY 2018 level)

As the U.S. Government's single point of contact for coordinating drug investigations in foreign countries, DEA provides interagency leadership in the effort to disrupt and dismantle TCOs. To date, DEA's global footprint is organized into eight DEA foreign regions which include 91 offices located in 70 countries. Specifically, DEA focuses these resources on DEA Priority Target Organizations (PTOs) with and without a direct connection to a Consolidated Priority Organization Target (CPOT). The disruption or dismantlement of these organizations is accomplished primarily through bilateral investigations with host nation counterparts as well as multi-agency coordination. These investigations emphasize developing intelligence-driven, multi-regional efforts to identify and target international PTOs that play significant roles in the production, transportation, distribution, financing, or other support of large-scale drug trafficking.

In response to constantly evolving international drug threats, DEA continues to maintain its Sensitive Investigative Unit (SIU) Program throughout the world. The SIU Program provides DEA with a controlled and focused investigative force multiplier that allows DEA access to a global transnational enforcement and intelligence network. Additionally, this program has proven to be the foundation for building an effective and trustworthy host nation unit capable of conducting complex investigations targeting major drug trafficking organizations. SIUs are groups of host nation investigators that are polygraphed, trained, equipped, and guided by DEA. At the end of FY 2017, the program supported 13 SIUs, with a combined staffing capacity of approximately 1,200 host nation law enforcement officials.

The FY 2019 request reflects mandatory increases in existing costs, including pay raises, Department of State charges, and Government Services Administration rent. Funding also reflects an increase of \$400,000 to convert the El Salvador program into an SIU in order to combat highly sophisticated TCOs known for supplying illicit substances to distributors and users in the U.S.

State & Local Assistance

FY 2019 Request: \$13.9 million

(\$0.3 million above the FY 2018 level)

DEA has the responsibility to respond to the clandestine laboratory training requirements, hazardous waste cleanup, and cannabis eradication/suppression needs of the U.S. law enforcement community. DEA supports state and local law enforcement with methamphetamine-related assistance and training, which allows state and local agencies to better address the methamphetamine threat in their communities and reduce the impact of methamphetamine on the quality of life for Americans. By providing training in the techniques of clandestine laboratory drug enforcement, hazardous waste cleanup, and cannabis eradication/suppression, DEA is able to expand drug enforcement across the United States in a cost-effective manner. In addition to these DEA-funded programs, the DEA State & Local Assistance efforts administer the Asset Forfeiture Program's domestic cannabis eradication/suppression program. DEA also provides First Responder/Awareness training and a train-the-trainer program that benefits State and Local law enforcement personnel in responding to the opioid epidemic and in the administration of the life-saving drug Naloxone (Narcan). Finally, DEA has annually received funding from the Department's Office of Community Oriented Policing Services (COPS) in support the clean-up of hazardous clandestine methamphetamine labs discovered by state and local law enforcement. In FY 2019, this funding will be made permanent in DEA's S&E appropriation.

Diversions Control Fee Account

FY 2019 Request: \$420.7 million

(\$28.7million above the FY 2018 level)

The Diversion Control Program is responsible for enforcing the Controlled Substances Act and its regulations pertaining to pharmaceutical controlled substances and listed chemicals. In doing so, the Diversion Control Program conducts and facilitates domestic investigations; supports international investigations with domestic connections; plans and allocates program resources; promulgates regulations; and conducts liaison with industry as well as Federal, state, and local counterparts. All of the goals, strategies, and initiatives supported by the Diversion Control Program are intended to establish stronger standards of control; aid in preventing the diversion of pharmaceutical controlled substances and listed chemicals; enhance public safety by building greater accountability; and improve qualitative reporting requirements within its network of compliance indicators. The Diversion Control Program actively monitors more than 1.7 million individuals and companies that are registered with DEA to handle controlled substances or listed chemicals through a system of scheduling, quotas, recordkeeping, reporting, and security requirements.

DEA is using both investigative and regulatory tools to assist in the identification of those who most likely are involved in the illicit distribution of controlled substances, as well as individuals and organizations violating the Controlled Substances Act. One such tool is the expanded use of Tactical Diversion Squads that incorporate the skill sets of DEA Special Agents, Diversion Investigators, other Federal law enforcement, and state and local task force officers. As of September 30, 2017, the Diversion Control Program has 77 fully operational Tactical Diversion Squads dispersed throughout the 22 domestic divisions.

The DEA has taken a comprehensive approach to tackling the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the rising problem of opioid and heroin abuse through the implementation of their 360 Strategy. This strategy includes coordinating law enforcement efforts to target criminals, empowering the community through outreach and partnership, and engaging registrants within the distribution cycle to increase awareness of the opioid epidemic and to encourage responsible prescribing practices. The National Take-Back Initiative is an example of one tool the Diversion Control Program uses for community outreach. Since 2010, DEA has sponsored and partnered with state and local organizations to conduct bi-annual National Take-Back Days removing a cumulative 9 million pounds (4,508 tons) of prescribed medication from circulation.

The FY 2019 request includes current services funding, including pay raises, change in compensable days, and Government Services Administration rent. Funding also reflects the restoration of the FY 2017 sequester.

PERFORMANCE

Information regarding the performance of the drug control efforts of DEA is based on agency GPRMA documents and other data that measure the agency’s contribution to the *Strategy*. The table and accompanying text represent DEA drug-related achievements during FY 2017.

Drug Enforcement Administration		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Number of International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted or dismantled*	351	209
» Number of International, Domestic, and Diversion Priority Targets not linked to CPOT targets disrupted or dismantled*	1,952	1,595

* Due to the DEA-wide implementation of the Threat Enforcement Planning Process (TEPP) protocols and procedures, CPOT linked and Not CPOT linked PTO performance was tempered. DEA anticipates improved performance with full implementation because its new strategic planning system, TEPP, aligns with the President’s Executive Orders.

DOJ focuses its drug law enforcement efforts on reducing the availability of drugs by disrupting and dismantling the largest drug trafficking organizations and related money laundering networks operating internationally and domestically, including those on the Attorney General’s

CPOT List – the “Most Wanted” drug trafficking and money laundering organizations believed to be primarily responsible for the Nation’s illicit drug supply.

An organization is considered linked to a CPOT if credible evidence exists of a nexus between the primary investigative target and a CPOT target, verified associate, or component of the CPOT organization. Additionally, “disrupted” means impeding the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership or changes in methods of operation; and “dismantled” means destroying the organization's leadership, financial base, and supply network such that the organization is incapable of reconstituting itself.

DEA uses data analytics to maximize the allocation of scarce resources and personnel. These initiatives improve the way data drives leadership, management, and operational decisions. In FY 2017, DEA implemented the Threat Enforcement Planning Process (TEPP), a new drug control strategy that shifts agency performance from a quantitative based approach to a more qualitative, results oriented approach that focuses on outcomes that proactively manages enforcement efforts and resources utilization by identifying the biggest threats in each division and ensuring that the field offices have the necessary resources allocated to mitigate those threats.

By prioritizing operational activities against high value targets threatening national security and public safety (i.e. CPOT linked to PTOs) DEA has sustained PTO dispositions as its primary intermediate outcome to date. In FY 2017, DEA performance target achievements were tempered due to the TEPP implementation, resulting in the disruption or dismantlement of 1,804 domestic, foreign, and diversion priority targets including 209 (60%) CPOT linked targets. DEA anticipates improved performance with full implementation because its new strategic planning system, TEPP, aligns with the President’s Executive Orders to include evolving threats and performance measures that target the following:

- Transnational Criminal Organization (TCOs)
- Domestic Cartels / Violent Drug Trafficking Organizations
- Illicit Diversion and Trafficking of Controlled Prescription Drugs
- Heroin/Fentanyl/Opioids/Synthetic Trafficking

TEPP increases DEA’s ability to report the impact of DEA’s efforts and balancing quantitative metrics (statistics) with qualitative assessments of the positive impact of casework within communities. Moreover, it represents a change by DEA to a strategic and contextual management and reporting system that is consistent with the transitions already implemented by the Department and its other components.

Due to changes in DEA’s reporting protocols and systems, and its impact on the number of Consolidated Priority Organization Target (CPOT)–Linked Drug Trafficking Organizations Disrupted and Dismantled, DEA has restated its FY 2018-2020 targets for CPOT linked PTO dispositions.

DEPARTMENT OF JUSTICE

Office of Justice Programs

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Budget Function			
Prevention	\$2.335	\$1.395	\$3.316
State and Local Assistance	96.993	102.654	56.826
Treatment	112.154	124.751	120.145
Total Drug Resources by Function	\$211.482	\$228.800	\$180.287
Drug Resources by Decision Unit			
Byrne Criminal Justice Assistance Grant Program	\$33.250	\$39.339	\$40.200
Byrne Criminal Justice Innovation Program ¹	5.250	5.214	0.000
Comprehensive Opioid Abuse Program (CARA)	13.000	12.914	20.000
COPS DEA Methamphetamine Enforcement and Cleanup ²	10.000	9.932	0.000
COPS Anti-Heroin Task Forces ²	10.000	9.932	0.000
COPS Anti-Methamphetamine Task Forces ²	7.000	6.952	0.000
Drug Court Program	43.000	42.717	43.000
Harold Rogers' Prescription Drug Monitoring Program	14.000	13.908	12.000
Justice and Mental Health Collaboration ³	1.800	1.788	1.500
Project Hope Opportunity Probation with Enforcement	4.000	3.973	0.000
Regional Information Sharing System ⁴	12.250	12.170	3.500
Residential Substance Abuse Treatment	14.000	13.908	12.000
Second Chance Act ⁵	20.018	19.886	18.141
Veterans Treatment Courts	7.000	6.954	6.000
Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse ⁶	14.579	27.818	20.630
Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program ⁶	2.335	1.395	3.316
Total Drug Resources by Decision Unit	\$211.482	\$228.800	\$180.287
Drug Resources Personnel Summary			
Total FTEs (direct only)	53	53	53
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$1.582	\$1.598	\$1.370
Drug Resources Percentage	11.4%	12.6%	13.2%

¹ OJP is proposing to consolidate the activities of the Byrne Criminal Justice Innovation (BCJI) Program into the Department's Project Safe Neighborhoods (PSN) initiative in FY 2019 and eliminate line item funding for this program. In FYs 2017 and 2018, 30% of the funding for the BCJI Program is reported as drug-related consistent with prior years' drug budget submissions.

² The FY 2019 President's Budget transfers the COPS DEA Methamphetamine Enforcement and Lab Cleanup program to DEA; no funds are requested for the Anti-Heroin and Anti-Methamphetamine Task Forces programs in FY 2019.

³ Amounts shown for the Justice and Mental Health Collaboration reflect 15% of total funding for this program as drug-related.

⁴ Amounts reported for the Regional Information Sharing System reflect 35% of total funding for this program as drug-related.

⁵ Funding for the Second Chance Act (SCA) Program is jointly managed by the Bureau of Justice Assistance (BJA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Funding for the Project Hope program, which is typically funded as a carve-out of the SCA Program, is subtracted from this total since it is shown on a separate line in the drug budget. It is estimated the BJA will manage approximately 86% of total SCA funding and OJJDP will manage the remaining 14% of SCA funding in FYs 2017, 2018, and 2019. Of the total SCA funding, 100% is scored as treatment.

⁶ The amounts shown for the Tribal Set Aside - CTAS Purpose Area 3 and Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program are based on estimates of how much funding the discretionary set aside that funds these programs will generate in each year. OJP estimates how much of the total set aside funding will go to these two purpose areas based on awards data from prior years. Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 3, 80% is reflected as drug-related in support of treatment activities. Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 9, 30% is reflected as drug-related in support of prevention activities.

Program Summary

MISSION

The Office of Justice Programs (OJP) was established by the Justice Act of 1984. Its mission is to provide leadership, resources, and solutions for creating safe, just, and engaged communities. OJP's resources are primarily targeted to providing assistance to state, local, and tribal governments. In executing its mission, OJP supports the *Strategy* by dedicating resources to support efforts that focus on combating drug-related violent crime; breaking the cycle of drug abuse through SUD treatment within the justice system; drug abuse prevention; and research and statistics on drugs and crime.

METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *Strategy* that focus on combating drug-related crime, breaking the cycle of drug abuse through SUD treatment and drug abuse prevention, and research and statistics on drugs and crime. In collaboration with the Office of National Drug Control Policy, OJP reviewed and updated its drug budget methodology for use in the FY 2019 Drug Control Budget. This revised methodology has been applied to the three fiscal years included in this submission.

BUDGET SUMMARY

The total FY 2019 drug control request for OJP is \$180.3 million, a decrease of \$48.5 million from the FY 2018 level, and \$31.2 million below the FY 2017 enacted level. The decrease is attributable funding reductions to several drug-related programs in the FY 2019 President's Budget request.

Regional Information Sharing Systems

FY 2019 Request: \$3.5 million

(\$8.7 million below the FY 2018 level)

The Regional Information Sharing Systems (RISS) program is a national criminal intelligence system operated by and for state and local law enforcement agencies (LEAs). Six regional

intelligence centers operate in all 50 states, the District of Columbia, and U.S. territories, with some member agencies in Canada, Australia, and England. These regional centers facilitate information sharing and communications to support member agency investigative and prosecution efforts by providing state-of-the-art investigative support and training, analytical services, specialized equipment, secure information-sharing technology, and secure encrypted e-mail and communications capabilities to approximately 9,000 Federal, state, county, and municipal LEAs nationwide.

Drug Court Program

FY 2019 Request: \$43.0 million

(\$0.3 million above the FY 2018 level)

The Drug Court program provides grants and technical assistance to state, local, and tribal governments to support the development, expansion, and enhancement of drug courts. This program also supports evaluations of the effectiveness of drug courts and drug court strategies. Drug courts have proven to be a solid investment of federal dollars with a 25-year track record of success in diverting drug-addicted individuals from incarceration, reducing their risk of recidivism, and improving public safety and health.

Justice and Mental Health Collaboration

FY 2019 Request: \$1.5 million

(\$0.3 million below the FY 2018 level)

The Justice and Mental Health Collaboration program will provide grants, training, and technical and strategic planning assistance to help state, local, and tribal governments develop multi-faceted strategies to promote a system-wide response to the needs of mentally ill individuals who have been arrested for or convicted of crimes. These strategies typically bring together criminal justice, social services, public health agencies, as well as community organizations.

Residential Substance Abuse Treatment

FY 2019 Request: \$12.0 million

(\$1.9 million below the FY 2018 level)

The Residential Substance Abuse Treatment (RSAT) program was established to help state governments develop, implement, and improve residential substance abuse treatment programs in state and local correctional facilities. RSAT funding may also be used to establish and maintain community-based aftercare services for probationers and parolees. The program's goal is to improve public safety and reduce criminal recidivism by helping ex-offenders become drug-free and successfully re-integrate into society.

Prescription Drug Monitoring Program

FY 2019 Request: \$12.0 million

(\$1.9 million below the FY 2018 level)

The purpose of the Prescription Drug Monitoring Program (PDMP) is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. In coordination with HHS, the program aims to assist state and local governments in establishing or enhancing PDMP systems. Objectives of the program include building a data collection and analysis system at the state level, enhancing existing programs'

ability to analyze and use collected data, facilitating the exchange of collected prescription data between states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

Second Chance Act

FY 2019 Request: \$18.1 million

(\$1.7 million below the FY 2018 level)

The Second Chance Act Program builds on OJP's past reentry initiatives by providing grants to establish and expand adult and juvenile offender reentry programs that improve public safety by reducing criminal recidivism. This program awards funding to government agencies and nonprofit groups to provide employment assistance, substance use treatment, housing, family programming, mentoring, victims support, and other services. These services help ex-offenders successfully reintegrate into their communities, leading to lower recidivism rates and reductions in the number of violations of probation and parole.

Project Hope Opportunity Probation with Enforcement

FY 2019 Request: \$0.0 million

(\$4.0 million below the FY 2018 level)

This program is modeled on a court-based program initiated in 2004 called Hawaii Opportunity Probation with Enforcement (HOPE) program. It assists state, local, and tribal governments in developing and implementing community supervision programs based on the HOPE model and other approaches that emphasize the use of "swift, certain, and fair" (SCF) sanctions for violating conditions of probation. No funding is requested for this program in FY 2019, although state, local, and tribal governments can seek grant funding to implement SCF-based community supervision programs under the Second Chance Act Program provided they meet its requirements.

Byrne Criminal Justice Innovation Program

FY 2019 Request: \$0.0 million

(\$5.2 million below the FY 2018 level)

The Byrne Criminal Justice Innovation (BCJI) Program assists local and tribal communities address priority crime problems by creating place-based, community-oriented strategies. It provides grants and technical assistance to help communities plan and implement initiatives that focus on three major goals: 1) integrate crime control efforts with community revitalization strategies; 2) improving the use of data and research to problem solve and guide program strategies; and 3) promoting community engagement in crime prevention and revitalization efforts. No funding is requested for the BCJI program in FY 2019; activities currently supported by this program will be consolidated into the Violent Gang and Gun Crime Reduction Program/Project Safe Neighborhoods.

Byrne Justice Assistance Grant Program

FY 2019 Request: \$40.2 million

(\$0.9million above the FY 2018 level)

Byrne Justice Assistance Grants (JAG) are the primary source of flexible federal criminal justice funding for state, local, and tribal jurisdictions. This funding supports all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention,

courts, corrections, treatment, and justice information sharing initiatives. Projects funded by JAG awards address crime through direct services to individuals and communities and improve the effectiveness and efficiency of state, local, and tribal criminal justice systems.

Veterans Treatment Courts

FY 2019 Request: \$6.0 million
(\$1.0 million below the FY 2018 level)

This program provides grants, training, and technical assistance to state, local, and tribal governments to support the creation and development of Veterans Treatment Courts. These courts are a hybrid of existing drug and mental health court programs that use the problem-solving courts model to serve veterans struggling with addiction, serious mental illness, and co-occurring disorders. Veterans Treatment Courts are a rapidly growing response to the challenges associated with assisting veterans involved in the criminal justice system.

Comprehensive Opioid Abuse Program

FY 2019 Request: \$20.0 million
(\$7.1 million above the FY 2018 level)

The Comprehensive Opioid Abuse Program (COAP) was authorized by the Comprehensive Addiction Recovery Act and first funded in FY 2017. This program provides grants and technical assistance to support state, local, and tribal governments in effectively responding to the opioid epidemic. Grant programs are designed to strengthen law enforcement and community responses to the opioid epidemic and provide support for diversion and alternative to incarceration programs for individuals responsible for low-level, non-violent offenses.

Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse

FY 2019 Request: \$20.6 million
(\$7.2 million below the FY 2018 level)

The Department of Justice Coordinated Tribal Assistance Solicitation (CTAS) allows federally recognized Indian tribes and Native Alaskan communities to seek funding from most DOJ tribal justice assistance grant programs through a single application. Grantees may choose to request funding in one of nine broad purpose areas. CTAS Purpose Area 3 focuses on helping tribes respond to the threats posed by drug abuse and strengthen and enhance their courts and justice systems. This purpose area supports all of the activities previously funded by OJP's Tribal Courts and Indian Alcohol and Substance Abuse programs. All awards made under this purpose area are funded by an up to seven percent discretionary funding set aside from most OJP grant and payment programs. The funding request shown for this purpose area is estimated based on the appropriations language and overall funding levels included in the FY 2019 President's Budget.

Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program

FY 2019 Request: \$3.3 million
(\$1.2 million above the FY 2018 level)

The Department of Justice Coordinated Tribal Assistance Solicitation (CTAS) allows federally recognized Indian tribes and Native Alaskan community's to seek funding from most DOJ tribal justice assistance grant programs through a single application. Grantees may choose to request

funding in one of nine broad purpose areas. CTAS Purpose Area 9 focuses on supporting and enhancing tribal efforts to prevent and respond to juvenile delinquency (including responding to youth drug and alcohol use) and improving tribal juvenile justice systems. This purpose area supports all of the activities previously funded under OJP's Tribal Youth Program. All awards made under this purpose area are funded by an up to 7% discretionary funding set aside from most OJP grant and payment programs. The funding request shown for this purpose area is estimated based on the appropriations language and overall funding levels included in the FY 2019 President's Budget.

COPS DEA Methamphetamine Enforcement and Lab Cleanup

FY 2019 Request: \$0.0 million

(\$9.9 million below the FY 2018 level)

The Methamphetamine Enforcement and Lab Cleanup Grants provide assistance to state, local, and tribal law enforcement agencies in support of programs designed to address methamphetamine production and distribution, as well as target "hot spots" characterized by high levels of drug production or distribution. The FY 2019 President's Budget directly appropriates funding for this program to the Drug Enforcement Administration

COPS Anti-Heroin Task Forces

FY 2019 Request: \$0.0 million

(\$9.9 million below the FY 2018 level)

The COPS Anti-Heroin Task Forces program provides grants to law enforcement agencies in states with high rates of primary treatment admissions for heroin and other opioids. These grants may be used for the investigation of illegal activities related to the distribution of heroin or the illegal diversion of prescription opioids. The FY 2019 President's Budget does not request funds for this program.

COPS Anti-Methamphetamine Task Forces

FY 2019 Request: \$0.0 million

(\$7.0 million below the FY 2018 level)

The COPS Anti-Methamphetamine Task Forces program assists state law enforcement agencies in addressing the persistent threats related to methamphetamine production, distribution and abuse. This program helps state law enforcement agencies, in collaboration with other service providers and stakeholders, to establish or enhance comprehensive methamphetamine reduction efforts; expand the use of community policing strategies to address production, distribution, and abuse of illicit drugs; and improve collaboration in support of drug prevention, investigation, intervention, and treatment efforts. The FY 2019 President's Budget does not request funds for this program.

PERFORMANCE

Information regarding the performance of the drug-control efforts of OJP is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text represent OJP drug-related achievements during CY 2016 and FY 2017.

Regional Information Sharing Systems (RISS) Program

Regional Information Sharing Systems Program		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Percent Increase in RISS Inquiries for the RISS Program	7%	-6%

In FY 2017, law enforcement officers using RISS services seized more than \$22.8 million in narcotics and over \$1.88 million in currency. Law enforcement officers use all aspects of RISS's services to assist in case resolution, including analytical products, equipment loans, confidential funds, access to intelligence and investigative databases, officer safety tools, publications, and training.

The number of inquiries to RISS resources by users in FY 2017 fell by approximately 6%, when compared to FY 2016. The number of inquiries is influenced by many factors, including the types of crimes under investigation, the complexities of those crimes, regional changes and needs, funding and staffing levels, additions/deletions to investigative databases, and a variety of other factors. RISS also transferred hosting of the National Virtual Pointer System (NVPS) to the El Paso Intelligence Center (EPIC), reducing the numbers of inquiries being measured.

Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Graduation Rate of Program Participants in the Drug Court Program	51%	48%

The graduation rate for FY 2017 for BJA's drug courts is 48%, which is 3 percent below the target graduation rate of 51%. This is largely due to a program focus on targeting high-risk/high-need participants, which is a difficult to serve target population. This results in drug court participants staying longer in the programs, resulting in fewer numbers of graduates. A final consideration is that in FY 2017 more drug courts than in the past shifted focus to treat users of opioids. In the midst of an opioid epidemic, communities have turned to available drug courts to help provide services to this population. As courts have adjusted to this influx, their graduation rates may have been impacted downward.

Residential Substance Abuse Treatment (RSAT) Program

Residential Substance Abuse Treatment Program		
Selected Measures of Performance	CY 2016 Target	CY 2016 Achieved
» Number of participants in the Residential Substance Abuse Treatment program	27,000	24,029

In CY 2016, BJA served 24,029 participants in the RSAT program. The target for CY 2016 was 27,000 participants; however, the goal was not met by 2,971 participants, or an 11% decrease from the target. The reduction corresponds with reduced appropriations, from over \$28 million in FY 2010 to \$10.3 million in FY 2016. This has resulted in fewer and lower valued sub-awards at the state level. Other factors that contribute to not meeting the goal include the number of eligible offenders, available staff, and treatment providers; security issues; and the state's ability to provide the required 25 percent in matching funds.

Prescription Drug Monitoring Program

Selected Measures of Performance	CY 2016 Target	CY 2016 Actual
» Number of interstate solicited reports produced	3,600,000	63,840,510
» Number of interstate unsolicited reports produced	1,890	3,033,593

Since the Bureau of Justice Assistance established the PDMP reporting requirements in January 2010, the number of PDMP system reports produced has increased substantially and is expected to rise. In CY 2016, the number of solicited and unsolicited reports is significantly higher than the targets. In CY 2016, the number of interstate solicited reports was 63,840,510 and the number of interstate unsolicited reports was 3,033,593. The large uptick of reports is due to a number of factors, all centered on the opioid epidemic and the increasing use of PDMPs as a tool to address prescription drug abuse. The majority of the reports (about 80%) came from New York, Ohio, and California.

The increase over time in interstate solicited reporting could also be attributed to the Prescription Monitoring Information Exchange and an increase in registered PDMP users and connected agencies. Through these additional users and connections, PDMP systems are more readily accessible via solicited and unsolicited reports.

For both solicited and unsolicited reports, it should be noted that these targets are difficult to predict due to a great deal of variance in these measures. Unsolicited reports pose a greater challenge, as each state has different laws on whether unsolicited reports can be generated. Additionally, the targets are impacted by the various prescribing practices of doctors, investigative capability of states' investigative and regulatory agencies, demand for scheduled drugs, and capabilities of various state-level PDMPs to generate solicited and unsolicited reports.

Second Chance Act (SCA)

Second Chance Act		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Number of participants in Second Chance Act funded programs	4,356	5,352

The Bureau of Justice Assistance funds six separate SCA grant programs, of which two grant programs are used for the purposes of this performance measure: the Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders provides funding to state, local, and tribal governments for both pre- and post-release treatment programs for individuals with co-occurring substance use and mental health disorders; and the Family-Based Prisoner Substance Abuse Treatment Program funds family-based treatment programs for adults in prison or jail. These programs provide comprehensive substance use treatment and parenting programs for incarcerated parents of minor children and also provide services to the participating offenders' minor children and family members. The total number of participants in SCA funded programs is a measure of the grant program's goal of helping ex-offenders successfully reenter the community following criminal justice system involvement by addressing their substance use challenges.

In FY 2017, 5,352 individuals were served in SCA Co-occurring programs, which exceeds the target by about 23% (996 individuals). This target was conservatively set by assuming a reduction from FY 2016 numbers served, partly due to the SCA Family-Based Prisoner Substance Use Treatment program ceasing grant activity in FY 2017. However, the SCA Co-occurring Disorder program continued to provide substance use treatment services at levels that exceeded the FY 2016 target.

Byrne Justice Assistance Grants

Byrne Memorial Justice Assistance Grants		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Completion rate for individuals participating in drug-related JAG programs	57%	63%

The completion rate for individuals participating in drug-related JAG programs captures the percentage of total participants who are able to successfully complete all SUD treatment program requirements. This measure supports the mission of the *Strategy*, as these federally funded programs help to provide treatment for substance abuse. In FY 2017 the completion rate for individuals participating in drug-related JAG programs is 63%, which exceeds the 57% target. The data for this measure continues to be consistent, ranging from 62-63%. The Bureau of Justice Assistance's JAG highlights statewide, local, and subgrantee projects that have demonstrated success or have shown promise in meeting the objectives and goals of JAG while positively affecting communities.

DEPARTMENT OF JUSTICE

Organized Crime Drug Enforcement Task Forces

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Budget Function			
Investigations	\$358.907	\$357.122	\$361.206
Prosecution	158.093	156.367	160.357
Total Drug Resources by Function	\$517.000	\$513.489	\$521.563
Drug Resources by Decision Unit			
Investigations	\$358.907	\$357.122	\$361.206
Prosecutions	158.093	156.367	160.357
Total Drug Resources by Decision Unit	\$517.000	\$513.489	\$521.563
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,882	2,870	2,825
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$0.52	\$0.51	\$0.52
Drug Resources Percentage	100%	100%	100%

Program Summary

MISSION

The Interagency Crime and Drug Enforcement appropriation funds the Organized Crime Drug Enforcement Task Forces (OCDETF) Program. The mission of OCDETF is to reduce the supply of illegal drugs in the United States and diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. Additionally, in support of the Attorney General’s Organized Crime Council, OCDETF similarly facilitates the disruption and dismantlement of Priority TOC organizations engaged in polycrime activities that most impact the Nation’s security.

METHODOLOGY

All OCDETF resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2019, OCDETF requests \$521.6 million for drug control activities, an increase of \$8.1 million above the FY 2018 level. The FY 2019 OCDETF request includes \$4.6 million in

enhancements to address priority issues of the Administration, identified in Executive Order 13773 regarding Transnational Criminal Organizations and Preventing International Trafficking most impacting the Nation. Resources for these priorities are allocated in the Investigative Decision Unit.

Investigations

FY 2019 Request: \$361.2 million

(\$4.1 million above the FY 2018 level)

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the Consolidated Priority Organization Target (CPOT) List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the U.S. illicit drug supply. OCDETF Regional Coordination Groups also target and identify Regional Priority Organization Targets, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

Bureau of Alcohol, Tobacco, Firearms and Explosives

FY 2019 Request: \$10.8 million

(\$0.3 million below the FY 2018 level)

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, the ATF jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent drug trafficking organizations. The FY 2019 request will continue to support ATF investigative activities as a member of the OCDETF Program.

Drug Enforcement Administration

FY 2019 Request: \$191.4 million

(\$1.4 million below the FY 2018 level)

The DEA is the agency most actively involved in the OCDETF Program, with a participation rate in investigations that exceeds 80 percent. Also, DEA is the only Federal agency in OCDETF that has drug enforcement as its sole mission. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with state and local authorities have made the DEA an essential partner. The FY 2019 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

Federal Bureau of Investigation

FY 2019 Request: \$135.8 million

(\$3.9 million above the FY 2018 level)

The FBI brings to OCDETF its expertise in the investigation of traditional organized crime and white collar/financial crimes. The FBI also has developed valuable relationships with foreign

and state and local law enforcement. The FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. The FBI contributes to the OCDETF Program and to the goal of targeting major drug trafficking organizations and their financial infrastructure. The FY 2019 request will continue to support FBI involvement in OCDETF investigations and create a law enforcement group for the new International Co-Located Strike Force.

U.S. Marshals Service

FY 2019 Request: \$8.0 million

(\$0.3 million below the FY 2018 level)

The USMS is the agency responsible for the apprehension of OCDETF fugitives. Fugitives are typically repeat offenders who flee apprehension only to continue their criminal enterprise elsewhere. Their arrest by the USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2019 request will continue to support USMS involvement in OCDETF investigations.

OCDETF Fusion Center

FY 2019 Request: \$10.3 million

(\$0.6 million below the FY 2018 level)

The FY 2019 request will support operations at the OCDETF Fusion Center, a comprehensive data center containing all drug and related financial intelligence information from the eleven OCDETF-member investigative agencies, the Financial Crimes Enforcement Network, and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and Regional Priority Organization Targets. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency Special Operations Division (SOD) to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks. In addition, the OFC creates strategic intelligence products to enhance the threat analysis and support the national strategic efforts against transnational organized crime.

International Organized Crime Intelligence and Operations Center

FY 2019 Request: \$4.9 million

(\$2.9 million above the FY 2018 level)

The mission of the International Organized Crime Intelligence and Operations Center (IOC-2), in partnership with the OCDETF Fusion Center and DEA SOD, is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United States. The IOC-2 leverages the existing tools of the OCDETF Fusion Center and SOD while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation.

Prosecutions

**FY 2019 Request: \$160.4 million
(\$4.0 million above the FY 2018 level)**

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for U.S. Attorneys) and DOJ CRM.

Criminal Division

***FY 2019 Request: \$2.1 million
(\$0.05 million above the FY 2018 level)***

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/Asset Forfeiture and Money Laundering Section attorneys support the Mexican Cartel prosecutions. The FY 2019 request will fund three attorneys and one support position to help staff the growing number of OCDETF cases handled by CRM's Narcotic and Dangerous Drug Section, which prosecutes some of the most significant international narcotics trafficking, narcoterrorism, and transnational money laundering organizations in the world without any funding from OCDETF.

Threat Response Unit

***FY 2019 Request: \$0.8 million
(No change from the FY 2018 level)***

The request will fund the OCDETF Executive Office attorneys detailed to the Criminal Division's Office of Enforcement Operations to enhance its support of OCDETF Southwest Border-related wiretap applications and requests for approval to employ sensitive investigative techniques; and to the Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

United States Attorneys' Offices

***FY 2019 Request: \$157.5 million
(\$4.0 million above the FY 2018 level)***

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled.

PERFORMANCE

Information regarding the performance of the drug control efforts of OCDETF is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text include selected performance measures, targets, and achievements for the latest year for which data are available. OCDETF monitors performance in two program areas: investigations and prosecutions. For investigations, OCDETF tracks the percent of active investigations linked to the Attorney General's CPOT list and the number of CPOT-linked organizations dismantled or disrupted. For prosecutions, OCDETF tracks leadership convictions and financial convictions.

Organized Crime Drug Enforcement Task Force Program		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Percent of OCDETF investigations linked to CPOTs	20%	20%
» Percent of convicted defendants linked to CPOTs	4%	NA
» Percent of OCDETF investigations with indictments/information resulting in financial convictions	27%	33%
» Percent of OCDETF investigations with indictments/information resulting in assets forfeited	NA	NA
» Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	87%	87%
» Number of CPOT-linked drug trafficking organizations disrupted	133	*
» Number of CPOT-linked drug trafficking organizations dismantled	117	*
» Percent of OCDETF investigations linked to Regional Priority Organization Targets	16%	19%

* Due to changes in reporting protocols and systems, the entire number for the Performance Measure is not available in FY 2017.

Law enforcement activity targeting CPOTs involved complex and coordinated intelligence-driven investigations, with exceptional cooperation between U.S. LEAs and international partners. During FY 2017, 20 percent of active OCDETF investigations were linked to CPOT targets, meeting the target of 20 percent.

Eighty-seven percent of OCDETF investigations have resulted in the disruption or dismantlement of the targeted organizations, meeting the target of 87 percent. Despite the complexity and difficulty of achieving financial convictions, 33 percent of OCDETF investigations with indictments/information resulted in financial convictions, which is six percent above the 27 percent target. The percent of OCDETF investigations with indictments/information resulting in assets forfeited is still being reported. In certain instances, offices may be unable to report asset forfeitures until after a case has reached judgment or after a case is closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, adjustments could increase the final percentage of investigations resulting in assets forfeited for the fiscal year.

DEPARTMENT OF JUSTICE

United States Attorneys

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prosecution	\$75.862	\$78.853	\$78.853
Total Drug Resources by Function	\$75.862	\$78.853	\$78.853
Drug Resources by Decision Unit			
Salaries and Expenses	\$75.862	\$78.853	\$78.853
Total Drug Resources by Decision Unit	\$75.862	\$78.853	\$78.853
Drug Resources Personnel Summary			
Total FTEs (direct only)	458	470	470
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.04	\$2.02	\$2.11
Drug Resources Percentage	3.7%	3.9%	3.7%

Program Summary

MISSION

The Nation's 94 U.S. Attorneys' Offices (USAOs) are vital participants in the *Strategy*. The USAOs work in conjunction with law enforcement 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 USAOs is to prosecute violations of Federal drug trafficking, controlled substances, money laundering, and related Federal laws in order to deter continued illicit drug distribution and use in the U.S. This mission includes utilizing the grand jury process to investigate and uncover criminal conduct and subsequently present evidence in court as part of the prosecution of individuals and organizations that violate Federal law. USAOs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities. Both the prosecutorial and the preventive aspects of the USAOs' drug control mission are fully consistent with the *Strategy* as both are intended to reduce illicit drug distribution and drug use.

METHODOLOGY

The USAOs do not have a specific appropriation for drug control activities. The USAOs' drug budget estimates are derived by calculating the costs of attorney and non-attorney FTE dedicated to non-OCDETF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system.

BUDGET SUMMARY

In FY 2019, the USA requests \$78.9 million for drug control activities, identical to the FY 2018 level.

Salaries and Expenses

FY 2019 Request: \$78.9 million

(No change from the FY 2018 level)

The USAOs work in conjunction with law enforcement to disrupt domestic and international narcotics production and drug trafficking by prosecuting criminal organizations. The funding requested in FY 2019 will be used to support prosecution of violations of federal controlled substance laws, money laundering, and drug trafficking.

PERFORMANCE

Information regarding the performance of the drug control mission of the USAOs within the Department of Justice is based on agency GPRMA documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2017.

United States Attorneys		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Conviction rate for drug-related defendants	NA	93%
» Percentage of defendants sentenced to prison	NA	88%

Note: The USAOs reports actuals achieved through its case management system, United States Attorney's CaseView (formerly Legal Information Online Network System).

USAOs investigate and prosecute the vast majority of criminal cases brought by the Federal government to include drug related topics. USAOs receive most of their criminal referrals, or "matters," from federal investigative agencies, including the FBI, DEA, ATF, ICE, the United States Secret Service, and the United States Postal Inspection Service. The USAOs support the *Strategy* through reducing the threat, trafficking, use, and related violence of illegal drugs. In FY 2017, 93% of drug-related defendants were convicted and 88% were sentenced to prison.

DEPARTMENT OF JUSTICE
United States Marshals Service

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Budget Function			
Corrections	\$507.309	\$498.672	\$526.444
International	1.410	1.390	1.431
Investigations	139.586	137.567	141.640
Prosecution	138.845	138.375	141.221
Total Drug Resources by Function	\$787.150	\$776.004	\$810.736
Drug Resources by Decision Unit			
Salaries and Expenses	\$279.841	\$277.332	\$284.292
<i>Fugitive Apprehension (non-add)</i>	140.996	138.957	143.071
<i>Judicial and Courthouse Security (non-add)</i>	90.743	91.055	92.803
<i>Prisoner Security and Transportation (non-add)</i>	48.102	47.320	48.418
Federal Prisoner Detention	\$507.309	\$498.672	\$526.444
Total Drug Resources by Decision Unit	\$787.150	\$776.004	\$810.736
Drug Resources Personnel Summary			
Total FTEs (direct only)	1,068	1,078	1,080
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$2.7	\$2.7	\$2.8
Drug Resources Percentage	29.4%	29.1%	29.5%

Program Summary

MISSION

The USMS is the enforcement arm of the Federal courts and works in concert with other Federal agencies, including the DEA, FBI, BOP, ICE, ATF, IRS, and U.S. Coast Guard. The USMS also works in cooperation with DOJ CRM, Tax Division, and the 94 U.S. USAOs, the Superior Court for the District of Columbia, as well as state and local law enforcement.

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.

METHODOLOGY

The USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and average daily population (ADP) for drug offenses to determine the drug prisoner population cost for detention services decision unit.

Three decision units – Fugitive Apprehension, Judicial and Courthouse Security, and Prisoner Security and Transportation – are calculated using drug-related workload ratios applied to the S&E Appropriation. For the Fugitive Apprehension decision unit, the USMS uses drug-related workload ratios based on the number of all warrants cleared, including felony offense classifications for Federal, state, and local warrants such as narcotics possession, manufacturing, and distribution. To calculate the drug-related workload percentage for this decision unit, the USMS divides the number of drug-related warrants cleared by the total number of warrants cleared. For the Judicial and Courthouse Security and Prisoner Security and Transportation decision units, the USMS uses drug-related workload ratios based only on in-custody, drug-related, primary Federal offenses, such as various narcotics possession, manufacturing, and distribution charges. "Primary offense" refers to the crime with which the accused is charged that usually carries the most severe sentence. To calculate the drug-related workload percentage for these two decision units, the USMS divides the number of drug-related offenses in custody by the total number of offenses in custody. The previously discussed drug workload ratios by decision unit are then applied to the total S&E to develop the drug-related obligations.

Detention services obligations are funded through the Federal Prisoner Detention (FPD) Appropriation. The USMS is responsible for Federal detention services relating to the housing and care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The FPD Appropriation funds the housing, transportation, medical care, and medical guard services for the detainees. FPD resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to the BOP. The FPD Appropriation does not include specific resources dedicated to the housing and care of the drug prisoner population. Therefore, the methodology used to determine the cost associated with the drug prisoner population for the Detention Services decision unit multiplies the average daily population for drug offenses by the per diem rate (housing cost per day), which is then multiplied by the number of days in the year.

BUDGET SUMMARY

In FY 2019, USMS requests \$810.7 million for drug control activities, an increase of \$34.7 million above the FY 2018 level.

Salaries and Expenses

FY 2019 Request: \$284.3 million

(\$7.0 million above the FY 2018 level)

The FY 2019 request for S&E is \$284.3 million, an increase of \$7 million above the FY 2018 level.

Fugitive Apprehension

FY 2019 Request: \$143.1 million

(\$4.1 million above the FY 2018 level)

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. The USMS is authorized to locate and apprehend Federal, state, and local fugitives both within and outside of the United States under 28 U.S.C. 566(e)(1)(B). The USMS has a long history of providing assistance and expertise to other LEAs in support of fugitive investigations. The broad scope and responsibilities of the USMS concerning the location and apprehension of Federal, state, local, and foreign fugitives is detailed in a series of Federal laws, rules, regulations, DOJ policies, Office of Legal Counsel opinions, and memoranda of understanding with other Federal LEAs.

Judicial and Courthouse Security

FY 2019 Request: \$92.8 million

(\$1.7 million above the FY 2018 level)

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a Federal courthouse facility), to include security maintenance for prisoners in custody during court proceedings. Deputy Marshals are assigned to 94 Federal judicial districts (93 Federal districts and the Superior Court for the District of Columbia) to protect the Federal judicial system, which handles a variety of cases, including drug trafficking. The USMS determines the level of security required for high-threat situations by assessing the threat level, developing security plans based on risk and threat levels, and assigning the commensurate security resources required to maintain a safe environment.

Prisoner Security and Transportation

FY 2019 Request: \$48.4 million

(\$1.1 million above the FY 2018 level)

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house Federal detainees. As each prisoner is placed into USMS custody, a Deputy Marshal is required to process that prisoner. Processing consists of interviewing the prisoner to gather personal, arrest, prosecution, and medical information; fingerprinting and photographing the prisoner; preparing an inventory of any received prisoner property; and entering/placing the data and records into automated tracking systems. The cellblock is the secured area for holding

prisoners in the courthouse before and after appearance in a court proceeding. Deputy Marshals follow strict safety protocols in the cellblocks to ensure the safety of USMS employees and members of the judicial process.

Federal Prisoner Detention

FY 2019 Request: \$526.4 million
(\$27.8 million above the FY 2018 level)

The Federal Prisoner Detention (FPD) appropriation is responsible for the costs associated with the care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related transportation for Federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to BOP. USMS aims to better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components.

PERFORMANCE

Information regarding the performance of the drug control efforts of USMS is based on agency GPRMA documents and other data that measure the agency’s contribution to the *Strategy*. The table and accompanying text represent USMS drug-related achievements during FY 2017.

U.S. Marshals Service		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Percent of warrants cleared for drug-related charges	N/A	28.9%
» Percent of drug-related offenses of Federal detainees in custody	N/A	21.4%
» Per Day Jail Costs (non-Federal)*	\$82.34	\$83.54

* The Per Day Jail Cost reflects average daily costs for the total detainee population, including detainees convicted of drug offenses.

The Fugitive Apprehension decision unit has responsibility for investigating and apprehending fugitives and provides assistance to other Federal, state, and local LEAs. “Percent of warrants cleared for drug-related charges” identifies the percentage of felony Federal, state, and local illegal narcotics-related warrants cleared. In FY 2017, about 28.9 percent of approximately 113,000 warrants cleared were on drug-related charges. 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.

The Prisoner Security and Transportation decision unit is responsible for the detention and movement of prisoners during the judicial process and while in USMS custody. It has one

workload measure: “Percent of drug-related offenses of Federal detainees in custody.” The USMS does not establish targets for this measure because the USMS does not control the nature of prisoner offenses in its custody in any given year. In FY 2017, about 21.4 percent of offenses of Federal detainees were drug-related.

The Detention Services decision unit is responsible for the care of Federal prisoners in USMS custody, including providing housing, subsistence, medical care, and medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related transportation for Federal prisoners in USMS custody. The USMS does not have performance measures for costs associated exclusively with housing the drug prisoner population. The USMS has no control over the detention population count. The “Per Day Jail Cost” represents the average price paid by the USMS to house Federal prisoners at non-Federal detention facilities. The average price paid is weighted by actual jail day usage at individual detention facilities. The difference between the 2017 Target and Actual can be attributed to the higher than projected average per diem rate paid for private detention facilities. Because of the lower than projected detention population housed in the private facilities, the USMS is not able to fully reap the benefits of the low incremental per diem rates at several private facilities under contract. To regulate the average daily rate, the USMS actively negotiates or limits the extent of upward price adjustments; limits the frequency of adjustments; and maintains economies of scale through partnered contracting to achieve the best cost to the government.

The detainee population is dependent upon the number of persons arrested by the Federal LEAs, coupled with the length of time defendants are detained pending adjudication, release, or subsequent transfer to the BOP following conviction and sentencing. Currently, the challenges facing law enforcement officials at the SWB directly affect the detention population overseen by the USMS. In FY 2019 anticipated law enforcement initiatives on the SWB addressing drug and weapons trafficking are expected to increase the number of prisoners received by the USMS, thereby increasing the detainee population.

DEPARTMENT OF LABOR



DEPARTMENT OF LABOR
Employment and Training Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$6.0	\$6.0	\$6.0
Total Drug Resources by Function	\$6.0	\$6.0	\$6.0
Drug Resources by Decision Unit			
Job Corps Trainee Employee Assistance Program	\$6.0	\$6.0	\$6.0
<i>Drug Testing Support (non-add)</i>	<i>\$0.7</i>	<i>\$0.7</i>	<i>\$0.7</i>
Total Drug Resources by Decision Unit	\$6.0	\$6.0	\$6.0
Drug Resources Personnel Summary			
Total FTEs (direct only)			
Drug Resources as a Percent of Budget			
Total Discretionary Job Corps Budget (in billions)	\$1.7	\$1.7	\$1.3
Drug Resources Percentage	.4%	.4%	.5%

Program Summary

MISSION

The Job Corps program is administered by the Department of Labor’s Employment and Training Administration (ETA). Established in 1964, 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 123 Job Corps centers nationwide in 50 states, Puerto Rico, and the District of Columbia providing services to approximately 50,000 at-risk youth each year 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 Employee Assistance Program (TEAP), which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

METHODOLOGY

The Office of Job Corps’ (OJC) expenditures for the TEAP program are for counselors to prepare Job Corps program participants for employment, including: education on the dangers of alcohol, drug and tobacco use; abuse and prevention awareness activities; development of programs to prevent alcohol, drug and tobacco use and abuse among the student population; development and coordination of community resources to educate students on substance use and abuse; and identification of and provision of counseling services to students with substance abuse problems and arrangement of appropriate treatment. In addition, the budget includes

100 percent of the cost of drug testing each student. Each student is tested upon entry and those that test positive on the initial test are re-tested within 45 days. If they test negative on the 2nd test, they may continue in the program. If they test positive on the 2nd test, they are removed from the program.

BUDGET SUMMARY

In FY 2019, the Job Corps program requests \$6.0 million for drug control activities; no change from the FY 2018 request level.

Trainee Employment Assistance Program and Drug Testing Support

Total FY 2019 Request: \$6.0 million (no change from FY 2018 Continuing Resolution)

Costs associated with Job Corps’ TEAP include salaries of the counselors and the cost of administering drug testing. The approximate cost for this portion of the program is \$5.3 million per year for the TEAP counselors and \$0.7M for the drug testing. Despite the potential Job Corps budget reduction in FY 2018, we do not anticipate any funding reductions for contracts associated with TEAP.

PERFORMANCE

The Job Corps program performance is outcome oriented, primarily focused on ETA’s Government Performance and Results Act (GPRA) and other agency goals. These goals measure students’ credential attainment and post-program placement in jobs, advanced training, or the military. They do not include specific measures related to drug education program success. The table below includes Job Corps performance measures, targets and achievements related to drug prevention, education, and employability for the most recent program year for which data are available.

Job Corps		
Selected Measures of Performance	PY 2016 Target	PY 2016 Achieved
» Percent of students tested for drugs upon entry	100%	100%
» Percent of students placed in employment, military or higher education at exit (not a reportable measure in PY16 and will be redefined under Workforce Innovation and Opportunity Act (WIOA) specifications in PY17)	-----	-----

Discussion

Job Corps operates on a Program Year (PY) schedule that runs from July 1 through June 30. Thus, funds appropriated in Fiscal Year (FY) 2016 were available from July 1, 2016 – June 30, 2017. In PY 2016, Job Corps provided training to both students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol abuse on employability. Job Corps continues to include this training as part of career readiness training for all students.

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.

OJC also leverages its drug awareness education training for center staff through the expanded use of information technology. OJC provided 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 substance abuse.

In addition, OJC participated in national drug prevention and treatment campaigns such as Red Ribbon Week and Drug Abuse Resistance Education (DARE) activities, and utilizes anti-drug guest speakers at Job Corps centers nationwide. Job Corps also developed and implemented a system-wide program with accompanying curriculum to promote healthy lifestyle practices for students that included components on the avoidance of drug and alcohol abuse.

Other Drug Control Activities

The Department of Labor is also working with ONDCP and Federal partners to include efforts in other programs in the National Drug Control Program. The Employee Benefits Security Administration (EBSA) assures the security of the retirement, health and other workplace related benefits of America's workers and their families by developing effective regulations; assisting and educating workers, plan sponsors, fiduciaries and service providers; and vigorously enforcing the law. Through EBSA, the Department is authorized to enforce the Mental Health Parity and Addiction Equity Act (MHPAEA), which includes key protections for individuals with opioid addiction in private, employer-sponsored health coverage. ONDCP will work with EBSA in the coming year to identify the scope and resources used to conduct compliance review of health care laws within its purview, including MHPAEA, through the statistical and claims analyses, expert witnesses, and consultants typical of these complex investigations.

The Department has also identified the Federal Employees' Compensation Act (FECA) program administered by the Office of Workers' Compensation Programs (OWCP), which protects the interests of workers who are injured or become ill on the job, their families and their employers by making timely, appropriate, and accurate decisions on claims, providing prompt payment of benefits and helping injured workers return to gainful work as early as is feasible. OWCP has proposed an Opioid Control and Prevention Unit (now called Prescription Management Unit) within the FY 2018 President's Budget and requested additional resources in FY 2019.

The Prescription Management Unit focuses on reducing the overuse and rate of new opioid addictions by limiting the supply and duration of new opioid prescriptions to only what is appropriate and necessary. Accordingly, the FECA program has set performance targets aimed at reducing the percent of initial opioid prescriptions or the duration of new opioid prescriptions for Federal and United States Postal Service (USPS) employees with work-related

injuries at 4 percent for FY 2018 and 6 percent for FY 2019, totaling a 10 percent reduction over those 2 years. ONDCP will work with the Department in the coming months to incorporate these efforts into the National Drug Control Program.

OFFICE OF NATIONAL DRUG CONTROL POLICY



OFFICE OF NATIONAL DRUG CONTROL POLICY

High Intensity Drug Trafficking Areas

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request ¹
Drug Resources by Function			
Intelligence	\$63.680	\$65.592	---
Interdiction	19.594	20.182	---
Investigations	156.752	152.397	---
Prevention	2.607	2.607	---
Prosecution	4.898	5.046	---
Research and Development	2.700	2.682	---
Treatment	3.769	3.769	---
Total Drug Resources by Function	\$254.000	\$252.275	\$---
Drug Resources by Decision Unit			
High Intensity Drug Trafficking Areas	\$254.000	\$252.275	---
Total Drug Resources by Decision Unit	\$254.000	\$252.275	\$---
Drug Resources Personnel Summary			
Total FTEs (direct only)	1	1	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.0
Drug Resources Percentage	65.4%	65.4%	0.0%

¹In FY 2019, the High Intensity Drug Trafficking Areas program is being transferred to the Drug Enforcement Administration. For further information about the program's budget request, please see the section on the Drug Enforcement Administration in the Department of Justice chapter.

Program Summary

MISSION

The HIDTA program was established by the Anti-Drug Abuse Act of 1988 and reauthorized in the ONDCP Reauthorization Act of 2006 (P.L. 109-469). The mission of the program is to disrupt the market for illegal drugs in the United States by assisting Federal, state, local, and tribal law enforcement entities participating in the HIDTA program to dismantle and disrupt drug trafficking organizations in critical drug trafficking regions of the United States.

METHODOLOGY

All HIDTA resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

For 2019, the Budget proposes to transfer the HIDTA program from the Office of National Drug Control Policy (ONDCP) to the Department of Justice. This proposal will enable ONDCP to focus resources on its core mission: to reduce drug use and its consequences by leading and coordinating the development, implementation, and assessment of U.S. drug policy.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Other Federal Drug Control Programs

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$97.000	\$96.341	---
Research and Development	12.871	12.784	11.843
Treatment	5.000	4.966	---
Total Drug Resources by Function	\$114.871	\$114.091	\$11.843
Drug Resources by Decision Unit			
Anti-Doping Activities	9.500	9.435	9.266
Drug Court Training and Technical Assistance	2.000	1.986	---
Drug-Free Communities ¹	\$97.000	\$96.341	\$---
Section 103 of P.L. 114-198 ²	3.000	2.980	---
Section 1105 of P.L. 109-469	1.250	1.242	---
World Anti-Doping Agency Dues	2.121	2.107	2.577
Total Drug Resources by Decision Unit	\$114.871	\$114.091	\$11.843
Drug Resources Personnel Summary			
Total FTEs (direct only)	1	1	1
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.0
Drug Resources Percentage	29.6%	29.6%	40.5%

¹ In FY 2019, the Drug-Free Communities support program is being transferred to the Substance Abuse and Mental Health Services Administration (SAMHSA). For more information on Drug-Free Communities activities, please see SAMHSA's chapter on p. 123.

² This funding was authorized by the *Comprehensive Addiction and Recovery Act of 2016*. These activities will be transferred to SAMHSA along with the Drug-Free Communities support program.

Program Summary

MISSION

The Anti-Drug Abuse Act of 1988, as amended, and the ONDCP Reauthorization Act of 2006, established this account to be administered by the Director of ONDCP. The funds appropriated to the program support high-priority drug control programs and may be transferred to drug control agencies.

METHODOLOGY

All ONDCP Other Federal Drug Control Programs resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2019, ONDCP requests \$11.8 million for the Other Federal Drug Control Programs, a decrease of \$102.2 million from the FY 2018 CR level. Other Federal Drug Control Programs has two decision units: Anti-Doping Activities and World Anti-Doping Agency. For 2019, the Budget proposes to transfer the Drug-Free Communities Support Program (DFC) from ONDCP to the Substance Abuse and Mental Health Services Administration (SAMHSA). This proposal will enable ONDCP to focus resources on its core mission: to reduce drug use and its consequences by leading and coordinating the development, implementation, and assessment of U.S. drug policy.

Anti-Doping Activities

FY 2019 Request: \$9.3 million

(\$0.2 million decrease from the FY 2018 CR level)

The FY 2019 request of \$9.3 million will continue efforts to educate athletes on the dangers of drug use and eliminate doping in amateur athletic competitions recognized by the United States Olympic Committee. Specifically, these funds support athlete drug testing programs, research initiatives, educational programs, and efforts to inform athletes of the rules governing the use of prohibited substances outlined in the World Anti-Doping Code. In addition, funds will support legal efforts to enforce compliance with the World Anti-Doping Code and adjudicate athlete appeals involving doping violations.

World Anti-Doping Agency Dues

FY 2019 Request: \$2.6 million

(Reflects \$0.5 million increase from FY 2018 CR level)

The FY 2019 request of \$2.6 million will support the World Anti-Doping Agency's mission to address performance-enhancing and illicit drug use in Olympic sports, including drug testing operations, athlete drug education and prevention efforts, and research. The organization is jointly funded by national governments and the international sporting movement. The United States continues to play a leadership role in the World Anti-Doping Agency's development by serving on the Agency's governing Executive Committee and Foundation Board.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Salaries and Expenses

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Interdiction	\$3.854	\$3.828	\$3.480
International	3.854	3.829	3.480
Investigations	2.506	2.489	2.262
Prevention	3.277	3.254	2.958
State and Local Assistance	2.506	2.489	2.262
Treatment	3.277	3.254	2.958
Total Drug Resources by Function	\$19.274	\$19.143	\$17.400
Drug Resources by Decision Unit			
Operations	\$19.274	\$19.143	\$17.400
Total Drug Resources by Decision Unit	\$19.274	\$19.143	\$17.400
Drug Resources Personnel Summary			
Total FTEs (direct only)	74	65	65
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.0
Drug Resources percentage	5.0%	5.0%	59.5%

Program Summary

MISSION

ONDCP, established by the Anti-Drug Abuse Act of 1988, and reauthorized by the ONDCP Reauthorization Act of 2006, is charged with developing policies, objectives, and priorities for the National Drug Control Program. ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences. ONDCP's responsibilities include developing the *Strategy*, the consolidated National Drug Control Budget, and the associated *Budget and Performance Summary*.

METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2019, ONDCP requests \$17.4 million, a decrease of \$1.7 million from the FY 2018 CR level.

Operations

FY 2019 Request: \$17.4 million

(\$1.7 million below the FY 2018 CR level)

The FY 2019 request will enable ONDCP to carry out its responsibilities of advising the President on national and international drug control policies and strategies and ensure the effective coordination of anti-drug programs among National Drug Control Program agencies.

DEPARTMENT OF STATE



DEPARTMENT OF STATE

Bureau of International Narcotics and Law Enforcement Affairs

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR ¹	FY 2019 Request
Drug Resources by Function			
International	\$392.934	\$390.266	\$288.963
Total Drug Resources by Function	\$392.934	\$390.266	\$288.963
Drug Resources by Decision Unit			
International Narcotics Control and Law Enforcement (INCLE)	\$392.934	\$390.266	288.963
Total Drug Resources by Decision Unit	\$392.934	\$390.266	\$288.963
Drug Resources Personnel Summary			
Total INCLE FTEs (direct only)	97	106	113
Drug Resources as a percent of Budget			
Total Department of State Budget (in Billions) ²	\$38.5	\$38.3	\$26.9
Department of State Drug Resources percentage	1.0%	1.0%	1.0%

¹The FY 2018 CR level is a mechanical calculation that does not reflect decisions on funding priorities.

²Total Department Budget is the entire foreign assistance budget (both State and USAID).

Program Summary

MISSION

The Department of State's 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 drugs, 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 U.S. shores.

To support its mission, INL publishes the U.S. government International Narcotics Control Strategy Report (INCSR) and develops, implements, and monitors foreign assistance programs that support the INCSR. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and other illegal 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 supports drug use and demand prevention and treatment programs and projects designed 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 are also directed at improving foreign law enforcement and intelligence gathering capabilities; enhancing the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; effectively investigating, prosecuting, and convicting major narcotics criminals; and breaking up major drug trafficking organizations. INL also provides technical assistance to U.S. Federal law enforcement authorities working overseas in order to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives in counternarcotics in the international arena.

METHODOLOGY

The Department of State – through INL – supports counter-drug activities through foreign assistance appropriated from the International Narcotics Control and Law Enforcement (INCLE) and, where appropriated for such purposes, the Assistance for Europe, Eurasia, and Central Asia (AEECA) account. The Department allocates all foreign assistance funding according to the Foreign Assistance Standardized Program Structure. INCLE and INL-implemented AEECA resources are allocated to achieve the Peace and Security and the Democracy, Human Rights, and Governance program objectives. Within the Peace and Security objective, INCLE and INL-implemented AEECA resources support Stabilization Operations and Security Sector Reform, Counternarcotics, and Transnational Crime program areas. The Department scores as drug control everything that is allocated under the Counternarcotics program area. INL tracks the performance activity of various programs across the world that are either counternarcotics programs or have other direct or indirect links to the counternarcotics capacity of that host nation.

BUDGET SUMMARY

In the FY 2019 Congressional Budget Justification, the Department requested \$288.963 million in INCLE funds for drug control activities, a decrease of \$103.971 million from the FY 2017 Actual. The decreased request for counternarcotics activities is due to a 35 percent reduction from FY 2017 in overall resources requested in FY 2019 for INL-implemented programs, which required reductions to counternarcotics efforts from prior year levels. In support of the President's agenda that prioritizes the well-being of Americans, bolsters U.S. national security, secures our borders, and highlights U.S. economic interests, the FY 2019 INCLE request concentrates resources where they offer the most value and impact to U.S. national security priorities. INCLE resources for counternarcotics will focus on programs that directly deter the flow of illegal drugs, particularly fentanyl and other opioids, to the United States. These programs address national security interests and align with long-term strategic goals to build the capacity of partner nations.

Other INL funding that is not specifically designated for counternarcotics supports and reinforces this mission. Strong criminal law enforcement and justice systems are essential to counternarcotics efforts and in minimizing transnational crime. In addition to traditional counternarcotics activities, such as disrupting the overseas production and trafficking of illicit drugs, INL supports the development of capable police and competent judicial officials. In order for counternarcotics efforts to be sustainable, the United States must support effective partner state criminal justice systems. Similarly, minimizing transnational crime requires both specialized assistance and the overall development of criminal justice systems.

Bilateral and Regional Programs

Western Hemisphere

Colombia

FY 2019 Request is \$93 million

(\$3.5 million below the FY 2017 appropriated level)

Colombia remains the world's largest producer of cocaine and the source of approximately 92 percent of the cocaine seized in the United States. INCLE assistance will help Colombia combat a more than 200 percent increase in potential pure cocaine production since 2013 by supporting implementation of Colombia's counternarcotics strategy which Colombia is operationalizing through sustained operations, joint task forces, and its Strategic Operational Centers ("CEOs" in Spanish). The CEOs form the foundation of an integrated, whole-of-government approach to counternarcotics in areas of high coca cultivation and cocaine production. These centers will bring together an increased state security presence, robust eradication and interdiction efforts, and an intense focus on rural and alternative development efforts.

INL is supporting implementation of Colombia's counternarcotics strategy on multiple fronts, including interdiction, eradication, financial crimes, counter transnational organized crime, rural security, and efforts to strengthen Colombia's capacity to investigate, prosecute, convict, and incarcerate criminals. FY 2019 INCLE funds will increase support for the Colombian security forces' enhanced manual eradication efforts, including support for institutional capacity building through strategic planning, training, equipment, and operational support. Funds will also support an expansion of current Maritime Domain Awareness to enhance radar coverage and law enforcement intelligence capabilities on the Colombian coasts, as well as efforts to increase control over Colombia's vast riverine network used by traffickers to transport cocaine. To meet a dynamic narcotics threat that is increasingly shifting from rural to urban environments, funds will also continue to support land interdiction operations and capacity building, including for the Colombian National Police (CNP) Antinarcotics Directorate (DIRAN). Efforts include training, equipment, infrastructure, and operational support.

Given Colombia's vast and rugged geography and poor road infrastructure, aviation support will remain a crucial element in supporting manual eradication and interdiction efforts, as well as backing up the expansion of the police presence in former conflict zones. Assistance to the

joint INL-Colombian Police Aviation (Area de Aviación – ARAVI) program, which supports 54 U.S.-titled aircraft in Colombia, enables manual eradication, interdiction, and law enforcement efforts throughout Colombia, by providing aviation training, technical assistance, and commodities. Efforts include support for the development and operation of an aviation intelligence, surveillance, and reconnaissance (ISR) capability to detect and monitor coca cultivation and eradication and support other law enforcement requirements.

INL will also continue to support an increase in Colombian capacity to investigate and prosecute other crimes, with a nexus centered on drug production and trafficking, illegal mining and logging, and other illicit drug-related issues.

INL will continue to support evidence-based public health approaches designed to reduce drug use among children, adolescents, and other vulnerable communities across Colombia. Funds will expand professional treatment options for those struggling with substance use. Funds may be used to continue support for Colombia's effort to establish a drug court system.

Mexico

FY 2019 Request is \$36 million

(\$8.2 million below FY 2017 appropriated level)

Mexican transnational criminal organizations remain a major threat as the primary suppliers of heroin and methamphetamine consumed in the United States. The FY 2019 Request for counterdrug activities in Mexico will assist the Mexican government to disrupt the activities of transnational criminal organizations; combat illegal drugs, including stemming opium poppy cultivation and heroin and synthetic drug production; and secure borders and ports to prevent cross-border movement of illicit goods and irregular migration. Funds will train and equip Mexican law enforcement and develop special units to identify and dismantle clandestine drug laboratories and help prevent the shipping of precursor chemicals used to manufacture fentanyl and other drugs.

The FY 2019 Request complements Mexico's own significant counternarcotics investments and builds on efforts to address national security priorities for the United States. To strengthen security at Mexican borders and ports of entry, the FY 2019 Request will continue support for enabling a national biometrics system to collect, store, and routinely share biometric information among Mexican Federal and State police, military, and migration officials, and with U.S. law enforcement agencies. To assist Mexico to more effectively interdict illicit flows of drugs and better manage migration, funding will support training and equipment for migration and border officials and an ongoing telecommunication project to enhance secure radio network coverage across Mexico's southern border region. The FY 2019 Request will also support stronger safety and inspection standards at Mexican airports and seaports to identify and interdict illicit goods, including pre-cursor chemicals.

Peru

FY 2019 Request is \$24.9 million

(\$6.2 million below the FY 2017 appropriated level)

Peru is the second-largest producer of cocaine and cultivator of coca in the world. Peruvian cocaine is transported to South American countries for domestic consumption or for onward shipment to the United States, Mexico, Europe, and East Asia. Supporting Peru in combatting the production and sale of illicit narcotics is essential to U.S. national interests, as threats from transnational criminal networks affect U.S. and Peruvian security. INCLE assistance supports the Government of Peru's multi-prong counternarcotics strategy that includes eradication, interdiction, and alternative development. The FY 2019 Request for counternarcotics will support the strengthening of the police, customs, and ports in order to combat all sides of drug trafficking and related transnational criminal activity.

The majority of the FY 2019 Request for Peru will remain focused on counternarcotics. Funds will provide operational support for the labor-intensive manual eradication program managed under Peru's Coca Monitoring and Reduction Agency. INCLE funds also cover personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations, including training for pilots, aircrews, and additional personnel needed to operate and maintain a fleet of U.S. government-owned Huey-II helicopters and fixed-wing aircraft. INCLE funds are essential in curbing transnational criminal activity by enhancing the capacity of Peruvian Customs, Police, Immigration, and others to interdict and deter the smuggling of narcotics, bulk currency, humans, precursor chemicals, and illegally mined gold. Funds will be used for training and field exercises designed to enhance the capabilities and operational effectiveness of these units. Limited support is also provided to the Government of Peru to increase efforts to prevent and reduce drug use among vulnerable populations.

State Western Hemisphere Regional - Caribbean Basin Security Initiative (CBSI)

FY 2019 Request is \$6.4 million

(\$2.8 million below the 2017 appropriated level)

The FY 2019 Request for counterdrug activities in the Caribbean includes funds to combat illicit narcotics through the provision of training, equipment, and subject matter expertise, including on maritime and land-based interdiction, vetted units, and investigations. Resources will continue to be used for activities in the Caribbean countries with the highest drug flows. INL will continue to address U.S. national security concerns by promoting regional cooperation on the shared threat of transnational organized crime and drug trafficking. Activities will facilitate information sharing, joint operations, and coordination among CBSI partner nations.

State Western Hemisphere Regional - Central America Regional Security Initiative (CARSI)

FY 2019 Request is \$20.8 million

(\$35.2 million below the FY 2017 appropriated level)

The Central America Regional Security Initiative (CARSI) INCLE funding addresses the security-related drivers of migration from Central America and combats narco-traffickers, transnational organized crime, gangs, and smugglers before they reach the U.S. border. FY 2019 Request will provide targeted training and advisors from the U.S. Drug Enforcement Administration (DEA),

the Federal Bureau of Investigation (FBI), the Department of Homeland Security's Homeland Security Investigations (HSI), other U.S. government agencies, and INL subject matter experts to build intelligence and interdiction capacity of partner country vetted units and specialized task forces. These units and task forces are comprised of the most highly qualified members of the law enforcement community and they conduct specialized investigations in areas such as counternarcotics, gangs, bulk cash smuggling, human trafficking and smuggling, extortion, corruption, and money laundering. To reduce narcotics usage and narcotics-related crime, assistance will support training, prevention, alternative sentencing, and treatment programs to address growing drug use throughout Central America, in particular among gang members and at-risk youth.

CARSI programming will strengthen the capability of Central American coast guards, border patrols, and police units, as well as support specialized maritime and mobile interdiction units, bolstering coordination regionally. Efforts include training riverine police units and specialized naval interdiction services, providing spare parts and boat maintenance, retrofitting seized boats, providing equipment and logistics support to sea- and land-based interdiction forces, and supporting maritime and land interdiction advisors to strengthen partner country capacity for operations and ensure sustainability through self-maintenance. CARSI expects to continue to provide advisory support for maritime law enforcement and maritime interdiction investigations and prosecutions through a regional United States Coast Guard program.

The overall decrease is attributed to reducing resources for the regional aviation project currently based in Panama. The Costa Rica and Guatemala Aviation programs were designed to be temporary, two- and three-year programs, and will not require FY 2019 resources.

South and Central Asia

Afghanistan

FY 2019 Request is \$43.7 million

(\$20.3 million below the FY 2017 appropriated level)

Afghanistan produces well over 80 percent of the world's opium. Anti-government actors derive significant financial benefit from poppy cultivation, production, and trafficking. Narcotics-derived revenue increases corruption, undercuts the licit economy, and damages trust in public institutions. Domestic drug use severely undermines Afghanistan's economic growth and societal development as well. According to the 2015 Afghanistan National Drug Use Survey, conducted by the U.S. Department of State and the Afghan Ministry of Health Institutional Review Board, 11 percent of Afghanistan's rural population uses drugs, one of the highest drug use rates in the world.

In Afghanistan, the vast majority of poppy cultivation and opiate production occurs in areas of insecurity and where the economy, infrastructure, and governance remain weak. A multifaceted approach that balances alternative development, eradication, interdiction, and the treatment and prevention of drug use integrated with the broader effort to improve

governance, economic development, and security is necessary to effectively reduce the impact of the illicit narcotics trade in Afghanistan.

Narcotics trafficking undermines U.S. and Afghan efforts to promote governance and the rule of law in Afghanistan. Accordingly, INCLE funding in FY 2019 will support holistic counternarcotics programming to reinforce Afghan government effectiveness and increase pressure on the insurgency by denying revenue generated from the illicit narcotics trade. INL partners with the DEA and the U.S. Department of Defense (DoD) to build the capacity of the Counter Narcotics Police of Afghanistan (CNPA), with a special focus on the specialized units mentored by DEA—the Sensitive Investigative Unit (SIU) and the National Interdiction Unit (NIU). Evidence gathered by the SIU’s wire intercept unit through court-ordered surveillance operations supports hundreds of drug trafficking cases brought to the Counter Narcotics Justice Center each year. Funding will also support Afghan government efforts to reduce the supply of illicit opium poppy to promote stabilization and reduce the insurgency’s profit from the drug trade. In addition to its interdiction program, INL supports other supply side programs including an Afghan-led eradication program and Alternative Development programming which provides licit high-value alternatives to poppy cultivation in targeted high poppy growing areas. Afghanistan also receives demand reduction support to address the domestic use of Afghan opiates. INL has a holistic approach to counternarcotic programming. INL aims to maximize return on its funding by leveraging its efforts with interagency operations.

Pakistan

FY 2019 Request is \$6.5 million

(\$4 million below the FY 2017 appropriated level)

The FY 2019 Request for counterdrug activities in Pakistan focuses on initiatives that improve regional stability, combat transnational crime, and more closely align with U.S. national security interests by advancing efforts to combat the production and trafficking of illicit narcotics. Pakistan continues to face challenges in countering large flows of opiates originating from Afghanistan to meet demand in major regions around the globe. The counternarcotics program develops the capacity of Pakistan’s counternarcotics law enforcement agencies, such as the Anti-Narcotics Force (ANF) and Customs, to disrupt narcotics trafficking. INCLE assistance also reduces poppy cultivation in Khyber Pakhtunkwa (KP) and the Federally Administered Tribal Areas (FATA) by providing alternatives to poppy cultivation and agricultural training. These efforts reduce the supply of opiates by providing rural communities with alternative livelihoods.

Interdiction assistance directly counters transnational organized crime by improving the effectiveness of law enforcement operations to dismantle drug trafficking organizations operating between Afghanistan, Pakistan, and Iran. The FY 2019 Request will primarily support interdiction efforts by providing training, mentorship, equipment, and material support in partnership with the DEA and DoD. It will also support bolstering law enforcement agencies’ presence along Pakistan’s porous border and maritime channels to prevent Afghan-sourced opiates from entering global markets. Additionally, resources will be used to enhance Pakistan’s capability to conduct cross-border operations and stem illicit financial flows. In the long-term, INL seeks to improve Pakistan’s capacity to stem large-scale drug trafficking, and

increase the number of arrests and successful prosecutions of major traffickers.

INL-Pakistan will continue to partner with Pakistani Federal and provincial authorities on crop control projects to provide sustainable, licit alternatives for farmers in areas that have seen increases in poppy cultivation. The program will continue operating at lower levels from FY 2017 by focusing solely on agricultural development including crop replacement and training. Additionally, demand reduction efforts will focus on initiatives that improve national SUD treatment quality and standards.

Central Asia Regional

FY 2019 Request is \$2 million

(\$2 million below the FY 2017 appropriated level)

Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Profits from drug trafficking – in part – fund terrorist organizations in the broader region and some regional drug trafficking organizations maintain links to these extremist groups. INL’s counternarcotics programming seeks to deter the illicit narcotics economy through law enforcement cooperation in order to disrupt and dismantle drug trafficking organizations. Funding enables the U.S. DEA to support and expand highly specialized units, interagency drug task forces, intelligence-led investigations, and regional cooperation such as through the Central Asia Regional Information and Coordination Center (CARICC), a seven-member body that serves as a hub for operational drug and crime intelligence sharing with counternarcotics units both inside and outside the region, and the UN Office on Drugs and Crime (UNODC)/World Customs Organization Container Control Program. The FY 2019 decrease in counternarcotics funding will be offset through other border security and law enforcement funding that will complement counternarcotics efforts through support to bilateral programs to combat transnational organized crime, reduce corruption and promote the rule of law.

East Asia and the Pacific

Philippines

FY 2019 Request is \$1.4 million

(\$0.7 million below the FY 2017 appropriated level)

The Philippines faces serious problems related to drug abuse and drug trafficking. In 2017 Philippines President Duterte continued to implement a domestic antidrug campaign that has resulted in widespread allegations of human rights abuses and extrajudicial killings. Given concerns over these allegations, the United States shifted engagement on counternarcotics issues to drug demand reduction. U.S. assistance will support Philippine efforts to reduce drug demand by improving prevention and treatment of drug abuse through health- and community-based programs. This may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and technical assistance to expand treatment capacity, integrate treatment into the public health system, provide community-based rehabilitation resources, strengthen drug prevention education within primary and secondary schools, and support community anti-drug coalitions.

Burma

FY 2019 Request is \$1.1 million

(\$0.1 million below the FY 2017 appropriated level)

Burma is the second largest opium poppy cultivator in the world and is a major exporter of heroin and amphetamine-type stimulants (ATS). U.S. assistance will continue to support the Government of Burma's ability to interdict and investigate drug trafficking, production, and cultivation through training, technical assistance, and non-lethal equipment donations primarily through the U.S. Drug Enforcement Administration. This assistance will be complemented by the U.S.-funded rule of law programs, implemented primarily through the U.S. Department of Justice, in order to enable Burma's criminal justice system to effectively disrupt transnational criminal organizations. U.S. assistance will also continue to support drug demand reduction programs that aim to improve the quality of SUD treatment services and curb widespread drug use in Burma.

Indonesia

FY 2019 Request is \$.3 million

(\$0.2 million below the FY 2017 appropriated level)

The Indonesian Government faces challenges in ensuring cross-border cooperation on counternarcotics, due to extensive and porous maritime borders and a large number of ports, of which transnational criminal organizations take advantage. The FY 2019 request will provide specialized technical training and equipment to counternarcotics officers to increase their ability to investigate drug-trafficking cases and to combat narcotics and precursors trafficking. U.S. assistance will also increase the Government of Indonesia's ability to reduce demand and rehabilitate drug users.

Africa

Liberia

The FY 2019 Request is \$1.3 million

(No change)

The FY 2019 request for counternarcotics will strengthen the ability of the Liberian Drug Enforcement Agency (LDEA) to interdict and disrupt drug trafficking. Funds will be used to develop and implement counternarcotics training that strengthen LDEA officer investigative skills and a human resources plan that ensures the LDEA has the management structures to run an efficient and effective agency. Funds will also be used to strengthen the capacity of the LDEA to process complex drug trafficking cases, including long-term investigations targeting transnational criminal organizations and distributors of narcotics. Additionally, funds may be used to develop the ability of Liberian civil society organizations to address the demand side of drug use through awareness, treatment, and prevention.

Centrally Managed INL Programs

Interregional Aviation Support

FY 2019 Request is \$22 million

(\$15.2 million below from the FY 2017 appropriated level)

With FY 2019 funds, INL will continue to provide core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL's aviation activities in Peru, Panama, and temporary locations. Interregional Aviation Support will provide safe, professionally operated and maintained aircraft that support eradication, interdiction, surveillance, and reconnaissance efforts. Aircraft will also provide other support such as transportation of personnel and cargo, search and rescue, medical evacuation, and security.

Demand Reduction

FY 2019 Request is \$10 million

(\$2.5 million below the FY 2017 appropriated level)

With FY 2019 funds, INL will support demand reduction programming that has been validated through outcome evaluations to reduce drug use, and related crime, violence, gang activity, while strengthening security. INL's programs improve the effectiveness of SUD treatment by professionalizing the workforce with training that disseminates effective methods to prevent and reduce drug use and related violence. The program utilizes an innovative training model that holistically develops the government, university and civil society workforce through training, mentoring and a universal examination and credentialing system. Training materials, which have also been adopted by U.S. universities, will target opioid addiction and overdose reversal, intravenous heroin use that leads to increased prevalence of HIV/AIDS, cocaine use (especially crack addiction among juveniles), methamphetamines,, rising adolescent drug use, drug use within criminal gangs; recovery systems; and unique addiction problems affecting women and children.

INL will support Colombo Plan's toxic adulterant project, which works globally to test drugs for multiple toxic cutting agents that can reduce white blood cells leading to numerous infections and diseases, reduction of red blood cells that carry oxygen to the brain, bone marrow toxicity, renal/kidney failure, bladder cancer, liver damage, and neurological problems, among others. This project serves as an early warning system for U.S. public health authorities, like HHS, to identify epidemics caused or exacerbated by toxic cutting agents found in illicit drugs.

INL will support the implementation of the world's first SUD treatment and prevention protocols for drug-addicted children (infancy to eight years of age) and adolescents in Central and South America (crack cocaine), South and Southwest Asia (opioids), and Sub-Saharan Africa (heroin/marijuana combinations and crack). A consortium of international experts and medical universities develop and pilot test psycho-social and pharmacological (for detoxification) protocols and related training curricula, and provide follow-up, on-site technical assistance.

INL will support effective Drug-Free Communities coalition programs (in Mexico, Latin America, Asia, and Africa) that bring citizens together to prevent and reduce drug use and crime among

youth. Coalitions connect multiple sectors of the community (businesses, parents, media, law enforcement, schools, and government) to collaborate and develop plans, policies, and strategies to achieve reductions in the rates of drug use and crime at the community level.

Critical Flight Safety Program (CFSP)

FY 2019 Request is \$3.5 million

(\$1.9 million below the FY 2017 appropriated level)

CFSP is designed to ensure safety, structural integrity, and functionality of the aircraft deployed and operated to support INL's country counternarcotics aviation programs. With FY 2019 funds, CFSP will continue to support safety for aircrews and personnel flying in these aircraft; extend the service life of the aircraft; reduce excessively high costs for maintenance, components, and parts; increase operational readiness rates; sustain mission success; and maintain continuous long-term programmed depot maintenance cycles for the aircraft fleet. INL support will provide ongoing life cycle fleet management with the induction of two rotary-wing aircraft for depot maintenance and continuation of the Aircraft/Aircrew Safety upgrade program.

International Organizations (IO)

FY 2019 Request is \$4.1 million

(\$0.9 million increase from the FY 2017 appropriated level)

INL has mobilized large, multilateral forums to react quickly to the U.S. domestic opioid crisis, including the threat posed by illicit fentanyl and its analogues. Funding directly supports international initiatives to counter this domestic threat by: facilitating real-time information exchange and cooperation among states; enhancing controls on precursor chemicals; and, developing state capacity to detect, monitor and interdict fentanyl and other synthetic drugs. The FY 2019 request for counterdrug programs will continue assistance to the UNODC and the Organization of American States' Inter-American Drug Abuse Control Commission (OAS/CICAD) for the aforementioned activities. Broadly, UNODC and the OAS deliver technical assistance programming that protects U.S. citizens by enabling greater operational cooperation between international law enforcement agencies and strengthens foreign government capacity to dismantle drug trafficking and transnational crime groups and seize their assets. Programming promotes information exchange on trafficking routes and drug sample identification, as well as monitoring the impact of international controls and international cooperation to reduce illegal drug supplies, a critical effort in addressing the U.S. opioid challenge. Programs through UNODC and the OAS also enhance international cooperation among states to help eliminate safe havens for transnational organized criminal groups, and enable greater burden-sharing through contributions from a wider array of donors.

UNODC programming includes support for the International Narcotics Control Board (INCB), particularly its global database and electronic early warning system, which is the cornerstone of the international precursor chemical monitoring and control system, and its activities result in real-time law enforcement cooperation between governments to track suspicious chemicals, including those used to produce fentanyl. UNODC's INCB programming works to prevent the diversion of precursor chemicals used to manufacture illegal drugs, including fentanyl.

The OAS/CICAD supports a wide range of multilateral initiatives in the Western Hemisphere to address the most pressing regional drug control challenges, including those related to the opioid crisis. OAS/CICAD works with OAS member states to, inter alia, strengthen capacity to (1) train law enforcement officials to identify and detect the presence of drugs in the Hemisphere, including new psychoactive substances, such as fentanyl analogues; (2) develop or review model legislation for drug-related offenses; (3) enhance data-collection on regional drug use and trafficking trends to support law enforcement efforts.

Program Development and Support

The FY 2019 Request includes \$11.943 million for INL’s Washington-based Program Development and Support (PD&S) funds. Washington PD&S funds INL’s domestic administrative and operational costs incurred to carry out policy implementation and oversight, program design, development, monitoring and evaluation, and review of INL programs implemented in fulfilling its mission. These resources provide operational and administrative support for and oversight of INCLE drug control activities.

PERFORMANCE

Bureau of International Narcotics and Law Enforcement Affairs		
Selected Measures of Performance	CY 2017 Target	CY 2017 Achieved
Andean Programs		
» Number of Hectares of coca eradicated in Colombia and Peru	50,000	47,800
Assistance to Rebuilding Countries		
» Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation	26	17
Demand Reduction		
» Percentage of target population that have not used drugs after treatment in Afghanistan	15%	70%

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in U.S. embassy reports for the 2017 International Narcotics Control Strategy Report, annual surveys produced by UNODC, and each U.S. embassy’s 2017 PPR, as entered into the Foreign Assistance Coordination and Tracking System.

Andean Programs

The long-term goal of INL’s counternarcotics efforts in Colombia and Peru is to reduce the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that reaches the United States. The program accomplishes this through a strategy of forced

and voluntary manual eradication, increased drug interdiction, and strengthening rule of law in concert with alternative livelihood efforts that are supported in part through USAID assistance. Eradication is a critical component of the U.S. government's counternarcotics strategy in the Andean region and is a metric used by managers to handle day-to-day operations and is aggregated by Calendar Year (CY) rather than by FY.

Colombia and Peru executed eradication with U.S.-support in CY 2016, with Peru surpassing its amended goal while Colombia exceeded its original goal but failed to meet its amended target. The CY 2016 target was revised from last year. The CY 2016 target was initially set at 38,000 hectares in the FY 2015 Drug Control Funds and Related Performance Report. The original 38,000 hectare target was technically comprised of 22,000 hectares for Peru and 16,000 hectares for Colombia; however the CY 2016 targets were still under review by the Peruvian and Colombian governments at the time of the report. Ultimately, the CY 2016 targets for Peru were modified to eradicate 30,000 hectares manually and the CY 2016 targets for Colombia were to eradicate 20,000 manually, establishing an amended target of 50,000. Bolstered by a successful manual eradication campaign in September 2016, Colombia increased its goal from 16,000 to 20,000 hectares, but ultimately fell short. Colombia eradicated a total of 17,650 hectares in CY 2016. Peru eradicated 30,150 hectares in CY 2016. Combined, the two countries eradicated a total of 47,800 hectares. Despite nearly reaching its eradication goal in 2016, overall coca cultivation in Colombia increased from 159,000 hectares in 2015 to 188,000 in 2016. Total 2016 cultivation figures for Peru will not be available until summer 2017.

Afghanistan

The purpose of the Afghanistan counternarcotics program is to build the capacity of the Afghan government to reduce illicit crop cultivation, drug trafficking, and drug consumption to disrupt a key source of funding to the insurgency and promote security and governance during and beyond the transition in Afghanistan. The CY 2016 goal was for 17 of Afghanistan's 34 provinces to be poppy-free and for 9 provinces to reduce cultivation by 10 percent or more in 2016. The number of poppy free provinces (PFP) in 2016 was 13, down from 14 PFP in 2015 as Jawzjan lost the poppy-free status it regained in 2008. However, the level of cultivation in Herat was low (208 hectares) and only slightly above the 100-hectare threshold that defines poppy-free status. The main opium poppy-growing provinces showed diverging trends. Opium poppy cultivation rose in Badghis (184%), Nangarhar (+43%) and Uruzgan (+37%) whereas decreases were seen in Farah (-57%), Nimruz (-40%), Helmand (-7%) and Kandahar (-3%). According to the UNODC, 4 provinces reduced illicit cultivation by more than 10 percent in 2016.

According to UNODC, opium poppy cultivation in Afghanistan covered 201,000 hectares, which represented a 10 percent increase in 2016 from the 183,000 hectares recorded the previous year. Potential opium production increased by 43 percent over the same period, from 3,300 to 4,800 tons. A total of 355 hectares of verified poppy eradication was carried out under the Afghan Ministry of Counter Narcotics (MCN) Governor-Led Eradication (GLE) program, representing a decrease of 91 percent compared to 2015, when 3,760 hectares of poppy were eradicated. The potential opium production in 2016 might be an underestimation: a

comparison of the quality of the crop as observed on satellite images indicated that opium yields in Badghis could have been higher than in the other Western provinces used to calculate the regional average applied to this province where MCN and UNODC were not able to conduct field measurements in 2016. In 2017, research will be conducted to better understand provincial differences.

Demand Reduction: Drug consumption represents a threat to the future of Afghanistan. The country faces a significantly higher rate of domestic illicit narcotic use. Drug consumption drains human capital, placing a burden on civil society and social services. Addressing drug use in Afghanistan also serves a counter-insurgency mission by denying revenue to the insurgents and safeguarding a vulnerable segment of the population that is prone to exploitation. Drug demand-reduction programs also rescue the vital human capital that will be needed to build a self-sustained public and private sector for generations to come.

Since 2003, outcome evaluations of INL's treatment training program have consistently shown that the targeted user population that remained drug-free exceeded the goals established by the U.S. National Drug Control Strategy. The training programs that were evaluated were highly successful in transferring knowledge to treatment providers and the techniques learned were implemented with a high degree of fidelity, resulting in efficiently operated treatment centers that delivered high quality services. It has also been hypothesized that treatment is more effective based on time spent in treatment. An independent study of INL-funded treatment programs was released in 2015 by the Government of Afghanistan's Ministry of Counternarcotics in collaboration with the UNODC. The study interviewed a total of 465 former clients of INL programs in Kabul, Nangarhar, Badakhshan, Balkh, Herat, and Kandahar provinces, 30 days after completing treatment. More than 95 percent of these clients were opiate users. At the 30-day post-treatment period, 70 percent of the clients (i.e. 326 clients) were drug-free, exceeding the target goal of 15 percent.

Although many treatment and recovery facilities established in Afghanistan show great promise, the 2015 Afghanistan National Drug Use Survey conducted by the Department of State and the Afghan Ministry of Health Institutional Review Board found an 11 percent drug positive rate in Afghanistan.

DEPARTMENT OF STATE
United States Agency for International Development

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR ¹	FY 2019 Request
Drug Resources by Function			
International	\$107.933	\$107.200	\$70.518
Total Drug Resources by Function	\$107.933	\$107.200	\$70.518
Drug Resources by Decision Unit			
Development Assistance	\$12.614	\$12.528	---
Economic Support Fund	95.319	94.672	---
Economic Support and Development Fund ²	---	---	\$70.518
Total Drug Resources by Decision Unit	\$107.933	\$107.200	\$70.518
Drug Resources Personnel Summary			
Total FTEs (direct only)	16	14	16
Afghanistan	2	-	2
Andean Region (Total)			
Peru	3	3	3
Colombia	11	11	11
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ³	\$25.4	\$25.3	\$16.8
Drug Resources Percentage	0.4%	0.4%	0.4%

¹ The FY 2018 level is a mechanical calculation that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2018 omnibus.

² The FY 2019 request eliminates the Developmental Assistance Account and provides economic and development assistance through a new, consolidated Economic Support and Development Fund. The table is presented consistent with the previous year for comparability.

³ Total Agency Budget is the USAID-managed foreign assistance accounts, including DA, ESF, and ESDF, among others.

Program Summary

MISSION

The United States Agency for International Development (USAID) is the agency responsible for implementing most of the economic and development foreign assistance provided by the U.S. Government. It receives overall foreign policy guidance from the U.S. Secretary of State. USAID advances U.S. foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's Alternative Development programs support U.S. counter-narcotics objectives 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 agri-business 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 U.S. partner countries.

METHODOLOGY

USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. Consistent with the FY 2018 Request, the FY 2019 Request eliminates the DA account and provides economic and development assistance through a new, consolidated Economic Support and Development Fund (ESDF) account that replaces the ESF account. In preparing the annual foreign assistance budget request, the USAID and the Department of State allocate all funding according to the Foreign Assistance Standardized Program Structure, which contains a Program Area for counter-narcotics. All USAID-managed counternarcotics programming is for alternative development and alternative livelihoods programs, which support economic development that is not reliant on the cultivation, production, and sale of illicit drugs.

BUDGET SUMMARY

The FY 2019 Request level for drug control efforts for USAID is \$70.5 million, a decrease of \$37.4 million from FY 2017 appropriated levels. The decrease is attributable to the realignment of the Afghanistan portfolio under the President's new South Asia Strategy that focuses agricultural efforts on private sector growth rather than on alternative livelihoods and to a topline reduction to ESDF for Colombia.

Economic Support and Development Funds (ESDF) – Afghanistan

The FY 2019 Request for Afghanistan counternarcotics programs administered by USAID is \$0 million, a decrease of \$4.0 million from the FY 2017 appropriated level of \$4.0 million.

With USAID's new development agenda in Afghanistan and a steadily declining top-line, USAID/Afghanistan is focusing its efforts on key sectors that aim to stimulate economic growth. FY 2019 resources will concentrate on accelerating private sector-driven and export-led economic growth. USAID may explore the possibility of incorporating alternative development programming into larger value chain programs, allowing farmers to benefit from support offered through these activities. The focus on economic growth underpins USAID's new development agenda in Afghanistan that will first and foremost foster promising sectors of the economy and reduce Afghanistan's dependency on aid. Projects will increasingly focus on market and population centers, the private sector, and political participation and civic

engagement. Emphasis will be placed on fostering the participation of the private sector. While no FY 2019 funds were requested for USAID counternarcotics programs in Afghanistan, the Department of State, through the Bureau of International Narcotics and Law Enforcement Affairs, continues to request FY 2019 funds for counternarcotics activities that will include alternative development.

Economic Support and Development Funds (ESDF) – Andean Region

Colombia

The FY 2019 Request of \$50.5 million for counternarcotics is a \$40.8 million decrease from the FY 2017 appropriated level of \$91.3 million.

The FY 2019 Request for Colombia will continue to target the flow of illicit drugs to the United States by supporting the transition to peace. Countering illegal drugs in Colombia is a difficult challenge since even though the overall amount of cocaine that was seized in Colombia during the last few reporting periods increased, an increase in the overall cocaine production has outpaced these gains. However, where USAID counternarcotics programming intervenes, there has been proven success in sustaining low levels of cocoa production in those geographic areas. Assistance will continue to fund programs to improve the conditions necessary for inclusive, licit, rural economic growth—an important counterpart to the Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL) counternarcotics programs. Geographically, USAID programming will concentrate on post-conflict areas and advance implementation of the peace accord that was ratified in 2016. Assistance will strengthen legal economies in rural, conflict affected areas by increasing the competitiveness of licit producers and the value of licit products. Funding will support Government of Colombia initiatives to better integrate security and alternative livelihood programs to further reduce drug production, consolidate security, promote licit economic alternatives, ensure more equitable and secure land tenure, increase public and private investment, and improve economic infrastructure in target regions. These efforts will include catalyzing public and private sector investments in key regions and strengthening farmer producer associations, cooperatives, rural microcredit organizations, agricultural enterprise value chains, and facilitating market linkages.

Peru

The FY 2019 Request of \$20.0 million for counternarcotics is \$7.4 million above the FY 2017 appropriated level of \$12.6 million.

The Government of Peru (GOP), along with coordinated assistance from the United States government, has been able to sustain reductions in the cocaine supply in large swaths of Peru’s central jungle through a data-driven, three-pronged approach focusing on alternative development (AD), eradication, and interdiction. While cocaine supply increased in Peru, in geographic areas where USAID conducted AD programs (e.g., the Peru central jungle region), cocaine supplies saw a sustained reduction. Once a community gives up coca, USAID’s AD

programs complement the GOP's efforts to help farmers acquire the assets, skills, and basic services needed to become part of a licit economy (e.g., new crops, improved roads, and farming knowledge). In line with leveraging Peruvian resources, USAID has progressively transferred the function of planting substitute crops to the GOP. In time, USAID links these farmers with higher value markets – by helping them secure the volume and quality demanded by domestic and international buyers. In FY 2019, USAID will continue to focus on strengthening key institutions (particularly DEVIDA, Peru's lead counter-drug agency, and local governments) and linking hundreds of communities harvesting alternative crops to private supply chains. USAID aims to leverage \$25 million in private sector investments in FY 2019, including encouraging financial institutions to offer loans and savings services to post eradication areas. Lastly, USAID will help the GOP better use Peruvian resources to provide basic needs – water, electricity, schools, and health services – in isolated rural areas where the lack of state presence and confidence in the state attracts narcotics traffickers. As a result, USAID AD assistance will continue to sustain the reduction of cocaine supply in former AD areas in the Huallaga and Ucayali areas, in close coordination with eradication and interdiction efforts supported by the Department of State.

PERFORMANCE

Information regarding the performance of the drug control efforts of USAID is based on data reported in each U.S. embassy's 2017 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The table and accompanying text represent highlights of their achievements during FY 2017.

United States Agency for International Development		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Number of full-time equivalent (FTE) jobs created by USG sponsored alternative development or alternative livelihood activities (Peru)	13,000	22,718
» Hectares of alternative crops targeted by USG programs under cultivation (Peru)	35,000	49,108
» Number of rural households benefiting directly from USG interventions (Colombia)	10,000	7,415
» Value of smallholder incremental sales of licit agricultural products with USG assistance (Colombia)	\$9,500,000	\$9,665,824
» Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)	5,148	5,148
» Number of families benefiting from alternative development (AD) activities in the Andean region (Peru)	22,100	25,339
» Number of individuals who have received USG supported short-term agricultural sector productivity training or food security training in Afghanistan (Afghanistan)	98,100	120,041
» Net (total) increase in private sector employment for farms and agribusinesses (full-time equivalent-FTE) by USG-sponsored alternative development or alternative livelihood or agricultural activities in Afghanistan.	2,185	2,293
» Number of households benefitted by agriculture and alternative development interventions in targeted areas in Afghanistan (Afghanistan)	50,448	457,423

Colombia

In 2017, coca cultivation was up 33 percent compared to 2016, making Colombia the largest Andean producer. Despite the progress made in the fight against the production and trafficking of illicit drugs, coca production remains a top income generator for illegal armed actors and organized crime, resulting in increased community insecurity. Where these illegal armed groups are present, development programs may stall, if they exist at all. During FY 2017, USAID's efforts 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. New activities have recently been developed that are expected to further increase rural smallholder sales. 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. Although two activities reporting to this indicator ended in 2017, newly-programmed activities are expected to further improve rural sales by connecting smallholders with markets. 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.

Peru

According to the United Nations Office of Drugs and Crime (UNODC), cocaine cultivation increased between 2015 and 2016 by 800 hectares in areas (e.g., Monzon Valley, Aguaytia) that lacked all three intervention elements (AD, interdiction, and eradication). However, where all three elements were present, there was a reduction of cocaine supply, including throughout Peru's central jungle departments of San Martin, Huanuco, Ucayali, and Pasco. Where USAID's sustained AD assistance was combined with eradication and interdiction, coca cultivation decreased by nearly 88 percent over a five-year period (per UNODC data from 2011-2016), decreasing the level of coca from 18,480 hectares in 2011 to 2,315. USAID's AD efforts assisted 25,339 households cultivate and sell 49,108 hectares of cacao and coffee. Improving yields and quality, and helping farmers aggregate their product to meet market demands, AD assistance led to \$48 million in sales of these alternative crops. USAID leveraged more than \$19 million in private investments and credit to help farmers invest in licit and alternative livelihoods.

Coca cultivation levels increased nationally from 40,300 to 43,900 during the same time period (per UNODC), which coincides with the Crime and Narcotics Center (CNC) levels. The largest increase in coca cultivation occurred in the Valley of the Apurimac, Ene, and Mantaro Rivers (VRAEM), where coca increased from 18,333 hectares to 20,304 hectares, contributing the bulk of Peru's national production of an estimated 410 metric tons of cocaine (CNC), equal to about 30 percent of the global cocaine production. The Government of Peru has begun to implement its 2017-2021 national counter-narcotics strategy in the VRAEM with stepped up interdiction. The Ministry of Interior and DEVIDA aim to begin eradication in the VRAEM in 2019.

Afghanistan

In FY 2017, Alternative Development programs in Afghanistan continued to focus on licit income generation and job creation by improving commercial agriculture, specifically in poppy production-prone areas. In FY 2017, 457,523 households benefited from agriculture and alternative livelihood interventions. This large increase over the target number of households is mainly due to the nature of the reporting by the On-Farm Water Management Program which impacted 395,000 households.

USAID continued supporting sustainable, agriculture-led economic growth by assisting 387 agriculture-related businesses with irrigation, and strengthening value chains for wheat, high value crops, and livestock. The USAID-created Agriculture Development Fund provided \$22 million in loans to 2,557 clients, thus representing a cumulative total of \$99 million loan disbursement since the fund was created. USAID rehabilitated 1,047 kilometers of irrigation canals, which contributed to the irrigation of 120,121 hectares of agricultural land. U.S. assistance facilitated the sale of agricultural products valued at \$114 million and expanded efforts to increase the participation of women in agriculture, resulting in a 23 percent participation rate.

The Kandahar Food Zone (KFZ) program worked to transition farmers in focus districts from poppy cultivation to licit crop cultivation. KFZ activities included the installation of 100 low tunnel greenhouses; the rehabilitation of 350 vineyards; the establishment of 40 new orchards; the repair of 41 damaged greenhouses; the establishment and management of 47 greenhouses; the expansion of vegetable production and processing; the training of 1,004 horticulture farmers in good agricultural practices; the promotion of pre- and post-harvest marketing; and the establishment of solar drying mechanisms for fruit and vegetables. KFZ also established the Afghanistan Marketing Network Corporation to enable market linkages between producers and buyers.

USAID facilitated the domestic and international sale of agricultural products valued at \$114 million. To facilitate agriculture export and trade, the Commercial Horticulture Agricultural and Marketing Program (CHAMP) led in the provision of logistical, technical, and business services to traders and agribusinesses exporting agricultural products from Afghanistan via its trade offices in India and United Arab Emirates. USAID supported agribusinesses to attend various domestic and international trade shows. The most successful of these was the USAID sponsored "Passage to Prosperity: India-Afghanistan Trade and Investment Show." This event drew more than 1,000 Indian merchants looking to secure contracts, partnerships, and investment opportunities with more than 240 Afghan businesses, 63 of which were agricultural enterprises in a variety of sectors, including fresh fruit, dried fruits and nuts, saffron producers and equipment, and cold storage. These businesses secured \$23.6 million in signed contracts (chiefly apples and dried fruits and nuts) and signed letters of intent for more than \$50 million.

DEPARTMENT OF TRANSPORTATION



DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Intelligence	12.536	13.269	13.340
Investigations	1.193	0.810	1.190
Prevention	\$14.115	17.380	\$17.500
State & Local Assistance	1.446	1.599	1.600
Total Drug Resources by Function	\$29.290	\$33.058	\$33.630
Drug Resources by Decision Unit			
Air Traffic Organization	\$11.090	\$11.670	\$11.740
Aviation Safety/Aerospace Medicine	15.308	18.190	18.690
Security and Hazardous Material Safety	2.892	3.198	3.200
Total Drug Resources by Decision Unit	\$29.290	\$33.058	\$33.630
Drug Resources Personnel Summary			
Total FTEs (direct only)	164	171	171
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$16.4	\$16.3	\$16.1
Drug Resources percentage	0.002%	0.002%	0.21%

Program Summary

MISSION

The mission of the FAA is to provide the safest, most efficient aerospace system in the world. 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 Office of Aerospace Medicine supports drug-related activities within the FAA and in the Aviation Industry through its mission to reduce drug use and its consequences throughout the national aerospace. The Office of Security and Hazardous Materials' Law Enforcement Assistance Program 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 (LEA) engaged in drug interdiction efforts.

METHODOLOGY

There are no single identifiable line items within the Air Traffic Organization, Office of Aerospace Medicine, or Office of Security and Hazardous Materials appropriations that fund drug control efforts. The Air Traffic Organization drug funding is determined by estimating the

costs associated with the time air traffic controllers spend on drug interdiction activities. All Office of Aerospace Medicine operations, capital improvements and acquisitions, and program training activities are funded out of the associated appropriations as part of operation costs. The drug-scored Office of Security and Hazardous Materials funding is an estimate of support provided to law enforcement agencies to assist in the interdiction of dangerous drugs and narcotics into the United States.

BUDGET SUMMARY

In FY 2019, FAA requests \$33.6 million for drug control activities, an increase of \$0.6 million above the annualized FY 2018 Continuing Resolution level.

Air Traffic Organization

FY 2019 Request: \$11.7 million

(\$0.1 million above the FY 2018 annualized CR level)

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zone to detect possible suspicious aircraft movement. The Air Defense Identification Zone refers to airspace, over land or water, within which aircraft must readily provide their identification and location in the interest of national security. Typically, an aircraft entering the Air Defense Identification Zone is required to radio its planned course, destination, and any additional details about its trip through the Air Defense Identification Zone to the appropriate authorities. Air traffic controllers staffing Air Route Traffic Control Centers, DEA, and USCG all monitor the Air Defense Identification Zone for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, Air Route Traffic Control Center 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. Additionally, Air Route Traffic Control Center staff support DEA and USCG during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real-time basis. The request reflects an increase \$0.07 million resulting from adjustment to the calculation of average salaries for air traffic controllers in the air route facility environment. Cost estimates are solely attributed to personnel costs for air traffic controllers at Air Route Traffic Control Center facilities.

Aviation Safety/Aerospace Medicine

FY 2019 Request: \$18.7 million

(\$0.5 million above the FY 2018 annualized CR level)

The Aviation Industry Substance Abuse Program mandates the implementation of the FAA's drug testing regulation (14 CFR part 120) requiring employers (i.e., air carriers, air traffic control towers, and air tour operators) to drug-test employees working directly or by contract (including subcontract at any tier) in a safety-sensitive position. The safety-sensitive positions include flight crew, flight attendants, flight instructors, maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators, and aircraft dispatchers.

Ensuring compliance with the drug testing regulation is the primary objective of the Office of Aerospace Medicine's Industry Program Office. The safety of the traveling public and integrity of the compliance process form the foundation of the program. The Office of Aerospace Medicine's Industry Program Office conducts inspections of employer programs, as well as investigations of airmen or employee violations. Violations include refusal to submit to testing or a failure to complete the return-to-duty procedures established by the Department of Transportation's Procedural Regulation, 49 CFR part 40, following a positive drug test result. The positions and associated funding are required to ensure that compliance efforts continue, primarily in the form of conducting onsite inspections and/or investigations of employees and employers, as well as analyzing statistical testing reports submitted by the air carriers and contractors.

The Office of Aerospace Medicine's Internal FAA Program is responsible for testing FAA employees in positions characterized as "Testing Designated Positions," safety/security critical for drug and/or alcohol use. The program consists of the following tests: pre-employment, random, reasonable suspicion, post-accident, follow-up, and voluntary. Two contractors provide services on a per-sample basis (Forensic Drug and Alcohol Testing and ALERE Laboratory). The five categories of drugs the agency tests for are amphetamines, cannabinoids (marijuana), cocaine, opiates, and PCP. The positions and associated funding are required to ensure compliance with drug testing mandated by Executive Order 12564 dated September 15, 1986, and implemented by the Department of Transportation Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

The Office of Aerospace Medicine is made up of three units. The Special Investigations & Enforcement Branch investigates complaints about rule violations and allegations of industry employee refusals to test and investigates alcohol or drug rule violations by FAR PART 67 medical certificate holders (\$1.2 million). The Aviation Industry Substance Abuse Program unit is responsible for ensuring that industry implements and maintains drug programs in accordance with 14 CFR PART 121 and PART 135 (\$11.9 million). The Internal Substance Abuse Program unit's objective is to randomly test FAA employees in safety and security critical positions (\$5.6 million). No plans are in place to enhance, adjust, or reduce these Office of Aerospace Medicine units.

Security and Hazardous Materials Safety

FY 2019 Request: \$3.2 million

(No change from the FY 2018 annualized CR level)

FAA Special Agents who assist law enforcement agencies in drug interdiction have access to FAA data not otherwise available that is critical to the development of intelligence on U.S. certificated airmen and aircraft involved in illegal drug trafficking. The information provided to law enforcement agencies assists them in the arrest and conviction of airmen or seizure of aircraft. Due to the joint work with law enforcement agencies, FAA becomes aware of investigations and information that enable/support initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. In many cases, these investigations result in revocation of airmen certificates and/or deregistration of aircraft,

thereby increasing the safety of the National Airspace System. The El Paso Intelligence Center uses FAA air traffic information/systems to track and assist Federal, state, and local law enforcement agencies in interdicting and seizing assets involved in counter narcotics activities. In addition, FAA LEAP Special Agents provide support to law enforcement agencies on other national security issues.

In December 2012, the Office of Security and Hazardous Materials enacted policy guidance for the identification of exact matches of prison inmate information with airmen in the FAA Airmen Registry. A Memorandum of Understanding was signed with the BOP to provide access to information on inmates incarcerated for certain drug-related offenses. Policies were reestablished to request similar inmate information from state agencies. FAA now has formal agreements in place with 32 states to provide the same type of information. FAA has received prison match data from 48 states and three U.S. territories within the past two years. FAA LEAP Special Agents are now conducting regulatory investigations into airmen who were convicted of drug-related offenses and thus in violation of certain United States Code Statutes and Federal Aviation Regulations.

In FY 2018 ASH restructured, and a new dedicated LEAP division was established. The LEAP division will have approximately 21 FTE in the division in FY 2018, and that number is expected to remain constant in FY 2019. The FTE requirement was originally based on the need for additional FTE identified by data analysis of the volume of prison match information from January 1, 2007 - January 1, 2009. During that time frame, there were 14 LEAP Special Agents, whose primary focus was to provide immediate and timely support to law enforcement conducting active criminal investigations involving the use, sale, and/or transportation of drugs by airman/aircraft. They were unable to process the volume of information received from the BOP/state prisons and open regulatory investigation in all instances where there appeared to be an exact match between information provided to FAA. ASH continues to support the DEA, CBP, ICE and other LE agencies with their efforts to interdict narcotics smuggling in the Southwest border region. The LEAP mission has since expanded to include additional duties in the form of preliminary investigation of laser and UAS violations and educating State and local law enforcement on their role in identifying suspected unauthorized use of laser and UAS.

PERFORMANCE

Information regarding the performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within the agency. The table includes selected performance measures, targets, and achievements for FAA drug control activities.

Federal Aviation Administration		
Selected Measures of Performance	FY 2017 Target	FY 2017 Achieved
» Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs < 0.5% for Alcohol	<1% for Drugs <0.5% for Alcohol
» Schedule and inspect a minimum number of regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,450	1,507
» Initiate 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	95%	95%
» Initiate regulatory investigations on 95 percent of all aircraft involved in illegal activity within 30 days of knowledge of that activity	95%	95%
» The Law Enforcement Assistance Unit will ensure initial response to inquiries from Federal, state, law enforcement, ASH headquarters, and field elements within 24 to 48 hours of requests	95%	95%
» Provide assistance and briefings to other agencies as requested	95%	95%

Air Defense Identification Zone

The Air Defense Identification Zone activity directly supports the *Strategy's* goal of reducing the trafficking of illicit drugs. The agency is working to develop a performance metric in support of this activity.

Drug Testing of Safety-Sensitive Employees

Pursuant to 14 CFR § 120.109(b), the FAA Administrator’s decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00 percent, the Administrator may continue the minimum random drug testing rate at 25 percent. Similarly, 14 CFR §120.217(c), requires the decision on the minimum annual random alcohol testing rate to be based on the random alcohol test violation rate. If the violation rate remains less than 0.50 percent, the Administrator may continue the minimum random alcohol testing rate at 10 percent. In calendar year 2016, the latest available data, FAA exceeded its target with 0.61 percent of those persons randomly selected testing positive for drugs, while 0.12 percent tested positive for alcohol, much less than their respective one and one-half percent thresholds.

For FY 2017, violation rates for both drugs and alcohol have remained low enough to enable the Administrator to continue the current minimum random testing programs.

Law Enforcement Assistance Program

During FY 2017, FAA LEAP Special Agents responded to 6,415 requests from law enforcement and other agencies for information regarding 11,928 airmen/aircraft in support of criminal investigations. Partnering with law enforcement is beneficial for both FAA and the agencies supported. As a result of the partnership, LEAs are able to identify and act against individuals involved in criminal activities that affect the safety and security of the National Airspace

System. Additionally, due to that partnership, FAA is informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements and is able to take regulatory actions against them, including suspension/revocation of airmen/aircraft certificates and civil penalties.

Notable FY 2017 accomplishments of FAA support of drug interdiction initiatives undertaken by LEAP Special Agent(s):

- Provided support and testimony in reference to a Bahamian National and a Jamaican National convicted of conspiracy to distribute, possess with intent to distribute five kilograms or more of cocaine on a U. S. registered aircraft. Criminal investigation was conducted by DEA Orlando and the trial was held in U.S. District Court, District of Columbia. The evidence showed that the subjects used U.S. registered aircraft to transport 2400 kilograms of cocaine from Central America and the Caribbean into the United States.
- Provided material information leading to the seizure of a Cessna 210F by DEA in South Florida under Title 49 USC Section 46306. The aircraft had been purchased by a local resident in FL and transported from South Dakota without being registered. According to DEA investigators, the aircraft was destined for South America where it was to be used for illicit activity.
- Provided documentation to DEA Orlando for an investigation targeting a subject based on his attempt to acquire US registered aircraft for purposes of transporting cocaine from Venezuela to Honduras and Guatemala. As a result of the investigations, multiple aircraft with a total value of over \$775,000 were seized.
- Assisted IRS investigators in New Jersey with the seizure of an aircraft tied to a money laundering and fraud investigation. This multi-year investigation resulted in the seizure of two aircraft and over \$600,000 cash.
- Provided aircraft documentation and historical information to a DEA taskforce investigation involving a Federal search warrant which resulted in the seizure of two vehicles containing six kilograms of cocaine. Further investigation netted a Hawker 700A, and a Canadair CL600 aircraft which were seized for facilitation of drug trafficking. DEA Agents have also prepared seizure warrants for multiple bank accounts identified in the investigation. This case is being prosecuted by the U.S. Attorney's Office, Southern District of Florida. The subject is the registered owner of approximately 11 US Registered Aircraft. All aircraft have been identified and attempts to locate the aircraft are ongoing.
- Provided assistance to DEA and IRS in San Antonio, TX related to a drug trafficking organization based in Mexico suspected of involvement in money laundering connected to the purchase of several aircraft. The target of the investigation purchased a brand new aircraft from the Bombardier factory for \$10 million, which was subsequently seized by DEA in McAllen, TX. Investigation continues on two additional aircraft registered to the same company.

- Provided assistance to U.S. Customs and Border Protection agents in a joint criminal investigation with the Louisiana State Police which resulted in the seizure of 15.6 kilograms of cocaine, \$2,090 cash and a Cessna 182R. Subject was indicted in the U.S. District Court, Eastern District of Louisiana, for violation of Title 21 USC 841(a)(1), 841(b)(1)(A), and 846, in part, Possession with Intent to Distribute a Schedule II Controlled Substance (Cocaine).
- Provided aircraft records and general investigative support on a multi-year investigation by DEA and IRS involving an aircraft broker who facilitated the purchase of aircraft and aircraft parts for exportation to Mexico by laundering and structuring illicit proceeds into 46 business and personal bank accounts. The broker entered a guilty plea in U.S. District Court in San Diego, CA and conceded his accomplices deposited more than \$3.6 million in 525 structured cash deposits used to buy airplanes for export to Mexico. He further admitted he facilitated the purchase of airplanes on behalf of third parties to conceal the source of the illicit proceeds.

In addition to providing assistance to LE agencies, LEAP Special Agents across the country are providing training to Federal, state, and local LE agencies. The training provided insight as well as familiarity and knowledge of aircraft operations, the aviation environment, and pertinent aviation laws and regulations. It was geared to assist in the interdiction of general aviation involved in narcotics smuggling and other related criminal activity. Three examples of the types of training provided are identified below:

- Ramp Inspection Training to the multiple state, and local police departments to familiarize LE with conducting investigations in an airport environment.
- Training on airman, aircraft investigations, and the type of support that FAA LEAP Special Agents can provide to the Customs and Border Protection Office of Air and Marine class at the Federal Law Enforcement Training Center.
- Training on the LEAP and Unmanned Aircraft Systems (UAS) investigative support needs to various Federal, state, and local law enforcement agencies.

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Prevention	\$1.488	\$1.521	\$1.521
Research and Development: Prevention	\$1.964	\$1.200	\$1.200
Total Drug Resources by Function	\$3.452	\$2.721	\$2.721
Drug Resources by Decision Unit			
Impaired Driving Program	\$1.488	\$1.521	\$1.521
Highway Safety Research	\$1.964	\$1.200	\$1.200
Total Drug Resources by Decision Unit	\$3.452	\$2.721	\$2.721
Drug Resources Personnel Summary			
Total FTEs (direct only)	2.5	2.5	2.5
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.9	\$0.9	\$0.9
Drug Resources percentage	0.3%	0.3%	0.3%

Program Summary

MISSION

The National Highway Traffic Safety Administration’s (NHTSA) mission is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and enforcement activity. The Impaired Driving Program and Highway Safety Research contribute to this mission by supporting a range of initiatives intended to reduce drugged driving. These include training for law enforcement and prosecutors and education for judges on drug impaired driving. The development and implementation of public information and education on the perils of drug impaired driving, registries of trained law enforcement officers, data collection from Drug Recognition Expert (DRE) examinations, and state assessments of Standardized Field Sobriety Test (SFST) and DRE programs. Also, NHTSA continues to conduct research to better understand and define the drug impaired driving problem. Recently, the increase in use of marijuana has resulted in NHTSA working to develop specific tools that would assist law enforcement in dealing with this increased use.

METHODOLOGY

The drug control budget estimates for NHTSA are based on an annual review of the resources necessary to maintain and improve the programs and research that support efforts to reduce drugged driving through law enforcement, research, training, and education. NHTSA funds drug-impaired driving research out of its core budget to conduct research and evaluation.

BUDGET SUMMARY

In FY 2019, NHTSA is requesting \$2.721 million for drug control activities. This is level funding with the FY 2018 level and a \$0.731 million reduction from the FY 2017 enacted budget.

Drug Impaired Driving Program

FY 2019 Request: \$1.5 million

(No change from the FY 2018 level)

The Drug-Impaired Driving Program, part of the Department of Transportation's Impaired Driving Program, supports infrastructure and sponsors research on the nature and incidence of the drugged driving problem. The program maintains and updates the Drug Evaluation and Classification infrastructure and the Advanced Roadside Impaired Driving Enforcement (ARIDE) program so that trained law enforcement officers are able to accurately detect drug impairment. In addition, the program provides guidance, leadership, and resources to assist communities and states in the implementation of effective programs to reduce drugged driving. The program also provides technical assistance and training programs on drugged driving for prosecutors, judges, and law enforcement officials.

- **Public Information and Education**

NHTSA is developing a public information and education program to inform the public about the dangers of driving after drug use that will address illegal drugs like marijuana and heroin as well as medications that can impair driving. In FY 2018, NHTSA will determine the appropriate information channels (media) and target audiences in preparation for implementing the public information and education campaign. In FY 2019 NHTSA will implement the public information and education program.

Also in support of public information and outreach efforts, NHTSA will continue to partner with the International Association of Chiefs of Police and the National Sheriffs' Association to support standardized impaired-driving messages. In FY 2019 NHTSA will complete the revision of all materials relating to drug-impaired driving so that they are consistent and contain the latest available information.

- **State Program Assessments**

NHTSA recently developed a Drug Evaluation and Classification Drug Recognition Expert (DRE) add-on to the Standardized Field Sobriety Test (SFST) State Assessment program. At the States' request, both the SFST and DRE programs were evaluated and recommended improvements made. NHTSA conducts a number of traffic safety program assessments in a variety of areas, including occupant protection (seat belt use and child passenger protection), speeding, motorcycle safety, and alcohol impaired driving. At the request of a number of States, NHTSA will be developing and

implementing in FY 2019 a voluntary assessment of State SFST and DRE programs designed to identify opportunities for improvement.

- **DRE National Database, Registries of Certified DRE, ARIDE, and SFST Training**
In FY 2019, NHTSA will continue to support and update the national DRE database and the state registries of officers certified as having successfully completed DRE, ARIDE, and SFST training. In FY 2019, NHTSA will review the structure, data elements, and potential uses of these data bases and implement any enhancements determined to be promising. For example, plans are under development to conduct research on the minimum number of DREs necessary in a jurisdiction to achieve minimum levels of performance. The enhancements to the data based will support this research.
- **Law Enforcement Training to Detect Drug Impaired Driving**
In FY 2018, the agency will continue to deliver improved training developed in the area of drug-impaired driving. NHTSA has implemented the revisions and updates to the SFST training and refresher training courses, the DRE Pre-School, and DRE 7 Day Course, along with the ARIDE training course during FY 2017 - 2018. Corresponding updates to the instructor training courses for SFST and DRE instructors will be implemented in FY 2018.

In FY 2019 NHTSA will enhance its efforts to promote and facilitate adoption of the ARIDE curriculum as an intermediate level of training to increase the non-DRE patrol officers' ability to identify potentially drug-impaired drivers. NHTSA will work closely with International Association of Chiefs of Police, the National Sheriffs Association, the National Prosecutors Association and the Judicial College in FY 2019 to increase the use of the updated SFST training and provide training for prosecutors and judicial education within states in support of alcohol- and drug-impaired driving enforcement and adjudication.

Highway Safety Research

FY 2019 Request: \$1.2 million

(No change from FY 2018 level)

The Drug-Impaired Driving Research Program anticipates spending funds from the Highway Safety Research budget to continue conducting research designed to reduce the incidence of drug-impaired driving. This includes:

- **Develop Indicators of Behavioral Impairment Due to Cannabis Consumption**
In FY 2017 NHTSA initiated a dosing study to determine the feasibility of developing a behavioral field test to identify cannabis use by drivers. Depending on the outcome of this research, anticipated to be completed in FY 2018, NHTSA will then move toward development of a behavioral/cognitive testing protocol suitable for law enforcement use and continue laboratory dosing and testing of a potential behavioral and/or cognitive field test protocol in FY 2019.
- **Estimate the Crash Risk for THC-Positive Drivers Involved in Serious Injury and Fatal Crashes**

NHTSA will continue field data collection in a large-scale study of the role of drugs and alcohol in serious injury and fatal crashes. This research follows on NHTSA's recent study of the role of drugs and alcohol on increasing risk of crash involvement in crashes that sampled all types of crashes (the majority of which were property damage crashes).

- **Determining Drugs That Impair Driving: Case Studies**

NHTSA funded the development of a protocol to determine whether drugs are likely to impair driving. NHTSA will complete data collection on a demonstration of the use of this protocol for a commonly used illegal drug and prescription medication. The study will make use of existing research and supplement it with additional studies as needed.

- **Update Drug Fact Sheets**

Several years ago NHTSA funded development of a very popular publication known as Drug Fact Sheets that are frequently used and cited by toxicologists and prosecutors. Since then, new information has become available and new drugs have been implicated in impaired driving crashes. NHTSA will update this document and prepare to release the updated version in FY 2018.

- **Prevalence of drug-impaired driving in selected States**

NHTSA will initiate a series of studies of the prevalence of drug-impaired driving in a number of cooperating States. A variety of methods will be available for this purpose. A determination of which method or methods to use will be made on a case-by-case basis.

- **Develop a State of Knowledge on Drug Impaired Driving**

NHTSA will complete efforts to develop a State of the Knowledge report on Drug-impaired driving for use by State highway safety offices and other interested stakeholders. The report will include a synthesis of current research evidence and translate technical information for a general audience interested in road safety.

PERFORMANCE

NHTSA's Drug-Impaired Driving Program performance measures are based on agency GPRA documents, study data, and the Budget Request. These measures reflect critical milestones in the development of improved methods to train law enforcement in detecting drug-impaired drivers and in developing valid and reliable measures of the drug impaired driving problem by increasing the Agency's understanding of the extent of drug use among drivers and the role of drugs in crash causation.

In FY 2017, NHTSA will complete assessing and documenting current toxicology laboratory practices, including what drugs are screened for, screening and confirmatory test methods currently in use, and thresholds of detection for various drugs of abuse. This effort will include revised recommendations for toxicological practice in DUI and Post-Mortem cases.

Drug-Impaired Driving Program			
Fiscal Year	Selected Measures of Performance	FY Target	Actual FY Performance
2017	Document Current Toxicology Laboratory Practices for DUID and Post-Mortem Analysis.	Complete assessment and document current practices, and revise recommended practices as necessary.	
2018	Continue research to better understand the role of drug use by drivers in crash causation.	Initiate new study of the effect of drug & alcohol use on crash involvement rate of fatally and seriously injured drivers. Identify sites and initiate data collection in those sites.	
2019	Increase training of Law Enforcement Officers in Detecting Drug Impaired Drivers.	Increase the number of officers trained in ARIDE and DRE by 10 percent.	

Discussion

In FY 2017, NHTSA in collaboration with the National Safety Council, will document current toxicology laboratory practices for DUID and Post Mortem Analysis of the role played by drugs. Such documentation was first conducted in 2005 and was followed by publication of voluntary standards that for toxicological practice that included a list of priority drugs that should be included in routine DUID and Post-Mortem testing along with recommendations for analytical cut-offs or detection thresholds. This process of examining current practices was repeated in 2012. The 2012 study showed some progress had been made in that there were more laboratories voluntarily complying with the 2007 guidelines. A consensus group met to analyze the 2012 study results and they updated the 2007 guidelines, recommending a two tier approach. In 2016, NHTSA and the National Safety Council conducted another study of current toxicology practices and will issue revised recommendations in FY 2017.

In FY 2018, NHTSA will initiate a new study of the crash risk of driver drug use in fatal and serious injury crashes. NHTSA’s recently completed study of the crash risk of driver drug use involved a random sample of crash-involved drivers (which resulted in a majority of drivers being involved in property-damage-only crashes). NHTSA will complete the study design and recruit Level 1 Trauma Centers and local law enforcement agencies to participate in the study. This new study will focus on drivers involved in fatal and serious injury crashes and determine the effect of alcohol and drug use on crash involvement rates. In FY 2018, NHTSA will have

completed the study design, site selection and have obtained the cooperation of the participating hospitals and law enforcement agencies and be ready to initiate data collection.

In FY 2019, NHTSA will increase the number of law enforcement officers trained to detect drug-impaired drivers. NHTSA will increase the number of certified DRE's and ARIDE trained officers by 10 percent in FY 2019.

DEPARTMENT OF THE TREASURY



DEPARTMENT OF THE TREASURY
Internal Revenue Service

Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Budget Function			
Investigations	\$63.009	\$60.257	\$60.257
Total Drug Resources by Function	\$63.009	\$60.257	\$60.257
Drug Resources by Decision Unit			
Investigations	\$63.009	\$60.257	\$60.257
Total Drug Resources by Decision Unit	\$63.009	\$60.257	\$60.257
Drug Resources Personnel Summary			
Total FTEs (direct only)	329	329	329
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$11.2	\$11.4	\$11.1
Drug Resources Percentage	0.56%	0.53%	0.54%

Program Summary

MISSION

The mission of the Internal Revenue Service (IRS) Criminal Investigation (CI) Division is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law.

IRS CI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: the Legal Income Source, the Illegal

Income Source and the Narcotics Programs. IRS CI focuses its counter-narcotics resources on investigating individuals and Transnational Organized Criminal (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 investigative expertise and statutory jurisdiction.

The CI Narcotics Program supports the President’s Strategy to Combat TOC, the National Drug Control Strategy, the National Money Laundering Strategy, and plays a key role in multiple initiatives that are part of the highly-visible National Southwest Border Counter-narcotics Strategy. IRS CI continues to support multi-agency task forces, including; Organized Crime Drug Enforcement Task Forces (OCDETF), OCDETF Fusion Center (OFC), High Intensity Drug

Trafficking Areas (HIDTA), the High Risk Money Laundering and Financial Crimes Areas (HIFCA), and the Drug Enforcement Administration Special Operations Division (SOD).

METHODOLOGY

The Narcotics Program's drug control funding is calculated by the share of full-time equivalent (FTE) staff performing counter-narcotics efforts against the entire IRS CI budget request.

BUDGET SUMMARY

The IRS CI drug control budget request for FY 2019 is \$60.257 million, which equates to 329 FTE. This is the same amount received in the previous three fiscal years.

Criminal Investigations

FY 2019 Request: \$60.257 million (level with FY 2018 CR)

IRS CI plays a unique role in law enforcement. The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act are particularly useful in the financial investigation (and prosecution) of major narcotics traffickers and money launderers, and the seizure and forfeiture of their profits. IRS CI is a participating member of the OCDEF Program, which the Department of Justice established in 1982. By primarily focusing on those sophisticated cases that meet OCDEF designation standards, IRS CI makes a significant contribution to many important TOC and counter-narcotics investigations while maximizing the use of its resources.

With the globalization of the U.S. economy and the increasing use of electronic funds transfers, investigations have become more international in scope. IRS CI's international strategy places special agents in strategic foreign posts to facilitate the development and use of information obtained in host nations in support of its investigations. Such information is especially crucial to the success of high level TOC, narcotics and money laundering investigations.

FY 2018 PRIORITIES

ONDCP's FY 2019 funding guidance letter, dated July 14, 2017, asked the Department of the Treasury to provide a description of how it will address each of the priorities identified in the guidance letter in its budget submission. The chart below displays how IRS CI will address the priorities indicated in the letter:

FY 2019 IRS Priorities

Priority	IRS Activities
<p>Support the Organized Crime Drug Enforcement Task Forces (OCDETFs) and other Federal interagency partnerships</p>	<ul style="list-style-type: none"> • IRS CI continues to focus its counter-narcotics related investigative resources to support the Organized Crime Drug Enforcement Task Forces (OCDETF). Approximately 90% of all IRS CI counter-narcotics investigative resources are applied on approved OCDETF Investigations. Additionally, IRS special agents are assigned on a full-time or part-time basis on a number of OCDETF Strike Forces nationwide. • IRS CI continues to support the High Intensity Drug Trafficking Areas Task Forces and the High Risk Money Laundering and Financial Crimes Areas by assigning IRS Special Agents and investigative staff on a full-time and part-time basis. • In an effort to provide resources to the greatest threat areas (Southwest Border and the Caribbean), IRS CI allocates greater percentages of narcotics related Direct Investigative Time to those field offices located along the Southwest Border and to the Miami Field Office (Miami Field Office includes the Caribbean, Puerto Rico and USVI). • IRS CI will continue to lead and participate in Financial Action Task Forces and Suspicious Activity Report Review teams.
<p>Identify and address emerging threats and increase cyber interdiction</p>	<ul style="list-style-type: none"> • IRS CI will continue to develop and expand its Cyber Crimes Unit (CCU) in response to the ongoing threat of internet theft, refund fraud, and virtual financial crimes. The CCU will identify and pursue tax, money laundering, identity theft, and refund crimes in the virtual world relating to TOC groups.
<p>Deny criminals access to the U.S. financial system and seize and forfeit criminal assets</p>	<ul style="list-style-type: none"> • IRS CI will continue to partner with the Office of Foreign Asset Control (Significant Foreign Narcotics Traffickers program), Financial Crimes Financial Network, and the Treasury Executive Office for Asset Forfeiture. We will also continue to collaborate with the Department of Justice Money Laundering and Asset Recovery Section.
<p>Increase and expand use of financial investigations to disrupt and dismantle TOC groups involved in drug trafficking and money laundering</p>	<ul style="list-style-type: none"> • IRS CI maintains an active role investigating TOC groups through its involvement with the Top International Crime Organization Target list, Priority Transnational Organized Crime, International Organized Crime Intelligence and Operation Center, OCDETF Fusion Center, and the Drug Enforcement Administration Special Operation Division.

PERFORMANCE

The performance information for the IRS CI Narcotics program is shown below for FY 2013-2019.

IRS Criminal Investigation							
Narcotics							
Selected Measures of Performance ¹	FY 2013 Achieved	FY 2014 Achieved	FY 2015 Achieved	FY 2016 Achieved	FY 2017 Achieved	FY 2018 ² Target	FY 2019 ³ Target
Number of Investigations completed for the Narcotics Program	943	862	1038	788	693	865	849
Number of Convictions	621	584	600	695	542	608	606
Conviction Rate ⁴	88%	91.0%	92.0%	90.6%	87.4%	89.8%	90.2%

1. The achieved figures are comprised of all Narcotics investigations (OCDETF, HIDTA-OCDETF, Terrorism-OCDETF, HIDTA, and Narcotics-Other). FY 2013 Achieved only includes investigations coded as OCDETF.
2. The FY2018 Target is determined by taking the average of the performance results achieved from FY2013 - FY 2017.
3. The FY2019 Target is determined by taking the average of the performance results achieved from FY2014 - FY 2017 and FY 2018 Target amounts.
4. The conviction rate is the percent of adjudicated criminal cases that result in convictions.

IRS CI sponsors, co-sponsors, and participates in a myriad of TOC, narcotics, cyber, and OCDETF investigations. These investigations emphasize numerous violations, including, but not limited to, money laundering, money laundering conspiracies, structuring of deposits to avoid currency transaction reporting requirements, and violations applicable to illegal money service businesses. Money laundering methods found in narcotics investigations that IRS CI conducts include the Black Market Peso Exchange, illegal money service businesses (MSB), business fronts, casinos, smurfing, bulk cash smuggling, cryptocurrency and other illegal activities.

FY 2017 Accomplishments

- In addition to the performance measures reflected in the above table, the various multi-agency narcotics investigations conducted by IRS CI through FY 2017 resulted in the seizure of more than \$24 million (USD) in cash and other assets.
- Below is a sampling of investigations that the IRS conducted in FY 2017 concerning TOC, narcotics, and related money laundering violations:
- On November 28, 2016, efforts of IRS CI and other Federal agencies resulted in the sentencing of a target to 70 months in Federal prison, followed by three years of supervised release for his part in an international money laundering organization that

conspired to move more than \$15 million dollars in drug money for organizations that included the Sinaloa Cartel.

- The illegal scheme spanned the world and involved operatives in Canada, India, the United States, and Mexico who laundered drug trafficking proceeds generated from multi-kilogram and multi-pound sales of narcotics in Canada and the United States for, and on behalf of, the Sinaloa Cartel and their affiliated drug trafficking organizations. The laundered money was either transported to the Sinaloa Cartel as profits or reinvested in additional narcotics to be sold and distributed in the United States and Canada.
- The target admitted that he was a repeat money courier in an international “hawala” ring that transferred narcotics proceeds for the Sinaloa drug cartel and other drug trafficking organizations. The target admitted to personally transporting over \$1,800,000 in cash, which he knew was drug trafficking proceeds.
- On November 30, 2016, IRS CI participation in a multi-agency investigation led to the sentencing of a man to serve 144 months in Federal prison after pleading guilty to a conspiracy to distribute oxycodone and conspiracy to commit money laundering.
- For five years, from approximately 2007 through 2012, the target engaged with other co-conspirators in a large-scale effort to distribute oxycodone in Utah and surrounding areas. The target and his co-conspirators are believed to have distributed approximately 89,000 oxycodone 80 mg tablets and 22,000 oxycodone 30 mg tablets. They also engaged in laundering approximately \$3.8 million in drug proceeds.
- On January 31, 2017, efforts of IRS CI and other Federal agencies resulted in the sentencing of a target to 15 years in prison after pleading guilty to conspiracy to distribute cocaine, heroin, and fentanyl and money laundering. The target agreed to forfeit property worth over \$1 million, including three properties in Rhode Island, a used car dealership in Fall River, Mass., and a number of luxury vehicles. From 2014 to 2016, the target imported, at a minimum, 50 to 100 kilograms of cocaine from Puerto Rico and distributed it throughout Massachusetts with co-conspirators. The target also laundered drug proceeds through a used car business he purchased in the name of a relative.
- On February 9, 2017, as a result of IRS CI participation in a multi-agency investigation, a Jamaican national residing in Maryland and Arizona was sentenced to 26 years in Federal prison for conspiracy to distribute and possess with intent to distribute, cocaine, and marijuana, and conspiracy to launder drug proceeds. The judge ordered the target to pay a monetary judgment of \$20 million dollars, as well as forfeit his interest in two properties, three businesses, 10 vehicles, and \$1,609,411.51 in cash seized during the investigation. The target was the leader and organizer of a drug distribution network which provided for the acquisition, transportation, and distribution of cocaine and marijuana throughout the U.S. The sale of marijuana and cocaine by the network generated proceeds in the millions of dollars. The target used couriers to transport the cash proceeds to cities throughout the U.S. to purchase additional quantities of drugs. The target also acquired a financial interest in a business which was then used to launder drug proceeds, finance commercial ventures, and pay other bills and expenses. At his direction, several million dollars in cash were deposited into the bank accounts

maintained by the business. The target also used bank accounts in the name of an alias to conduct financial transactions intended to launder drug proceeds, including paying personal bills and expenses.

- On March 24, 2017, efforts of IRS CI and other Federal agencies resulted in the sentencing of a former pharmaceutical salesman to 70 months in prison for his role in a \$13 million dollar money laundering conspiracy involving more than 2 million dosage units of oxycodone. The target's co-conspirators operated six pain clinics in Broward and Palm Beach counties in Florida with the purpose of unlawfully dispensing oxycodone that had not been prescribed for a legitimate medical purpose. The pain clinics failed to comply with Florida standards for the use of controlled substances. The pain clinics generated approximately \$13,466,598 from the unlawful prescribing and dispensing of oxycodone. The target misled the wholesale pharmaceutical companies and told them he would function as an inspector and check whether any prospective customer pain clinic was operating a pill mill by conducting site visits and by requiring the clinic manager/doctor to complete a site survey. The target misrepresented the results of the site survey and directed the doctors, pain clinic managers, owners and other coconspirators to lie on the survey form.
- On September 6, 2017, efforts of IRS CI and other Federal agencies resulted in the sentencing of a target to 50 months in prison and three years of supervised release. The target is subject to deportation after serving his sentence.
- The target used a family business, which he ran, to launder drug proceeds for and on behalf of the criminal syndicate La Oficina de Envigado, based in Medellin, Colombia. Between May 2009 and June 2012, the target laundered at least \$768,586 in drug proceeds at the direction of Colombian-based money brokers working for La Oficina.
- This case is part of Operation Powerplay, an international undercover investigation targeting Colombia-based money brokers who launder drug proceeds for international drug trafficking organizations. The investigation targeted drug traffickers who import drugs into the United States and money launderers who use the international financial system and the Black Market Peso Exchange to return drug proceeds collected in the United States and other countries to Colombia. To date, the investigation has resulted in the seizure of approximately \$15.2 million, 3,967 kilograms of cocaine, 32,000 doses of MDMA, nine kilograms of methamphetamine, 1,183 kilograms of marijuana and 7.8 kilograms of heroin.

DEPARTMENT OF VETERANS AFFAIRS



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
Drug Resources by Function			
Treatment	\$733.877	\$758.829	\$786.906
Research and Development: Treatment	16.559	20.000	20.000
Total Drug Resources by Function	\$750.436	\$778.829	\$806.906
Drug Resources by Decision Unit			
Medical Care	\$733.877	\$758.829	\$786.906
Research and Development	\$16.559	\$20.000	\$20.000
Total Drug Resources by Decision Unit	\$750.436	\$778.829	\$806.906
Drug Resources Personnel Summary			
Total FTEs (direct only)	3,097	3,097	3,097
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$65.3	\$68.4	\$73.1
Drug Resources Percentage	1.1%	1.1%	1.1%

Program Summary

MISSION

The Veterans Health Administration's (VHA) 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 substance use disorders (SUDs) is an important part of overall health care. The goal of VHA's Mental Health Services is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUDs and mental illness, for those who are vulnerable to SUDs, and for those who are in continuing care to sustain recovery. Consistent with the Office of National Drug Control Policy (ONDCP) guidance, costs described herein will include the costs associated with any treatment when a primary diagnosis of substance use disorder is documented including treatment administered in a general medical or general mental health setting.

METHODOLOGY

In accordance with the guidance provided in the ONDCP's letter of September 7, 2004, VA's methodology incorporates costs of any care provided when the primary diagnosis was drug use disorder.

The Drug Control Budget Resource Summary table, by Drug Resources by Budget Decision Unit and Drug Resources by Drug Control Function, showing obligations for Substance Use Disorder treatment in VHA and are based on specific patient encounters. This includes all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community. The source data for VHA inpatient care is the Patient Treatment File (PTF). For Outpatient Care, it is the National Patient Care Database Encounter file (SEFILE). For contract care, it is either the PTF or the hospital payment file. For traditional outpatient Medical Care in the Community (MCC) and Provider Agreements (PA), it is the Provider Payment file. For Third Party Agreements (TPA) Choice, it is the expedited payments from the Office of Community Care (OCC) which also resides in the Corporate Data Warehouse (CDW).

All encounters have an associated diagnosis. The primary diagnosis is considered the reason the patient is being treated and is used to determine whether the treatment provided is SUD treatment and which type of substance abuse. A list of Diagnosis groups is shown in the following table.

Diagnosis Code	Description (ICD10 – DSM-5)
F11xx	Opioid Related Disorders
F12xx	Cannabis Related Disorders
F13xx	Sedative Hypnotic/Anxiolytic Related Disorders
F14xx	Cocaine Related Disorders
F15xx	Other Stimulant Related Disorders
F16xx	Hallucinogen Related Disorders
F19xx	Other Psychoactive Substance Related Disorders

It should be noted that Prescriptions and Lab tests do not have linkages to a specific diagnosis and are not included in the report.

The cost of VHA provided services is calculated by the Managerial Cost Accounting (MCA) System of the Department of Veterans Affairs. MCA cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information, which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high cost patients. VA MCA data is also used to calculate- and measure the productivity of physicians and other care providers.

The basic unit of MCA cost is the product. For VHA a product can range from a prescription fill made through a mail-out pharmacy, to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply and associated indirect costs (to include local and national overhead costs) are applied. Once they are fully costed, products are then assigned to the applicable patient encounter.

MCA costs are the basis for the obligations displayed in the ONDCP report. The Allocation Resource Center (ARC) develops ARC cost, which is computed by taking the MCA cost and

removing the non-patient specific costs, such as Operating costs for Headquarters, VISN Support, National Programs, and Capital and State Home costs, and adding in the FEE payments.

For budget purposes, ARC costs are transformed into obligations to account for the entire VHA Budget. It is a multi-step methodology that is implemented to compute obligations.

- The ARC costs are divided into their appropriations using cost centers identified in their Monthly Program Cost Report (MPCR), which is a MCA Account Level Budget (ALB) based report that accounts for all the costs that comprise the MCA system.
- A facility specific ratio of obligations to ARC cost for non-capital costs is created and multiplied by the expenditures to create medical center specific obligations.
- Assign the medical center capital obligations to VHA services proportional to cost.
- Aggregate the national overhead obligations by cost center into their appropriations and assign them to patient services proportional to cost.
- Balance the final obligations nationally to the SF133 Report on Budget Execution total proportionately.

Research and Development

Total FY 2019 Request: \$20.0 million

(No change from the FY 2018 CR)

VHA research supports generation of new knowledge to improve prevention, diagnosis, and treatment of substance use disorders and alcohol abuse, as well as to heighten effectiveness, efficiency, accessibility, and quality of Veterans' health care.

Research and Development currently has ongoing projects on substance and alcohol abuse. Topics of investigation range from access to treatments and outcomes for Veterans with SUDs to alcoholism and brain functions to development of novel medication strategies for opiate abuse to gender differences in post-deployment addictive behaviors among returning Veterans.

BUDGET SUMMARY

In FY 2019, VHA requests \$806.906 million for drug control activities, an increase of \$28.1 million above the FY 2018 CR level. Changes to program obligation estimates are the result of inflationary increases and are subject to change. The majority of VHA's funding for treating substance use disorders goes to support outpatient and residential rehabilitation and treatment services. The Department of Veterans Affairs (VA), through VHA, operates a national network of SUD treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics.

Medical Care

**Total FY 2019 Request: \$786.9 million
(\$28.1 million above the FY 2018 CR level)**

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits VA to providing SUD treatment services to every eligible Veteran regardless of where he or she lives. To further enhance access to SUD treatment, clinics offering these services must offer extended clinic hours during the week or on weekends. In FY 2017, VHA provided services by mental health clinicians in a variety of outpatient settings to 199,903 patients with any diagnosis of a drug use disorder. Of these, 32 percent used cocaine, 30 percent used opioids, and 49 percent used cannabis. Nearly 88 percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn/Operation Inherent Resolve (OEF/OIF/OND/OIR) and Veterans from other eras are served in primary care teams (Patient Aligned Care Teams: PACTs) that have co-located mental health staff to identify and address potential mental health needs. Secondary prevention services include diagnosis and assessment of possible substance use disorders in patients presenting medical problems that suggest elevated risk of substance use disorders (e.g. treatment for Hepatitis C).

Most veterans with substance use disorders are treated in outpatient programs. Outpatient detoxification is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Standard outpatient programs typically treat patients one or two hours per session and patients are generally seen once or twice a week. Intensive substance use disorder outpatient programs provide at least three hours of service per day and patients attend three or more days per week.

Considering the frequent co-occurrence of substance use disorders with post-traumatic stress disorder, VHA has also assigned a substance use disorder specialist to each of its hospital-level post-traumatic stress disorder services or teams. The staff person is an integral member of the post-traumatic stress disorder clinical services team and works to integrate substance use disorder care with all other aspects of post-traumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of veterans with co-occurring substance use disorder and post-traumatic stress disorder. Specialists also promote preventive services for veterans with post-traumatic stress disorder who are at risk for developing a substance use disorder.

VHA provides two types of 24-hour care to patients with particularly severe or acute substance use disorders. These include care in Residential Rehabilitation Treatment Programs and inpatient withdrawal management and stabilization in numerous medical and general mental health units. VHA offers care in Residential Rehabilitation Treatment Programs to veterans with a range of mental health concerns. Although many of these programs are designated as

“Substance Abuse Residential Rehabilitation Treatment Programs” and focus primarily on substance use disorder services, in FY 2017, over 89 percent of all Residential Rehabilitation Treatment Programs patients had any substance use disorder diagnoses that were addressed as part of the rehabilitation plan.

Programs to end Homelessness among veterans have SUD specialists to support the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program. In addition, there are SUD Specialists working in Health Care for Homeless Veterans (HCHV) programs. These specialists emphasize early identification of SUD as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs and serve as linkages between Homeless and SUD programs. All VA medical centers have at least one designated Veterans Justice Outreach (VJO) Specialist.

These services are included in base funding.

Treatment for Justice-Involved Veterans

The Uniform Mental Health Services Handbook affirmed that “Police encounters and pre-trial court proceedings are often missed opportunities to connect veterans with VA mental health services as a negotiated alternative to incarceration or other criminal sanctions.” VA medical centers provide outreach to justice-involved veterans in the communities they serve. All VA medical centers have at least one designated Veterans Justice Outreach Specialist.

In communities where justice programs relevant to veterans exist (veterans courts, drug courts, mental health courts, and police crisis intervention teams), VA has taken the initiative in building working relationships to ensure that eligible justice-involved veterans get needed care. In communities where no such programs exist, VA has reached out to potential justice system partners (judges, prosecutors, police, and jail administrators) to connect eligible justice-involved veterans with needed VA services including addiction treatment. Justice for Vets currently recognizes over 350 operational Veterans Treatment Courts with more planned. Its definition of a Veterans Treatment Courts includes linkage to VHA treatment services. In communities without Veterans Treatment Courts, VA medical centers have established relationships with a range of justice system and community partners, including police and sheriffs’ departments, local jail administrators, judges, prosecutors, public defenders, probation officers, and community mental health providers.

These services are included in base funding.

Opioid Safety Initiative and Treatment³³

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative is to ensure pain management is addressed thoughtfully, compassionately, and safely. Based on

³³ In FY 2017, VHA obligated \$316.792 million, which reflects only the total obligated for opioid specific treatment based on approved ONDCP drug methodology as required by ONDCP Circular: Budget Formulation dated January 18, 2013.

comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2017, several aspects of the Opioid Safety Initiative have begun to show positive results. Despite an increase of 157,923 veterans who were dispensed any medication from a VA pharmacy, 192,742 fewer veterans were on long-term opioids, and 82,285 fewer veterans received opioid and benzodiazepine medications together. There has been an increase in the percentage of veterans on opioid therapy who have had at least one urine drug screen from 37 percent to 88 percent. The average dose of selected opioids has continued to decline as 33,565 fewer patients were receiving daily doses greater than or equal to 100 milligrams of morphine equivalent, demonstrating that prescribing and consumption behaviors are changing.

Ongoing national requirements for the initiative were updated by the Under Secretary in December 2014. Nine overarching goals were identified: 1) Educate prescribers of opioid medication regarding effective use of urine drug screening, 2) Increase the use of urine drug screening, 3) Facilitate use of state prescription drug monitoring program databases, 4) Establish safe and effective tapering programs for patients using the combination of benzodiazepines and opioids, 5) Develop tools to identify higher risk patients, 6) Improve prescribing practices around long-acting opioid formulations, 7) Review treatment plans for patients on high doses of opioids, 8) Offer Complementary and Alternative Medicine (CAM) modalities for chronic pain at all facilities and 9) Develop new models of mental health and primary care collaboration to manage prescribing of opioid and benzodiazepine medications in patients with chronic pain.

Additional developments to promote opioid safety are a requirement for signed informed consent with standardized patient education for those on opioid analgesics for more than 90 days and national guidance supporting opioid overdose education and naloxone distribution including availability by prescription of standardized intranasal and intramuscular naloxone overdose prevention kits through the Centralized Mail Outpatient Pharmacy. As of mid-December, 2017, VHA had distributed naloxone kits to a total of over 94,000 Veterans, approximately 28 percent of whom had diagnoses of Opioid Use Disorders. In recent months, the number of patients receiving kits per month exceeded 4,000 and a cumulative total of at least 172 opioid overdose rescues have been reported spontaneously since initiating implementation in April 2014.

VHA is steadily expanding the availability of opioid agonist treatment for veterans with opioid use disorder (OUD). VA monitors the percentage of patients with OUD who receive medication-assisted treatment (35 percent during FY 2017) as part of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a nationwide psychopharmacology quality improvement (QI) program that supports facility-level QI through: quarterly quality metrics, clinical decision support tools, technical assistance for QI strategic implementation, and a virtual learning collaborative. Compared to FY 2016, during FY 2017, 11 percent more unique Veterans received treatment with buprenorphine (total of 14,660) and the number of prescribers increased by 12 percent (to 1,150). In FY 2017, evidence-based medication-assisted treatment (MAT) for opioid use disorder, including office-based treatment with buprenorphine, was accessible to patients seen

at 100 percent of VA Medical Centers. Including VA Medical Centers, Community-Based Outpatient Clinics, and other sites of care separate from the medical centers, over 550 total sites of service provided at least some MAT. VA operates federally regulated opioid treatment programs that can provide methadone maintenance on-site at 32 larger urban locations, and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing these services through community-based licensed opioid treatment programs.

PERFORMANCE

Medical Treatment

Facility performance is reviewed and discussed quarterly with VISN mental health leadership, with a focus on a composite measure of mental health access and quality called the Mental Health Balanced Scorecard (aka Mental Health Domain). In person consultative site visits are offered to facilities with very low performance (i.e. more than 1 standard deviation below average facility performance) and virtual consultative visits are offered to facilities with low performance (i.e. more than 0.5 standard deviation below average facility performance). Virtual consultative visits are provided to all other facilities upon request.

During FY 2017, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor that transmits responses to the national database. The Brief Addiction Monitor assists substance use disorder specialty care clinicians in initial treatment planning and monitoring the progress of patients while they are receiving care for a substance use disorder. This also serves as a basis for giving feedback to enhance each patient's motivation for change and informing clinical decisions, such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the Brief Addiction Monitor assesses self-reported substance use in the prior 30 days, which includes the use of any illicit and non-prescribed drugs, as well as specific substances.

VHA supplemented its current suite of internal indicators of substance use disorder care processes using administrative data related to a patient reported outcome measure derived from the Brief Addiction Monitor: abstinence from drug use at follow-up in a substance use disorder specialty treatment population.

Numerator: Veterans with a drug use disorder diagnosis who reported not using any illegal/street drugs or abuse of any prescription medications in the past 30 days when reassessed 30-90 days after their first encounter in outpatient SUD specialty care.

Denominator: Veterans who remain engaged for at least 30 days in a new episode of care in an outpatient specialty care program with a diagnosis of drug use disorder.

During the first three quarters of FY 2017 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence among 2,620 veterans with substance use disorder diagnoses documented at admission. Among the veterans who remained engaged in care and were reassessed 30-90 days after admission, 80 percent reported abstinence from drugs during the previous 30 days.

Over 7,555 veterans were assessed at the beginning of substance use disorder specialty care during the 4th quarter of FY 2017.

Selected Measures of Performance				
	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
» Abstinence from drug use at follow-up in a SUD specialty treatment population	81%	88%	80%	88%

Discussion

VHA continues implementation of measurement-based care using the Brief Addiction Monitor (BAM) to promote a greater emphasis on individualized care with a reduced focus on arbitrary duration of continuity of care. The BAM is designed to assist substance use disorder specialty care clinicians in monitoring the progress of patients while they are receiving care for a substance use disorder, serving as a basis for giving feedback to them to enhance their motivation for change, and informing clinical decisions, such as the intensity of care required for the patient. VHA specialty care programs are now able to use the BAM as part of software that integrates the assessment process with VHA’s electronic health record, however there is not yet a process available for direct patient generated data entry into the electronic health record (e.g., web-based or via waiting room electronic entry). This has impeded routine implementation of initial and especially follow-up assessment at many facilities.

The resulting sample that is assessed at intake and reassessed early in recovery constitutes a convenience sample rather than a systematically derived sample that is representative of the full patient population. Comparison of samples across years is thus subject to sampling bias. The apparent decline in performance from FY 2016 may also reflect differences over time in the addiction severity of patients sampled as well as improvement in guideline recommended efforts to retain patients in treatment despite early relapse. In FY 2017, VA developed and tested a quality improvement initiative to promote measurement-based care in mental health clinics. This initiative aims to increase routine use of the BAM to guide treatment decisions. Once measurement based care using the BAM is implemented routinely, the representativeness of samples is expected to improve and more appropriate target levels may be determined. Consultation regarding implementation of measurement based care continues to be offered through national resources including the two Centers of Excellence in Substance Abuse Treatment and Education.

Information regarding the performance of the drug control efforts of VHA is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*, and are maintained by the VHA Office of Health Informatics. VHA reports performance for two separate drug-related initiatives: treatment and research and development.

Research and Development

The dollars VHA invests in research helps aid efforts to improve substance use disorder prevention, diagnosis, and treatment while improving the effectiveness, efficiency, accessibility, and quality of veterans' health care.

Selected Measures of Performance				
	FY 2016 Achieved	FY 2017 Target	FY 2017 Achieved	FY 2018 Target
» Number of research studies related to substance use disorder	31	5	19	5
» Number of research studies related to alcohol abuse	67	5	52	5
» Number of research studies related to both substance use disorder and alcohol abuse	22	N/A*	15	N/A*

*Targets have not been established.

In FY 2017, VHA exceeded targets for the numbers of studies relevant to substance use (19) or alcohol use (52) disorders. Multiple publications were released by VHA-funded researchers related to these studies. In one study, VA researchers found that chronic alcohol consumption can lead to an imbalance of intestinal fungi, which in turn can lead to chronic liver disease. The study suggests that controlling these fungi levels could be part of treatment strategies.³⁴ Another study focused on problem drinking involved more than 600 Vietnam-era Veterans. It found that problem drinking during five years or more in young adulthood appears to increase the risk of health problems later in life, even after decades of remission.³⁵ In research on substance use and suicide risk, VA investigators determined that Veterans who have drug or alcohol problems are more than twice as likely to die by suicide, compared with other Veterans. In the study, which examined data on 4.4 million Veterans, women Veterans with substance use disorders had an even higher rate of suicide — more than five times that of their peers.³⁶ Another study that looked at data on more than 424,000 Veterans enrolled in VA care found that those with more than one substance use disorder were not hindered from receiving outpatient specialty PTSD treatment or sufficient psychotherapy.³⁷

³⁴ Yang, A. M., Inamine, T., Hochrath, K., Chen, P., Wang, L., Llorente, C., ... & Kisseleva, T. (2017). Intestinal fungi contribute to development of alcoholic liver disease. *The Journal of Clinical Investigation*, 127(7).

³⁵ Haber, J. R., Harris-Olenak, B., Burroughs, T., & Jacob, T. (2016). Residual effects: Young adult diagnostic drinking predicts late-life health outcomes. *Journal of studies on alcohol and drugs*, 77(6), 859-867.

³⁶ Bohnert, K. M., Ilgen, M. A., Louzon, S., McCarthy, J. F., & Katz, I. R. (2017). Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. *Addiction*, 112(7), 1193-1201.

³⁷ Mansfield, A. J., Greenbaum, M. A., Schaper, K. M., Banducci, A. N., & Rosen, C. S. (2017). PTSD care among veterans with and without co-occurring substance use disorders. *Psychiatric services*, appi-ps.

ACRONYMS

AC&I	Acquisition, Construction & Improvements
ACF	Administration for Children and Families
AD	Alternative Development
ADF	Agricultural Development Fund
AFF	Assets Forfeiture Fund
AFP	Asset Forfeiture Program
AI/AN	American Indian and Alaska Native
AIDS	Acquired immune deficiency syndrome
AMO	Air and Marine Operations
ARIDE	Advanced Roadside Impaired Driving Enforcement
ATF	Alcohol, Tobacco, Firearms and Explosives
BEST	Border Enforcement Task Forces
BIA	Bureau of Indian Affairs
BLM	Bureau of Land Management
BOP	Bureau of Prisons
BSFIT	Border Security Fencing, Infrastructure, and Technology
CABHI	Cooperative Agreements to Benefit Homeless Individuals
CARSI	Central America Regional Security Initiative
CBP	Customs and Border Protection
CCDB	Consolidated Counterdrug Database
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CGC	Coast Guard Cutter
CI	Criminal Investigation
CICAD	Inter-American Drug Abuse Control Commission
CJ-DATS	Criminal Justice Drug Abuse Treatment Studies
CMS	Centers for Medicare and Medicaid Services
CNP	Colombian National Police
Coast Guard	United States Coast Guard
CoC	Continuum of Care
CollegeAIM	College Alcohol Intervention Matrix
COPS	Community Oriented Policing Services
CPOT	Consolidated Priority Organization Target
CRM	Criminal Division
CSOSA	Court Services and Offender Supervision Agency
CSP	Community Supervision Program

CY	Calendar year
DATA	Drug Addiction Treatment Act
DDE	BIA Division of Drug Enforcement
DEA	Drug Enforcement Administration
DFC	Drug-Free Communities
DoD	Department of Defense
DOJ	Department of Justice
DRE	Drug Recognition Expert
DTO	Drug Trafficking Organization
e-cigarette	electronic cigarette
ET-1	endothelin-1
FAA	Federal Aviation Administration
FAR	Federal Acquisition Regulation
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FLETC	Federal Law Enforcement Training Center
FPD	Federal Prisoner Detention
FRC	Fast Response Cutter
FTE	Full-time equivalent
FY	Fiscal Year
GFV	Go-fast vessel
GOM	Government of Mexico
GPRMA	Government Performance and Results Modernization Act
HHS	Department of Health and Human Services
HIDTA	High Intensity Drug Trafficking Areas
HIFCA	High-Risk Money Laundering and Financial Crimes Areas
HIV	Human immunodeficiency virus
HRSA	Health Resources and Services Administration
HSI	Homeland Security Investigations
HUD	Department of Housing and Urban Development
ICDE	Interagency Crime and Drug Enforcement
ICE	Immigration and Customs Enforcement
IHS	Indian Health Service
IOC-2	International Organized Crime Intelligence and Operations Center
INCB	International Narcotics Control Board
INCLE	International Narcotics Control and Law Enforcement [account]
INL	Bureau of International Narcotics and Law Enforcement Affairs
IRS	Internal Revenue Service
ISC	Investigative Support Center
JAG	Byrne Memorial Justice Assistance Grant Program
JIATF	Joint Interagency Task Force

JJ-TRIALS	Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System
Judiciary	Federal Judiciary
LEA	Law Enforcement Agency
MAT	Medication-assisted treatment
MDMA	Ecstasy
MPA	Maritime Patrol Aircraft
MSPI	Methamphetamine and Suicide Prevention Initiative
MT	Metric Tons
NCANDA	National Consortium on Alcohol and Neurodevelopment in Adolescence
NDDS	Narcotic and Dangerous Drug Section
NFS	National Forest System
NGO	Nongovernment Organization
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NPS	National Park Service
NSC	National Security Cutter
OCDETF	Organized Crime Drug Enforcement Task Force
OFO	Office of Field Operations
OFTS	Office of Forensic Toxicology Services
OJP	Office of Justice Programs
OJS	Office of Justice Services
ONDCP	Office of National Drug Control Policy
OPC	Offshore Patrol Cutter
OPSG	Operation Stonegarden
OPTEMPO	Operations Tempo
PCP	Phencyclidine
PDMP	Prescription Drug Monitoring Program
POE	Port of Entry
PSA	Pretrial Services Agency
PTO	Priority Target Organizations
RDAP	Residential Drug Abuse Program
RDT&E	Research, Development, Test, and Evaluation
RISS	Regional Information Sharing System
RSC	Reentry and Sanctions Center
S&E	Salaries and Expenses
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SFST	Standardized Field Sobriety Test

SOD	Special Operations Division
SPF-Rx	Strategic Prevention Framework for Prescription Drugs
SRO	Scientific Research Outcome
Strategy	National Drug Control Strategy
STTR	Seek, test, treat, and retain
SWB	Southwest Border
TARS	Tethered Aerostat Radar System
TBHCE	Tele-Behavioral Health Center of Excellence
TCE	Targeted Capacity Expansion
TECS	Treasury Enforcement Communications System
TOC	Transnational Organized Crime
TTU	Trade Transparency Unit
UDS	Uniform Data System
UIO	Urban Indian Organizations
UNODC	United Nations Office on Drugs and Crime
U.S.	United States
USAID	United States Agency for International Development
USAO	U.S. Attorney Offices
U.S.C.	United State Code
USFS	U.S. Forest Service
USMS	U.S. Marshals Service
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
YRTC	Youth Regional Treatment Center