National Drug Control Strategy

FY 2021 Budget and Performance Summary

Office of National Drug Control Policy

JUNE 2020

National Drug Control Strategy: FY 2021 Budget and Performance Summary

Table of Contents

Executive Summary

Upon taking office, the Trump Administration has taken a whole-of-government approach to addressing the addiction crisis. Moreover, the sustained focus since the beginning of the Administration has contributed to some encouraging progress – the first decline in fatal drug-related overdoses in nearly three decades. Nonetheless, there is so much more to accomplish. Not only is the opioid epidemic still killing far too many Americans, it has evolved and now includes increased use of methamphetamine, cocaine, and other dangerous substances. For this reason, the Trump Administration has not only again in this budget dedicated significant resources to stopping illicit drug use, but it also supported increased flexibility in how states can use drug control funds so that they can tailor their efforts to the greatest drug threats faced in their area of the country.

Fortunately, this substantial commitment of funds has been supported, on a bipartisan basis, by the Congress. The White House, as well as Departments and agencies, will be working closely with the Congress to ensure the President's ambitious Fiscal Year (FY) 2021 request is fully funded.

This budget proposal includes more than $7 billion in funding, an increase of more than $200 million, for opioid efforts and initiatives across the government. Almost every Department is providing support for efforts to target every aspect of the opioid crisis, including prevention, treatment, overdose response, recovery support, domestic law enforcement, interdiction, and international efforts.

In addition to the focus on opioids, the Administration is increasingly focused on methamphetamine trafficking, use, and overdose, and is working to expand efforts in these areas. Unfortunately, misuse of stimulant drugs is growing following this period of heightened depressant use. Taking on the methamphetamine problem is a significant focus for the *Strategy*. In addition, the State Opioid Response (SOR) grants program has a permissible use to address the methamphetamine problem.

Overall counterdrug (CD) funding increases to $35.7 billion in the FY 2021 President's Budget. As highlighted in detail in this document, the proposed budget funds vital activities across the entire scope of government, as well as urgently needed grants to states to help fund their own efforts. States are in the midst of expanding their capacity to provide prevention and evidence-based treatment and recovery services to all of their citizens in need, and Federal support is an essential element of these life-saving efforts.

In addition, we are continuing to fund relentless efforts to cut off the supply of drugs entering our country and to crack down on domestic drug trafficking, money laundering, and drug-related violence. The expanded efforts to interdict illicit synthetic opioids, such as fentanyl, trafficked into the United States include not just historic engagement with the Chinese Government at the highest level, but also Federal resources to expand the use of technology, personnel, canines, and intelligence tools to seize these dangerous drugs before they place our citizens at risk. The Federal, State and local law enforcement officers in our country continue to go above and beyond their traditional duties to protect Americans from every aspect of the drug problem. This budget provides them with the financial resources they require to do their jobs.

Immediately below are descriptions of some of the programs and activities, by Department, that support the President's *National Drug Control Strategy (Strategy)*. Following that information, detailed data on overall spending is provided, with tables focusing on prevention, treatment, domestic law

enforcement, interdiction, and international efforts. Following that functional breakdown is a summary table providing historical trends in spending.

Department of Agriculture

- The United States Department of Agriculture (USDA) is requesting a total of $21.0 million in FY 2021 for its anti-drug efforts. USDA's request includes funding for infrastructure projects that will help meet the needs of people with substance use disorders (SUDs) in rural communities, such as telemedicine networks and brick-and-mortar treatment facilities. USDA is also developing solutions for the safe disposal of unneeded prescription medications to reduce the availability of these drugs.

- The FY 2021 USDA request includes $14.8 million for the United States Forest Service (Forest Service) to continue efforts to keep the national forests free of dangerous drug operations and $6.2 million for the Office of Rural Development (ORD) to address opioids in rural areas of the country.

Department of Defense

- For FY 2021, the Department of Defense (DoD) is requesting $1.1 billion for CD efforts. This funding includes support for security cooperation efforts with partner nations (PNs), CD operations, detection and monitoring (D&M) in support of drug interdiction operations as well as $89.7 million for Defense Health Programs (DHP).

Department of Education

- For FY 2021, the Department of Education (ED) is requesting $100.0 million to continue its ongoing support for School Climate Transformation Grants, which provide resources for school-based substance abuse prevention activities, as well as its technical assistance centers. Note that the ED is proposing the integration of many of its grant programs into a single block grant to states.

Department of Health and Human Services

- The Department of Health and Human Services (HHS) continues to be a major provider of substance use prevention, treatment, and recovery support services. Though opioids remain the focus of the Department's contributions to the drug budget, the President's budget request also supports universal prevention activities, treatment for SUD, and support for people in recovery from SUD.

- HHS is requesting continued funding of $1.6 billion for the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grants. In addition, this grant program has a permissible use to address the methamphetamine problem. These grants are awarded to provide states, tribes, and United States territories with flexibility in responding to the opioid crisis, including to address misuse of other drugs.

- SAMHSA's FY 2021 request also includes $1.9 billion for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), 20 percent of which is set aside for evidence-based prevention activities. The Block Grant remains a critical source of funding for states, tribes, and territories to provide prevention, treatment, and recovery solutions to the problems affecting their citizens.

- At the Health Resources and Services Administration (HRSA), more than $655.0 million in funding is proposed for FY 2021 to support the opioid and substance abuse response in community health centers and to support the response to the drug problem in rural America.

- At the Centers for Disease Control and Prevention (CDC), $576.6 million will support continued nationwide surveillance and data collection activities and other prevention-focused activities to address the misuse of opioid medications. Note that the Administration has funded the Drug-Free Communities (DFC) Program within CDC.

- The Centers for Medicare and Medicaid Services (CMS) continue to be the largest funder of treatment services in the National Drug Control Budget. For FY 2021, CMS anticipates increasing its spending on addiction treatment to over $9.0 billion.

- The National Institute on Drug Abuse (NIDA) continues its world leading investment in drug-related research. For the third year in a row, if Congress supports the President's request, NIDA will spend more than $1.4 billion on cutting edge research on all aspects of addiction.

Department of Homeland Security

- The United States Coast Guard's (Coast Guard) FY 2021 request includes $1.8 billion for drug control activities. This funding continues to support the construction of the third Offshore Patrol Cutter (OPC) and to develop technologies such as unmanned surface and subsurface vessels for Coast Guard CD activities.

- Customs and Border Protection's (CBP) request of $3.4 billion will enable the agency to protect America's land, sea, and air borders from drug trafficking-related security threats.

- Immigration and Customs Enforcement (ICE) is requesting $673.9 million for counternarcotics efforts, including to investigate major drug trafficking and money laundering cases.

Department of Housing and Urban Development

- In FY 2021, the Department of Housing and Urban Development (HUD) is requesting $576.8 million to fund its Continuum of Care (COC) program. The program provides housing assistance to people in need, including people in treatment for SUDs and people in recovery. This initiative seeks to minimize the trauma and dislocation caused to homeless individuals, families, and communities by homelessness and to optimize self-sufficiency among individuals and families experiencing homelessness.

Department of Justice

- For FY 2021, the request for the Department of Justice (DOJ) includes over $9.0 billion in resources for community programs, investigations, prosecutions, state and local assistance, and intelligence efforts to address drug control challenges, including the opioid epidemic.

- The request includes over $3.1 billion for the Drug Enforcement Administration (DEA). The request includes a $254.0 million transfer of the High Intensity Drug Trafficking Areas (HIDTA) program.

- The Bureau of Prisons' (BOP) request of $3.6 billion includes sufficient funding to support Medication-Assisted Treatment (MAT) for inmates with opioid use disorders (OUDs) in all eligible BOP facilities.

- The Organized Crime Drug Enforcement Task Forces (OCDETF) request of $585.1 million includes an increase of $34.7 million for the purpose of reducing the availability of illicit narcotics throughout

the United States using a prosecutor-led, multi-agency approach to combat transnational organized crime (TOC). OCDETF currently supports a National Heroin Initiative and is developing a National Methamphetamine Initiative.

- The request includes $429.7 million for the Office of Justice Programs (OJP). OJP will continue to support a range of programs including the Comprehensive Opioid Abuse Program, Drug Courts, Veterans Treatment Courts (VTC), and the Residential Substance Abuse Treatment Program. OJP grants provide flexibility to state, local, and tribal jurisdictions to address opioid and/or stimulant drug abuse under all of its drug-related programs depending on local needs.

- The request includes $933.0 million for the United States Marshals Service (USMS) in support of capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations. The request includes continuing support for the deployment of Operation Triple Beam teams, which bring together Federal, state, and local law enforcement to focus on specific areas impacted by significant gang violence that is often also associated with illicit drug activity.

- The United States Attorney's Office (USAO) is requesting an increase of $94.9 million to support drug-related investigations and prosecutions. The USAOs investigate and prosecute cases involving distribution and manufacturing of methamphetamine across the country, focusing on both foreign and domestic sources of supply. Targeting foreign supply sources has led to prosecutions of members of Mexican cartels.

- The FY 2021 request for the Criminal Division (CRM) is $44.8 million. In addition to investigating and prosecuting organized crime groups and gangs involved in opioid trafficking, the CRM also prosecutes criminal healthcare fraud schemes involving prescription opioids.

Department of Labor

- The Department of Labor (DOL) is requesting $33.8 million in FY 2021. Job Corps funding provides services to at-risk youth, including drug prevention and drug education activities as related to job preparation. Training and Employment Services funds are used to reintegrate into the workforce eligible participants affected by the opioid crisis and to train individuals to work in mental health treatment, addiction treatment, and pain management.

- The *SUPPORT for Patients and Communities Act* required that the Department create a pilot grant program and award $20.0 million in competitive grants to address the economic and workforce impacts associated with high rates of SUDs. The President's Budget for FY 2021 will extend this important initiative.

Department of State

- The Department of State (DOS) is requesting a total $520.4 million in FY 2021 for drug-related international programs for the Bureau of International Narcotics and Law Enforcement Affairs (INL) and the United States Agency for International Development (USAID). This represents an increase of $68.2 million over FY 2020 DOS counternarcotics funding. These funds provide assistance and training to critical partners around the globe, including to Mexico, Colombia, and Peru.

Department of Transportation

- The Department of Transportation (DOT) is requesting $44.7 million in FY 2021 for the CD efforts of the Federal Aviation Administration (FAA) and National Highway Traffic Safety Administration (NHTSA). These funds include NHTSA's continuing efforts to reduce the incidence of drugged driving.

Department of the Treasury

- The President's request includes $60.3 million for the Department of the Treasury's (Treasury) efforts to conduct narcotics-related financial investigations, address cybercrime, and interrupt the financial activities of drug traffickers.

- These tools not only help us bring transnational drug traffickers to justice, but also enable the United States to disrupt the operations of those organizations and individuals that traffic dangerous drugs, to seize illicit proceeds, and build cases against major drug traffickers and money launderers that threaten the United States.

Department of Veterans Affairs

- The Department of Veterans Affairs (VA) is requesting $903.0 million in FY 2021 to provide critical SUD treatment services to our Nation's Veterans. The request, which represents an increase of $52.4 million compared to the FY 2020 enacted level, provides support for treatment for SUDs, as well as for the innovations taking place at the Department around early intervention and treatment of OUDs.

Court Services and Offender Supervision Agency of the District of Columbia

- The FY 2021 request includes $56.2 million for the Court Services and Offender Supervision Agency (CSOSA) for the District of Columbia to enhance public safety and reduce recidivism.

New National Drug Control Program Agencies

As part of the annual review process, ONDCP continues to assess Federal agency membership in the National Drug Control Program to determine whether agencies not currently included are committing resources in support of the *Strategy*. By statute, such agencies are defined as National Drug Control Program Agencies. ONDCP is currently reviewing the status of several Federal agencies for inclusion in the FY 2022 National Drug Control Budget.

Additional Budget and Strategy Implementation Reporting

Program-Level Funding

Program-level funding for National Drug Control Program Agencies is presented in this Budget and Performance Summary Appendix. Program-Level means a specific activity or project as listed in the program and financing schedules of the annual budget of the United States Government (31 United States Code § 1115(h)(11). This definition is consistent with OMB Circular No. A-11 (2019) Section 210.11 for the purpose of implementing program reporting required by the Federal Program Inventory.

Border Strategy Resources

The Southwest and Northern Counternarcotics Strategies accompanied the release of the 2020 *Strategy* on February 10, 2020. At that time the FY2021 drug control funding levels, including those that support

the Border Strategies, were not available for inclusion in the two documents. This appendix to the *National Drug Control Strategy: Budget and Performance Summary* provides the funding levels for the relevant NDCPAs to implement the Border Strategies.

Treatment Plan Resources

The Treatment Plan accompanied the release of the 2020 *Strategy* on February 10, 2020. At that time the FY2021 drug control funding levels, including those that support the Treatment Plan, were not available for inclusion in the document. This appendix to the *National Drug Control Strategy: Budget and Performance Summary* provides the funding levels for the relevant NDCPAs tasked with implementing the Treatment Plan.

Implementation Plan for National Drug Control Program Agencies to Achieve the Goals of the *Strategy*

The implementation plan lists the NDCPAs with responsibility for achieving that Goal. Within each Goal and for each NDCPA are listed the specific lines of effort, actions (activities) and program support that will be implemented to achieve that Goal.

FY 2021 Budget by Function and Other Funding Priorities

The consolidated National Drug Control Budget details agency resources by function. Functions categorize the activities of agencies into common drug control areas. Table 1 details funding by function.

Table 1: Federal Drug Control Funding by Function

FY 2019 - FY 2021
(Budget Authority in Millions)

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Function					
Treatment	$15,439.6	$16,061.3	$16,525.6	+ $464.3	*+2.9%*
Percent	*41.9%*	*45.1%*	*46.3%*		
Prevention	$2,135.9	$2,111.4	$2,034.8	- 76.6	*-3.6%*
Percent	*5.8%*	*5.9%*	*5.7%*		
Domestic Law Enforcement	$9,641.4	$9,858.7	$9,945.6	+ 86.9	*+0.9%*
Percent	*26.2%*	*27.7%*	*27.9%*		
Interdiction	$8,308.3	$6,248.3	$5,918.2	- 330.1	*-5.3%*
Percent	*22.6%*	*17.6%*	*16.6%*		
International	$1,283.0	$1,321.7	$1,271.6	- 50.1	*-3.8%*
Percent	*3.5%*	*3.7%*	*3.6%*		
Total	**$36,808.3**	**$35,601.4**	**$35,695.9**	**+ $94.4**	***+0.3%***
Supply/Demand					
Demand Reduction	$17,575.6	$18,172.7	$18,560.4	+ $387.7	*+2.1%*
Percent	*47.7%*	*51.0%*	*52.0%*		
Supply Reduction	$19,232.7	$17,428.7	$17,135.4	- 293.3	*-1.7%*
Percent	*52.3%*	*49.0%*	*48.0%*		
Total	**$36,808.3**	**$35,601.4**	**$35,695.9**	**+ $94.4**	***+0.3%***

Note: Detail may not add due to rounding.

The following sections provide a more detailed description of the functions, National Drug Control Program Agency (NDCPA) funding levels by each function, and an overview of key policy priorities in the drug control budget.

TREATMENT

These are activities conducted by a National Drug Control Program Agency that are medically directed or supervised to assist persons with SUDs, including those related to illicit drugs or the misuse of alcohol or prescription drugs, reach recovery, including:

- Screening and evaluation to identify illicit drug use or the misuse of alcohol or prescription drugs;
- Interventions such as pharmacotherapy, behavioral therapy, and individual and group counseling, on an inpatient or outpatient basis;
- Medical monitoring;
- Rehabilitation and recovery support;
- Medical referral;
- Pre- and post-arrest criminal justice interventions such as diversion programs, drug courts, and the provision of evidence-based treatment to individuals with SUDs who are arrested or under some form of criminal justice supervision, including MAT;
- 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 healthcare, research, rehabilitation, and interventions for substance abuse and dependence; and
- All other service programs intended to ease the health-related consequences of substance abuse.

Drug Treatment funding levels are reported in Table 2. Funding for efforts under this function are aggregated under Demand Reduction.

Table 2: Drug Control Treatment Funding

FY 2019 - FY 2021
(Budget Authority in Millions)

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Court Services and Offender Supervision Agency	**$34.4**	**$29.8**	**$36.4**	**+ 6.5**	**+21.8%**
Department of Agriculture	**16.0**	**---**	**6.2**	**+ 6.2**	**n/a**
Office of Rural Development	*16.0*	*---*	*6.2*	*+ 6.2*	*n/a*
Department of Defense	**75.4**	**99.8**	**89.7**	**- 10.0**	**-10.0%**
Defense Health Program	*75.4*	*99.8*	*89.7*	*– 10.0*	*-10.0%*
Department of Health and Human Services	**13,331.4**	**13,816.4**	**14,224.5**	**+ 408.1**	**+3.0%**
Centers of Medicare and Medicaid Services	*8,160.0*	*8,550.0*	*9,020.0*	*+ 470.0*	*+5.5%*
Health Resources and Services Administration	*550.5*	*545.5*	*545.5*	*---*	*---*
Indian Health Service	*92.3*	*92.7*	*92.8*	*+ 0.1*	*+0.1%*
Nat'l Institute on Alcohol Abuse and Alcoholism	*6.4*	*6.6*	*6.0*	*– 0.6*	*-9.0%*
National Institute on Drug Abuse	*982.3*	*1,064.1*	*1,045.2*	*– 18.9*	*-1.8%*
Sub. Abuse and Mental Health Services Admin.	*3,540.0*	*3,557.4*	*3,515.0*	*– 42.4*	*-1.2%*
Department of Housing and Urban Development	**545.0**	**575.4**	**576.8**	**+ 1.4**	**+0.2%**
Department of Justice	**452.2**	**515.6**	**515.5**	**- 0.1**	**-0.0%**
Bureau of Prisons	*117.9*	*155.0*	*194.7*	*+ 39.7*	*+25.6%*
Drug Enforcement Administration	*---*	*---*	*3.9*	*+ 3.9*	*n/a*
Office of Justice Programs	*334.3*	*360.6*	*316.8*	*– 43.7*	*-12.1%*
Department of Transportation	**0.5**	**0.5**	**0.5**	**---**	**---**
National Highway Traffic Safety Administration	*0.5*	*0.5*	*0.5*	*---*	*---*
Department of Veterans Affairs	**818.3**	**850.6**	**903.0**	**+ 52.4**	**+6.2%**
Federal Judiciary	**157.5**	**163.8**	**170.3**	**+ 6.5**	**+4.0%**
Office of National Drug Control Policy	**8.9**	**9.4**	**2.8**	**- 6.6**	**-70.3%**
Total, Treatment	**$15,439.6**	**$16,061.3**	**$16,525.6**	**+ $464.3**	***+2.9%***

Note: Detail may not add due to rounding.

PREVENTION

These are activities conducted by a NDCPA, other than enforcement activities, that discourage the use of controlled substances, while encouraging community outreach efforts focused on getting 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 in Table 3. Funding for efforts under this function is aggregated under Demand Reduction.

Table 3: Drug Control Prevention Funding

FY 2019 - FY 2021
(Budget Authority in Millions)

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Court Services and Offender Supervision Agency	**$19.0**	**$19.5**	**$19.9**	**+ 0.4**	**+2.0%**
Department of Defense	**121.9**	**124.9**	**123.7**	**- 1.2**	**-1.0%**
Drug Interdiction and Counterdrug Activities	*121.9*	*124.9*	*123.7*	*– 1.2*	*-1.0%*
Department of Education	**57.5**	**58.8**	**100.0**	**+ 41.2**	**+70.2%**
Department of Health and Human Services	**1,732.7**	**1,688.7**	**1,693.7**	**+ 5.0**	**+0.3%**
Administration for Children and Families	*40.0*	*30.0*	*60.0*	*+ 30.0*	*+100.0%*
Centers for Disease Control and Prevention	*475.6*	*475.6*	*575.6*	*+ 100.0*	*+21.0%*
Health Resources and Services Administration	*114.5*	*109.5*	*109.5*	---	---
Indian Health Service	*25.1*	*25.8*	*25.2*	*– 0.6*	*-2.3%*
Nat'l Institute on Alcohol Abuse and Alcoholism	*51.2*	*53.3*	*48.5*	*– 4.8*	*-9.0%*
National Institute on Drug Abuse	*425.9*	*393.6*	*386.6*	*– 7.0*	*-1.8%*
Sub. Abuse and Mental Health Services Admin.	*600.3*	*600.9*	*488.3*	*– 112.6*	*-18.7%*
Department of Justice	**32.3**	**35.6**	**21.6**	**- 14.0**	**-39.3%**
Drug Enforcement Administration	*7.8*	*8.1*	*11.2*	*+ 3.1*	*+37.6%*
Office of Justice Programs	*24.5*	*27.5*	*10.4*	*– 17.1*	*-62.1%*
Department of Labor	**13.8**	**33.8**	**33.8**	**---**	**---**
Employment and Training Administration	*6.0*	*26.0*	*26.0*	---	---
Office of Workers' Compensation Programs	*7.8*	*7.8*	*7.8*	---	---
Department of the Interior	**1.0**	**1.0**	**1.0**	**---**	**---**
Bureau of Indian Affairs	*1.0*	*1.0*	*1.0*	*---*	*---*
Department of Transportation	**33.4**	**23.7**	**26.0**	**+ 2.3**	**+9.7%**
Federal Aviation Administration	*15.0*	*17.5*	*19.8*	**+ 2.3**	**+13.1%**
National Highway Traffic Safety Administration	*18.4*	*6.2*	*6.2*	*---*	*---*
Office of National Drug Control Policy	**124.4**	**125.5**	**15.2**	**- 110.3**	**-87.9%**
Total, Prevention	**$2,135.9**	**$2,111.4**	**$2,034.8**	**- $76.6**	***-3.6%***

Note: Detail may not add due to rounding.

DOMESTIC LAW ENFORCEMENT

These are investigation, prosecution, and corrections activities conducted by a NDCPA that enhance and coordinate domestic law enforcement efforts to reduce drug-related violence and property crime, and substance use and availability, including:

- Efforts among Federal, State, local and tribal law enforcement;
- Efforts among NDCPAs; and State, local and tribal drug control agencies; and
- Joint efforts among Federal, State, local, and tribal agencies to promote comprehensive drug control strategies designed to reduce the availability of illegal substances.

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

Table 4: Drug Control Domestic Law Enforcement Funding

FY 2019 - FY 2021
(Budget Authority in Millions)

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Department of Agriculture	**$14.8**	**$14.8**	**$14.8**	**---**	**---**
U.S. Forest Service	*14.8*	*14.8*	*14.8*	*---*	*---*
Department of Defense	**$222.0**	**$224.9**	**$109.8**	**- 115.1**	**-51.2%**
Drug Interdiction and Counterdrug Activities	*222.0*	*224.9*	*109.8*	*– 115.1*	*-51.2%*
Department of Homeland Security	**586.4**	**625.3**	**690.3**	**+ 65.0**	***+10.4%***
Federal Emergency Management Agency	*13.5*	*13.5*	*5.9*	*– 7.6*	*-56.6%*
Federal Law Enforcement Training Center	*50.2*	*54.2*	*56.8*	*+ 2.6*	*+4.7%*
Immigration and Customs Enforcement	*522.7*	*557.5*	*627.7*	*+ 70.1*	*+12.6%*
Department of Justice	**7,501.6**	**7,627.6**	**7,977.4**	**+ 349.8**	**+4.6%**
Asset Forfeiture Fund	*222.8*	*236.3*	*243.2*	*+ 6.9*	*+2.9%*
Bureau of Prisons	*3,409.6*	*3,445.6*	*3,397.9*	*– 47.7*	*-1.4%*
Criminal Division	*38.0*	*42.6*	*44.8*	*+ 2.2*	*+5.2%*
Drug Enforcement Administration	*2,188.5*	*2,225.8*	*2,577.9*	*+ 352.1*	*+15.8%*
Office of Justice Programs	*151.6*	*163.6*	*102.5*	*– 61.1*	*-37.4%*
Organized Crime Drug Enf. Task Force Program	*560.0*	*550.5*	*585.1*	*+ 34.7*	*+6.3%*
U.S. Attorneys	*81.4*	*89.2*	*94.9*	*+ 5.7*	*+6.4%*
U.S. Marshals Service	*849.9*	*874.1*	*931.1*	*+ 57.0*	*+6.5%*
Department of the Interior	**25.1**	**25.1**	**24.8**	**- 0.3**	**-1.0%**
Bureau of Indian Affairs	*17.0*	*17.0*	*17.0*	*---*	*---*
Bureau of Land Management	*4.7*	*4.7*	*4.7*	*---*	*---*
National Park Service	*3.5*	*3.5*	*3.2*	*– 0.3*	*-7.6%*
Department of the Treasury	**61.8**	**60.3**	**60.3**	**---**	**---**
Department of Transportation	**3.5**	**3.6**	**3.8**	**+ 0.2**	**+6.7%**
Federal Aviation Administration	*3.5*	*3.6*	*3.8*	*+ 0.2*	*+6.7%*
Federal Judiciary	**971.6**	**1,016.1**	**1,060.1**	**+ 44.0**	**+4.3%**
Office of National Drug Control Policy	**254.6**	**261.2**	**4.3**	**- 256.9**	**-98.4%**
Total, Domestic Law Enforcement	**$9,641.4**	**$9,858.7**	**$9,945.6**	**+ $86.9**	***+0.9%***

Note: Detail may not add due to rounding.

INTERDICTION

These are activities conducted by a NDCPA to reduce the availability of illegal drugs in the United States or abroad, by targeting the transportation link, which encompass intercepting and ultimately disrupting shipments of illegal drugs and their precursors, as well as the proceeds, including:

- 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, interdicting 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 in Table 5. Funding for efforts under this function is aggregated under Supply Reduction.

Table 5: Drug Control Interdiction Funding

FY 2019 - FY 2021
(Budget Authority in Millions)

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Department of Defense	**$3,143.1**	**$610.0**	**$606.0**	**- 4.0**	**-0.7%**
Drug Interdiction and Counterdrug Activities	*3,143.1*	*610.0*	*606.0*	*– 4.0*	*-0.7%*
Department of Homeland Security	**5,125.8**	**5,598.2**	**5,273.5**	**- 324.7**	**-5.8%**
Customs and Border Protection	*3,566.2*	*3,761.5*	*3,447.6*	*– 313.8*	*-8.3%*
United States Coast Guard	*1,559.7*	*1,836.8*	*1,825.8*	*– 10.9*	*-0.6%*
Department of Justice	**---**	**---**	**20.7**	**+ 20.7**	**n/a**
Drug Enforcement Administration	*---*	*---*	*20.7*	*+ 20.7*	*n/a*
Department of the Interior	**0.4**	**0.4**	**0.4**	**---**	**---**
Bureau of Land Management	*0.4*	*0.4*	*0.4*	*---*	*---*
Department of Transportation	**13.8**	**14.4**	**14.4**	**+ 0.1**	**+0.4%**
Federal Aviation Administration	*13.8*	*14.4*	*14.4*	*+ 0.1*	*+0.4%*
Office of National Drug Control Policy	**25.2**	**25.3**	**3.3**	**- 22.0**	**-87.0%**
Total, Interdiction	**$8,308.3**	**$6,248.3**	**$5,918.2**	**- $330.1**	***-5.3%***

Note: Detail may not add due to rounding.

INTERNATIONAL

These are activities conducted by a NDCPA, primarily focused on areas outside of the United States to reduce illegal drug availability in the United States or abroad, including:

- 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 intended 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;

- Coordination and promotion of compliance with international treaties relating to the production and transportation of illegal drugs;
- Promotion of involvement of other nations in international law enforcement programs and policies to reduce supply of drugs; and
- All other overseas drug enforcement efforts to disrupt the flow of illicit drugs into the United States.

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

Table 6: Drug Control International Funding

FY 2019 - FY 2021
(Budget Authority in Millions)

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Department of Defense	**$283.3**	**$354.0**	**$199.7**	**- 154.3**	**-43.6%**
Defense Security Cooperation Agency	*167.8*	*173.7*	*173.7*	*---*	*---*
Drug Interdiction and Counterdrug Activities	*115.5*	*180.4*	*26.0*	*– 154.3*	*-85.6%*
Department of Homeland Security	**38.6**	**41.5**	**46.8**	**+ 5.3**	**+12.6%**
Federal Law Enforcement Training Center	*0.5*	*0.5*	*0.6*	*+ 0.0*	*+4.6%*
Immigration and Customs Enforcement	*38.1*	*41.0*	*46.2*	*+ 5.2*	*+12.8%*
Department of Justice	**466.4**	**470.3**	**501.5**	**+ 31.2**	**+6.6%**
Drug Enforcement Administration	*464.9*	*468.8*	*499.7*	*+ 30.9*	*+6.6%*
U.S. Marshals Service	*1.5*	*1.6*	*1.9*	*+ 0.3*	*+16.5%*
Department of State	**491.0**	**452.1**	**520.4**	**+ 68.2**	**+15.1%**
Bureau of Int'l Narcotics and Law Enforcement	*412.5*	*381.6*	*441.4*	*+ 59.8*	*+15.7%*
United States Agency for Int'l Development	*78.5*	*70.5*	*79.0*	*+ 8.5*	*+12.0%*
Office of National Drug Control Policy	**3.7**	**3.7**	**3.3**	**- 0.4**	**-10.9%**
Total, International	**$1,283.0**	**$1,321.7**	**$1,271.6**	**- $50.1**	***-3.8%***

Note: Detail may not add due to rounding.

Drug Control Funding by Agency
Historical Funding Levels

The tables below provide further detail on Federal drug control funding by agency (Table 7), and historical Federal drug control funding (Table 8).

Table 7: Federal Drug Control Spending by Agency

FY 2019 - FY 2021
(Budget Authority in Millions)

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Agriculture:			
Office of Rural Development	$16.0	$0.0	$6.2
U.S. Forest Service	14.8	14.8	14.8
Total USDA	**30.8**	**14.8**	**21.0**
Court Services and Offender Supervision Agency for D.C.	**53.4**	**49.3**	**56.2**
Department of Defense:			
Defense Security Cooperation Agency [1]	167.8	173.7	173.7
Drug Interdiction and Counterdrug Activities (incl. OPTEMPO and OCO) [2,3]	3,602.5	1,140.2	865.5
Defense Health Program	75.4	99.8	89.7
Total DOD	**3,845.7**	**1,413.6**	**1,128.9**
Department of Education:			
Office of Elementary and Secondary Education [4]	**57.5**	**58.8**	**100.0**
Federal Judiciary:	**1,129.0**	**1,179.9**	**1,230.4**
Department of Health and Human Services:			
Administration for Children and Families	40.0	30.0	60.0
Centers for Disease Control and Prevention [5]	475.6	475.6	575.6
Centers for Medicare and Medicaid Services	8,160.0	8,550.0	9,020.0
Health Resources and Services Administration	665.0	655.0	655.0
Indian Health Service	117.4	118.5	118.0
National Institute on Alcohol Abuse and Alcoholism	57.6	59.9	54.5
National Institute on Drug Abuse	1,408.2	1,457.7	1,431.8
Substance Abuse and Mental Health Services Administration [6]	4,140.3	4,158.3	4,003.3
Total HHS	**15,064.1**	**15,505.1**	**15,918.2**
Department of Homeland Security:			
Customs and Border Protection	3,566.2	3,761.5	3,447.6
Federal Emergency Management Agency	13.5	13.5	5.9
Federal Law Enforcement Training Center	50.7	54.8	57.3
Immigration and Customs Enforcement	560.8	598.5	673.9
U.S. Coast Guard	1,559.7	1,836.8	1,825.8
Total DHS	**5,750.8**	**6,265.0**	**6,010.6**
Department of Housing and Urban Development:			
Office of Community Planning and Development	**545.0**	**575.4**	**576.8**
Department of the Interior:			
Bureau of Indian Affairs	18.0	18.0	18.0
Bureau of Land Management	5.1	5.1	5.1
National Park Service	3.5	3.5	3.2
Total DOI	**26.5**	**26.5**	**26.3**

Department/Agency	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Justice:			
Assets Forfeiture Fund	222.8	236.3	243.2
Bureau of Prisons	3,527.5	3,600.6	3,592.6
Criminal Division	38.0	42.6	44.8
Drug Enforcement Administration (Includes HIDTA in FY 2019) [7]	2,661.1	2,702.6	3,113.3
Organized Crime Drug Enforcement Task Force	560.0	550.5	585.1
Office of Justice Programs	510.4	551.7	429.7
U.S. Attorneys	81.4	89.2	94.9
Unites States Marshals Service	851.4	875.7	933.0
Total DOJ	**8,452.5**	**8,649.1**	**9,036.6**
Department of Labor:			
Employment and Training Administration	6.0	26.0	26.0
Office of Workers' Compensation Programs	7.8	7.8	7.8
Total DOL	**13.8**	**33.8**	**33.8**
Office of National Drug Control Policy:			
Operations	18.4	18.4	16.4
High Intensity Drug Trafficking Area Program [7]	280.0	285.0	0.0
Other Federal Drug Control Programs [5]	118.3	121.7	12.4
Total ONDCP	**416.7**	**425.1**	**28.8**
Department of State[8]:			
Bureau of International Narcotics and Law Enforcement Affairs	412.5	381.6	441.4
United States Agency for International Development	78.5	70.5	79.0
Total DOS	**491.0**	**452.1**	**520.4**
Department of the Transportation:			
Federal Aviation Administration	32.3	35.4	38.0
National Highway Traffic Safety Administration	18.9	6.7	6.7
Total DOT	**51.2**	**42.1**	**44.7**
Department of the Treasury:			
Internal Revenue Service	**61.8**	**60.3**	**60.3**
Department of Veterans Affairs:			
Veterans Health Administration	**818.3**	**850.6**	**903.0**
Total Federal Drug Budget [9]	**$36,808.3**	**$35,601.4**	**$35,695.9**

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

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

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

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

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

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

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

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

[9] Detail may not add due to rounding.

Table 8: Historical Drug Control Funding

FY 2012 - FY 2021

(Budget Authority in Millions)

	FY 2012 Final	FY 2013 Final	FY 2014 Final	FY 2015 Final	FY 2016 Final	FY 2017 Final	FY 2018 Final	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Demand Reduction										
Treatment	$7,848.3	$7,888.6	$9,481.8	$9,553.1	$9,845.1	$12,168.7	$14,547.9	$15,439.6	$16,061.3	$16,525.6
Prevention	1,346.2	1,274.9	1,316.9	1,341.5	1,486.4	1,572.2	2,263.8	2,135.9	2,111.4	2,034.8
Total, Demand Reduction	**9,194.4**	**9,163.5**	**10,798.7**	**10,894.6**	**11,331.5**	**13,740.9**	**16,811.7**	**17,575.6**	**18,172.7**	**18,560.4**
Supply Reduction										
Domestic Law Enforcement	9,439.5	8,857.0	9,348.8	9,394.5	9,282.8	8,982.3	9,443.8	9,641.4	9,858.7	9,945.6
Interdiction	4,036.5	3,940.6	3,948.5	3,960.9	4,734.7	4,595.9	5,565.9	8,308.3	6,248.3	5,918.2
International	1,833.7	1,848.5	1,637.1	1,643.0	1,524.9	1,494.2	1,465.1	1,283.0	1,321.7	1,271.6
Total, Supply Reduction	**15,309.7**	**14,646.1**	**14,934.4**	**14,998.3**	**15,542.5**	**15,072.4**	**16,474.8**	**19,232.7**	**17,428.7**	**17,135.4**
Total, Drug Control Funding	**$24,504.1**	**$23,809.6**	**$25,733.1**	**$25,892.9**	**$26,874.0**	**$28,813.3**	**$33,286.5**	**$36,808.3**	**$35,601.4**	**$35,695.9**

Agency Budget Summaries

DEPARTMENT OF AGRICULTURE

DEPARTMENT OF AGRICULTURE
United States Forest Service

Resource Summary

	Budget Authority (in millions) FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Intelligence	$0.200	$0.200	$0.200
Investigations	13.800	13.800	13.800
Prosecution	.200	.200	.200
State and Local Assistance	.600	.600	.600
Total Drug Resources by Function	**$14.800**	**$14.800**	**14.800**
Drug Resources by Decision Unit and Program Area			
Law Enforcement Agency Support	$14.800	$14.800	$14.800
Total Drug Resources by Decision Unit	**$14.800**	**$14.800**	**$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)	$6.1	$5.5	$5.3
Drug Resources Percentage	0.24%	0.27%	0.28%

*Full-time equivalent

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 mission is to provide public and employee safety, resource protection, enforcement of United States Criminal Law, and enforcement expertise to other agency managers. The Forest Service manages 193 million acres in 44 States, the United States Virgin Islands, and Puerto Rico, encompassing 154 national forests and 20 national grasslands. Most of this land is in rural areas of the United States. The three drug enforcement issues are of specific concern to the Forest Service LEI program are marijuana cultivation, methamphetamine production, and smuggling across international borders. These activities increase health and safety risks to the visiting public, employees, and threaten 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 considers all law enforcement responsibilities related to the mission of the Forest Service.

BUDGET SUMMARY

In FY 2016, the Forest Service requests $14.8 million for drug control activities, no change from the FY 2020 enacted level.

Law Enforcement Agency Support
FY 2021 Request: $14.8 million
(No change from the FY 2020 enacted level)

Forest Service drug-related activities include Law Enforcement Agency (LEA) support on NFS lands. Forest Service works to identify, investigate, disrupt, and dismantle drug trafficking organizations (DTOs) involved in marijuana cultivation, including supporting co-conspirators (transportation and financial components) responsible for large-scale marijuana grow operations on NFS lands. Through 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 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. LEI will also provide security staffing during non-law enforcement reclamation and rehabilitation activities at inactive and historic grow sites. These efforts will help to 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 utilizing NFS lands for recreational activities.

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

In FY 2021, Forest Service will continue 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.

The Forest Service will also continue its participation in the Office of National Drug Control Policy's (ONDCP) HIDTA program and several multi-jurisdictional drug task forces to leverage resources with Federal, State, and local agencies in support of the *National Drug Control's Strategy* priorities within its jurisdiction.

PERFORMANCE

Information regarding the performance of the drug control efforts of the LEI program is derived from Forest Service LIE Management Attainment Reporting System, Government Performance and Results

Modernization Act (GPRMA) documents, evaluations, and another agency information. The table and accompanying text represent Forest Service LEI drug-related achievements during FY 2019.

United States Forest Service				
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Actual**	**FY 2020 Target**	**FY 2021 Target**
Percent of drug cases referred for adjudication	32.0%	25.3%	32.0%	32.0%
Number of plants eradicated	750,000	353,057	750,000	750,000
Number of sites dismantled	275	240	275	300
Percentage of drug-related incidents	0.019%	0.049%	0.019%	0.019%

NFS lands are often used by DTOs 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 2019, 25.3 percent of assigned drug cases referred for adjudication resulted in negative consequences for defendants.

In FY 2019, 353,057 marijuana plants were eradicated from NFS lands compared to 526,330 eradicated in FY 2018. This represents an approximate 33 percent decrease in eradicated plants from FY 2018. LEI believes several factors contributed to this decrease. California experienced a wetter winter with an unusually late and heavy snow pack that denied a large portion of the northern part of the state to marijuana cultivation. Marijuana growers have moved from NFS land to private lands due to increased law enforcement pressure over the past several years and "Legalization" has created a situation where it is advantageous to grow on private lands due to lack of regulatory enforcement, easy access to domestic or municipal water sources in drought prone California, and ease of "farm" to market access compared to the remote locations of grows located on NFS lands. Additionally, LEI's ability to effectively utilize State and local cooperators in combating marijuana cultivation has significantly reduced due to State and local resources being committed to addressing regulatory concerns related to "legal" growing activities on private lands. The reduction of these resources negatively impacts LEI's ability to detect and interdict marijuana growing operations on NFS lands.

Legalization in the various states, and an increasing market demand for marijuana creates a situation where LEI believes that as municipalities begin to regulate "legalized" marijuana, production of this illicit crop will in turn increase on NFS lands. In Southern California where counties are stepping up regulatory enforcement of marijuana growing on private lands there is anecdotal indications for this case as more marijuana was eradicated in the southern part of the state in FY 2019.

An additional point of note is that LEI seized 26,486 pounds of processed marijuana during FY 2019 enforcement and investigations operations. This represents significant investigative and enforcement work related to marijuana production on NFS lands but not necessarily seized at marijuana grow site operations.

In FY 2019, LEI dismantled and reclaimed 240 marijuana cultivation sites on NFS lands compared to 183 in FY 2018 a 24 percent increase. Some of these sites were hold over sites from prior years that had not been previously reclaimed for a variety of reason including resource availability.

As noted previously a significant trend in marijuana cultivation has emerged that impairs the Forest Service's ability to raid and rehabilitate these sites. Marijuana growers are routinely utilizing banc Police and/or Criminal Investigator Training have completed an introduction to drug awareness and investigationed pesticides in the carbamate class, in particular Carbofuran (tradename Furadan) to treat their illicit crop. The presence of these and other highly toxic chemicals severely limit LEI's ability to raid and rehabilitate these sites. In FY 2019 LEI in Region 5 encountered hazardous materials in nearly every site that was entered. In some instances the contamination levels were so extensive LEI ceased eradication and rehabilitation efforts to reassess and consult hazardous materials professionals. In a few instances there were a number of LEI personnel exposed to these chemicals that resulted in referral for medical treatment. Reclamation and cleanup efforts resulted in the removal of:

- 24.58 tons of trash;
- 261.51 miles of irrigation pipe, an approximately 55 percent increase over FY 2018;
- 19.3 tons of chemical fertilizers, an approximate 68 percent increase over FY 2018; and
- 6.19 gallons of restricted or banned use poisons – which indiscriminately kill wildlife, and pose a significant threat to the safety of law enforcement and other personnel.

The Forest Service, in a continuing partnership with many other Federal, State, and local agencies, has long supported the *National Drug Control's Strategy* through identifying, investigating, disrupting, prosecuting, and ultimately dismantling DTOs involved in marijuana cultivation on NFS and other public lands. The above data represents significant and measurable impacts to NFS lands, LEI operations and State and local cooperators. Based on resource availability LEI will continue to provide personnel, support, and leadership necessary to protect natural resources from the harmful effects of drug production and trafficking on public lands. LEI continues to support the *Strategy* and will continue to protect these lands for all legal uses by the public for today and for future generations.

DEPARTMENT OF AGRICULTURE
Office of Rural Development

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$0.000	$0.000	$0.000
Treatment	16.000	0.000	6.200
Total Drug Resources by Function	**$16.000**	**$0.000**	**$6.200**
Drug Resources by Decision Unit			
Distance Learning and Telemedicine Program	$16.000	$0.000	$6.200
Total Drug Resources by Decision Unit	**$16.000**	**$0.000**	**$6.200**
Drug Resources Personnel Summary			
Total FTEs (direct only)	NA	NA	NA
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$40.7	$40.57	$39.7
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

Program Summary

MISSION

The USDA's ORD is committed to helping improve the economy and quality of life in rural America. They help rural Americans in many ways, including:

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

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

METHODOLOGY

The 2018 Farm Bill authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine (DLT) program to support SUD treatment services. In addition, the Farm Bill has authorized prioritizing the selection of projects for Community Facilities (CF) direct loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid abuse and to support people in recovery. The Farm Bill provides authority to provide priority points to applicants who intend to provide SUD prevention services, treatment services, and/or recovery services with their projects and employ staff that have appropriate expertise and training in how to identify and treat individuals with SUDs.

BUDGET SUMMARY

In FY 2021, RD requests $6.2 million for drug control activities, an increase of $6.2 million above the FY 2020 enacted level.

Distance Learning and Telemedicine (DLT) Grant Program
FY 2021 Request: $6.2 million
($6.2 million above the FY 2020 enacted level)

The Rural Utilities Service, an agency of the USDA, administers the DLT Program. The DLT Program provides financial assistance to enable and improve DLT services in rural areas. DLT grant funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies by students, teachers, medical professionals, and rural residents. These grants are intended to increase rural access to education, training, and healthcare resources that are otherwise unavailable or limited in scope.

The FY 2020 appropriation did not provide set-aside for opioids. The DLT Program plans to capitalize on the success of prior years and continue the Administration's efforts of combating opioids and the misuse of illicit substances.

For the 2021 budget process, ORD is not requesting a funding set-aside for opioids in DLT; however, the Farm Bill requires that 20 percent of the funding made available to the DLT Program to be available for the opioid effort.

PERFORMANCE

Information regarding the performance of the drug control efforts of ORD is based on agency GPRMA documents and other information that measure the agency's contribution to the *Strategy*. FY 2018 was the first year that Rural Development got appropriations in support of the Opioids crisis and that is only for the DLT grant program. Since RD only have one year of data, the agency has not developed at this time any performance related to drug control. The table below is using the approved performance indicators for these programs. RD has not developed performance yet specifically for drug control efforts.

Office of Rural Development Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Number of projects DLT funded that supported treatment and / or prevention of OUD	NA	51
» Funding provided for Community Facilities ($ in millions)	---	$7.91
» Number of Tribal Colleges Grants funded that assisted with Opioids	NA	NA
» Number of SWM Grants used to eliminate excess opioids prescriptions	NA	NA

Discussion of program performance

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

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

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

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 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$18.955	$19.464	$19.851
Treatment	34.412	29.846	36.362
Total Drug Resources by Function	$53.367	$49.310	$56.213
Drug Resources by Decision Unit			
Community Supervision Program	$35.424	$31.201	$37.564
Pretrial Services Agency	17.943	18.109	18.649
Total Drug Resources by Decision Unit	$53.367	$49.310	$56.213
Drug Resources Personnel Summary			
Total FTEs (direct only)	279	281	281
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$2.6	$2.5	$2.5
Drug Resources Percentage	20.8%	21.9%	22.7%

Program Summary

MISSION

The mission of CSOSA for the District of Columbia (DC) is to effectively supervise adults under the Agency's jurisdiction to enhance public safety, reduce recidivism, support the fair administration of justice, and promote accountability, inclusion and success through the implementation of evidence-based practices in close collaboration with our criminal justice partners and the community. The CSOSA appropriation is comprised of two component programs: 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 United States Parole Commission on parole or supervised release, sentenced to probation by the Superior Court of the District of Columbia, and a small number of individuals who are subject to deferred sentence agreements and civil protection orders. 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 United States 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 considerable 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 whose 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 who are placed on conditional release pending trial, PSA provides supervision and treatment services that reasonably assure that they return to court and do not engage in criminal activity pending their trial and/or sentencing. 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.

In October 2017, the President mobilized his Administration to address drug addiction and opioid abuse by directing the declaration of a Nationwide Public Health Emergency to address the opioid crisis. In FY 2018, PSA's Office of Forensic Toxicology Services (OFTS) conducted a study to determine trends in fentanyl use among the DC criminal justice population. A sample population of 2,463 specimens collected over a four-month period from both the PSA defendant and CSP offender populations was tested for fentanyl use. The study revealed a 7.56 percent positive rate among the PSA defendant surveillance population and a 4.84 percent positive rate among the lockup population. The study also revealed a 5.69 percent positive rate among CSP offenders.

The study's results have clear implications for drug testing in DC's criminal justice population, confirming the beginning of an upward trend that requires a deliberate plan to contain it. It is entirely conceivable that a sizable group of supervised defendants, as well as parolees and probationers, could be circumventing the current drug testing panels. Hence, as a strategic response to these findings, PSA issued a contract in FY 2019 for fentanyl test kits and will begin screening for fentanyl in FY 2020.

Routine testing of fentanyl, and other opioids, will provide data that can be used for future decisions on how to curb the use of these drugs in the general population, provide appropriate treatment protocols for the supervised population, help keep the community safe, and show a responsible effort in rising to the nation-wide call to abate opioid abuse.

METHODOLOGY

The methodologies used by PSA to determine Drug Budget resources remain unchanged from those used for the FY 2020 ONDCP Drug Budget. CSP is using a new cost allocation methodology based on our new FY 2018-2022 Strategic Plan.

PSA has two program areas related to its drug control mission - drug testing and SUD treatment. The Drug Testing and Compliance Unit (DTCU) is responsible for the collection of urine and oral fluid samples, and the 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 drug treatment services.

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 Strategic Plan framework reported in CSOSA's performance budgets.

BUDGET SUMMARY

In FY 2021, CSOSA requests $56.2 million, an increase of $6.9 million above the FY 2020 enacted level.

Community Supervision Program
FY 2021 Request: $37.6 million
($6.4 million above the FY 2020 enacted level)
In FY 2021 the CSOSA request for CSP is $37.6 million, an increase of $6.4 million above the FY 2020 enacted level.

CSP Drug Prevention
FY 2021 Request: $7.8 million
($4,000 below the FY 2020 enacted level)
In FY 2019, 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. Offenders submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center (RSC) and four CSP Illegal Substance Collection Units located throughout the District of Columbia. In FY 2019, each urine sample was tested by PSA for up to nine illicit substances [Marijuana, phencyclidine [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 Ethyl Glucuronide to confirm alcohol use and other substances. CSP offender urine samples are tested by PSA and results are provided to CSP within 48 hours after the sample is taken. Limited testing of oral fluid samples is performed and reported to CSP contractually.

CSP Treatment
FY 2021 Request: $29.8 million
($6.4 million above the FY 2020 enacted level)
CSP provides sanctions-based treatment and support services, as determined by drug testing, assessments, and other factors, to assist supervisees 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 who are referred to treatment with severe illicit SUDs require a 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 2019, CSP made 1,546 contract treatment and transitional housing placements with contract vendors. In addition, CSOSA's RSC at Karrick Hall provided 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 SUDs 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. For FY 2020, CSP is adjusting the RSC from a treatment readiness program to a treatment program with additional cognitive behavior therapy (CBT) interventions.

CSP performed a review of FY 2018 intakes to determine estimated annual treatment needs. That year, a total of 5,886 offenders entered CSP supervision. Roughly one-third of those intakes (1,999 offenders) tested positive for drugs (excluding positive tests for alcohol) on three or more occasions within one year of their supervision start date. Seventy-one percent of the 1,999 persistent drug users (1,429 offenders) had a special condition for court-ordered treatment/treatment evaluation during their first year of supervision, and 68 percent (1,364 offenders) were supervised at the highest risk levels (intensive or maximum) at some point during that year. High-risk offenders, however, are not the only group to demonstrate a possible need for treatment. Of the 2,487 offenders who entered supervision in FY 2018 and were assessed at either the medium or minimum risk level, 619 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. CSP focuses resources on those assessed and supervised at the highest risk levels.

Pretrial Services Agency for the District of Columbia
FY 2021 Request: $18.6 million
($0.5 million above the FY 2020 enacted level)
In FY 2021 the CSOSA request for PSA is $18.6 million, an increase of $0.5 million above the FY 2020 enacted level.

PSA Drug Prevention

FY 2021 Request: $12.0 million

($0.4million above the FY 2020 enacted level)

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

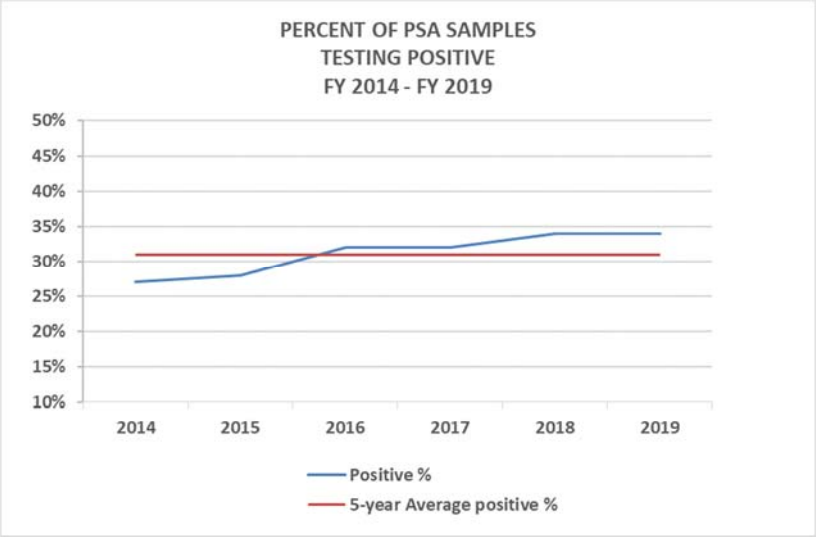
PSA's OFTS, which is certified by HHS' Clinical Laboratory Improvement Amendments (CLIA) program, plays a vital role in supporting the Nation's drug control priorities by performing forensic urine drug testing for defendants on pretrial release, offenders on probation, parole, and supervised release, and certain respondents whose matters are handled in the Family Court. Drug test results are key to assessing defendant and offender risk and the swift availability of testing results is critical to risk mitigation efforts employed by both PSA and CSP. Drug testing assists in monitoring compliance with court-ordered release conditions, prevents drug use, measures the success of drug treatment, and predicts future criminality. PSA supplies the local public health and public safety communities with information on emerging trends related to drug use within the criminal and juvenile justice systems.

Each specimen sample is tested for up to 36 illicit substances, including synthetic cannabinoids. In addition, samples are tested for Creatinine levels to determine sample validity and for Ethyl Glucuronide 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.

In FY 2019, PSA conducted over 2 million drug tests on over 221,000 specimens. Over 99 percent of the specimens collected were urine specimens and less than 1 percent were oral fluid specimens collected from defendants who were unable to submit urine specimens. An estimated 28 percent of the specimens tested were from PSA defendants, 69 percent from CSOSA offenders, and 3 percent from respondents whose matters are handled in the Family Court. All collected specimens were screened and an estimated 2 percent went through confirmation GC-MS to address challenges. Additionally, 6 percent went through levels analyses which aid in the determination of continuing drug use. In addition, PSA provided expert witness testimony in 88 cases to interpret drug test results challenged by defendants, as well as during Drug Court daily pre-court interdisciplinary team meetings. PSA also provided 489 affidavits to support hearings and adjudications in parole and probation cases in US District Court.

During FY 2019, the rate of positive test specimens averaged 34 percent, which is consistent with recent years (PSA Figure 1). On average, defendant specimens were tested within a day, and offender specimens within 6 days.

PSA Figure 1: Percent of Samples Testing Positive



PSA Drug Treatment

FY 2021 Request: $6.605 million

($0.1 million increase above the FY 2021 enacted level)

Defendants with SUDs present greater risks of non-compliance during the pretrial period as illustrated in the table below. Only 79 percent of drug-users remained arrest-free during the pretrial period compared with 92 percent of non-drug users. Only 87 percent of drug-users made all scheduled court appearances during the pretrial period compared with 93 percent of non-drug users (PSA Table 1).

PSA Table 1: Arrest Free Rate and Court Appearance Rate by Drug Use

PSA Drug Treatment			
Performance Indicators	**FY 2017**	**FY 2018**	**FY 2019[1]**
» Percentage of Defendants who Remain Arrest-free During the Pretrial Release Period			
Overall	86%	87%	87%
Drug User	77%	80%	79%
Non-Drug User	90%	92%	92%
» Percentage of Defendants who Make All Scheduled Court Appearances			
Overall	88%	89%	88%
Drug User	84%	85%	87%
Non-Drug User	90%	92%	93%

[1] Definition revised to define "Drug User" as any defendant with a least one positive drug test, and "Non-Drug User" as any defendant with no positive drug tests. Previous definitions were based on a combination of test results and case attributes.

An effective approach to minimizing pretrial misconduct is addressing underlying issues, such as SUDs, during the pretrial period. PSA responds to drug use by screening defendants for SUD history during the

[1] Definition revised to define "Drug User" as any defendant with a least one positive drug test, and "Non-Drug User" as any defendant with no positive drug tests. Previous definitions were based on a combination of test results and case attributes.

risk assessment screening and interview process, and formulating release recommendations to ensure defendants receive appropriate substance abuse interventions while on pretrial release. In FY 2019, PSA conducted 2,191 SUD assessments and 886 alcohol use assessments for defendants under pretrial supervision.

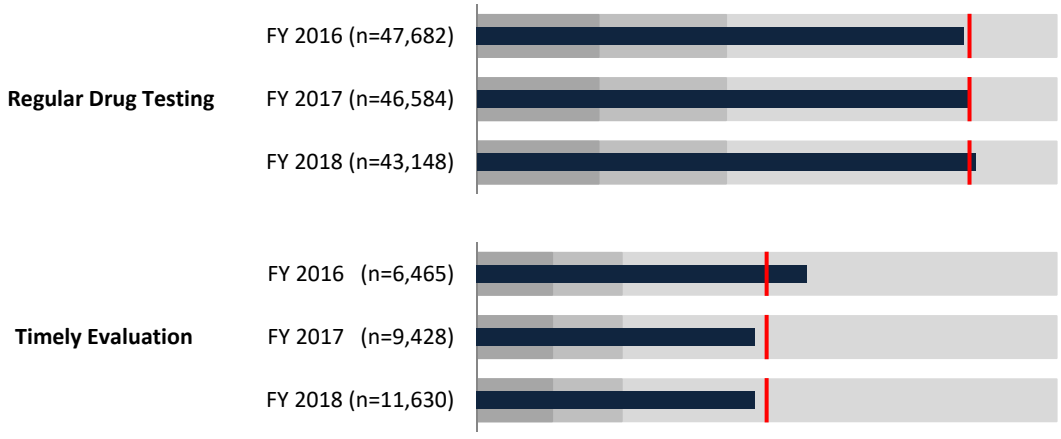
When necessary, PSA provides appropriate SUD treatment to enhance supervision compliance. Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration. PSA's Superior Court Drug Intervention Program (Drug Court) and other sanction-based treatment programs use research-supported techniques as a mechanism for enhancing community safety.

For certain categories of defendants, PSA provides both close supervision and on-site treatment. For others, PSA places defendants into contracted sanction-based treatment services (medical and social detoxification, residential, intensive outpatient services, transitional) while continuing to provide supervision. Treatment providers utilize a full spectrum of interventions consistent with best practices to mitigate substance abuse. 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 high risk defendants who require close monitoring.

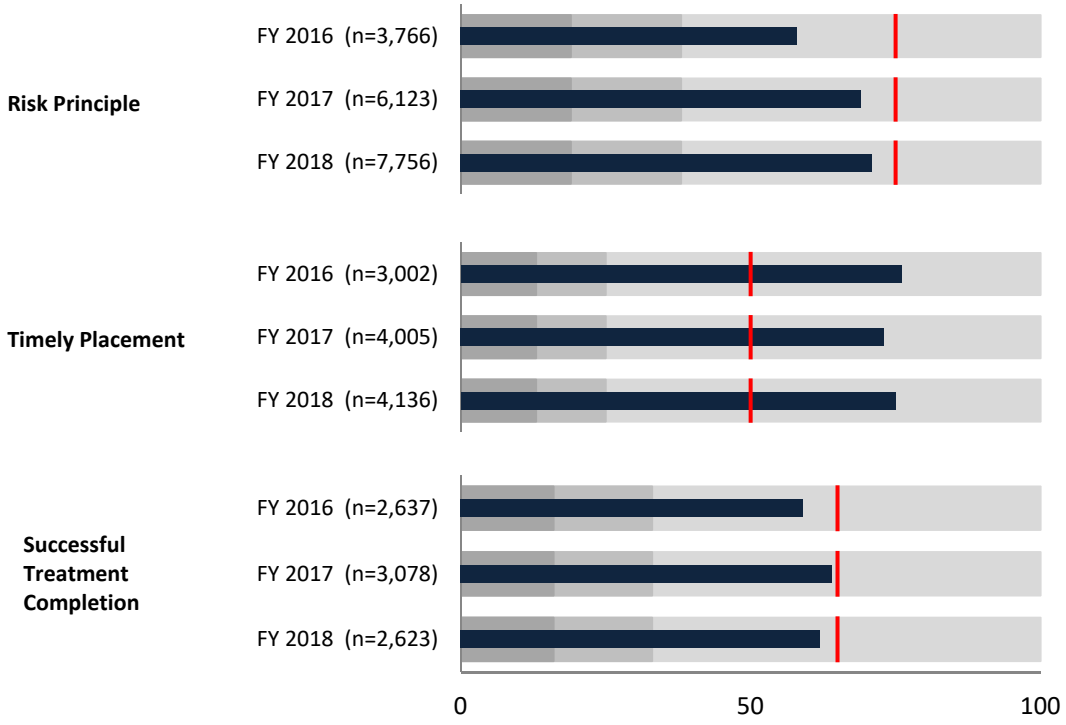
PERFORMANCE

Drug testing and treatment are at the core of CSP's approach to addressing offender needs regarding illicit substance use, and several performance goals were set forth in CSOSA's Strategic Plan to address these items. Figure 1 shows CSP's progress towards achieving these goals during FYs 2017 through 2019.[2] The dark grey bars depict progress on the targets for each goal in relation to the red target line. The shades of gray represent areas of low, medium and high performance.

CSP Figure 1: CSP Performance Goals Related to Drug Testing and Treatment (FYs 2016–2018)



[2] Additional metrics for FY 2018–2022 are under development and being tested to ensure accuracy and are expected to be ready for reporting in our upcoming performance year.



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 2019, approximately 83 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use. Further, of the 4,002 offenders tested in September 2019, 44 percent tested positive for one or more tested substances.

CSP monitors offender compliance with requirements set by the releasing authority to abstain from drug use and assesses offender need for substance abuse 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 substance abuse 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.

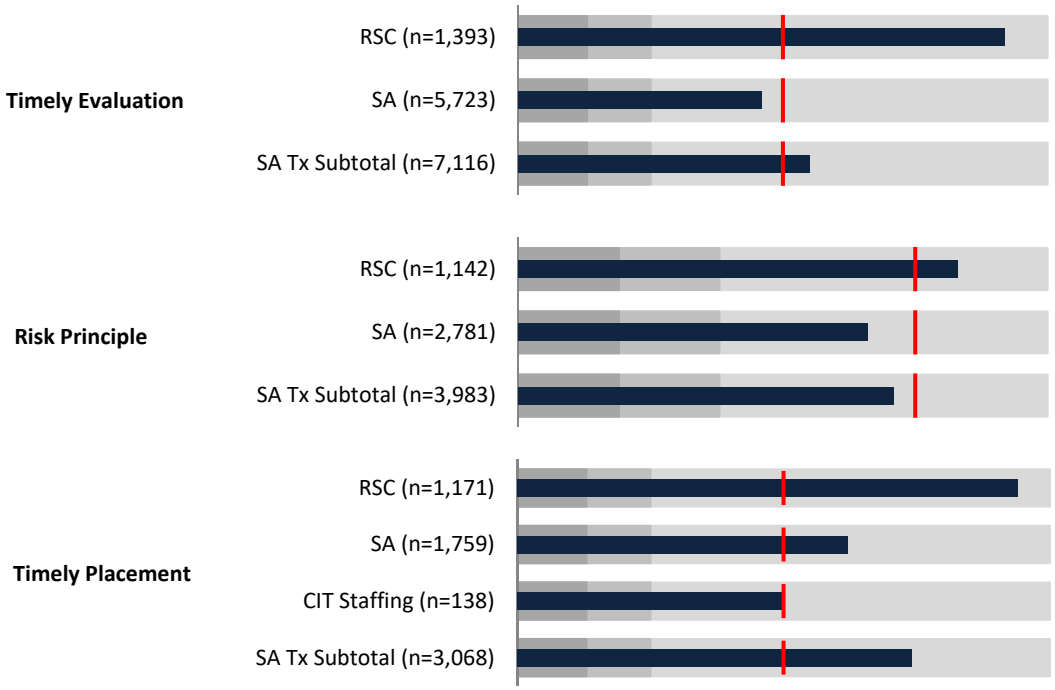
CSP places certain substance abusing offenders into residential treatment on a risk-based, priority basis. Sixty-two percent of offenders who started substance abuse treatment or treatment readiness programs satisfactorily completed their programs in FY 2019 (see CSP Figure 2, Successful Treatment Completion). In FY 2019, CSOSA's RSC provided high-risk offenders and pretrial defendants with a 28-42 day intensive assessment and treatment readiness program 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 2019, 67 percent satisfactorily completed the program (see CSP 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 2019 performance

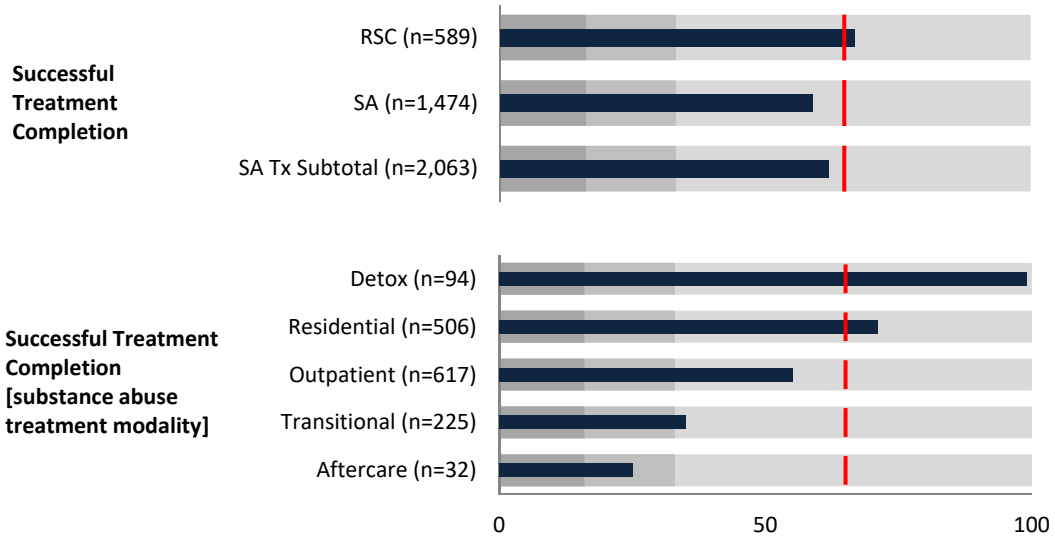
target (see CSP Figure 2, Successful Treatment Completion, Substance Abuse [substance abuse treatment modality]). In FY 2019, CSP completed an evaluation of the RSC and our substance abuse treatment programs. Findings revealed that offenders going through both the RSC pre-treatment and subsequent substance abuse treatment programs were more likely to have no positive drug tests during the follow-up period relative to a non-treatment comparison group. The needs of CSP's offender population have evolved and become more complex. In addition to substance abuse, many offenders present with mental health and cognitive disorders. As a result, Agency leadership is restructuring the RSC from a treatment-readiness program to a treatment program in FY 2020. Specifically, RSC services will expand to include CBT and interventions.

Once offenders are referred for substance abuse 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 are placed in treatment and support services in a timely manner. Two 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 FY 2019, 55 percent of offenders referred to substance abuse 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 CSP 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 2019, 71 percent of substance abuse treatment and treatment readiness placements were made for offenders supervised at the highest risk levels (maximum and intensive; see CSP Figure 2, Risk Principle).

CSP Figure 2: CSP Performance Goals related to Drug Testing and Treatment, by Treatment Type and Drug Treatment Modality, FY 2019





Pretrial Services Agency

One of PSA's strategic objectives is to reduce drug usage among the defendants placed in treatment. Although SUD treatment placement is voluntary, PSA was successful in placing 50 percent of eligible defendants in treatment in FY 2019. Among defendants placed in a sanction-based treatment program, 85 percent had a reduction in drug use (see PSA Table 2).

PSA Table 2

Pretrial Services Agency						
Drug-Related Agency Performance Indicators	**FY 2015 Actual**	**FY 2016 Actual**	**FY 2017 Actual**	**FY 2018 Actual**	**FY 2019 Actual[4]**	**FY 2018-2022 Target**
» SUD Assessments[1]	91%	92%	93%	91%	95%	95%
» Placement into SUD Treatment[2]	49%	49%	53%	55%	50%	50%
» Reduction in Drug Use[3]	91%	84%	85%	82%	85%	74%

[1] *Performance Indicator Area: Strategic Objective 3.2.1*
[2] *Performance Indicator Area: Strategic Objective 3.2.2*
[3] *Performance Indicator Area: Strategic Objective 3.2.3*
[4] *Targets achieved*

Eighty-four defendants successfully graduated from Drug Court, with the prosecuting authority entering a "*nolle prosequi,*" or withdrawing the charges for forty-nine defendants charged with misdemeanors offenses in exchange for their successful completion of the program. During the program, participants have immediate access to SUD treatment and receive specialized care, including gender-specific groups and individual and group therapy for trauma-impacted individuals.

FY 2019 Accomplishment Highlights

PSA successfully maintained CLIA certification for its two forensic toxicology laboratories. The objective of the CLIA program is to ensure quality laboratory testing. The CLIA inspection entails the examination of all laboratory records to include validity studies, preventative maintenance of all instrumentation,

proper staff training, quality assurance program, participation in outside proficiency testing, accurate testing results, and compliance with all CLIA regulations.

In addition, PSA successfully participated in the American Association of Bioanalysts surveys and College of American Pathologist proficiency testing programs, which allow PSA's drug testing laboratory to maintain its CLIA certification and validates OFTS' ability to accurately detect and quantify drug testing results.

PSA completed upgrades to its Drug Testing Management System to expand the Agency's ability to record additional substances beyond its current testing panel. This upgrade enabled the Agency to improve detection capabilities of new and emerging drugs, particularly synthetic opioids, including Fentanyl, which are associated with criminality.

DC and surrounding jurisdictions have limited resources for SUD treatment for defendants with traffic related offenses. Individuals who need intensive outpatient treatment (IOP) access SUD treatment through their private insurance or the local Department of Behavioral Health on a sliding fee scale. For those defendants who cannot otherwise afford to pay for treatment, these service providers are not an option.

To broaden SUD access in fulfillment of its mission, PSA established a new on-site intensive outpatient program for defendants with serious traffic related offenses. This new program is an abstinence-based, comprehensive IOP treatment program that provides psychotherapeutic SUD treatment by licensed behavioral health professionals. Defendants referred to the program receive nine hours of group psychotherapeutic services per week, individual counseling, and treatment planning. PSA began this program in September 2019, and anticipates providing IOP treatment to approximately 20 defendants per month, and approximately 240 participants per year.

PSA continued a partnership with the University of Maryland's Center for Substance Abuse Research (CESAR) aimed at maintaining awareness of emerging drug use trends within the adult criminal justice population in DC. OFTS co-authored, with CESAR, a Drug Outbreak Testing Service Bulletin which discusses new psychoactive substances for epidemiologic purposes. This publication is available at: https://ndews.umd.edu/sites/ndews.umd.edu/files/dotsbulletin-issue8-october2018-dcpsa.pdf.

PSA also continued a partnership with the DC Office of the 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, OCME tested 853 specimens, which were previously screened by PSA for synthetic cannabinoids). OFTS confirmed the emergence of three synthetic cannabinoids to include PB-22 N-pentanoic, ADBICA, and 5F-AMB with the re-emergence of 5F PB-22 3-carboxyindole.

In addition, PSA continued using the Randox analyzer to research the use of synthetic cannabinoids among the criminal justice populations supervised by PSA and CSP.

DEPARTMENT OF DEFENSE

DEPARTMENT OF DEFENSE
Office of the Secretary of Defense

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final[1]	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Intelligence	$140.466	$134.108	$147.223
Interdiction	3,002.625[1]	475.876	458.743
International	115.508	180.354	26.006
Prevention	121.900	124.922	123.704
State and Local Assistance	222.014	224.899	109.833
Total Drug Resources by Function	**$ 3,602.513**	**$ 1,140.159**	**$ 865.509**
Drug Resources by Decision Unit			
Drug Interdiction and CD Activities	$3,510.610[1]	$893.059	$769.629
Overseas Contingency Operations:	24.015	153.100	---
Operations Tempo	67.888	94.000	95.880
Total Drug Resources by Decision Unit	**$ 3,602.513**	**$ 1,140.159**	**$865.509**
Drug Resources Personnel Summary			
Total Full Time Equivalent (FTE) positions (direct only)	1,528	1,528	1,528
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$ 687.8	$ 712.6	$ 705.4
Drug Resources percentage	0.53%	0.16%	0.12%

Notes:
[1] FY 2019 includes $2.5 billion reprogrammed from other DoD programs for barrier construction to block drug smuggling corridors along the United States Southwest Border in support of the Department of Homeland Security (DHS) under 10 USC §284(b)(7).

Program Summary

MISSION

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

The threat to United States national security posed by illicit drugs extends beyond traditional challenges and directly impacts public health and safety. Many of our Nation's adversaries, including

nation-states, non-state actors, and violent extremist organizations (VEO), depend on proceeds generated from drug trafficking and other illicit activities to fund their operations. Some state and non-state adversaries influence, oversee, or directly control criminal enterprises. The task of identifying and targeting drug trafficking and other illicit threat networks is complex and requires close coordination among United States and international military, intelligence, and law enforcement partners. While sustaining its global CD efforts, DoD is directing operational and fiscal resources toward efforts that support National Defense Strategy objectives to disrupt, degrade, and dismantle threat networks and VEO that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism.

The Department's statutory mission to detect and monitor aerial and maritime transit of illicit drugs toward the United States remains a priority. By performing this mission, DoD helps deter, disrupt, and defeat 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 building international partnerships to prevent transnational threat networks from undermining sovereign governments and decreasing regional stability.

METHODOLOGY

DoD's Drug Interdiction and Counterdrug Activities budget is drug-related, and therefore scored as a part of the FY National Drug Control Budget. Funds are programmed and budgeted for specific projects and activities, and then transferred during the FY of execution to the most appropriate Military Service or Defense Agency for implementation. FY 2019-2020 Overseas Contingency Operations (OCO) funds primarily supported Afghanistan PN units with a CD mission. Operations Tempo (OPTEMPO) estimates are computed by the Services to support CD efforts, either by aircraft hours or ship days, and are reported by the Services to the office of the Deputy Assistant Secretary of Defense (DASD) for Counternarcotics and Global Threats (CNGT). The FY 2017 National Defense Authorization Act directed that all DoD security cooperation activities executed under 10 USC [United States Code] §333 must be financed by amounts derived only from those authorized to be appropriated to the Defense Security Cooperation Agency. These programs are no longer funded by the Department's CD appropriation and are therefore not included in this summary.

BUDGET SUMMARY

In FY 2021, DoD requests $865.5 million for drug control activities, a net decrease of $274.7 million from the FY 2020 enacted level. This figure includes inflation growth of $23.5 million, a one-time reduction of $125.7 million to account for non-recurrence of FY 2020 congressional enhancements and other net decreases totaling $172.5 million.

Drug Interdiction and CD Activities Decision Unit
Total FY 2020 Request: $769.6 million
($123.4 million below the FY 2020 enacted level)

The FY 2021 request for the Drug Interdiction and CD Activities Decision Unit supports five National Drug Control Program Functions: Intelligence, Interdiction, International, Prevention, and State and Local Assistance. The FY 2021 net decrease of $123.4 million from the FY 2020 level reflects inflation growth of $18.7 million, a reduction of $125.8 to account for the non-recurrence of one-time FY 2020 congressional enhancements, and net program decreases totaling $16.3 million.

Intelligence

FY 2021 Request: $147.2 million

($13.1 million above the FY 2020 enacted level)

DoD support of the Intelligence Drug Control Function includes funding for classified and sensitive unclassified intelligence and related technology programs to collect, process, analyze, and disseminate strategic, operational, and tactical intelligence and information required for combatant command and interagency CD and related counter-TOC (CTOC) operations and activities. The FY 2021 net increase of $13.1 million from the FY 2020 enacted level includes an inflation adjustment of $2.3 million, and a program increase of $10.8 million.

Interdiction

FY 2021 Request: $362.9 million

($19.0 million below the FY 2020 enacted level)

Pursuant to Title 10, United States Code §124, DoD support of the Interdiction Drug Control Function includes funding for programs to detect and monitor the aerial and maritime transit of illegal drugs toward the United States in support of United States and PN law enforcement interdiction operations. Funding supports logistics and base operations support for maritime patrol, reconnaissance, and aerial tanker aircraft, to include operations from multiple forward operating locations; contracted operations and maintenance in support of DoD owned maritime patrol aircraft (MPA); multi-mission support vessel operations; multi-site Relocatable Over-The-Horizon Radar system operations; and support for command and control centers, including the operations of Joint Interagency Task Force–South (JIATF-S) and Joint Interagency Task Force–West (JIATF-W). The FY 2021 net decrease of $19.0 million from the FY 2020 level includes an inflation adjustment of $6.6 million and net program decreases of $25.6 million).

International

FY 2021 Request: $26.0 million

($1.2 million below the FY 2020 enacted level)

DoD support of the International Drug Control Function is executed primarily under Title 10, United States Code, Chapter 15 §284. Funds support CD and CD-related CTOC efforts within the six geographic Combatant Commands' Areas of Responsibility 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. Activities including transportation support, D&M, and intelligence analysis support United States and international law enforcement agencies (LEAs) and complement DoD security cooperation efforts. The FY 2021 net decrease of $1.2 million from the FY 2020 enacted level includes an inflation adjustment of $0.5 million, and net program decreases of $1.7 million.

Prevention

FY 2021 Request: $123.704 million

($1.2 million below the FY 2020 enacted level)

DoD DDR efforts support the Prevention Drug Control Function and finance programs 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 percent 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; and drug abuse prevention and

education activities for military and civilian personnel and their dependents. The FY 2021 net decrease of $1.2 million from the FY 2020 enacted level includes an inflation adjustment of $2.0 million, a one-time reduction of $4.0 to account for a FY 2020 congressional enhancement, and a $0.8 million program increase for drug testing supplies and materials.

State and Local Assistance

FY 2021 Request: $109.8 million

($115.1 million below the FY 2020 enacted level)

DoD programs executed under the State and Local Assistance Drug Control Function support Federal, state and local drug law enforcement agency (DLEA) requests for domestic operational and logistical support, and provide assistance to DLEA in efforts to reduce drug-related crime. Under Title 32 United States Code, §112, this activity exclusively funds National Guard support for domestic law enforcement under the Governors' State Plans and CD Schools programs. The FY 2021 net decrease of $115.1 million from the FY 2020 enacted level includes an inflation adjustment of $7.3 million, a reduction of $121.7 to account for one-time FY 2020 congressional enhancements, and a $0.7 million net program decrease.

Overseas Contingency Operations Decision Unit

FY 2021 Request: $0.0 million

($153.1 million below the FY 2020 enacted level)

The OCO Decision Unit supports the International Drug Control Function. Since 2004, DoD CD activities in Afghanistan and Central Asia have been financed via Counter-Drug OCO funds. These activities supported United States security goals for Central Asia and international partners' efforts to disrupt, degrade, and dismantle threat networks and VEO that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism. The majority of resources provided support for the operations and maintenance of the Afghanistan Special Mission Wing (SMW). The FY 2021 decrease of $153.1 million from the FY 2020 enacted level reflects an inflation adjustment of $3.0 million, and a program decrease of $156.1 million.

Operations Tempo Decision Unit

FY 2021 Request: $95.9 million

($1.9 million above the FY 2020 enacted level)

The 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. The FY 2021 increase from the FY 2020 enacted level reflects an inflation adjustment of $1.8 million and a program increase of $0.1 million.

PERFORMANCE

DoD delivers global support to the Nation's CD and CTOC efforts by detecting and monitoring aerial and maritime drug threats bound for the United States, supporting United States and international partner operations and information sharing, conducting global intelligence and counter threat finance analyses, and encouraging a drug-free workplace through DDR programs.

Measures of performance assigned to these activities are used by decision makers to: observe progress and measure actual results for comparison to expected results and operational objectives; guide the allocation of CD CTOC budgetary resources during the annual planning, programming, budgeting, and

execution process; provide management and oversight of DoD CD and CTOC programs; and facilitate communications and engagements with internal and external stakeholders.

Selected examples of FY 2019 qualitative and quantitative program performance results are provided in the following table, and accompanying narrative, to communicate DoD's progress toward achieving operational objectives in support of the National Drug Control Program.

Department of Defense		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
Budget Decision Unit: Drug Interdiction and CD Activities		
» Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources	80 %	72 %
» DoD military personnel testing positive for drug use	< 2 %	0.86 %
» DoD civilian personnel testing positive for drug use	< 1 %	0.45 %
Budget Decision Unit: Overseas Contingency Operations		
» Heroin Removal by Combined Task Force – 150 in Indian Ocean Transit Zone	4,800 kg	3,029 kg
» United States Dollar (USD) value of drugs and precursors seized during SMW airlift support missions (drug revenue denied to Taliban and other VEOs.	*	$79.2 million
Budget Decision Unit: CD Operations Tempo		
» Aircraft and ship OPTEMPO hours executed by the United States Armed Forces in support of global CD operations	33,400	22,824

**This is a new performance measure which was developed during FY 2019, therefore no Target was set for FY 2019.*

Budget Decision Unit 1: Drug Interdiction and CD Activities

MEASURE 1: Percentage of total global illicit trafficking events, as estimated by interagency and international intelligence activities, detected and successfully handed-off to interdiction and apprehension assets by JIATF-S.

This measure is the primary gauge for assessing the Department's performance as the single lead agency of the Federal Government for detecting and monitoring (D&M) aerial and maritime transit of illicit drugs into the United States through the Western Hemisphere Transit Zone (WHTZ). The WHTZ includes the Caribbean Sea, the Gulf of Mexico, and the eastern Pacific Ocean.

In FY 2019, JIATF-S logged 7,713 Critical Movement Alerts (CMAs) comprised of initial intelligence submissions, of which 7,278 were Drug Movement Alerts (DMAs), a subset of CMAs that capture an impending or ongoing illicit drug movement. During quarterly Consolidated Counterdrug Data Base (CCDB) vetting conferences, each interagency partner-submitted event is examined to ensure strict adherence to agreed-upon criteria as defined in the CCDB User's Manual. This process resulted in the designation of 3,056 validated JIATF-S maritime events for FY 2019. Of the 3,056 JIATF-S validated DMAs, JIATF-S was able to target 590 (19 percent). *Target* in this context, is the act of searching for illicit conveyances with JIATF-S controlled resources such as, aircraft, ships, helicopters, etc. The remaining

2,466 events (81 percent) were not targeted primarily due to the lack of allocated air and maritime law enforcement interdiction resources. Of the 590 targeted events, 306 (52 percent) were categorized as "eyes-on" detections of illicit conveyances by United States or PN D&M assets. Of these, 221 were successfully handed-off to United States or PN law enforcement I&A assets. This resulted in an FY 2019 success rate of 72 percent for seizures and/or disruptions once an illicit target was detected, falling short of the 80 percent target.

JIATF-S is a critical force multiplier for United States. LEAs for evidence collection, grand jury proceedings, indictments, and extraditions leading to the interdiction or arrest of key DTO members, Consolidated Priority Organization Targets (CPOT), and the disruption of prioritized transnational threat networks. Below are JIATF-S operations related FY 2019 law enforcement seizure statistics as compared to FY 2018:

- Arrests/Detainees: 745, decreased by 8 percent
- Conveyances (vessels and aircraft): 228, decreased by 5 percent
- Cocaine: 280 MT, increased by 7 MT ($5.6B loss to traffickers)
- Marijuana: 24 MT, increased by 71 percent ($51M loss to traffickers)
- Heroin: 0 KG

Budget Decision Unit 1: Drug Interdiction and CD Activities
MEASURES 2 and 3: DoD military and civilian personnel testing positive for drug use.

This measure provides a direct and effective indication of unauthorized drug use by United States Armed Service members and DoD civilian employees. As drug use is incompatible with DoD military and public service, the DoD DDR program was mandated in 1981 and was given the mission to deter DoD personnel from abusing illicit drugs or misusing prescription drugs. Program components include compulsory random drug testing with punitive consequences and anti-drug education and outreach programs. DoD is on track to keep the illicit drug positive rate below 2 percent for military personnel and below 1 percent for civilian personnel, despite the Department expanding the drug testing panel to include commonly-abused prescription drugs and synthetic marijuana (a.k.a. Spice).

Budget Decision Unit 2: Overseas Contingency Operations
MEASURE 1: Indian Ocean Heroin Removal by Combined Task Force-150 (CTF-150)

This is an outcome indicator supporting multiagency/multinational intelligence and information-sharing operations led by the Regional Narcotics Interagency Fusion Cell (RNIFC). RNIFC coordinates and informs regional law enforcement partners and coalition maritime interdiction assets in the intercept of illicit drugs transiting the Indian Ocean Region. Co-located with United States Naval Forces Central Command in Bahrain, RNIFC analyzes, fuses, develops and disseminates military intelligence and law enforcement information to assist in the targeting of narcotics trafficking, TCO networks, and other transnational threats emanating from the illicit drug trade in Afghanistan.

In FY 2019, RNIFC provided information to regional law enforcement partners and CTF-150 (CTF-150) that resulted in 36 narcotics seizures. Approximately 3,045 kilograms (kg) of heroin were confiscated,

exploited for intelligence, and destroyed. In addition to heroin, CTF-150 ships also confiscated and destroyed approximately 66,253 kg of hashish, and 64.4 kg of methamphetamines. According to DEA estimates, approximately $67.4M in revenue was denied DTOs and their associated insurgent and extremist partners as a result of the combined heroin, hashish, and meth seizures. Heroin accounts for roughly $32M of the total; hashish $33.7M; and methamphetamine $1.7M.

Budget Decision Unit 2: Overseas Contingency Operations

MEASURE 2: United States Dollar (USD) value of drugs and precursors seized during SMW airlift support missions (drug revenue denied to Taliban and other VEOs).

This measure supports trend analysis and serves as a measure of SMW effectiveness. When assembled with other SMW performance measures, this measure provides leadership with useful data for making operational and resourcing decisions. SMW performs several types of flight missions such as CD, counterterrorism, training, administrative, and maintenance. This measure is used by management to assess the level of CD operations and performance relevant to other SMW missions and activities. It is also used by management when considering annual program and budget requests. SMW-provided airlift enabled the seizure or destruction of 278,081 kilograms of narcotics, and 3,144 liters of precursor chemicals. According to DEA estimates, this equated to $79.2M in denied revenue to DTOs and VEOs. Additionally, 39 persons were captured and another 24 neutralized.

Budget Decision Unit 3: CD Operations Tempo

MEASURE 1: Aircraft and ship OPTEMPO hours executed by the United States Armed Forces in support of global CD operations.

This measure supports the analysis of operational trends by tracking multiyear United States Armed Forces CD OPTEMPO hours in support of United States and PN law enforcement CD operations. Beginning in FY 2018, DASD CN&GT began coordinating with the Military Services to report data for aircraft flight and ship steaming hours in support of global CD operations to assist the ONDCP in obtaining a more complete accounting of total DoD support provided in support of *Strategy* goals. From FY 2018 to FY 2019, ship steaming hours increased by 80 percent, and flight hours decreased by 24 percent, resulting in a net decrease of 2,089 total United States Armed Services CD OPTEMPO hours.

DEPARTMENT OF DEFENSE
Defense Health Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Treatment	$71.328	$78.349	$82.749
Research and Development	4.103	21.417	6.995
Total Drug Resources by Function	**$75.431**	**$99.766**	**$89.744**
Drug Resources by Decision Unit			
Defense Health Program	$75.431	$99.766	$89.744
Total Drug Resources by Decision Unit	**$75.431**	**$99.766**	**$89.744**
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)[1]	$34.2	$34.9	$32.7
Drug Resources Percentage	0.2%	0.3%	0.3%

[1] *Total Agency Budget represents DHP appropriated funding only and excludes Medicare Eligible Retiree Healthcare Fund (MERHCF).*

Program Summary

MISSION

The medical mission of the DoD is to enhance DoD's and the Nation's security by providing healthcare support for the full range of military operations and sustaining the health of all those entrusted to its care. The 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 healthcare.

METHODOLOGY

Healthcare

The TRICARE Encounter Data Operational Data Store (TEDODS) served as the data source for the purchased care information. The Medical Data Repository (MDR) served as the data source for the direct care information. The International Classification of Disease (ICD) 10 coding system provided the structure to capture and compile the healthcare information from both the TEDODS and MDR. This approach captured all purchased care and direct care encounters with a primary ICD-10 diagnosis codes or inpatient procedure codes related to drug abuse treatment. For purchased care records, the data extract captured the TRICARE "government paid" amounts from the pertinent healthcare claims. Direct care encounter records included various estimated cost components. The out-year estimates are

derived by applying the estimated inflationary growth rates of the direct care and purchased care system costs to the historical actual treatment costs.

Pharmacy
The Pharmacy Data Transaction System data embedded in the MDR served as the data source for the pharmacy cost component. The absence of ICD-10 drug abuse treatment specific pharmaceutical codes complicates the identification of these cost within the available pharmacy data. To address this complication, the costs of pharmaceuticals specifically associated with and prescribed for drug abuse treatment. The Defense Health Agency compiled the list of drug abuse treatment specific pharmaceuticals based on a review of public, private, and federal literature related to drug abuse treatment. The list includes medications approved by the Food and Drug Administration (FDA) for drug abuse treatment.

Healthcare and Pharmacy Exclusions
Excluded from healthcare and pharmacy are costs associated with Medicare eligible beneficiaries and beneficiaries enrolled in the United States Family Health Plan program are excluded from both the healthcare and pharmacy cost components.

Research
With the exception of Congressionally-directed research activities, the DHP appropriation does not have specific budget line items designated for drug control research activities. As a result, the costs for research represent funds provided for specific projects related to drug abuse, to include advanced development research efforts.

BUDGET SUMMARY

In FY 2021 DHP requests $89.7 million for drug control activities, a decrease of $10.0 million from the FY 2020 enacted level.

Defense Health Program
FY 2021 Request: $89.7 million
($10 million below the FY 2020 enacted level)
The program change between FY 2020 and FY 2021 is driven by the exclusion of one-time Congressional add funding, such as Pain Management Research, which is not included in the base DHP budget request. It is expected, based upon historical appropriated funding, that Congress will continue to add this funding to the final appropriated funding for the DHP.

In FY 2020, the DHP requests $89.7 million for drug control activities, a decrease of $10.0 million from the FY 2020 enacted level.

PERFORMANCE

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

The Joint Program Committee-5 (JPC-5)/Military Operational Medicine Research Program (MOMRP) Behavioral Health, Wellness, and Resilience research is focused on providing solutions that build Service member, family, and community resilience in order to sustain and restore behavioral health and resilience.

Annually evaluate performance of each major program within the JPC-8/Clinical and Rehabilitative Medicine Research Program Pain Management

The Joint Program Committee-8 (JPC-8)/Clinical and Rehabilitative Medicine Research Program (CRMRP) Pain Management research aims to provide products and information solutions for the diagnosis and alleviation of battlefield, acute, and chronic pain and sequelae. National drug control program-relevant area of interest: Non-pharmacological approaches for pain.

PRIOR YEARS PERFORMANCE TARGET AND RESUTS

FY 2019 DHP Guidance to the Development of the Force (GDF) program JPC-5/MOMRP – Identification of the Nature of Substance Abuse Problems in the Military and Possible Military-Unique Contributing and Protective Factors.

FY 2019 Target	FY 2019 Actual
Conduct research to identify the nature of substance abuse problems in the military and possible military-unique contributing and protective factors	JPC-5/MOMRP is currently funding 2 projects: • Identifying Military-Specific Risk Factors for Substance Abuse to Tailor Early Interventions for Service Members with Chronic Noncancer Pain • Comprehensive Psychological Health Assessment and Impact of Upstream Intervention Among Army/Air Force Research Projects Agency Operators Engaged in intelligence, surveillance and reconnaissance and Weapon Strike Combat Operations

FY 2019 DHP GDF JPC-8/CRMRP – Non-Pharmacological Approaches for Pain

FY 2019 Target	FY 2019 Actual
Leverage research between DoD, Department of Veterans Affairs (VA), and the National Institutes of Health to conduct efficient, large-scale pragmatic clinical trials on non-pharmacological approaches to pain management and other co-morbid conditions in military personnel, Veterans and their families. Primary outcomes of treatment interventions include assessing pain and pain reduction, ability to function in daily life, quality of life, and medication usage/reduction/discontinuation. Secondary outcomes include assessing impact on comorbid conditions (e.g., post-traumatic stress disorder [PTSD], depression, substance abuse) and enhancing resilience.	JPC-8/CRMRP is currently funding 3 projects solicited through the VA/NIH/DoD Pain Management Collaboratory Program – Pragmatic Clinical Trials Demonstration: • Resolving the Burden of Low Back Pain in Military Service Members And Veterans: A Multi-Site Pragmatic Randomized Clinical Trial • Targeting Chronic Pain in Primary Care Settings Using Internal Behavioral Health Consultants • Ultrasound-Guided Percutaneous Peripheral Nerve Stimulation: A Non-Pharmacologic, Non-Addictive Alternative for the Treatment of Postoperative Pain

Alcohol and Substance Abuse Research Program

The Alcohol and Substance Abuse Disorders Research Program (ASADRP) is congressionally directed. The goal of the program is to identify and develop new medications to improve treatment outcomes for alcohol and substance disorders (ASUD), especially related to traumatic brain injury (TBI) and PTSD. The program's approach is to organize multidisciplinary, team-based translational research efforts to identify promising compounds, conduct proof-of- principle basic research to determine which compounds are most appropriate for human research trials, and conduct human proof-of-principle trials with promising compounds. The goal of this approach is to translate contemporary basic science knowledge into enhanced clinical pharmacological treatment protocols for ASUD.

FY 2019 DHP ASADRP CSI

FY 2019 Target	FY 2019 Actual
Fund research for developing new medications that can be brought to therapeutic use to improve treatment outcomes for alcohol and ASUD, especially as related to TBI and PTSD. The goals for the ASADRP are to: (1) Discover novel medications and combination medications for ASUD, PTSD, and TBI; (2) Develop these medications through rational proof-of-concept human	ASADRP-funded Pharmacotherapy for Alcohol and Substance Abuse Consortium is currently managing several studies, to include: • Studies on an Alcohol Use Disorder (AUD) comorbid with PTSD animal model (ended 31 Jul 2019) • AUD treatment proof-of-concept Phase 1 clinical trial [single site] (ends 31 Dec 2019)

studies and include assessment of medical safety in normal humans and of potential doses for efficacy in humans with ASUD, PTSD, and possibly TBI; and (3) Conduct Phase 2 safety and preliminary efficacy studies of potential medication combinations in optimal target populations and also explore functional genetic polymorphisms for matching patients to these medications.	• AUD treatment proof-of concept Phase 2 clinical trial [multi-site] (ends 30 Jun 2021) • Studies on an OUD and PTSD animal model, alcohol pharmacokinetics, and alcohol interactions (ended 31 Jul 2019) • Planning grants for AUD and PTSD clinical studies (ends 30 Jun 2020)

Chronic Pain Management Research Program

The Chronic Pain Management Research Program (CPMRP) is congressionally directed. The funds provided in the chronic pain management research program "shall be used to conduct research on the effects of using prescription opioids to manage chronic pain and for researching alternatives, namely non-opioid or non-addictive methods to treat and manage chronic pain, with a focus on issues related to military populations" (Senate Report 115-290, pg. 211, *Chronic Pain Management Research*)

FY 2019 DHP CPMRP CSI

FY 2019 Target	FY 2019 Actual
Research opioid-alternative or non-addictive methods to treat and manage chronic pain. The funds provided in the chronic pain management research program shall be used to conduct research on the effects of using prescription opioids to manage chronic pain and for researching alternatives, namely non-opioid or non-addictive methods to treat and manage chronic pain, with a focus on issues related to military populations.	FY19 CPMRP released two Program Announcements in July 2019: Translational Research Award: Anticipate 2 awards totaling $4.5M Investigator-Initiated Research Award: Anticipate 3 awards totaling $4.3M • Application Submission Deadline: 6 December 2019 • Peer Review: January 2020 • Programmatic Review: March 2020 • Awards Made: NLT 30 September 2020

DEPARTMENT OF EDUCATION

DEPARTMENT OF EDUCATION
Office of Elementary and Secondary Education

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$57.547	$58.759	$100.000
Total Drug Resources by Function	**$57.547**	**$58.759**	**$100.000**
Drug Resources by Decision Unit and Program			
School Safety National Activities	$57.547	$58.759	---
School Climate Transformation Grants	*55.972*	*57.184*	---
Other Activities	*$1.575*	*$1.575*	---
Elementary and Secondary Education for the Disadvantaged (ESED) Block Grant	---	---	$100.000
ESED Block Grant State and Local Formula Grant Program [1]	---	---	*42.831*
School Climate Transformation Grants continuation awards [2]	---	---	*57.169*
Total Drug Resources by Decision Unit and Program	**$57.547**	**$58.759**	**$100.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a percent of Budget			
Total Agency Budget[3] (in Billions)	$71.1	$72.7	$66.6
Drug Resources percentage	0.1%	0.1%	0.2%

[1]The ESED Block Grant would combine 29 elementary and secondary education programs into a single State and local formula grant program under which States and school districts would have flexibility to use the funds for any authorized purpose of the programs consolidated into the block grant, inclusive of drug prevention. For FY 2021, $42.8 million is the estimate of how much of the ESED Block Grant States and school districts would use for drug prevention.
[2]FY 2021 continuation costs of approximately $57.2 million for School Climate Transformation Grants will be provided from the appropriation for the proposed Elementary and Secondary Education for the Disadvantaged (ESED) Block Grant.
[3]The total agency budget reflects discretionary funds only.

Program Summary

MISSION

ED's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

METHODOLOGY

The programs funded under School Safety National Activities (SSNA) and under the proposed Elementary and Secondary Education for the Disadvantaged (ESED) Block Grant comprise the only ED operations included in the drug control budget. SSNA 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. SSNA supports the prevention goals and objectives of the *Strategy.*

The Department of Education's FY 2019 and FY 2020 budget authority for drug control related programs includes all funding under SSNA, except for amounts corresponding to the following activities that have no explicit drug control nexus: (1) Project School Emergency Response to Violence, which 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 to address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence; (3) School Emergency Management Activities, such as Grants to States for emergency management and the Department's Readiness and Emergency Management for Schools Technical Assistance Center, which supports schools, school districts, and institutions of higher education in the development and implementation of high-quality emergency operations plans; (4) a small number of miscellaneous other school safety activities; and (5) Mental Health Service Professional Demonstration Grants and School-Based Mental Health Services Grants, which help increase the number of counselors and other mental health professionals in order to provide services to students in high-need school districts.

Under the FY 2021 request, the Department's operations included in the drug control budget include: (1) continuation costs of $57.2 million for School Climate Transformation Grants that would be provided from the appropriation for the proposed ESED Block Grant; and (2) $42.8 million, which is the estimate of how much of the ESED Block Grant formula grant funds would be used by States and school districts for drug prevention. The ESED Block Grant would combine 29 elementary and secondary education programs into a single State and local formula grant program under which States and school districts would have flexibility to use the funds for any authorized purpose of the programs consolidated into the block grant, inclusive of drug prevention.

BUDGET SUMMARY

In FY 2021, the ED requests $100.0 million for drug control activities, an increase of $41.2 million above the FY 2020 level.

School Safety National Activities

FY 2021 Request: $0.0 million
($58.8 million below the FY 2020 level)

No funding is being requested for SSNA in FY 2021. The ESED Block Grant would consolidate nearly all currently funded formula and competitive grant programs authorized by the Elementary and Secondary Education Act (ESEA), including SSNA, into a single State and local formula grant program.

School Climate Transformation Grants
FY 2021 Request: $0.0 million
($57.2 million below the FY 2020 level)

The ESED Block Grant will consolidate School Climate Transformation Grant funding along with nearly all currently funded formula and competitive grant programs authorized by the ESEA, including SSNA, into a single State and local formula grant program.

Other Safe Schools National Activities

FY 2021 Request: $0.0 million

($1.6 million below the FY 2020 enacted level)

No funds are requested for the other SSNA that were included in the drug control budget in FY 2019 and FY 2020 due to the proposed consolidation of SSNA into the ESED Block Grant. Specifically, the National Center on Safe Supportive Learning Environments (NCSSLE) would no longer be funded. Under the budget request NCSSLE would receive its last year of funding in FY 2020. NCSSLE provides technical assistance to state educational agencies (SEAs), LEAs, and IHEs to help improve conditions for learning in schools and classrooms and to provide safe and healthy environments to prevent substance (including opioids) abuse; support student academic success; and prevent violence at the elementary, secondary, and postsecondary levels. Beginning in FY 2021 SEAs and LEAs would have discretion to use ESED Block Grant funds to pay directly for technical assistance related to needs currently addressed by NCSSLE.

Elementary and Secondary Education for the Disadvantaged Block Grant

FY 2021 Request: $100.0 million

($100.0 million above the FY 2020 level)

The ESED Block Grant would consolidate nearly all currently funded formula and competitive grant programs authorized by the Elementary and Secondary Education Act (ESEA), including SSNA, into a single State and local formula grant program. SEAs and LEAs would have discretion to use block grant fund for any ESEA-authorized purpose, including improving school climate and preventing and mitigating the effects of drug and alcohol abuse on students and schools. The $42.8 million is the estimated amount of ESED Block Grant formula grant funds that will be utilized for drug prevention activities by States and school districts.

ESED Block Grant State and Local Formula Grant Program

FY 2021 Request: $42.8 million

($42.8 million above the FY 2020 enacted level)

Although the overall ESED Block Grant funds are not specifically dedicated to State and school district prevention spending, this budget estimates that $42.8 million will be used for that purpose. The continuing impact of the opioid epidemic, as well as concerns over other drugs, pose a serious and ongoing risk to students all across the country. The ESED Block Grant funds will be available to help States address these continuing serious drug challenges.

School Climate Transformation Grants

FY 2021 Request: $57.2 million

($57.2 million above the FY 2020 enacted level)

The request would provide $57.2 million to fully fund the fourth year of 5-year School Climate Transformation grants to SEAs and third year of 5-year School Climate Transformation Grants to 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 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. Nearly all funded projects include opioid abuse prevention and/or mitigation strategies, consistent with the competitive preference priority used in the FY 2018 and FY 2019 School Climate Transformation Grants competitions.

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.

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 correspond to drug control-related achievements during FY 2019.

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 evidenced 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. Forthcoming data will be 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.

Department of Education Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» 2014 cohort - The number of schools annually that are implementing the multi-tiered behavioral framework with fidelity	1,077	[1]
» 2014 cohort - The percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity	79%	[1]
» 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	804	[1]
» 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)	63	[1]

[1]*The final year of data for these 5-year grants will reflect the final project period (including any no-cost extensions), and should be available by the end of 2020.*

FEDERAL JUDICIARY

FEDERAL JUDICIARY

Resource Summary

	Budget Authority (in Millions)[1]		
	FY 2019 Final	FY 2020 Enacted[2]	FY 2021 Request
Drug Resources by Function			
Corrections	$544.944	$566.871	$589.295
Prosecution	419.906	442.227	463.640
Research and Development	6.715	6.967	7.175
Treatment	157.484	163.809	170.294
Total Drug Resources by Function	**$1,129.049**	**$1,179.874**	**$1,230.404**
Drug Resources by Decision Unit			
Administrative Office of the United States Courts	$2.212	$2.256	$2.388
Court Security	40.277	42.403	44.052
Defender Services	140.355	150.618	160.581
Federal Judicial Center	0.538	0.548	0.564
Fees of Jurors and Commissioners	12.373	13.191	13.639
Salaries and Expenses	926.660	963.973	1,002.090
United States Sentencing Commission	6.634	6.885	7.090
Total Drug Resources by Decision Unit and Function	**$1,129.049**	**$1,179.874**	**$1,230.404**
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$7.5	$7.8	$8.1
Drug Resources Percentage	15.0%	15.1%	15.1%

1 Includes Mandatory and Discretionary Resources.
2 Based on preliminary FY 2020 financial plans.

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 United States 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, drug 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 SUD by persons under supervision and to remove violators from the community before relapse leads to recidivism.

BUDGET SUMMARY

In FY 2021, the Judiciary requests $1,230.4 million, an increase of $50.5 million above the FY 2020 enacted level. The request generally reflects increases to maintain current services, but also accounts for the anticipated increase in caseload and supervision responsibilities of the Judiciary.

Administrative Office of the United States Courts
FY 2021 Request: $2.4 million
($0.1 million above the FY 2020 enacted 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 2021 Request: $44.1 million
($1.6 million above the FY 2020 enacted level)
This program provides security for judicial areas at courthouses and in Federal facilities housing court operations. The 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 2021 Request: $160.6 million
($10.0 million above the FY 2020 enacted 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 2021 Request: $0.6 million
($16,000 above the FY 2020 enacted 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 2021 Request: $13.6 million
($0.4 million above the FY 2020 enacted 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 United States Attorneys.

Salaries and Expenses
FY 2020 Request: $1,002.1 million
($38.1 million above the FY 2020 enacted level)
The Salaries and Expenses request includes salaries, benefits, and other operating expenses of judges and support personnel for the United States courts of appeals, district courts, bankruptcy courts, and probation and pretrial services officers and staff.

United States Sentencing Commission
FY 2021 Request: $7.1 million
($0.2 million above the FY 2020 enacted level)
The United States 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 FY ending September 30, 2018, 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 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 GPRMA.

Filings for defendants charged with drug crimes increased 2 percent to 24,740 and constituted 28 percent of all defendant filings. Filings for defendants charged with crimes related to marijuana decreased 19 percent to 3,385. Filings for non-marijuana defendants rose 6 percent to 21,355. Filings related to the sale, distribution, or dispensing of illegal drugs dropped 18 percent to 1,845 for marijuana and grew 8 percent to 18,895 for all other drugs.

Forty-seven percent of persons under post-conviction supervision had been convicted of drug offenses (down from 48 percent).

Cases in which the major offense charged involved drugs accounted for 25 percent of pretrial services cases (down from 28 percent).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$40.000	$30.000	$60.000
Total Drug Resources by Function	**$40.000**	**$30.000**	**$60.000**
Drug Resources by Decision Unit			
Promoting Safe and Stable Families – Regional Partnership Grants	$40.000	$30.000	$60.000
Total Drug Resources by Decision Unit	**$40.000**	**$40.000**	**$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)	$62.0	$60.0	$55.0
Drug Resources percentage	0.1%	0.1%	0.1%

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

The Promoting Safe and Stable Families (PSSF) appropriation provides funding for the PSSF program, the Personal Responsibility Education Program, and Title V Sexual Risk Avoidance Education (originally authorized as Abstinence Education). The appropriation for the PSSF program includes both mandatory and discretionary budget authority.

The Social Security Act of 1935 (P.L. 74-271) authorized the first federal grants for child welfare. In 1993, the Omnibus Budget Reconciliation Act (P.L. 103-66) created the Family Preservation and Family Support Services Program, which became Promoting Safe and Stable Families, under title IV-B-2 of the Social Security Act, with passage of the Adoption and Safe Families Act of 1997 (P.L. 105-89). The Family First Prevention Services Act (FFPSA) (P.L. 115-123) amended and reauthorized the program through FY 2021.

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 (PSSF) was established by The Child and Family Services Improvement Act of 2006 (Public Law 109-288). In 2011, 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). In 2018, these grants were renamed Targeted Grants to Implement IV-E Prevention Services, and Improve the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, and other Substance Abuse and reauthorized through FY 2021 as part of the Bipartisan Budget Act of 2018 (Pub. L. 115-123). 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 2021, ACF requests $60.0 million for drug control activities, an increase of $30.0 million above the FY 2020 enacted level.

Regional Partnership Grants

FY 2020 Request: $60.0 million
($30.0 million above the FY 2020 enacted level)

In the mandatory side there are $20 million reserved for the Regional Partnership Grants (RPG) Program to provide services and activities to benefit children and families affected by a parent's or caretaker's substance abuse, including opioids addiction, who come to the attention of the child welfare system. In FY 2018 and FY 2019, the RPG Program received an additional $20 million appropriation above the authorized funding level.

In September 2017, ACF awarded 17 grants in 17 states to improve the well-being of families and children affected by substance abuse and to build on the evaluation findings from previous RPG projects. Results from previous RPG projects demonstrate that the majority of children at risk of removal remained in their parent's custody following enrollment into RPG services. The rates of placement into permanent settings, including reunification with their parent(s), increased significantly in the year following RPG enrollment, among the subset of youth who were in an out-of-home placement. In addition, the overall rates of child maltreatment decreased substantially in the year after enrollment in the RPG program.

In addition to the funding authorized in Title IV-B, subpart 2, of the Social Security Act, the FY 2018, FY 2019, and FY 2020 appropriations included additional discretionary funds for special initiatives. The FY 2018 and FY 2019 appropriations bills included an additional $20 million in discretionary funding to increase funding for RPGs. Using the additional discretionary funds provided in those appropriations, ACF awarded 10 three-year RPG projects in FY 2018 and 8 five-year RPG projects in FY 2019. The FY 2020 Appropriations Act included an additional $10 million for the RPG program.

The FY 2021 request for the PSSF program on the mandatory side is $60 million, to continue the success of earlier RPGs. These funds will support state efforts to reduce foster care placements due to parental substance use. Adult SUDs, including OUD, remain a major and growing factor for involvement in the

child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of SUDs, including opioid addiction, and child welfare involvement.

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 FY 2018 – 2022 HHS Strategic Plan. The table and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2018, the latest year for which data are available.

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

Since funding for RPG is part of the larger PSSF program, ACF considers those activities to be part of the larger program performance goals, which includes the key measure in the table above. In FY 2018, ACF placed 92.9 percent of all children who exited foster care in less than 24 months into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure through FY 2021 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 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$475.579	$475.579	$475.579
Total Drug Resources by Function	**$475.579**	**$475.579**	**$575.579**
Drug Resources by Decision Unit			
Opioid Abuse and Overdose Prevention	$475.579	$475.579	$475.579
Drug-Free Communities [1]	---	---	$100.000
Total Drug Resources by Decision Unit	**$475.579**	**$475.579**	**$575.579**
Drug Resources Personnel Summary			
Total FTEs (Direct Only) [2]	109	138	178
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) [3,4]	$7.3	$6.5	$6.8
Drug Resources Percentage	6.5%	7.3%	8.5%

[1] The FY 2021 funding level for CDC includes $100.0 million for the DFC Program. For FY 2019 and FY 2020, DFC is included under the ONDCP heading.
[2] Includes vacancies.
[3] Excludes ATSDR and mandatory programs.
[4] Includes funding from the Prevention and Public Health Fund, PHS Evaluation and NEF Direct Transfers.

Program Summary
MISSION

The 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. CDC plays a critical role in the Administration's strategy by preventing opioid-related harms and overdose deaths. To apply its public health expertise, CDC maintains a five-pillar approach for opioid abuse and overdose prevention:

- Conducting surveillance and research
- Building state, local, and tribal capacity
- Supporting providers, health systems and payers

- Partnering with public safety
- Empowering consumers to make safe choices

CDC uses data to tailor its response as the epidemic continues to evolve. For example, in response to the rise in deaths attributable to illicit opioids and other emerging substance threats, CDC is working closely to engage and inform public safety organizations and link public health strategies with substance use treatment efforts addressing illicit opioids, methamphetamine, cocaine, other psychostimulants, and polysubstance use and abuse. CDC also has dedicated efforts to reach vulnerable populations (e.g., tribes and rural communities).

METHODOLOGY

CDC's determined the drug control budget using the amount appropriated for the Opioid Abuse and Overdose Prevention Program (previously the Prescription Drug Overdose and Illicit Opioid Use Risk Factors Programs) under the Department of Defense and Labor, Health and Human Services and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019, P.L. 115-245. CDC is committed to an approach that protects the public's health and prevents opioid and other drug overdose deaths.

BUDGET SUMMARY

In FY 2021, the CDC requests $575.6 million for drug control activities, an increase of $100.000 million above the FY 2020 enacted level.

Opioid Abuse and Overdose Prevention
FY 2021 Request: $475.6 million
(No change from the FY 2020 enacted level)

The President's Budget Request outlines activities in five pillars that capitalize on CDC's scientific expertise: conducting surveillance and research; building state, local, and tribal capacity; supporting providers, health systems, and payers; partnering with public safety; and empowering consumers to make safe choices.

Conduct surveillance and research: Timely, high-quality data are necessary for public health officials and other decision makers to understand the extent of the problem, focus resources, and evaluate the effectiveness of prevention and response efforts. CDC helps states improve their surveillance systems to better monitor the overdose epidemic and optimize their response activities. In FY 2017, CDC began funding states to collect innovative data on both fatal and nonfatal overdoses. States participating in CDC's Enhanced State Opioid Overdose Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS) initiative collect information on fatal overdoses from death certificates and from medical examiner or coroner reports, toxicology reports, and law enforcement crime scene information. Nonfatal overdose data were extracted from emergency department and ambulance transport records.

The data collected have helped public health experts adapt to the rapidly changing epidemic—for example, enabling the tracking of trends in the evolving illicit opioid market to identify communities at risk. Data have equipped communities with the information needed to intervene in cases of nonfatal overdose to help save lives. An example of success is Georgia's response to an outbreak of overdoses from counterfeit Percocet. Emergency doctors in Macon noticed a spike in overdoses—six overdoses, including one death—in 24 hours. The Georgia Poison Center quickly notified the Department of Public

Health's of the outbreak, who then reached out to medical examiners, the Georgia High Intensity Drug Trafficking Area, Georgia Bureau of Investigation, and other partners to coordinate a response, including a press conference and other efforts to alert the public about the counterfeit pills.

In FY 2019, CDC launched a new Notice of Funding Opportunity, Overdose Data to Action (OD2A), which builds on previous surveillance and prevention programs to foster an interdisciplinary, comprehensive, and cohesive public health approach to the complex and changing nature of the overdose epidemic. Given the shifting landscape of the epidemic, CDC is requiring funded recipients to collect surveillance information on all drug overdose deaths. All funded recipients will also collect nonfatal overdose data on all suspected drug, opioid, heroin, and stimulant overdoses from 75 precent of a State's emergency departments. This means CDC is collecting data on more substances and from more facilities, and the data will be rapidly disseminated to inform prevention and response efforts. These funds will support states, territories, cities, and counties in obtaining higher quality, more comprehensive, and timelier data on overdose morbidity and mortality. CDC is also funding innovative state and local surveillance projects in an effort to address key surveillance needs, focusing on data linkage activities and tracking the public health risk of illicit opioid drug supply.

To curb the epidemic, CDC continues to look for upstream evidence-based prevention efforts, such as collecting data on Adverse Childhood Experiences (ACEs) as a key risk factor. For example, CDC is supporting six states to include an ACEs module in their 2019 Behavioral Risk Factor Surveillance System (BRFSS) survey—an annual state-based phone survey that collects state data on risk factors, chronic health conditions, and use of preventive services. The module asks questions related to substance use, and the data can then be used to assess the relationship between substance use and ACEs. To expand this surveillance mechanism, CDC is funding BRFSS to make the ACEs module available to all 50 states in the 2020 survey. CDC is also including ACEs and opioid misuse surveillance questions on an internet panel survey to provide better insight into ACEs trends and the connection to opioid misuse over time—a key function of public health surveillance and one that is not currently supported by existing retrospective data systems.

Research is also a key component of CDC's efforts to understand the epidemic, identify risk and protective factors, and determine effective interventions. Once evidence-based strategies are identified, CDC works to understand how the interventions can be implemented in states, territories, and local jurisdictions and continually evaluates and refines them. CDC is also leading an evaluation of MAT to improve the evidence base, with the intent of scaling up MAT to achieve population-level impact. This research is assessing the type of MAT and the contextual, provider, and individual factors that influence implementation and improve patient wellbeing.

Build state, local, and tribal capacity: States, communities, and tribes play an important role in preventing overdoses and related harms. For instance, they coordinate Prescription Drug Monitoring Programs (PDMPs), license healthcare providers, respond to drug overdose outbreaks, and run large public insurance programs such as Medicaid and workers' compensation. CDC's Overdose to Action (OD2A) cooperative agreement provides $301 million in 2019 to 47 states, Washington, D.C., 16 localities, and two territories to advance the understanding of the opioid overdose epidemic and to scale-up prevention and response activities. In an effort to improve local prevention and response, CDC is directly funding localities and state recipients are required to direct 20 percent of prevention funds to local communities.

CDC state, local, and tribal support funding focuses on the complex and changing nature of the opioid overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. Funds support state, territorial, and select county, city or township health departments in obtaining high quality, more comprehensive, and timelier data on overdose morbidity and mortality, and use those data to inform prevention and response efforts. The OD2A cooperative agreement integrates activities funded through CDC's existing multi-year programs (Prevention for States, Data-Driven Prevention Initiative, and ESOOS). This three-year funding opportunity will continue work focused on increasing comprehensiveness and timeliness of surveillance data; building state and local capacity for public health programs determined to be promising based on research evidence; making PDMPs easier to use and access; and working with health systems, insurers, and communities to improve opioid prescribing. In 2019, CDC also added new opportunities for states to focus on linkage to care and other areas of innovation supported by evidence-based practice.

In addition to supporting surveillance capacity, CDC supports jurisdictions to put what they learn into action. For example, Ohio is using CDC funding to collect and analyze data on drug-related visits to emergency departments and using the findings to alert local health departments about needed public health response activities. In Maryland, CDC funds are supporting Overdose Fatality Review Teams comprised of multi-agency and multi-disciplinary members that conduct confidential case reviews of overdose deaths with the goal of preventing future deaths. Teams identify missed opportunities for prevention, gaps in the system, and areas for increased collaboration among agencies and stakeholders at the local level. CDC resources also build jurisdictions' capacity to use PDMP data to inform action, educate about risks, customize prevention activities to communities, and target populations of particular need (including rural and tribal communities). In Pennsylvania, CDC funds facilitated increased integration of PDMPs into electronic health records, (EHR) which improved clinician monitoring of PDMP data to inform safer prescribing. In Washington, the PDMP has been made available directly within EHRs at emergency departments and urgent care sites.

CDC also builds capacity by helping establish and improve patient linkages to MAT and other supportive services. In New Mexico, CDC funds were used, in collaboration with Indian Health Service (IHS), to link individuals with OUD in tribal communities to needed services. Kentucky also used CDC funds to develop the state's "Find Help Now" website, which links individuals to over 530 treatment facilities represented by 230 different providers. In communities that experience high rates of overdoses, CDC supports local public health departments to implement and test a comprehensive community approach to reduce these rates by preventing ACEs and strengthening resilience after any ACE exposure. This work integrates public health institutes to rigorously evaluate and share lessons for scaling up of methods. Finally, CDC is supporting its Essentials for Childhood recipients to address risk and protective factors for opioid misuse and preventing ACEs. This supplemental funding supports partnership development, program implementation, data collection, and evaluation activities conducted by state health departments.

Support providers, health systems, and payers: CDC seeks to improve the way opioids are prescribed. In March 2016, CDC authored a *Guideline for Prescribing Opioids for Chronic Pain* to give providers guidance on best practices when prescribing opioids. A study of the impact of the guideline noted that there were approximately 14.2 million fewer opioid prescriptions filled from March 2016 to December 2017, following the guideline's release. Additional data released in August 2018 showed that from 2017 to 2018, the number of high-dose opioid prescriptions decreased 21 percent, from 48.6 million to 38.4 million, and the number of naloxone prescriptions increased 106 percent. CDC also

supports continuing medical education and other health professional training modules to advance better pain management practices, with specific focus on vulnerable populations (e.g., rural, tribal). In 2018, CDC published the *Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain* resource to help healthcare systems integrate the guideline and associated quality improvement measures into their clinical practice. This resource offers primary care providers (PCP), practices, and healthcare systems a framework for managing patients who are on long-term opioid therapy.

CDC also supports collaborations between health systems and state health departments in all 50 states. This includes identifying and scaling up promising prevention practices in the Nation's hospitals and health systems, including coordinated care models for high-risk opioid patients to ensure they receive safe, effective treatment, and quality improvement strategies to improve opioid prescribing practices. CDC is also collaborating with the Office of the National Coordinator for Health Information Technology (ONC-HIT) to create sharable clinical decision supports to integrate guideline recommendations into EHRs. For example, EHRs could include alerts for morphine milligram equivalent thresholds, defaults on prescribing amounts for initiation of opioids, and prompts to check the PDMP. Three clinical sites—Carolinas Medical Center, Houston Methodist, and Yale—are making changes to their EHR and will report prescribing rates. Responsive to 2018 Omnibus report language, CDC is also working with ONC-HIT to enhance the integration of PDMPs and EHRs in an effort to facilitate clinician access to critical data within clinical workflow.

Partner with public safety: Greater collaboration between public health and law enforcement can improve surveillance activities, data sharing, and the targeting of interventions. CDC partners with 21 HIDTAs on the Overdose Response Strategy (ORS), an unprecedented public health-public safety partnership across 34 states from Georgia to Maine, and as far west as Michigan. The ORS addresses the overdose epidemic through law enforcement, response, treatment and recovery, and prevention. CDC is funding yearlong pilot projects in up to seven ORS states designed to build the evidence base for effective interventions at the local level to reduce fatal and nonfatal overdoses. Projects include integrating overdose protocols into a mobile health program, overdose education and naloxone distribution in jail/prison settings, and working with families and infants with Neonatal Abstinence Syndrome (NAS) to decrease opioid-related harms.

In addition to building the evidence base through pilot projects, CDC developed *Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*. This resource targets those who actively work to reduce overdoses in their community, such as community leaders, public health officials, public safety officers, local organizations, and others. It consolidates the best evidence currently available on 10 opioid overdose prevention strategies, offering implementation tips and examples of use in the field. In October 2018, CDC presented this resource exclusively to collaborating public safety officials and personnel. Then, in May 2019, CDC presented to communities and professionals via a joint webinar with the Center for Faith and Opportunity Initiatives at HHS, reaching over 1,300 people.

CDC recognizes that the most effective solutions are ones that are tailored to communities. As such, CDC partners with the ONDCP to fund the Combating Opioid Overdose through Community-Level Intervention program. The program provided funding to 39 pilot programs between FY 2017 and FY 2019 to create innovative, evidence-based, community-level interventions that could be replicable with public safety agencies. Projects include post-overdose strategies to link people to care using patient

navigators and recovery coaches, justice-involved populations and access to MAT, buprenorphine induction in emergency departments, NAS, and ACEs. One example of this work is The Martinsburg Initiative, an innovative, multisector partnership focused on opioid overdose prevention that can act as a model for other communities. This project expands community resources and links law enforcement, schools, communities, and families to assess participants' ACE scores, then connect them to necessary resources and support.

CDC also strives to strengthen partnerships with other federal public safety agencies. In 2019, CDC collaborated with the Bureau of Justice Affairs (BJA), USDA, HRSA, and SAMHSA to reduce opioid overdoses among individuals who encounter law enforcement or who are involved in the criminal justice system in high-risk rural regions. This was accomplished by providing funds to eight high-risk rural sites that will establish public safety, public health, and behavioral health partnerships and implement Overdose Detection Mapping Application Program through a statewide demonstration project.

Empower consumers to make safe choices: Helping Americans understand the severity of the overdose epidemic and raising awareness is a key component of prevention. CDC launched the *Rx Awareness* communication campaign featuring testimonials from people recovering from OUD and those who have lost loved ones to prescription opioid overdose. The campaign educates people about the risks of prescription opioids and the importance of discussing safer and more effective pain management with healthcare providers. It also promotes awareness of risks associated with non-medical use of opioids, factors that increase risks (such as fentanyl in the local drug supply), and approaches to reduce risks. State and local health departments and community organizations are taking part in the Rx Awareness campaign. They use the tested campaign materials and resources to launch their own campaigns, support local prevention activities, and raise awareness about the risks of prescription opioids. The Forest County Potawatomi Community in Wisconsin used CDC funding for a media campaign targeting the stigma associated with OUDs within the Native American culture. As the epidemic evolves, CDC is exploring the need to expand communication about polysubstance and illicit use and abuse as well as create campaign messages for specific populations.

Drug-Free Communities

FY 2021 Request: $100.0 million
($100.0 million above the FY 2020 enacted levem)

In FY 2021, HHS is proposing to allocate DFC and Comprehensive Addiction and Recovery Act (CARA) Local Drug Crisis funds directly to CDC to streamline program management and create administrative efficiencies, as well as leverage CDC's public health expertise and resources to the benefit of the programs and their almost 800 recipients across the country. By statute, the DFC Support Program has two goals (1) 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; and (2) 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 CARA Local Drug Crisis is to enhance the efforts of current or former recipients under the DFC Support Program.

PERFORMANCE

In FY 2020, CDC conducted cutting-edge overdose work across the five pillars of the response strategy. CDC continues to promote utilization of the guideline, and spreads awareness that prescription opioids can be addictive and dangerous through the Rx Awareness campaign. Recently, 74 percent of survey respondents exposed to the Rx Awareness campaign pilot reported the campaign was effective or very effective at improving their related knowledge.

CDC tracks two performance measures as part of its budget justification focused on overdose.

- Measure 7.2.7a: Reduce the age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids (e.g., oxycodone, hydrocodone) per 100,000 population among states funded through Prescription Drug Overdose Prevention for States Program
    - Most recent result: 4.40 (2017)
    - Target: 3.74 (2021)
- Measure 7.2.7b: Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) per 100,000 population among states funded through Prescription Drug Overdose Prevention for States
    - Most recent result: 9.00 (2017)
    - Target: 7.65 (2021)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Resource Summary

	Outlays (in millions)		
	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Drug Resources by Function			
Treatment	$8,160.000	$8,550.000	$9,020.000
Total Drug Resources by Function	**$8,160.000**	**$8,550.000**	**$9,020.000**
Drug Resources by Decision Unit			
Medicaid Treatment	$5,480.000	$5,640.000	$5,880.000
Medicare Treatment	$2,680.000	$2,910.000	$3,140.000
Total Drug Resources by Decision Unit	**$8,160.000**	**$8,550.000**	**$9,020.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)[1]	$1,167.9	$1,260.5	$1,335.7
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, CMS is committed to strengthening and modernizing the Nation's healthcare system to provide access to high quality care and improved health at a lower cost. Through its coverage of drug treatment services included under Medicare and Medicaid benefit payments, CMS helps support the goals of the ONDCP by paying for SUD treatment provided 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 SUDs as a primary diagnosis. Managed care expenditures were estimated based on the ratio of SUD expenditures to all expenditures for fee-for-service by eligibility group. The estimates were trended forward to FY (FY) 2018 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 SUD expenditure growth from 2007-2011 to all service expenditure growth and adjusting the growth rate proportionately.

Medicare: The estimates of Medicare spending for the treatment of SUD are based on the FY 2021 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 2018, using the primary diagnosis code[3] included on the claims. The historical trend was used to make projections into the future. These projections are very similar to those for the 2020 President's Budget and vary only slightly due to changes in the baseline.

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 SUD 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 Medicare Part D because there is not a straightforward way to get this information. There is no diagnosis code associated with prescription drug claims, and drugs used to treat SUD are often also used to treat other conditions.

BUDGET SUMMARY

In FY 2021, CMS expects to spend $9.0 billion on SUD treatment, an increase of $470.0 million above the FY 2020 estimated spending level. This estimate reflects Medicaid and Medicare (excluding Part D) benefit outlays for SUD treatment. Overall, year-to-year projected growth in SUD spending is a function of estimated overall growth in Medicare and Medicaid spending.

Grants to States for Medicaid

FY 2021 outlay estimate: $5.9 billion
($240.0 million above the FY 2020 estimate)

Medicaid is a healthcare entitlement program financed by states and the Federal Government. Medicaid mandatory services include SUD services for detoxification and treatment for SUD needs identified as part of early and periodic screening, and diagnostic and treatment services for individuals under 21 years of age. Additional Medicaid SUD treatment services may be provided as optional services. The *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act* also requires states to cover all forms of MAT from FY 2021 – FY 2025.

The SUPPORT Act made changes to the Medicaid Drug Utilization Review (DUR) program. Specifically, the law requires states to implement minimum opioid standards within their Medicaid Fee for Service (FFS) and managed care programs. Through amendments to Section 1902 of the Act, states are required to: implement "safety edits" and "claims review automated processes" to target reduction of opioid related fraud, misuse, and abuse, to include opioid refill requirements; monitor prescriptions for opioids and other drugs when prescribed concurrently; monitor antipsychotic prescriptions for children; and report on these activities on an annual basis to CMS[4]. Additionally, any Medicaid Managed Care Organizations, Prepaid Inpatient Health Plans, or Prepaid Ambulatory Health Plans that cover covered outpatient drugs are required to operate a DUR program that complies with certain rules and to submit detailed information about its DUR program activities to the state. State implementation of

[3] Based on the ICD coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes, and also ICD-9 code 7903. The applicable ICD-10 codes for substance abuse include a subset of the F10, F11, F12, F13, F14, F15, F16, F17, F18, and F19, and R78 ICD-10 category of codes.
[4] See Center for Medicaid and CHIP Services (CMCS) Informational Bulletin that supports states as they implement this section of the SUPPORT Act: https://www.medicaid.gov/federal-policy-guidance/downloads/cib080519-1004.pdf

these strategies was required by October 1, 2019, and the Secretary was required to report this information to Congress beginning in FY 2020.

Medicare
FY 2021 outlay estimate: $3.1 billion
($230.0 million above the FY 2020 estimate)
Medicare provides coverage of hospital, physician, skilled nursing facility, home healthcare, and other healthcare services, as well as prescription drug coverage, to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare SUD treatment benefit payments are made by Medicare Part A and Medicare Part B, and by Medicare Advantage plans (Part C). . This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage, under the assumption that spending on SUD treatment for these beneficiaries is proportional to spending on SUD treatment for beneficiaries enrolled in fee-for-serve Medicare. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

PERFORMANCE

Performance measures are used across the healthcare delivery system and across federal payers, including Medicare and Medicaid, to improve outcomes, experience of care, population health, and healthcare affordability. In clinical and behavioral healthcare, measurement has been associated with improvements in providers' use of evidence-based strategies and health outcomes. CMS uses quality measures in its various programs that include quality improvement, pay for reporting, and public reporting.

CMS has a number of mechanisms to help discourage prescribing practices that place beneficiaries at risk of harm. These practices are employed judiciously to prevent problematic providers who fail to meet Medicare requirements from harming beneficiaries. CMS also monitors Medicare prescribing patterns for potential misuse or abuse.

In FY 2021, CMS will continue to implement the many Medicare and Medicaid-related provisions of the SUPPORT Act. Key provisions include: allowing states to receive federal reimbursement for services provided to individuals residing in Institutions for Mental Diseases (IMD) according to the parameters of applicable statutory and programmatic authorities, beginning in FY 2020; Medicare coverage of OUD treatment services in Opioid Treatment Programs (OTPs) through a new bundled payment for such services, beginning in Calendar Year (CY) 2020; requiring all state Medicaid programs to cover MAT for a defined period of time, beginning in FY 2021; eliminating barriers to telehealth for the provision of SUD (SUD) services to Medicare beneficiaries, beginning in CY 2020; and, implementing a new Medicare demonstration to test bundled payments for OUD treatment, beginning in CY 2021. These and other efforts have helped CMS protect its beneficiaries from the harms associated with opioid misuse, while maintaining the ability of beneficiaries with pain to access necessary treatment.

CMS updated its CMS Roadmap to Address the Opioid Crisis in April 2020, focused on three primary strategies to address this national challenge. These strategies are listed below:

- Prevention: Managing pain using a safe and effective range of treatment options that rely less on prescription opioids;

- Treatment: Expanding access to treatment for OUDs; and
- Data: Utilizing data to target prevention and treatment efforts and to identify fraud and abuse.

In addition, HHS established a

FY 2018-2019 HHS-wide Agency Priority Goal (APG) focused on *Reducing Opioid Morbidity and Mortality.* CMS is a supporting partner in that effort. HHS will continue this APG for FY 2020-2021. Additional information can be found on Performance.gov.

Medicaid

In FY 2020, states will continue voluntary reporting on a core set of healthcare quality measures for adults and children enrolled in Medicaid and CHIP (Children's Health Insurance Program). The 2019 Adult Core Set included 12 measures focused on behavioral health; these along with 5 measures from the Child Core Set have been identified as a Behavioral Health Core Set. CMS publicly reports state-specific data in its Annual Reporting from the Adult Core Set on Medicaid.gov. A subset of the Child and Adult Core Set measure are also publicly reported in the Medicaid and CHIP Scorecard.

CMS allows states to utilize the section 1115 demonstration authority to receive federal matching funds for the continuum of services to treat SUD, including services provided to Medicaid enrollees residing in residential treatment facilities that meet the definition of an IMD. Ordinarily such residential treatment services are not eligible for federal Medicaid reimbursement due to the exclusion in the Medicaid statute of services provided to beneficiaries residing in an IMD. A State Medicaid Director Letter (SMDL # 17-003) issued November 1, 2017 describes this policy and a number of milestones or actions states are expected to meet to ensure Medicaid beneficiaries receive good quality of care in these residential facilities and continue to have access to community-based care. Participating states are also expected to take action to improve access to MAT, including ensuring that beneficiaries residing in IMDs have access to MAT. In addition, on November 13, 2018, CMS established a Section 1115 demonstration to improve access to treatment for mental health disorders including treatment provided in inpatient and residential psychiatric facilities with improved attention to treatment for co-occurring SUDs in these settings. There are currently three states approved to implement a demonstration under this initiative, and CMS is working with a number of additional states to explore this type of demonstration. Participating states report on relevant Adult Core Measures as well as a number of other measures to help monitor program performance. As of November 14, 2019, 26 states[5] and the District of Columbia have been approved to implement 1115 SUD demonstrations.

In addition, the Medicaid Innovation Accelerator Program (IAP) supports states' ongoing payment and delivery system reforms through technical assistance with the end goal of improving the health and healthcare of Medicaid beneficiaries. IAP's SUD program area offers states a variety of technical assistance opportunities as they seek to improve care for individuals with a SUD, expand coverage for

[5] Five states were approved prior to publication of the 2017 SMDL being published; CMS has since approved 21 states and DC's 1115 SUD demonstrations.

effective SUD treatment, and enhance SUD practices delivered to beneficiaries. Additional information is available here:

https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/reducing-substance-use-disorders/index.html

Furthermore, the Center for Medicare & Medicaid Innovation supports the development and testing of innovative healthcare payment and service delivery models, including models focused on SUD treatment. First, the Integrated Care for Kids Model is a child-centered local service delivery and state payment model aimed at reducing expenditures and improving the quality of care for children covered by Medicaid and CHIP, especially those with or at-risk for developing significant health needs. Second, the Maternal Opioid Misuse model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with OUD through state-driven transformation of the delivery system surrounding this vulnerable population. Both models announced their first year participants in December 2019 and began implementation in January 2020. As of April 16, 2020, CMS instituted a six-month postponement of the requirement that MOM Model Recipients begin to screen and enroll beneficiaries by January 2021. The new date when awardees will be required to begin to enroll MOM Model Beneficiaries is July 1, 2021, to provide all awardees with additional time to implement the MOM Model in light of the current public health emergency.

Medicare Fee for Service

In 2017, Medicare's 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 clinicians" by tying Medicare payments to performance in four areas: Quality, Promoting Interoperability (formerly Advancing Care Information), Improvement Activities, and Cost. The current program portfolio includes five Improvement Activities, and seven Quality measures that address opioid use. The Promoting Interoperability performance category includes two opioid measures from the 2019 Physician Fee Schedule Final Rule, which align with the two opioid measures finalized as part of the Promoting Interoperability Program in the FY 2019 Medicare Hospital Inpatient Prospective Payment System final rule.

Moreover, the SUPPORT Act established a new Medicare Part B benefit for OUD treatment services, including medications for MAT, furnished by OTPs. CMS implemented this benefit beginning January 1, 2020, as required by the SUPPORT Act. In the CY 2020 Physician Fee Schedule Final Rule (PFS), CMS expanded coverage for OUD treatment services, including MAT, finalized bundled payment rates for services provided by OTPs, and added Healthcare Common Procedure Coding System codes for bundled episodes of care for OUD treatment to the telehealth services list. The services furnished in an episode of care by an OTP for which payment is made include management, care coordination, psychotherapy, and counseling as well as telehealth services, and methadone for MAT. CMS will consider coding and payment amounts that recognize different levels of patient need and different types of practice arrangements for future rulemaking, including use of MAT in the emergency department setting.

CMS continues to modify the measures, as needed, based on ONC-HIT and stakeholder feedback to promote interoperability and to reduce burden and implementation challenges. In addition, Medicare Shared Savings Program Accountable Care Organizations began receiving quarterly feedback in 2019 on four opioid overuse metrics including three Pharmacy Quality Alliance (PQA) metrics. CMS continues

to modify its measures, as needed, based on stakeholder feedback, with the goal of promoting interoperability and reducing burden and implementation challenges.

The CMS Quality Innovation Network Quality Improvement Organization Program (QIN-QIO) in the 11th Statement of Work, worked with over 7,000 outpatient settings including pharmacies, nursing homes, and clinical practices, as well as with community coalitions and state-based efforts across the Nation to improve safe management of opioid medications while addressing appropriate treatment of pain. The QIN-QIOs worked toward 2019 goals to achieve opioid adverse drug event reduction, all-cause readmission reduction, and all-cause hospital utilization reduction for the opioid "high-risk" Medicare FFS population. To reach these goals, QIN-QIOs implemented interventions in partnership with clinicians, use data analytics to support local innovation and change, and supported local efforts such as improving communication across settings and communities. CMS QIN-QIOs also established a methodology using CMS data to identify adverse events for high risk Medicare beneficiaries using opioid medications. QIN-QIOs provide aggregated reports to recruited providers and community coalitions to inform them on best practices, and to help identify areas of improvement. Overall, QIN-QIOs were able to achieve a 5 percent reduction in opioid adverse drug events (8,507 adverse drug events avoided) in the Medicare FFS high risk population. There were QIN-QIOs that were successful in states such as Maryland, which exceeded targets for all-cause readmission and hospital utilization reduction, but overall these rates continue to be high across the Nation. In the 12th Statement of Work, CMS QIOs will continue to work on improving opioid management and safety, with an overall goal of decreasing opioid related adverse events, including deaths, in the Medicare population by 7 percent. 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

Medicare Part D

In Medicare Part D, policies that enhance Part D Plan issuers' ability to address prescription opioid overutilization include: (1) drug management programs (DMPs) to better coordinate care when chronic, high-risk opioid use is present, (2) improved opioid safety alerts for pharmacists when opioid prescriptions are dispensed at the pharmacy, and (3) revised opioid quality metrics to guide performance improvement.

In April 2018, as required by the CARA of 2016, CMS finalized the framework under which Part D plan sponsors could adopt DMPs beginning with plan year 2019. Under these programs, after case management and written notice, Part D plan sponsors can limit certain beneficiaries' access to coverage of opioids, if those beneficiaries were identified as "potential at-risk beneficiaries" under specific criteria. The criteria are based on prior opioid use and also take into account the use of multiple opioid prescribers/pharmacies. To ensure care coordination, at-risk beneficiaries may only receive their opioid and/or benzodiazepine medications from a specific prescriber or pharmacy, which the beneficiary may generally select, or the amount of opioids that is covered for them may be controlled through a beneficiary-specific point of sale claim edit for their safety.

Several provisions of the SUPPORT Act gave CMS additional authorities to strengthen Part D DMPs. These include Section 2006, which requires that Part D enrollees with a history of opioid-related overdose be included as potential at-risk beneficiaries for Part D DMPs beginning on or after January 1,

2021. Section 6064 requires Part D sponsors to also target at-risk beneficiaries in their DMPs for their Medication Therapy Management (MTM) programs. Finally, Section 2004 of the SUPPORT Act requires all Part D sponsors to have a DMP for plan years beginning on or after January 1, 2022.

In addition to DMPs, in CY 2019, CMS introduced new point of sale opioid safety alerts for Part D plan sponsors to help prevent unsafe opioid use. Safety alerts make a pharmacist aware of possible opioid overutilization at the point of sale. In real-time, these alerts can flag for a pharmacist that they should conduct additional review and/or consultation with the plan sponsor or prescriber to ensure that a prescription is appropriate. Beneficiaries who are residents of a long-term care facility, in hospice care, receiving palliative or end-of-life care, or being treated for active cancer-related pain are generally excluded from the opioid safety alerts and DMPs. Beginning in CY 2020, beneficiaries with sickle cell disease were also excluded from the opioid safety alerts.

The CY 2020 Final Call Letter supported the continuation of Part D opioid overutilization policies implemented in 2019 and CMS's continued work with providers, pharmacies, and beneficiaries to carry out these strategies. CMS also announced in the Call Letter an intention to gain experience with the new policies and closely monitor the impact on Medicare Part D prescription opioid overuse to evaluate the need for potential modifications or development of alternative or additional approaches in the future. In an effort to improve access to opioid-reversal agents, the Call Letter encouraged plans to include at least one naloxone product on a generic or Select Care Tier and recommended co-prescribing of naloxone with opioid prescriptions to beneficiaries who are at an increased risk for opioid overdose.

CMS is currently at work on implementing other provisions of the SUPPORT Act that have a direct bearing on overall drug utilization, such as the identification of and notification to outlier opioid prescribers on an annual basis; the establishment of guidelines for Part D plan sponsors to report pharmacy payment suspensions based on credible allegations of fraud; and the creation of a secure portal for plan sponsors and CMS to exchange information on suspicious and substantiated activities related to opioid prescribing.

CMS also uses quality measures developed by the PQA to track overall trends in opioid overuse across the Medicare Part D program. Effective January 1, 2020, the Medicare Part D program implemented three PQA metrics which measure the use of opioids from multiple providers and/or at high dosage (i.e., 90 morphine milligram equivalents [MME]) in persons without cancer and the PQA Concurrent Use of Opioids and Benzodiazepines measure. Using these quality metrics, CMS will better track trends in opioid misuse and abuse across the Medicare Part D program and between plan sponsors.

CMS continues to update its interactive online Medicare Part D Opioid Drug Mapping Tool, including the most recently with CY 2017 data. This tool allows the public to search de-identified Medicare Part D opioid prescription claims data at the state, county, and ZIP code levels. The tool allows users to see both the number and percentage of opioid claims at the local level, and includes extended-release opioid prescribing rates and county-level hot spots. This tool allows a better understanding of variability in provider prescribing behaviors within and across regions, and helps users to understand how this critical issue impacts communities nationwide.

Clinical Quality Measure Reporting

CMS has included OUDs as a meaningful measure area in the Agency's overarching "Meaningful Measures" initiative framework and also incorporated opioid-related measures and clinical

improvement activities for clinicians to select as they participate in Medicare's QPP. For the QPP, the definition of high priority measures includes opioid-related measures. CMS is also working in partnership with ONC to incorporate clinical quality measures (CQMs) into EHRs to assist in implementing healthcare delivery and payment. CMS included several opioid-related quality measures in the 2019 "Measures Under Consideration (MUC) List," which is a list published each year to inform the public about measures being considered for use in Medicare's quality reporting programs. The "Safe Use of Opioids—Concurrent Prescribing" electronic clinical quality measure (electronic CQM) was finalized in the FY 2019 Inpatient Prospective Payment System final rule for use in the Hospital Inpatient Quality Reporting Program and the Promoting Interoperability Program for eligible hospitals and critical access hospitals. In addition, a few Qualified Clinical Data Registries have developed opioid-related measures that MIPS eligible clinicians can report when they submit their quality data to CMS. The 2019 MUC list included "Use of Opioids from Multiple Providers in Persons Without Cancer," "Use of Opioids at High Dosage in Persons Without Cancer" and "Use of Opioids from Multiple Providers at a High Dosage in Persons Without Cancer," which will be reviewed by the Measure Applications Partnership, a multi-stakeholder committee convened under the National Quality Forum, for use in the Medicare Part C and D Star Ratings. CMS continues to consider additional opioid-related measures for use in the Medicare quality programs through its annual rulemaking processes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$114.500	$109.500	$94.100
Treatment	550.500	545.500	560.900
Total Drug Resources by Function	**$665.000**	**$655.000**	**$655.000**
Drug Resources by Decision Unit			
Bureau of Primary Health Care	$545.000	$545.000	$545.000
Federal Office of Rural Health Policy	120.000	110.000	110.000
Total Drug Resources by Decision Unit	**$665.000**	**$655.000**	**$655.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	--	--	--
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$11.7	$11.9	$11.2
Drug Resources percentage	5.7%	5.5%	5.8%

Program Summary

MISSION

The HRSA is the primary Federal agency for improving access to healthcare for people who are geographically isolated, and economically or medically challenged.

Bureau of Primary Healthcare

The HRSA is the principal Federal agency charged with increasing access to primary healthcare for those who are medically underserved. For more than 50 years, HRSA-funded health centers have delivered affordable, accessible, quality, and cost-effective primary healthcare to patients regardless of their ability to pay. During that time, health centers have become an essential PCP for millions of people across the country. Health centers advance a model of coordinated, comprehensive, and patient-centered primary healthcare, integrating a wide range of medical, dental, mental health, SUD, and patient services. Today, nearly 1,400 health centers operate over 12,000 service delivery sites that provide care in every United States State, the District of Columbia, Puerto Rico, the United States Virgin Islands, and the Pacific Basin.

Health centers providing SUD services play an essential role in addressing the Nation's opioid epidemic. They offer a range of integrated services, including but not limited to Screening, Brief Intervention, and

Referral to Treatment (SBIRT), counseling and psychiatry, 24-hour crisis intervention, detoxification, MAT, and recovery support.

Federal Office of Rural Health Policy

The Federal Office of Rural Health Policy (FORHP) is responsible for advising on rural policy issues, conducting and overseeing policy relevant research on rural health issues, and administering grant programs that focus on supporting and enhancing healthcare delivery in rural communities. FORHP is statutorily charged with coordinating the activities within the Department that relate to rural healthcare and providing information to the Secretary and others in the Department with respect to the activities of other Federal departments and agencies that relate to rural healthcare. In addition to its policy roles, FORHP also administers a range of grant programs focusing on capacity building and enhancing healthcare delivery at the community and state levels as well as programs aimed at leveraging the use of HIT and telehealth to enhance access to and the quality of healthcare services in rural and underserved areas.

FORHP launched the Rural Communities Opioid Response Program (RCORP) in FY 2018 to support treatment and prevention of SUD, including opioid abuse, in rural communities at the highest risk for SUD. The program goal is to reduce the morbidity and mortality associated with opioid overdoses in rural communities through the strengthening of the organizational and infrastructural capacity of multi-sector consortiums. These consortiums address prevention, treatment, and recovery focus areas at the community, county, state, and/or regional levels. This initiative reflects the high level of interest in and continued need for rural-focused funding to build robust opioid prevention, treatment, and recovery infrastructure and capacity in rural communities. HRSA has newly developed performance measures approved by the Office of Management and Budget (OMB) to support this new large-scale initiative.

METHODOLOGY

Bureau of Primary Healthcare

Starting in FY 2016, the Health Center Program has been awarding targeted supplemental funding to support SUD service expansion. For each of FYs 2016 – 2019, HRSA has provided new annual funding toward this effort that remains in Health Center Program base continuation funding in subsequent FYs. All of this targeted supplemental funding is scored as drug control funding.

Federal Office of Rural Health Policy

The allocation of funds for the RCORP is through competitive grants and cooperative agreements. The entirety of these programs are scored as drug control funding.

BUDGET SUMMARY

In FY 2021, HRSA requests $655.0 million for drug control activities, no change from the FY 2020 enacted level.

Bureau of Primary Health Care

FY 2021 Request: $545.0 million

(No change from the FY 2020 enacted level)

In FY 2021, the Health Center program plans to support nearly 1,400 grantees and provide primary healthcare services to nearly 29 million patients, including access to ongoing SUD services. Health centers will continue to provide SUD services for all age groups.

In FY 2018, the Health Center Program awarded approximately $350 million in an additional targeted supplemental funding opportunity for the expansion of SUD/MH in existing health centers. Approximately $200 million of the FY 2018 SUD/MH expansion awards were provided as one-time funding, and an additional $150 million was awarded as ongoing annual funding, to be included in health centers' base continuation funding in subsequent FYs, contingent upon sufficient Health Center Program appropriations.

In FY 2019, the Health Center Program awarded $200 million in new SUD/MH ongoing annual awards. Neither the FY 2020 Enacted Budget nor the FY 2021 President's Budget include additional drug resources. The total reported amount of drug resources for FY 2018, and those projected for FY 2020 and FY 2021, reflect the ongoing annual SUD/MH awards initiated in FY 2016 through FY 2019, and those projected in FY 2020 and FY 2021.

Federal Office of Rural Health Policy
FY 2021 Request: $110.0 million
(No change from the FY 2020 enacted level)
In FY 2021, the FORHP will continue to invest in initiatives and support evidence-based strategies that address the specific SUD issues and mental health services needs in rural communities. The FY 2021 President's Budget Request will fund new and continuing grants and cooperative agreements for RCORP to strengthen the infrastructure and capacity within rural communities at high risk for substance abuse disorders and provide needed prevention, treatment, and recovery services to rural residents.

The RCORP initiative is currently composed of three competitive grant programs and three cooperative agreements that provide technical assistance coordination, program evaluation, and dissemination of evidence-based programs and best practices.

- **RCORP-Planning** provides one year of support to rural communities to identify OUD issues in their communities and develop plans to resolve these issues. The one-year planning grant provides sufficient time and resources for communities to form partnerships with other entities, conduct needs assessments, and plan ways to address specific issues being faced by the communities. HRSA does not anticipate making new RCORP-Planning awards in FY 2021.

- **RCORP-Implementation** provides multi-year support to rural communities to yield large-scale organizational and infrastructural improvements at the regional and state levels to address OUD, with a particular focus on treatment and recovery. HRSA plans to make new Implementation awards in FY 2021.

- **RCORP-Medication-Assisted Treatment Expansion** provides multi-year support to eligible hospitals, health clinics, or tribal organizations to establish and/or expand MAT and increase the number of access points for individuals living in rural communities. HRSA will support continuation awards in FY 2021.

In FY 2021, HRSA will continue funding three Rural Centers of Excellence on SUDs that support the dissemination of best practices related to the treatment for and prevention of SUDs within rural communities, with a focus on the current opioid crisis. Additionally, HRSA will continue supporting a cooperative agreement to conduct program-wide evaluation activities for the RCORP Initiative and another cooperative agreement to provide technical assistance to RCORP grantees.

Finally, in FY 2021, HRSA will make new awards to respond specifically to the increasing burden of psychostimulants in rural communities. HRSA will continue to engage and partner with other federal agencies to promote a coordinated approach to combating this devastating epidemic and identifying additional priority areas.

PERFORMANCE

Information regarding HRSA's Health Center Program's performance is based on information provided through HRSA's Uniform Data System. 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 2018 Target**	**FY 2018 Achieved**
» Number of Health Center Program grantees providing SBIRT services	580	665
» Number of Health Center Program grantees providing substance abuse counseling and treatment services	515	688

HRSA is taking several approaches to improve access to high quality SUD services for medically underserved communities through the Health Center Program. General approaches include developing the infrastructure for high quality care through the adoption of 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 SUD services.

To further improve access and raise the quality of SUD 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. SBIRT is an evidence-based process used by PCPs in health centers to detect and treat addiction effectively. Because many communities served by health centers have a high burden of addiction disorders, many health centers have chosen to co-locate and integrate SUD specialty services reflecting efficient and effective approaches in meeting patient needs. The integration of SUD services may include the provision of enhanced services, such as MAT, 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.

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

In 2018, 688 health centers provided SUD counseling and treatment services, exceeding the program 2018 target. Also in 2018, 665 health centers provided SBIRT services, exceeding the program FY 2018 target.

The RCORP goal is to reduce the morbidity and mortality associated with opioid overdoses in rural communities through the strengthening of the organizational and infrastructural capacity of multi-sector consortiums. HRSA has developed OMB-approved performance measures to support this large-scale initiative, and data collection and analysis of the first reporting period (September 1, 2019 to February 29, 2020) began in spring 2020 and will be completed by fall 2020.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$25.147	$25.812	$25.227
Treatment	92.300	92.721	92.780
Total Drug Resources by Function	**$117.447**	**$118.533**	**$118.007**
Drug Resources by Decision Unit			
Alcohol and Substance Abuse Prevention and Treatment	$113.806	$114.892	$114.366
Urban Indian Health Program	3.641	3.641	3.641
Total Drug Resources by Decision Unit	**$117.447**	**$118.533**	**$118.007**
Drug Resources Personnel Summary			
Total FTEs (direct only)	171	171	171
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$7.1	$7.3	$7.6
Drug Resources percentage	1.6%	1.6%	1.5%

Program Summary

MISSION

The IHS, an agency within HHS, is responsible for providing Federal health services to American Indians and Alaska Natives (AI/AN). IHS supports substance abuse 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 (UIHP) funds that partially come from the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) programs transferred to the IHS under the UIHP budget.

BUDGET SUMMARY

In FY 2021, IHS requests $118.0 million for its drug control activities. This is a decrease of $526,000 below the FY 2020 Enacted level.

Alcohol and Substance Abuse Prevention and Treatment
FY 2021 Request: $114.4 million
($0.5 million below the FY 2020 enacted level)

In FY 2021, 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 reduce drug-induced mortality. IHS is also working with Federal partners to implement ONDCP's efforts to address the current opioid crisis and reduce the number of American's dying from dangerous drugs.

The Administration's Office of *Strategy* guides and expands Federal Government efforts to reduce the size of the drug-using population through 1) prevention and education, 2) increasing access to treatment services for those suffering from SUD and 3) reducing the availability of dangerous drugs. The Administration's *Strategy* 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 2021, IHS will continue to serve AI/ANs impacted by SUDs and dependence through IHS, Tribal, and Urban Indian operated SUD treatment and prevention programs and Youth Regional Treatment Centers (YRTCs). In addition to direct services, the IHS Alcohol and Substance Abuse grant and federal award program supports the IHS Strategic Plan *Goal 2, Objective 2.2 to provide care to better meet the healthcare needs of AI/AN communities and Goal 1 to ensure comprehensive, culturally appropriate services in the prevention, treatment and recovery of alcohol and SUDs.*

The IHS Division of Behavioral Health administers community-based grants that promote the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to substance misuse from a community-driven context. In particular, the IHS Opioid Grant Program and the Substance Abuse and Suicide Prevention (SASP) program supports the IHS Strategic Plan Goal 1, *Objective 1.2 to build, strengthen, and sustain collaborative relationships and Objective 1.3 to increase access to quality healthcare services*.

IHS Opioid Grant Program: In FY 2019, IHS received $10 million in FY 2019 funding under the Special Behavioral Health Pilot Program (SBHPP) for AI/AN to target specific opioid activities. In FY 2019, IHS held Tribal Consultation and Urban Confer to support the development of a grant program that will promote the documentation, and sharing of locally-designed, culturally-appropriate prevention, treatment, recovery, and aftercare services for mental health and SUDs in American Indian and Alaska Native communities. A funding opportunity for the SBHPP will be released in FY 2020.

IHS Substance Abuse and Suicide Prevention: The SASP is a nationally coordinated grant program, focuses on providing targeted SASP and intervention resources to AI/AN communities with the greatest need for these programs. There is mutual development and implementation of the SASP, formerly known as the Methamphetamine and Suicide Prevention Initiative, with Tribes, Tribal programs, and other Federal agencies, which now provides support to 175 IHS, Tribal, and Urban Indian health programs nationally. This initiative promotes the use and development of evidence-based programs (EBP) and practice-based models that represent culturally-appropriate prevention and treatment approaches to substance abuse and suicide prevention from a community-driven context. Data from FY 2017-2018 indicate that 93 percent of grantees reported use of an EBP, 86 percent of grantees have

integrated cultural services into project activities and over 16,500 community members have been trained in suicide and substance abuse prevention.

IHS awarded 108 projects to Tribes, Tribal organizations, Urban Indian Organizations (UIOs), and federal facilities under the Methamphetamine and Suicide Prevention Initiative (MSPI) (since renamed the SASP, as referenced above) to promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse. Funded projects work with Native youth, up to and including age 24, on increasing access to prevention activities for youth to prevent methamphetamine use and other SUDs that contribute to suicidal behaviors, in culturally appropriate ways. All projects funded have a training objective to increase and expand the types of healthcare providers trained in SUD screening, assessment or treatment, including Brief Intervention and Motivational Interviewing. Projects also seek to hire additional behavioral health staff (i.e., licensed behavioral health providers and paraprofessionals, including but not limited to peer specialists, mental health technicians, and community health aides) specializing in child, adolescent, and family services. These new staff will be responsible for implementing project activities that address all of the required objectives listed.

The IHS YRTCs provide residential substance abuse and mental health treatment services to AI/AN youth. Congress authorized the establishment of these YRTCs in each of the 12 IHS Areas, with two (northern and southern) specifically authorized for the California Area. The YRTC in Northern California is expected to be operational in early 2021. The 12 currently funded YRTCs provide quality holistic behavioral healthcare for AI/AN adolescents that integrate traditional healing, spiritual values and cultural identification. In FY 2019 all federal YRTCs in operation 18 months or longer have achieved and maintained accreditation status.

Two YRTC facilities, Desert Sage and the Healing Lodge of the 7 Nations are in the last year of an after pilot project that focuses continued support for youth upon completion of program. This Aftercare pilot had an emphasis on developing culture-based treatment and aftercare services pilot programs within that prevent alcohol and substance abuse relapse among youth discharged. While evaluations are in place, current data indicates that these programs have resulted in improved coordination around aftercare and case management, increased training of community supports for the adolescents, improved identification of transitional living, increased awareness of the use of social media, and improved follow-up with data collection after discharge. This pilot program will continue to support YRTC's ability to support the IHS Strategic Plan *Goal 1 to ensure comprehensive, culturally appropriate services in the prevention, treatment and recovery of alcohol and SUDs*.

The strategic goal is to support Tribal and Urban Indian programs in their continued substance abuse 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.

SUDs continue to rank high on the concern list of Tribal partners. IHS believes that a shift in emphasis to earlier intervention is required to be successful in reducing the consequences of SUDs. IHS proposes focusing on early intervention with adolescents and young adults and preventing further progression by recognizing and responding to the source of the substance use. IHS promotes expanded healthcare services, such as mental and behavioral health treatment and prevention, by providing training on

SUDs to IHS, Tribal, and UIOs at annual conferences, meetings, and webinars. Continuing medical education and Continuing Education Units are offered in these training opportunities provided to PCPs.

Patients treated for SUD often present with a need to address co-occurring mental disorders. The IHS Division of Behavioral Health currently funds 12 grantees through the Behavioral Health Integration Initiative, a nationally-coordinated grant program that provides funding to Tribes, Tribal organizations, UIOs and federal facilities to plan, develop, implement and evaluate behavioral health integration with primary care. The grantees have focused on increased screening and early detection of mental health diagnoses, such as depression, anxiety and PTSD. As a result of the funding, grantees are reporting an increase in access to care and increased coordination of care among providers.

The IHS requires prescribers to conduct a full patient medical history and physical examination including review of the patient's current psychosocial status, any history of mental health or substance abuse concerns, and assessments for relevant signs of misuse or abuse of substances. Examination is done at the time of consideration of use of chronic opioid therapy and periodically during active treatment. Screening surveys and urine drug tests are helpful in determining the risk of aberrant drug behaviors and guiding the frequency of ongoing monitoring. Screening surveys are incorporated into the triage/nurse screening process prior to seeing the clinician. IHS developed a Pain Management website: https://www.ihs.gov/painmanagement/substancescreening/

IHS continues to support the integration of SUD treatment into primary care and emergency services through its activities to implement the *Strategy*. Integrating treatment services into outpatient primary care offers opportunities for healthcare providers to identify patients with SUDs, 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.[6] One integration activity is SBIRT, which is an early intervention and treatment service for people with SUDs and those at risk of developing these disorders.

IHS has increased efforts to implement the SBIRT across IHS facilities as an evidence-based practice to identify patients with alcohol and/or substance related problems. The SBIRT is a Government Performance and Results Act (GPRA) measure that IHS reports annually. In FY 2019, the SBIRT was administered at 14.9 percent for AI/AN ages 9-75, exceeding the target expectations of screening 8.9 percent of the same population. IHS promotes the use of this tool by training providers in clinical and community settings. SBIRT is intended to meet the public health goal of reducing the harms and societal costs associated with risky use by reducing diseases, accidents, and injuries. SBIRT screens for all levels of substance use, not just dependency. As an additional resource, IHS developed an Alcohol and Substance Abuse Program webpage: https://www.ihs.gov/asap/providers/sbirt/.

The IHS established a multi-disciplinary workgroup to form the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE). The HOPE Committee is comprised of a multidisciplinary membership to include clinical representation from family medicine, pharmacy, behavioral health, nursing, pediatrics, physical therapy, epidemiology, and injury prevention. The HOPE Committee work plan supports the HHS 5-Point Strategy to Combat the Opioid Crisis with a specific focus on 1) better pain management; 2) improving access to culturally relevant prevention, treatment, and recovery support

[6] ONDCP. Integrating Treatment into Healthcare. *Available at* http://www.whitehouse.gov/ondcp/integrating-treatment-and- healthcare

services; 3) increasing availability and distribution of opioid overdose reversing drugs; and 4) improved public health data reporting and surveillance.

Reducing the Number of Drug Overdose Deaths:

The IHS has expanded access to harm reduction interventions that include increased access to the opioid overdose reversal medication, naloxone. Since 2015, the IHS has maintained an ongoing collaboration with the Bureau of Indian Affairs (BIA) to train and provide naloxone to BIA Law Enforcement Officers (LEO) for responding to opioid overdoses. These initial efforts have evolved into a robust harm reduction strategy that includes a combination of policy and workforce development efforts. In March 2018, the IHS implemented a policy in the Indian Health Manual (Chapter 35) entitled *Prescribing and Dispensing of Naloxone to First Responders* to require IHS Federal pharmacies to provide naloxone to Tribal LEAs and other trained first responders. The IHS has also created a naloxone toolkit for tribal communities that includes a culturally responsive training video and a digital story from two Law Enforcement Officers involved in a naloxone 'save'. This toolkit also contains a train the trainer curriculum and standardized forms to support first responder initiatives. The IHS has also created sample protocols and pharmacist collaborative practice agreements to expand access to co-prescribed naloxone for patients on long-term opioid therapy or at increased risk for opioid overdose. In November 2019, the IHS developed and released a health education video that shared best and promising practices surrounding naloxone distribution and the way IHS and the Red Lake Nation are responding to the opioid crisis.

The IHS has further adapted the toolkit and strategy to equip community first responders and paraprofessionals with training on opioid overdose response and naloxone. These expanded collaborations with local law enforcement and community first responders resulted in an initial pilot community-health naloxone train-the-trainer program to include naloxone distribution.

In August 2019, 96 community-health workers completed training as naloxone trainers for their tribal communities in one week.

Increase Mandatory Prescriber Education and Continuing Training on Best Practices and Current Clinical Guidelines:

The IHS implemented the "Chronic Non-Cancer Pain Management Policy" to promote appropriate pain management as a primary prevention tool. In February 2018, IHS released a revised policy to include clinical practice guidelines contained in the 2016 *CDC Guideline for Prescribing Opioids for Chronic Pain*. This revised policy adopts the 2016 "CDC Guideline for Prescribing Opioids for Chronic Pain" and specifically requires IHS sites to establish and implement local chronic non-cancer pain protocols and procedures; requires prescribers to complete training on appropriate and effective use of controlled substance medications; and establishes the requirement to initiate opioid treatment as a shared decision between the prescriber and the patient to respect and support the patient's right to optimal pain assessment and management.

In August 2018, the IHS released its "Dental Acute Pain Management Guideline" for prescribing opioids for acute pain secondary to common general dentistry conditions and procedures. Guideline implementation, prescriber training, and evaluation are ongoing.

The IHS has also implemented Indian Health Manual Chapter 32 "State PDMPs" that establishes policy requirement for Federal facilities to participate with state-based PDMP. Controlled substance prescribers working in IHS federal-government-operated facilities must query state PDMP databases prior to prescribing opioids for pain treatment longer than seven days and periodically throughout chronic pain treatment. In FY 2019 IHS has developed and released software programming to automate controlled substance dispensing reports to state-based PDMPs to near real-time reporting to improve the fidelity of IHS dispensing data in state PDMP databases. The IHS has been in preliminary planning and design discussions to evaluate feasibility of PDMP interoperability and integration into the IHS EHR. These efforts support the IHS Strategic Plan Goal 3, Objective 3.3 Modernize information technology and information systems to support data driven decisions.

In March 2019, the IHS released the Recommendations to IIHS on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with OUD developed in collaboration with the American College of Obstetricians and Gynecologists' (ACOG) Committee on American Indian and Alaska Native Women's Health. This resource will help providers improve maternal participation in early prenatal care, improve screening for SUD, and increase access to MAT for pregnant women and women of child-bearing age. The goal of these clinical recommendations is to foster relationships and improve awareness surrounding trauma-informed approaches to maternal opioid use that may lead to recovery, hope, and healing. Additionally, the IHS and the American Academy of Pediatrics Committee on Native American Child Health recently released the Recommendations to IHS on Neonatal Opioid Withdrawal Syndrome that includes clinical recommendations on the prevention and management of neonatal opioid withdrawal syndrome. These recommendations provide standards of care for screening, diagnosing, support, and treatment of pregnant mothers and infants affected by prenatal opioid exposure.

Proper Pain Management and Opioid Stewardship Training:

The IHS has created and released a comprehensive Opioid Stewardship workbook to assist sites with creating best practices surrounding safe opioid prescribing recommendations and increasing access to integrative pain treatments. The workbook emphasizes utilizing opioid surveillance strategies to evaluate population health outcomes, target opioid interventions, enhance clinical decision support, and create professional practice evaluation strategies. The IHS opioid stewardship program evaluation considers metrics that evaluate trends in Morphine Milligram Equivalents versus a restricted focus on total opioid prescription fills.

The IHS has also created a robust workforce development strategy to include didactic training. In September 2019, the IHS launched its Pain Management and OUD Continuing Medical Education webinar series. The IHS has hosted learning sessions in this series that include buprenorphine prescribing in pregnancy as well as an auricular acupuncture-training program. Additional sessions are scheduled in FY20. The IHS has also recently facilitated dedicated access to tele-consultation services for IHS clinicians to receive on-demand substance use expert recommendations and tailored clinical guidance for IHS healthcare providers of all experience levels. This service is also available to assist IHS health systems with creating clinic policies and procedures to support creation of integrated MAT services in IHS facilities.

In May 2016, the IHS implemented a policy on mandatory opioid training requiring all federally controlled substance prescribers to complete the "IHS Essential Training on Pain and Addiction" with

required refresher training every three years. This training is now available on demand with continuing medical education credits. The IHS released its Refresher training course in January 2018 including four sessions of its mandatory five-hour training course for providers on proper opioid prescribing. In FY 2019, 302 new clinicians completed this course. The mandate also includes an additional refresher training after three years. In FY 2019, 7251 clinicians completed the Essential Training on Pain and Addiction Refresher course.

In FY 2019, IHS provided three webinars that addressed pain management, opioids, and opioid misuse with a total of 108 attendees.

- Opioid Use and the Adolescent Brain
- Initiating Buprenorphine as MAT for Pregnant Women with OUD
- MAT

In FY 2019 the IHS delivered live, instructor-lead, intensive pain management training course to include myofascial pain management techniques that includes half-and-half Drug Addiction Treatment Act (DATA) waiver training. This course was offered in multiple IHS Areas and a total of 35 clinicians attended these trainings. The IHS is committed to increasing general health system employee knowledge surrounding opioids and created additional training modules in FY 2019 with content focused on non-prescribing clinicians on the fundamentals of pain management and safe opioid prescribing as well as training for community members on opioid safety initiatives.

To provide ongoing clinical support for providers, IHS, in partnership with the University of New Mexico Pain Center, provides a weekly Chronic Pain and Opioid Management ECHO (Extension for Community Healthcare Outcomes). ECHO is a case-based learning model in which consultation is offered through virtual clinics to primary care clinicians by an expert team to share knowledge and elevate the level of specialty care available to patients. In FY 2019, 178 IHS, tribal, and urban clinicians participated in ECHO. The ECHO continues in FY 2020.

In 2019, IHS hosted a webinar series for healthcare providers titled, Substance Use and the Adolescent Brain. The series provided educational lectures specifically related to understanding the impact of substances (Cannabis, Stimulants, Synthetic drugs, Inhalants, etc.) on the adolescent brain development and functioning. This series provided participants with psychosocial and evidence-based medication intervention strategies. The series included an overview of treatment services and how to refer youth to the IHS and Tribal YRTCs, which address the ongoing issues of substance abuse and co-occurring disorders among American Indian and Alaska Native youth.

The IHS collaborated in FY 2018 with the CDC to participate in the CDC Opioid Quality Improvement Collaborative to implement five opioid quality improvement measures at four IHS sites. Communication to employees and stakeholders involving best and promising practices and resources addressing pain management and addiction is achieved through our expanded internet presence. The IHS released a combined website for opioids in FY 2018 located at www.ihs.gov/opioids.

Increasing Access to Medication-Assisted Treatment Services:

In June 2019, IHS released the Special General Memorandum *Assuring Access to MAT* that requires IHS facilities to create an action plan to identify or create local MAT resources and coordinate patient access to these services when indicated. Key components of these approaches include enhanced screening and early identification of OUDs; improved care coordination and patient referral for treatment; and workforce development strategies to increase education and resources surrounding using medications in the support of recovery.

In FY 2018, buprenorphine and suboxone were added to IHS Core Formulary. Buprenorphine and suboxone are common medications used to treat OUD. With these added to the Core Formulary, all IHS facilities with pharmacies have these medications readily available for their patients. Data related to buprenorphine and suboxone will be captured in reporting tools that will support regional-level efforts to better monitor MAT and SUD treatment across IHS.

IHS does face challenges in providing MAT in certain sectors within Indian Country. The rural and frontier nature of where AI/AN live creates barriers to accessing health facilities. This is especially evident in Alaska where patients often only have access to a community health aide serving within a village-based clinic, hours away by plane from a larger health center. Additionally, IHS has felt the impact of a declining supply of specific health professionals who could support the IHS workforce and address behavioral health needs. The IHS recognizes that telemedicine is one tool for increasing access to specialized medical services, such as MAT. The IHS has published a policy in the Indian Health Manual (Chapter 38) entitled Internet Eligible Controlled Substance Prescriber Designation to assure access to MAT using telemedicine models for remotely located Tribal members. In December 2019, the IHS processed the first tribal clinician application to receive this designation.

In May 2019, IHS hosted a webinar for healthcare providers on MAT, which provided participants with training on how to recognize the signs/symptoms of different types of SUDs, and pharmacotherapy options to treat SUDs.

IHS hosted the 2019 IHS National Combined Councils Meeting, an agency wide meeting which provides opportunities for multidisciplinary collaboration focusing on the clinical and administrative needs of the agency. This year continuing education trainings were provided for healthcare providers, and session topics included: 1) Addressing the Opioid Crisis in Indian Country, 2) Exploring Best Practices in Chronic Pain Management, and 3) Evaluating Options for Creating and Sustaining Integrated Primary Care MAT Models. HIS also provided a 4.25 hour training, titled “Prescriber Data Waiver Training.” This training session assisted participants with meeting the SAMHSA and DEA requirements to apply for a DATA waiver to prescribe buprenorphine in the treatment of OUD.

Reducing Availability of Illicit and Dangerous Drugs:

The IHS supports the safe and effective disposal of unused pharmaceuticals at the enterprise level through the provision of reverse distributor services at Federal pharmacies for unopened expired controlled substances. The agency has participated in interagency efforts to support proper collection and disposal of pain medications.

IHS, Tribes and Tribal organizations, and urban Indian organization pharmacies have continued to enroll as DEA collectors and to participate in prescription drug disposal efforts. IHS collaborated with the State of North Dakota to achieve 100 percent of IHS sites in the state (both Federal and Tribal) to be

registered as DEA collectors. In FY 2019, the IHS expanded patient level disposal through the addition of 29 Federal Pharmacy sites as registered DEA controlled substance collectors. This included funding for supplies and technical assistance with DEA requirements.

On the IHS pain management website, IHS provides resources for tribal and urban Indian communities on Take-Back Event, Permanent Collection Sites, Mail-Back Programs and Environmentally Safe Options from Home. The website also has two sessions focused on safe storage of medications and medication disposal for providers on proper opioid disposal.
https://www.ihs.gov/painmanagement/disposal/patientdisposal/

Increase Prescription Drug Monitoring Program (PDMP) Interoperability and Usage:

The IHS is working to improve public health data surveillance and reporting and has developed a data reporting system that will provide prescribing and diagnosis data on national and regional levels. This will enable IHS to track emerging trends, evaluate changes in prescribing practices, monitor overdose rates and emergency department utilization, and assess changes with access to MAT. The IHS will evaluate expanded partnerships and data-related resources with other Federal partners and Tribal Epidemiology Centers in FY 2019. These reporting and surveillance tools will strengthen IHS program management and operations by improving communication within the organization with Tribes, UIOs, and other stakeholders, and with the general public Strategic Plan Goal 3, Objective 1.1 *Improve communication within the organization, Tribes, UIOs, and other stakeholders, and with the general public*.

The availability of community health workers (specifically Behavioral Health Aides) serving in AI/AN can create a robust peer recovery training program to equip and support peer recovery services. The new Behavioral Health Aid positions under the Community Health Aid Program has the potential to fill this need. The program includes building capacity for both peer recovery specialists and community health workers. Limitations to hiring these peer recovery paraprofessionals exist due to re-entry issues within the Federal Government.

Urban Indian Health Program
FY 2021 Request: $3.6 million
(No change from the FY 2020 enacted level)
The 41 UIOs are an integral part of the Indian healthcare system and serve as resources to both tribal and urban communities. Urban Indians are often invisible in the urban setting and face unique challenges when accessing healthcare. A large proportion of Urban Indians live in or near poverty and face multiple barriers such as the lack of quality and culturally relevant healthcare services in cities. UIOs are an important support to Urban Indians seeking to maintain their tribal values and cultures and serve as a safety net for our urban patients. UIOs that offer inpatient and outpatient SUD treatment have become reliable referral sites for Tribes and Urban Indians. In FY 2021, IHS is proposing $3.6 million for the UIO drug 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 UIOs see their

efforts in health education, health promotion, and disease prevention as essential to impacting the behavioral contributors to poor health[7]:

- 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.
- 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 Great Plains Area has a 13.4 times greater alcohol-induced rate of mortality.[8]

Urban AI/AN populations are more likely to engage in health risk behaviors. Urban AI/ANs are more likely to report heavy or binge drinking than all-race populations and urban AI/ANs 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.

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 include 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 fetal alcohol spectrum disorders. The IHS policy requires the IHS to confer with UIOs "to develop and implement culturally sensitive assessment and diagnostic tools including dysmorphology (birth defects) 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.

The UIOs emphasize integrating behavioral health, health education, health promotion and disease prevention into primary care offered within a culturally appropriate framework, which leads to positive outcomes for urban AI/ANs. Urban AI/ANs in need of SUD treatment commonly exhibit co-occurring disorders. UIOs have recognized the need for more mental health and SUD counselors to adequately address the needs presented by AI/ANs with co-occurring disorders. Stakeholders reported the need for more age and gender- appropriate resources for SUD outpatient and residential treatment. While male

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

AI/ANs can encounter wait times for treatment admission up to six months, treatment options for youth, women, and women with children can be greater than six months.

Some of the most successful AI/AN treatment programs for youth, women, and women with children are administered by UIOs. Affecting lifestyle changes among urban AI/AN families requires a culturally sensitive approach. UIOs have operated culturally appropriate initiatives to reduce health risk factors. The continued efforts of UIOs to target behavioral or lifestyle changes offer the best hope for impacting the major health challenges of the urban AI/AN population.

The IHS has contracts and grants with 41 UIOs to provide healthcare and referral services for Urban Indians in 22 states. These IHS contracts and grants with UIOs address the *IHS Strategic Plan Goal 1 by ensuring that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people. Awarding of these contracts and grants to UIOs also addresses HHS Strategic Plan Goal 2, Objective 2.3, to reduce the impact of mental and SUDs through prevention, early intervention, treatment, and recovery support*. UIOs provide high quality, culturally relevant prevention, early intervention, outpatient and residential substance abuse treatment services, and recovery support to address the unmet needs of the Urban Indian communities they serve. Social determinants of health play a key role in health and wellness and UIOs are addressing a range of factors that contribute to improved health outcomes.

According to the most recent urban Indian data, more than 75,000 AI/AN patients access services through UIO programs. Also, UIOs perform more than 650,000 visits for AI/AN patients including medical, dental, behavioral health, other professional and enabling services directly or by paid referral. Data also indicates that members from 540 of the 574 (94 percent) federally recognized tribes accessed services from at least one of the 41 UIOs.

In FY 2019, 'is' UIHP awarded 4-in-1 grants to 33 UIOs. The grantees are awarded for a three-year funding cycle from April 1, 2019 - March 31, 2022. These grants provide funding to UIOs to make healthcare services more accessible for AI/ANs residing in urban areas. Funding is used to support four health program areas: health promotion and disease prevention services; immunization services; alcohol and substance abuse related services; and mental health services. Grantees are required to participate in a national evaluation of the 4-in-1 grant program, which addresses *IHS Strategic Plan Goal 2 to promote excellence and quality through innovation of the Indian health system into an optimally performing organization*. The national evaluation includes reporting on the cultural interventions integrated into the 4-in-1 program activities, and practice based and evidence based approaches that are implemented or modified to meet the needs of the Urban Indian service population. These grants expand safe, high quality healthcare options, and encourage innovation and competition, which meets HHS Strategic Plan Goal 1, Objective 1.2.

PERFORMANCE

Information regarding the performance of the drug control efforts of IHS are based on agency GPRA/GPRAMA documents and other information that measure the agency's contribution to the *Strategy.*

In FY 2021, the IHS will track the number of unique patients receiving office-based MAT (buprenorphine and naltrexone) within the Indian Healthcare System. The IHS will continue to track the number of naloxone prescriptions as part of efforts to increase access to naloxone.

The table and accompanying text below represent highlights of IHS achievements during FY 2018, 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 2019 Target**	**FY 2019 Achieved**
» Universal alcohol screening	37%	40.7%
» Accreditation rate for YRTCs in operation 18 months or more	100%	100%
» Report on number of emergency department patients who receive SUD intervention	38,262	46,272
» Report on number of SUD services in primary care clinics	133,210	142,040

To provide a more comprehensive routine screening, IHS retired the alcohol screening measure for female patients and expanded the new alcohol screening measure to include all patients 9 through 75 years of age. The FY 2019 universal alcohol screening target of 37 percent was met with final results achieving 40.7 percent screened.

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 the Accreditation of Rehabilitation Facilities, state certification, or regional Tribal health authority certification. For youth with SUDs, the YRTCs provide invaluable treatment services. In FY 2019, all YRTCs in operation 18 months or longer achieved accreditation status.

The IHS monitors two program measures on the number of SUD encounters provided in emergency departments and primary care clinics. The final results for the FY 2019 number of SUD encounters provided in emergency department was 46,272 while SUD encounters provided in primary care clinics totaled 142,040. In addition, starting in FY 2017, IHS tracked overall SUD encounters provided in all clinical settings across the health system to aid in promoting integrated SUD services. The final results for FY 2019 SUD intervention services provided across all IHS clinics was 657,402 encounters.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Research and Development: Prevention	$477.151	$446.883	$435.063
Research and Development: Treatment	988.635	1,070.760	1,051.215
Total, Drug Resources by Function	**$1,465.786**	**$1,517.643**	**$1,486.278**
Drug Resources by Decision Unit			
National Institute on Alcohol Abuse and Alcoholism	$57.570	$59.919	$54.508
National Institute on Drug Abuse	1,408.216	1,457.724	1,431.770
Total, Drug Resources by Decision Unit	**$1,465.786**	**$1,517.643**	**$1,486.278**
Drug Resources Personnel Summary			
Total FTEs (direct only)	357	382	382
Drug Resources as a Percent of Budget			
Total Agency Discretionary Budget (in Billions) *	$37.9	$40.3	$38.1
Drug Resources percentage	3.87%	3.77%	3.90%

** The total agency discretionary budget includes amounts requested in FY 2021 for consolidation of activities of the Agency for Healthcare Research and Quality into NIH as the National Institute for Research on Safety and Quality (NIRSQ). NIRSQ does not have any programs classified as part of the National Drug Control Budget.*

Program Summary

MISSION

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2 of the 27 Institutes and Centers of the National Institutes of Health (NIH), support research in pursuit of the objectives of the *Strategy*. NIDA funds research on the prevention and treatment of drug use, addiction, and its harmful consequences. NIDA is the lead federal agency supporting scientific research on drug use and its consequences, with a mission to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. NIDA accomplishes its mission through strategically supporting and conducting basic and clinical research on drug use (including nicotine), its consequences, and the underlying neurobiological, behavioral, and social mechanisms involved, and ensuring the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUDs and enhance public awareness of addiction as a brain disorder. NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related

problems, including AUD, across the lifespan. A major priority within NIAAA's mission is research on the prevention and treatment of underage drinking and its harmful consequences.

Substance use and SUD cost the United States more than $740 billion a year in healthcare, crime, and lost productivity;[9] but dollars cannot capture the devastating human cost of addiction to individuals, families, and communities. Drug overdose is now the leading cause of unintentional fatal injury in our Nation. In 2017, more than 19.7 million Americans had SUD,[10] and drug overdose claimed more than 70,000 lives, about two-thirds of which were from illicit or prescription opioids. For every fatal overdose it is estimated that there are 10 non-fatal overdoses and 20 opioid-related hospitalizations.[11]

Studying substance misuse, SUD, and their causes is a complex challenge compounded by societal stigma and misunderstanding that many other illnesses do not face. The landscape of drug use and addiction in America evolves from year to year; a decades-long prescription opioid overdose epidemic led to a rise in heroin deaths, and now overdose from synthetic opioids such as fentanyl and carfentanil predominates. The rising use of synthetic drugs as well as new drug delivery systems such as electronic cigarettes (e-cigarettes) are changing how people use drugs. New human immunodeficiency virus (HIV) and hepatitis C outbreaks have arisen as a byproduct of intravenous drug use. In addition, the line between legal and illegal substance use has blurred as a growing number of states are legalizing marijuana for recreational and medical use. This presents an opportunity to study the outcomes of these policy changes as natural experiments.

NIDA is supporting research to address today's drug use-related challenges in several key areas, including supporting the Secretary of HHS in responding to opioid misuse, addiction, and overdose; spearheading a landmark longitudinal study of adolescent substance use (including vaping) and brain development in collaboration with NIAAA and other Federal partners; studying the impact of new synthetic drugs; studying the impact of the changing marijuana policy landscape; supporting development of new treatments for stimulant addiction; and contributing to scientific and public understanding of the brain mechanisms underlying addiction. These projects represent a significant contribution to the *Strategy*.

Opioid misuse, addiction, and overdose is an ongoing and rapidly evolving public health crisis. Millions of Americans have an OUD, and millions more suffer from chronic pain. The urgency and scale of this crisis call for innovative scientific solutions. As part of a government-wide effort to address the opioid crisis, the NIH launched the HEAL (Helping to End Addiction Long-term^{SM}) Initiative in April 2018. The HEAL Initiative is an aggressive effort to speed scientific solutions to stem the national opioid public health crisis, bolstering research to develop and improve treatments for opioid misuse and addiction and to enhance pain management.

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, costing the United States an estimated $249 billion per year. NIAAA is committed to reducing the burden of alcohol misuse for individuals at all stages of life and supports a diverse portfolio of research to elucidate the effects of alcohol on health. Research areas include biological and behavioral mechanisms underlying alcohol misuse, AUD, and alcohol-related health conditions;

[9] https://www.drugabuse.gov/related-topics/trends-statistics
[10] 2017 National Survey on Drug Use and Health, 2018. SAMHSA.
[11] Rudd, R. et al. MMWR Morb. Mortal. Wkly. Rep. 65, 1445-1452, (2016).

epidemiological assessments of patterns and trends in alcohol use; and the development and evaluation of interventions to identify, prevent, and treat alcohol misuse and its consequences, including among youth. NIAAA also supports efforts to translate research findings to improve prevention and treatment of alcohol-related problems and co-occurring conditions and to disseminate evidence-based information to healthcare providers, researchers, policy makers, and the public. These ongoing efforts have significantly broadened our understanding of AUD, helping to reduce stigma, and provided support for integrating alcohol prevention and treatment services into mainstream healthcare.

METHODOLOGY

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

The prevention and treatment components of NIAAA's underage drinking research program are classified 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, altered brain development, and risk for AUD). This program includes basic biological and behavioral research, epidemiological research, screening studies, the development and testing of preventive and treatment interventions, and efforts to disseminate evidence-based information. 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 these projects are verified as underage drinking projects, NIAAA conducts a manual review of the project listing and codes each verified project as relevant to prevention or treatment.

BUDGET SUMMARY

In FY 2021, NIH requests $1,486.3 million for drug control activities, a decrease of $31.4 million from the FY 2020 enacted level.

NIH-supported research has provided and will continue to provide the scientific basis for drug control policy. For example, NIH continues to explore the many biological, behavioral, and environmental influences on substance misuse and 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 and deployment of therapeutic interventions to treat SUD, including medications, biologics, behavioral interventions, 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 SUD. However, discovering new therapies is not sufficient to combat SUD if these therapies do not reach the people who need them. In many cases, such as medications for the treatment of OUD (MOUD), studies suggest that effective treatments are under-utilized despite strong evidence of their effectiveness. To address this issue, 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 SUD and co-occurring conditions such as HIV and psychiatric disorders, thereby enhancing the public health impact of NIH-supported research.

In April 2018, NIH launched the HEAL Initiative (see above), an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis. This Initiative will build on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implementation science to develop and test treatment models, and research to integrate behavioral interventions with MOUD.

As part of the NIH HEAL Initiative, NIDA (and to a lesser extent, NIAAA) supports a variety of projects aimed at advancing our understanding of how to prevent and treat opioid misuse and addiction and reverse opioid overdose. This includes research studies focused on:

- Enhancing the NIDA Clinical Trials Network (CTN) to Address Opioids[12]
- Focused Medication Development to Treat OUD and Prevent/Reverse Overdose[13]
- Determining strategies to reduce opioid overdose in communities hardest hit by the opioid crisis (the HEALing Communities Study)[14]
- Determining ways to improve the effectiveness and adoption of interventions within justice systems (The Justice Community Opioid Innovation Network)[15]
- Preventing At-Risk Adolescents Transitioning into Adulthood from Developing OUD[16]
- Prevention of Progression to Moderate or Severe OUD [17]
- Optimizing the Duration, Retention, and Discontinuation of Medication Treatment for OUD[18]
- Studying the effects of environmental factors, including opioids and other substance use, on early brain development from pregnancy through early childhood (HEALthy Brain and Child Development Study)[19]

National Institute on Drug Abuse
FY 2021 Request: $1,431.8 million
($26.0 million below the FY 2020 enacted level)
NIDA's efforts consist of Neuroscience and Behavioral Research; Epidemiology, Services and Prevention Research; Therapeutics and Medical Consequences; CTN; High-Tech Biomedical Product Development; Responding to the Opioid Crisis; Intramural Research Program (IRP); and Research Management and

[12] https://heal.nih.gov/research/research-to-practice/enhancing-clinical-trials-network
[13] https://heal.nih.gov/research/medication-options/focusing-development
[14] https://heal.nih.gov/research/research-to-practice/healing-communities
[15] https://heal.nih.gov/research/research-to-practice/jcoin
[16] https://heal.nih.gov/research/new-strategies/at-risk-adolescents
[17] https://heal.nih.gov/research/new-strategies/prevent-progression
[18] https://heal.nih.gov/research/new-strategies/duration-retention-discontinuation
[19] https://heal.nih.gov/research/infants-and-children/healthy-brain

Support (RMS). The section entitled "Responding to the Opioid Crisis" details how NIDA is using dollars budgeted to the HEAL Initiative for the purpose of opioid research, but those dollars supplement base funding for opioid and pain research that are included within other NIDA program areas. Funding for both the HEAL initiative and other opioid and pain research will be held flat at the FY 2020 Enacted level within NIDA's overall FY 2021 request. FY 2021 funding includes $50.0 million for research to develop MAT and evidence-based psychosocial treatment to support the strategy to reduce the use of methamphetamines.

Neuroscience and Behavior Research
FY 2021 Request: $456.4 million
($10.1 million below the FY 2020 enacted level)

NIDA's Division of Neuroscience and Behavior (DNB) funds a research portfolio focused on advancing knowledge of the fundamental molecular, genetic/epigenetic, cellular, neurological, pharmacological, cognitive and behavioral processes that underlie SUD and its co-occurring conditions such as HIV. This includes identifying the effects of addictive substances on brain structure and function throughout the lifespan and across stages of drug use and SUD, from first exposure through abstinence, relapse, and recovery. Central to these goals are efforts to delineate the multiple biological (e.g., genes, epigenetic modifications, neural substrates, development) and environmental (e.g., stress, social, childhood adversity) factors that contribute to drug use, physical dependence, and SUD risk. Areas of emphasis include studies to identify genetic variants and epigenetic modifications that influence vulnerability to SUD, the effects of addictive substances on gene expression and brain development and function; the interaction of genes with environmental conditions, such as stress and early exposure to drugs that influence risk for SUD; and basic processes underlying resilience against SUD. DNB supports research to elucidate the pharmacology of drugs with respect to their molecular interactions with receptors, ion channels and other proteins and intracellular signaling pathways and to leverage this knowledge towards the development of therapeutics to treat SUD, the adverse consequences of addictive substances, and pain.

The DNB portfolio also includes research on non-pharmacological SUD treatments including transcranial magnetic stimulation, transcranial direct current stimulation, deep brain stimulation, and neurofeedback. DNB funds technology development that enables studies of the functional organization of the living brain—from cells to networks. This includes the interactions of complex neural circuits, the encoding of reward, craving, compulsive behavior, decision-making that may drive substance use, as well as the aversive responses to drugs that can inhibit drug-seeking. Advanced computational approaches, including theoretical modeling and novel methods for analyzing large, diverse data sets that enable the integration and simultaneous analysis of experimental data to better understand the neurobiological and behavioral consequences of drug use and SUD, are supported by DNB. Finally, DNB supports mechanistic research towards addressing real-world challenges faced in clinical care of SUD, such as polysubstance use and comorbid psychiatric disorders. Spanning these areas of interest is research into how sex/gender and individual differences affect the SUD trajectory, including risk, resilience, and recovery and the basic neurobiology underlying SUD. Collectively, the research supported by DNB shapes perspectives on the effects of drugs on multiple biological systems and advances knowledge of the basic biological mechanisms that underlie drug use, thus guiding the development of novel prevention strategies and therapies for SUD.

NIDA's portfolio also includes basic research to understand trajectories of substance use and its effects across the lifespan, funded by the Division of Extramural Research. Under the Collaborative Research

on Addiction at the NIH (CRAN) partnership, NIDA, NIAAA, and the National Cancer Institute, along with other components of the NIH and the CDC, are supporting a longitudinal study to examine how substance use affects neural development and identify factors that make adolescents vulnerable to SUD. The Adolescent Brain Cognitive Development (ABCD) study will follow the development of more than 10,000 children over 10 years beginning at ages 9-10. Scientists will use techniques including 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, and health outcomes, including substance use and SUD. The ABCD study has enrolled 11,878 participants, meeting its recruitment target. Data on the first roughly 4,500 participants were released to the scientific community in February 2018; a comprehensive baseline dataset was released in April 2019.

Epidemiology, Services, and Prevention Research

FY 20201Request: $326.2 million

($7.3 million below the FY 2020 enacted level)

NIDA's Division of Epidemiology, Services, and Prevention Research (DESPR or the Division) supports integrated approaches to understanding and addressing the interactions between individuals and environments that contribute to drug use, addiction, and related health problems. Through Monitoring the Future and other studies, DESPR is also monitoring trends in vaping and e-cigarette use, and the potential risks and health outcomes related to these behaviors. 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 justice system, including studies on implementation of medications for OUD and strategies for finding and screening people with SUD who are also at risk for HIV, as well as strategies for retaining them in treatment. NIDA also funds research into the efficacy of SBIRT in primary care settings for reducing drug use and SUD. Other program efforts 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 provided to SAMHSA in the 21st Century Cures Act to test approaches for expanding access to MOUD and naloxone for the reversal of overdose.

NIDA partnered with the Appalachian Regional Commission, CDC, and SAMHSA to issue nine grants to help communities develop comprehensive approaches to prevent and treat consequences of opioid injection, including SUD, overdose, HIV, hepatitis B and C viral infections, as well as sexually transmitted infections. Funded in FY 2017, these projects work with state and local communities to develop best practice responses that can be implemented by public health systems in the Nation's rural regions.

Therapeutics and Medical Consequences

FY 2021 Request: $134.8 million

($3.0 million below the FY 2020 enacted level)

NIDA's Division of Therapeutics and Medical Consequences (DTMC) supports preclinical and clinical research focused on developing treatments for SUD. Since the pharmaceutical industry has traditionally made limited investments in this area, the responsibility for supporting the development of therapeutics has rested largely with NIDA. To most effectively leverage NIDA resources, DTMC encourages the formation of partnerships among pharmaceutical and biotechnology companies, academic institutions, and other stakeholders with the common goal of expeditiously advancing new and repurposed compounds through the medications development pipeline toward FDA approval. For

example, in collaboration with US WorldMeds, DTMC supported clinical trials on LUCEMYRA™, the first medication targeted specifically to treat the physical symptoms associated with opioid withdrawal. Having been shown to be safe and effective at managing withdrawal in patients discontinuing opioid use under medical supervision, LUCEMYRA™ was approved by the FDA in May 2018. NIDA also supports research to reduce the medical risks of compounds and to make them more feasible for pharmaceutical companies to complete costly phase IIb and III clinical studies for SUD indications.

Clinical Trials Network

FY 2021 Request: $40.1 million

($0.9 million below the FY 2020 enacted level)

The overarching mission of the NIDA CTN is to allow medical and specialty treatment providers, treatment researchers, patients, and NIDA to cooperatively develop, validate, refine, and deliver new treatment options to patients. The CTN comprises: 18 research nodes with 34 principal investigators affiliated with academic medical centers and large healthcare networks; 2 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. This unique partnership enables the CTN to conduct studies of behavioral, pharmacological, and integrated treatment interventions in rigorous, multisite clinical trials to determine effectiveness across a broad range of settings and patient populations. It also allows the CTN to ensure the transfer of research results to physicians, clinicians, providers, and patients. The network evaluates interventions, implementation strategies, and health system approaches to addressing SUD and related disorders, such as co-occurring mental health disorders and HIV.

The CTN is conducting studies to evaluate strategies for integrating OUD screening and treatment into emergency departments, pharmacies, primary care clinics, and AI/AN communities. It has also supported studies to capture important data for research on SUD in EHR systems in primary care and emergency departments. The CTN is currently developing and testing a clinical decision support tool that integrates with EHR systems to help doctors diagnose OUD and either provide treatment or refer patients to appropriate treatment. Additional studies are investigating the effectiveness and safety of a combination pharmacotherapy for treatment of methamphetamine use disorder, assessing the effectiveness of OUD treatments for HIV-positive individuals with OUD, and improving the ability of healthcare providers to detect and address cocaine use using smartwatch technology. The CTN is also developing studies to examine the effects of medications for OUD in pregnant women and the effects of medical cannabis use using EHR data.

High-Tech Biomedical Product Development

FY 2021 Request: $38.3 million

($0.9 million below the FY 2020 enacted Level)

NIDA's Office of Translational Initiatives and Program Innovations (OTIPI) takes research discoveries in prevention, detection, and treatment of SUD into candidate health applications for commercialization. Addiction (moderate to severe SUD) represents an underserved market, and OTIPI works to support early-stage commercialization of products in this area. OTIPI manages NIDA's Small Business Innovation Research/Small Business Technology Transfer Programs, utilizing novel fit-for-purpose funding authorities such as Prizes and Open Competitions, and establishing teaching programs that equip scientists with the competence to translate advances in addiction research into tangible solutions that our society needs.

Many of these efforts take the form of innovative new technology applications, from mobile apps that help patients find open beds in addiction treatment facilities or connect to support communities, to more sophisticated medical devices. Among OTIPI-funded technologies are: hospital bassinets delivering calming signals to infants with neonatal abstinence syndrome; alarms for detecting the early signs of a drug overdose; and virtual reality systems to manage pain and reduce opioid analgesic use.

Responding to the Opioid Crisis

FY 2021 Request: $266.3 million

(No change from the FY 2020 enacted level)

As part of HEAL, NIDA will continue to expand its support for new research efforts to combat opioid addiction with several major projects which began or ramped up in FY 2019 with continued support into FY 2020 and FY 2021.

NIDA supports research to accelerate the development of novel medications and devices to treat all aspects of the opioid addiction cycle, including progression to chronic use, withdrawal symptoms, craving, relapse, and overdose. This includes developing longer-acting formulations of existing addiction medications to promote adherence to treatment while preventing medication misuse, as well as developing stronger, longer-acting formulations of opioid antagonists (including longer-lasting naloxone formulations and novel compounds) to reverse opioid overdose. The following projects are currently underway:

- Enhancing the NIDA CTN to Address Opioids

  To expand NIH research to more communities in areas of the country that are severely impacted by the opioid crisis, NIH is expanding the National Drug Abuse Treatment CTN. The Network facilitates collaboration between government researchers, scientists at universities, and treatment providers in local communities with the aim of developing, testing, and implementing new addiction treatments. Through its work to date, the Network has contributed to broad-reaching changes in medical practice, including the development of the OUD treatment medication buprenorphine.

- Focused Medication Development to Treat Opioid Use Disorder and Prevent/Reverse Overdose

  More flexible treatment options for OUD are needed to promote long-term recovery in more patients. Methadone, buprenorphine, and naltrexone are approved by the FDA to treat OUD, and lofexidine is approved to treat opioid withdrawal, but many people do not receive these medications or take them for only a short time, making it difficult to achieve long-term recovery. Naloxone can effectively reverse opioid overdose, but multiple doses can be required to reverse respiratory arrest caused by drug combinations or powerful synthetic opioids. NIDA is conducting a series of targeted studies with the goal of producing approximately 15 Investigational New Drugs (INDs) and 5 New Drug Applications submitted to the FDA. This project will accelerate the development of novel medications and devices to treat all aspects of the opioid addiction cycle, including progression to chronic use, withdrawal symptoms, craving, relapse, and overdose.

- Determining strategies to reduce opioid overdose in communities hardest hit by the opioid crisis (the HEALing Communities Study)

  The HEALing Communities Study will generate evidence about how tools for preventing and treating opioid addiction are most effective at the local level. NIH, together with SAMHSA, has

launched this multisite implementation research study to test the impact of an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings. The goal is to prevent and treat opioid misuse and OUD within highly affected communities in 4 states and reduce opioid related deaths by 40 percent over 3 years. Each site is partnering with at least 15 communities to measure the impact of these efforts.

The Study will also look at the effectiveness of coordinated systems of care designed to reduce overdose fatalities and events; decrease the incidence of OUD; increase the number of individuals receiving medication to treat OUD, retained in treatment, and receiving post-treatment recovery support services; and increase the distribution of naloxone. The HEALing Communities Study provides funding to four academic institutions, in partnership with local community-based organizations.

- Determining ways to improve the effectiveness and adoption of interventions within justice systems (The Justice Community Opioid Innovation Network)

  Many individuals with OUD pass through the criminal justice system over the course of their life. Improved access to high-quality, evidence-based addiction treatment in justice settings will be critical to addressing the opioid crisis. Through the Justice Community Opioid Innovation Network, NIH will study approaches to increase high-quality care for people with opioid misuse and OUD in justice populations. The Network will test strategies to expand effective treatment and care in partnership with local and state justice systems and community-based treatment providers.

- Preventing At-Risk Adolescents Transitioning into Adulthood from Developing Opioid Use Disorder

  Older adolescents and young adults (ages 16-30) are the group at highest risk for initiation of opioid use, opioid misuse, OUD, and death from overdose. Building on successful research models to prevent alcohol consumption among adolescents and young adults, NIH is supporting a series of studies to identify and test effective prevention strategies targeted to young adults in geographic areas most affected by the opioid crisis. The studies will focus on older adolescents and young adults in a variety of healthcare settings, including primary care, emergency departments, urgent care, infectious disease clinics, school-based and community college health centers, workplaces, and justice settings.

- Prevention of Progression to Moderate or Severe Opioid Use Disorder

  There are currently multiple evidence-based strategies for the treatment of OUD. And yet, OUD develops over time, beginning with opioid use and misuse below the threshold for the clinical diagnosis for OUD. Historically, low severity opioid misuse, especially in the context of co-occurring pain and psychiatric disorders, has been poorly identified in clinical settings. To understand how to prevent the transition from opioid misuse to more severe OUD, NIH will develop and test effective intervention strategies for persons with low severity opioid misuse, including patients with pain.

  This study will recruit individuals with sub-threshold and low-severity OUD in general medical settings such as primary or integrated care settings to define, identify, and intervene in the management of opioid misuse. The study will test a model including (1) a practice-embedded nurse care manager who provides patient education and supports the PCP in engaging and monitoring

patients who have unhealthy opioid use; (2) brief advice delivered to patients by their PCP; and (3) counseling of patients by health coaches and mental health providers to motivate and support behavior change.

- Optimizing the Duration, Retention, and Discontinuation of Medication Treatment for Opioid Use Disorder

  Effective medications for treating OUD exist; patients have better outcomes with longer periods of treatment, and risk of relapse increases when patients stop taking medication. Better strategies are needed to retain patients in treatment, and little is known about when it may be safe to discontinue medications. This study will test strategies to improve retention in medication-based treatment for OUD as well as strategies to improve outcomes among patients who have been stabilized on OUD medications and want to stop taking medication. The research will also identify patient characteristics associated with relapse after discontinuation and develop a predictive risk model for relapse.

- Studying the effects of environmental factors, including opioids and other substance use, on early brain development from pregnancy through early childhood (HEALthy Brain and Child Development Study) (https://heal.nih.gov/research/infants-and-children/healthy-brain)

  The first few years of life is a period of exponential brain growth and development. It is not currently known how infant and childhood development is affected by early exposure to opioids. To address this question, NIH is working to better understand typical brain development, beginning in the prenatal period through early childhood, including variability in development and how it contributes to cognitive, behavioral, social, and emotional function. Knowledge of normative brain trajectories is critical to understanding how brain development may be affected by exposure to opioids and other substances (e.g., alcohol, tobacco, cannabis), stressors, trauma and other significant environmental influences.

- The HEALthy Brain and Child Development (HBCD) Study will establish a large cohort of pregnant women from regions of the country significantly affected by the opioid crisis, and follow them and their children for at least 10 years. Research from this cohort will help researchers understand normative childhood brain development as well as the long-term impact of pre- and postnatal opioid and other drug and adverse environmental exposures. The study will collect data on pregnancy and fetal measures; infant and early childhood structural and functional brain imaging; anthropometrics; medical history; family history; biospecimens; and data on social, emotional, and cognitive development. This knowledge will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to certain drugs or adverse environments, including risk for future substance use, mental disorders, and other behavioral and developmental problems.

Intramural Research Program

FY 2021 Request: $98.0 million

($2.2 million below the FY 2020 enacted level)

In addition to funding extramural scientists, NIDA conducts research in high priority areas through its IRP. The IRP conducts multidisciplinary cutting-edge research to: 1) elucidate the mechanisms underlying the development of SUD; 2) evaluate potential new therapies for SUD, including pharmacological and non-pharmacological interventions (e.g., psychosocial, neurofeedback, brain

stimulation technologies, mobile health tools); and 3) identify and pharmacologically characterize emerging designer drugs such as synthetic opioids, stimulants, and cannabinoids, providing data-based evidence to the public on the dangers of these drugs.

One example of treatment evaluation at the IRP is a bench-to-bedside project in which IRP investigators are testing a novel compound to treat OUD. The compound activates the same receptors as traditional opioids, but has only a subset of their cellular actions. IRP investigators are testing whether the compound reduces self-administration of opioids in a variety of animal models and, in parallel studies in people with OUD, whether it prevents opioid withdrawal with fewer side effects than treatment drugs in current use. If trials prove successful, this compound could be a new medication for OUD.

The IRP is also working with the National Center for Advancing Translational Sciences on a dopamine D3 receptor antagonist that could be taken together with opioid pain relievers to reduce the chance of developing OUD. Preliminary animal studies have suggested that the compound reduces opioid self-administration and drug-seeking behavior without reducing the pain-relieving effects of opioids. This compound holds promise as an adjunct to opioid treatment for pain, and evidence suggests it could also be useful as a treatment for OUD.

Non-pharmacological addiction treatments are also being developed at NIDA. Research at the IRP's on-site treatment-research clinic includes efforts to develop a smartphone app that detects or predicts stress, craving, and drug use via machine learning, on a time scale of hours—and a parallel project to develop the content that the app should deliver in a "just in time" fashion. Currently marketed apps purporting to serve these functions do not meet scientific standards of evidence for either their content or their risk-detection methods. The IRP is addressing that major gap in mobile health. Using passive measurement and digital phenotyping techniques, the IRP is also developing interventions and big data methodologies to prevent HIV transmission associated with high-risk sexual behavior in the context of substance use.

Research Management and Support

FY 2021 Request: $71.5 million

($1.6 million below the FY 2020 enacted 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. RMS staff at NIDA play leadership roles in helping to coordinate NIDA's involvement in the NIH HEAL Initiative, spearheading NIH's response to the opioid overdose epidemic. In addition to the infrastructure required to support research and training, NIDA strives to provide evidence-based resources and educational materials about substance use and addiction, including information about timely public health topics such as opioid overdose prevention, marijuana research, use and consequences of vaping, synthetic drug trends, and medications for treatment of SUD including OUD.

The RMS portfolio also incorporates education and outreach activities to inform public health policy and practice by ensuring that NIDA is the primary trusted source for scientific information on drug use and addiction. Staff supported by NIDA's RMS budget coordinate key activities that help to train the next generation of scientists and clinicians in the science of addiction and evidence-based approaches

to treatment and prevention. In addition, NIDA's RMS portfolio includes the NIDAMED initiative, which is aimed at engaging and educating clinicians in training and in practice in the latest science related to drug use and addiction.

National Institute on Alcohol Abuse and Alcoholism
FY 2021 Request: $54.5 million
($5.4 million below the FY 2020 enacted level)

Although the prevalence of alcohol use among 8th, 10th, and 12th graders has declined by one-third over the past decade, alcohol remains the most widely used substance among United States youth. Binge drinking[20] and high intensity drinking (i.e., two or more times the gender-specific binge drinking thresholds) among young people remain significant concerns; these practices are particularly troubling as they increase risks for poor academic performance, alcohol-related blackouts, injuries, overdoses, sexual assault, unsafe sexual behavior, AUD, and other detrimental consequences.

NIAAA's underage drinking portfolio includes studies to develop, evaluate, and implement evidence-based prevention programs for underage and college drinking. These programs include individual-, family-, school-, community-, and environmental-level interventions for underage individuals at large, as well as those designed or adapted for specific populations and settings. The college environment remains a high priority target for reducing underage drinking. NIAAA developed the College Alcohol Intervention Matrix (CollegeAIM) to assist college and university officials in addressing alcohol misuse on their campuses. CollegeAIM is a user-friendly guide and website that rates over 60 evidence-based alcohol interventions in terms of effectiveness, cost, and other factors, allowing school officials to select among the many potential interventions to address harmful and underage student drinking.

NIAAA also supports research on the implementation of alcohol screening and brief intervention among youth and young adult populations in healthcare and other appropriate settings. 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. Adolescents, however, adolescents are not routinely asked about drinking when they interface with the healthcare system. To facilitate the integration of this practice into primary care, NIAAA developed a youth alcohol screening tool, Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide, to enable pediatric and adolescent health practitioners to identify patients who may benefit from intervention. This screening tool has been validated among youth in pediatric emergency room settings, in school settings, in primary care settings (including among racially and ethnically diverse youth) and among youth with chronic health conditions.

Basic research is key to informing the development of innovative prevention and treatment strategies for underage drinking. NIAAA funds collaborative research to assess the impact of adolescent drinking on brain development. For example, the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), a longitudinal study of approximately 800 youth ages 12-21, was designed to identify brain characteristics that may predict alcohol-misuse and to elucidate the neurodevelopmental effects that occur as a consequence of alcohol exposure. NCANDA researchers have demonstrated that youth with a history of alcohol use exhibit weakened connections between

[20] NIAAA defines binge drinking as a pattern of drinking that increases an individual's blood alcohol concentration to 0.08 percent or higher. This typically occurs after 4 drinks for women and 5 drinks for men – in about 2 hours.

brain networks involved in the regulation of emotional and cognitive functioning. NCANDA laid the methodological foundation for NIH's ABCD study, the largest longitudinal study of brain development and child health in the United States. Complementing NCANDA and ABCD, NIAAA's Neurobiology of Adolescent Drinking In Adulthood (NADIA) consortium enables investigators to examine, using animal models, the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood. Recent preclinical research conducted through NADIA elucidated a link between adolescent alcohol exposure and specific molecular changes in the brain that contribute to increased anxiety in adulthood.

PERFORMANCE

Information regarding the performance of the drug control efforts of NIH is based on agency documents related to the GPRMA and other information that measures the agency's contribution to the *Strategy*. 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.

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, four 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 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUDs and their consequences in underage populations." This measure, which began in FY 2014, is indicative of NIAAA's and NIDA'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-4.9: "By 2023, evaluate the efficacy of new or refined interventions to treat OUD." This measure began in FY 2018, and reflects NIDA's increasing focus on finding solutions to the current crisis of opioid overdose and addiction. As part of the NIH HEAL Initiative, NIDA has been supporting a variety of focused medications development research at varying stages of the clinical pipeline. . (Note: SRO-4.9 has been extended from 2020 to 2023 to reflect the 5-year time horizon of FY 2018 investments in the development and evaluation of OUD interventions as part of the NIH HEAL Initiative.)

In addition to developing and leading SRO-5.15, NIAAA created SRO-4.15: "By 2021, evaluate three interventions for facilitating treatment of alcohol misuse in underage populations." This measure began in FY 2019 and reflects NIH's ongoing commitment to research on the development of interventions to improve treatment of alcohol-related problems among youth.

National Institute on Drug Abuse		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Scientific Research Outcome 5.15: By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUDs and their consequences in underage populations.	Develop, adapt or tailor at least one intervention or strategy to prevent prescription drug misuse and/or OUD in older adolescent and young adult populations.	NIDA supported at least three projects focused on developing, tailoring and/or adapting interventions to prevent prescription drug misuse and/or OUD in older adolescent and young adult populations.
» Scientific Research Outcome-4.9: By 2023, evaluate the efficacy of new or refined interventions to treat OUD.	Conduct 1 pre-clinical study and 1 clinical trial to develop non-opioid based medications to treat OUD that may avoid the risks of opioid dependence and overdose.	A pre-clinical study of a novel opiate withdrawal therapy was conducted, and a clinical trial of a therapy for both opioid withdrawal and associated insomnia was also conducted.

Prevention – Scientific Research Outcome-5.15
The FY 2019 target was met. In FY 2019 NIDA supported at least three projects focused on developing, tailoring and/or adapting interventions to prevent prescription drug misuse and/or OUD in older adolescent and young adult populations.

NIDA supported a project[21] which intervenes at the level of the patient, aiming to improve opioid risk understanding and analgesic decision-making and to enhance analgesic self-efficacy, analgesic use, storage behaviors and pain outcome. The project tests the effectiveness of targeting parents of children who have been prescribed opioids for acute pain with new strategies to help parents learn about opioid risks, make safe and effective analgesic decisions, and develop and demonstrate safe drug management behaviors.

NIDA also supported two projects that are examining interventions at the level of the provider testing strategies to change prescribing behavior. One project[22] focuses on a behavioral intervention for providers that alters the default settings for prescribing opioids to children and young adults after common childhood surgical procedures like tonsillectomy. Another study[23] seeks to reduce the number of opioids prescribed after caesarian section, in order to reduce the prescription of unused opioids and reduce the potential for friends and family members to obtain and misuse such opioids.

[21] "Scenario tailored opioid messaging program: An interactive intervention to prevent analgesic-related adverse drug events in children and adolescents", R01-DA044245
[22] "Using default opioid prescription settings to limit excessive opioid prescribing to adolescents and young adults" K08DA048110
[23] "Reducing unused prescribed opioids after Cesarean Birth" K23DA047476

While it is too early for these studies to have produced published findings, each represents a NIDA's commitment to finding novel approaches to prevent opioid misuse.

Treatment – Scientific Research Outcome-4.9
The FY 2019 target was met. In FY 2019, NIDA funded the preclinical development of ITI-333. This is a novel compound with high affinity activity at mu opioid, 5-HT2A, and D1 receptors. The pre-clinical profile of ITI-333 suggests a promising medication, lacking addiction liability, for treatment of opioid withdrawal in individuals with OUD. ITI is currently completing IND-enabling nonclinical safety, toxicology, pharmacokinetic and manufacturing activities to start studies in humans (clinical trials).

NIDA also funded a clinical trial to evaluate the safety and efficacy of suvorexant for treatment of insomnia and opioid withdrawal in patients with OUDs. Suvorexant is an orexin-1 antagonist that is approved by the FDA for treatment of insomnia because it improves sleep architecture without producing drug dependence. In addition, the orexin system has been involved in the pathophysiology of OUD. Therefore, suvorexant is promising medication to treat the sleep problems of OUD and OUD itself.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Scientific Research Outcome 5.15: By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUDs and their consequences in underage populations.	Develop an intervention to prevent or reduce alcohol misuse among college age individuals.	Researchers demonstrated the efficacy of interventions involving brief motivational interviewing and a supplemental activity for reducing alcohol misuse among college age individuals.
» Scientific Research Outcome 4.15: By 2021, evaluate three interventions for facilitating treatment of alcohol misuse in underage populations.	Test a screening and brief alcohol intervention in an underage population.	Researchers tested NIAAA's Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide's two-question screening tool to determine its predictive ability in identifying future risk for alcohol-related problems in an underage population.

Prevention – Scientific Research Outcome-5.15
The FY 2019 target was met. Brief Motivational Interviewing (BMI) is a cost-effective preventive intervention for alcohol misuse that involves providing individualized feedback on drinking behavior and associated risks. Feedback may include goal-setting strategies for cutting back on drinking or reducing risks of harm. Although BMI is considered an effective intervention for college-age populations, the magnitude of the effect is typically moderate or small. For this reason, researchers have studied the utility of adding additional intervention elements to enhance the effects of BMI on

reducing alcohol consumption and resulting harms among college students. NIAAA-supported researchers conducted a two-site randomized controlled clinical trial in a college student population to evaluate BMI efficacy when supplemented by a substance-free activity session or relaxation training session. Outcomes were evaluated up to 16 months after the intervention. Compared to the control condition, BMI combined with either an activity session or relaxation training was associated with reductions in alcohol use and related problems across the 16-month follow-up period. The combined approach resulted in effects greater in magnitude when compared to previous reports of BMI alone. The same research group conducted an analysis of existing data from three randomized controlled trials specifically to examine the effects of BMI with a supplemental intervention on alcohol-induced blackouts in college-age individuals. Their analyses indicated that, compared to a control group, participants who received BMI in conjunction with either a substance-free activity session or relaxation training were less likely to report a blackout up to six months later. Together, these two studies demonstrate the efficacy of BMI supplemented with an additional intervention session for reducing alcohol misuse and related problems, including alcohol-induced blackouts, and suggest that supplemental activities enhance the impact of BMI effects.

Treatment – Scientific Research Outcome-4.15

The FY 2019 target was met. Several studies have demonstrated the utility of NIAAA's youth alcohol screening guide in identifying youth who are at current risk for alcohol-related problems, but no studies had been performed to test whether it can predict risk for future alcohol problems. A multi-site study conducted at 16 pediatric emergency departments by NIAAA-supported researchers evaluated the two-question screening tool's predictive validity for future AUD. They found that the two-question screening tool has acceptable predictive validity with respect to risk for AUD at one, two, and three years after the initial screening. These findings demonstrate that the youth screening guide is effective for identifying current and future risk for alcohol-related problems in youth.

Additionally, in a recent NIAAA-supported study, researchers examined the effects of SBIRT delivered in pediatric primary care settings on healthcare use and health outcomes over time. The investigators used electronic health data from a randomized clinical trial of adolescents aged 12-18 years that compared SBIRT delivered either by a pediatrician or behavioral health clinician to usual care. They found that patients who received SBIRT had fewer medical and mental health comorbidities, fewer psychiatry visits after one year, and fewer substance use diagnoses, as well as lower outpatient use over three years. These findings suggest that providing SBIRT in primary care may reduce healthcare use and improve adolescent health.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

RESOURCE SUMMARY

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$600.294	$600.909	$488.318
Treatment	3,539.977	3,557.437	3,515.010
Total Drug Resources by Function	**$4,140.271**	**$4,158.346**	**$4,003.328**
Drug Resources by Decision Unit			
Programs of Regional and National Significance – Prevention	$205.469	$206.469	$96.985
Programs of Regional and National Significance – Treatment	460.677	479.677	364.677
Substance Abuse Prevention and Treatment Block Grant[1]	1,858.079	1,858.079	1,858.079
State Opioid Response Grants	1,500.000	1,500.000	1,585.000
Health Surveillance and Program Support[2]	116.046	114.121	98.587
Total Drug Resources by Decision Unit	**$4,140.271**	**$4,158.346**	**$4,003.328**
Drug Resources Personnel Summary			
Total FTEs (direct only)	356	428	429
Drug Resources as a Percent of Budget			
Total Agency Budget (in whole dollars)	$5,743,996,000	$5,883,996,000	$5,741,843,000
Drug Resources Percentage	72.1%	71.0%	70.0%

[1]The SAPTBG is split 20 percent to the Prevention function and 80 percent to the Treatment function.

[2] The Health Surveillance and Program Support (HSPS) Appropriation funded activities are split between Mental Health and Substance Abuse as follows: The Drug Abuse Warning Network is allocated fully to substance abuse. Program Support, Health Surveillance and Performance Quality Information Systems are split the same proportion as drug control to the overall SAMHSA budget as defined by the substance abuse portions divided by the mental health and substance abuse portions combined. Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are allocated 50 percent to drug control activities. The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%).

PROGRAM SUMMARY

MISSION

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA supports the President's *Strategy* through a broad range of programs focusing on prevention, treatment and recovery from substance abuse. Major

programs for FY 2021 will include the SAPTBG, SOR grants, competitive grant programs reflecting Programs of Regional and National Significance (PRNS), and HSPS. SAMHSA's Centers for Substance Abuse Prevention and Substance Abuse Treatment as well as 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 HSPS appropriation. Within the program 20 percent is prevention and 80 percent treatment.

The portion of the HSPS account attributed to the Drug Budget uses the following calculations:

- The Drug Abuse Warning Network is allocated fully to substance abuse prevention and treatment.
- 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 Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.
- The Public Awareness and Support, Behavioral Health Workforce Data and Development, and Data Request and Publication User Fees portion of the HSPS appropriation is divided evenly between Mental Health and Substance Abuse.
    - The Drug Control 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 PRNS, and 20 percent of the SAPTBG 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 PRNS, SOR grants, and 80 percent of the SAPTBG funds.

BUDGET SUMMARY

In FY 2021, SAMHSA requests $4,003.3 million for drug control activities, a decrease of $155.0 million from the FY 2020 enacted level.

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

Programs of Regional and National Significance – Prevention
FY 2021 Request: $97.0 million
($109.5 million below the FY 2020 enacted level)
In FY 2021, SAMHSA requests $97.0 million for PRNS – Prevention, a decrease of $109.5 million from the FY 2020 enacted level. This funding will support the programs and activities identified below.

Strategic Prevention Framework
FY 2021 Request: $10.0 million
($109.5 million below the FY 2020 enacted 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 SPF – Partnerships for Success program addresses underage drinking among youth and young adults age 12 to 20 and allows states to prioritize State-identified top data driven substance abuse target areas.

Strategic Prevention Framework for Prescription Drugs
FY 2021 Request (within SPF): $10.0 million
(No change from the FY 2020 Enacted 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 SPF 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 data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF for prescription drugs through FY 2021.

Federal Drug-Free Workplace
FY 2021 Request: $4.9 million
(No change from the FY 2020 enacted level)
SAMHSA's activities related to the Federal Drug-Free Workplace support two principal activities mandated by Executive Order (E.O.) 12564 and Public Law (P.L.) 100-71. This include: 1) oversight of the Federal Drug-Free Workplace, 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 (NLCP), which certifies laboratories to conduct forensic drug testing for federal agencies, federally-regulated industries; the private sector also uses the HHS-Certified Laboratories.

In FY 2020, SAMHSA will continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs. This includes review of Federal Drug-Free Workplace plans from those federal agencies that perform federal employee testing, random testing of those designed testing 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 HHS certified laboratories.

Sober Truth on Preventing Underage Drinking

FY 2021 Request: $9.0 million

(No change from the FY 2020 enacted level)

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 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 2021, SAMHSA plans to support 101 STOP Act grant continuations and 17 new grants.

Centers for the Application of Prevention Technologies

FY 2021 Request: $7.5 million

(No change from the FY 2020 enacted level)

In 2019, Center for the Application of Prevention Technologies changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field. The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

Science and Service Program Coordination

FY 2021 Request: $4.1 million

(No change from the FY 2020 enacted 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).

Tribal Behavioral Health Grants (Prevention Portion)

FY 2021 Request: $20.0 million

(No change from the FY 2020 enacted level)

SAMHSA's Tribal Behavioral Health Grants (TBHG) 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.

Substance Abuse Prevention and Treatment Block Grant

FY 2021 Request: $1,858.1 million

(No change from the FY 2020 enacted level)

The (SAPTBG) 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 SUD prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance misuse and SUDs. The SAPTBG's overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility to grantees.

The FY 2021 President's Budget is $1.9 billion, level with the FY 2020 Enacted. SAPTBG 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.

State Opioid Response Grants

FY 2021 Request: $1,585.0 million
($85.0 million above the FY 2020 enacted level)

SAMHSA established the SOR grants program in FY 2018. This program aims to address the opioid crisis by increasing access to MAT using the three FDA-approved medications for the treatment of OUD, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding was established to award up to 59 grants. These grants are awarded to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rate related to drug overdose deaths. The allowable uses of this program will also be expanded to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are responsible for more deaths than opioids in a growing number of states, even as opioid over does deaths remain within 5 percent of their historic high last year.

Programs of Regional and National Significance – Treatment

FY 2021 Request: $364.7 million
($115.0 million below the FY 2020 enacted level)

The overall FY 2021 Request for treatment PRNS is $364.7 million. This is $115.0 million below the FY 2020 enacted level, reflecting primarily an $89 million reduction in targeted capacity expansion related to MAT for prescription drug and opioids. Funds for this purpose are available from the SOR grants, which as indicated above, received an $85 million increase in the President's FY 2021 budget request.

Grants to Develop Curricula for DATA Act Waivers

FY 2021 Request: $4.0 million
($4.0 million above the FY 2020 enacted level)

The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to expand access to SUD treatment by supporting grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements the Controlled Substances Act with respect to the treatment and management of opiate-dependent patients. This funding will support 117 grants.

Peer Support Technical Assistance Center

FY 2021 Request: $1.0 million

(No change from the FY 2020 enacted level)

The purpose of this new program, which is authorized by section 7152 of the SUPPORT Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (the Center). The Center provides technical assistance and support to recovery community organizations and peer support networks. The technical assistance supports training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations.

Treatment, Recovery, and Workforce Support

FY 2021 Request: $4.0 million

(No change from the FY 2020 enacted level)

The purpose of this new program, which is authorized by section 7081 of the SUPPORT Act, is to support the implementation of voluntary programs for care and treatment of individuals after a drug overdose, as appropriate, which may include utilizing recovery coaches, establishing policies and procedures that address the provision of overdose reversal medication and FDA-approved medications to treat SUDs, and establishing integrated models of care for individuals who have experienced a non-fatal drug overdose. SAMHSA is directed, in consultation with the Secretary of Labor, to award competitive grants to entities to carry out evidence-based programs to support individuals in SUD treatment and recovery to live independently and participate in the workforce.

Emergency Department Alternatives to Opioids

FY 2021 Request: $5.0 million

(No change from the FY 2020 enacted level)

The purpose of this new program, which is authorized by section 7091 of the SUPPORT Act (P.L. 115-271) is to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, these funds will be used to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions.

Targeted Capacity Expansion

FY 2021 Request: $11.2 million

($89.0 million decrease from the FY 2020 enacted 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 MAT for OUDs; lack of resources needed to adopt and implement HITs in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process.

Opioid Treatment Programs/Regulatory Activities

FY 2021 Request: $8.7 million

(No change from the FY 2020 enacted level)

As part of its regulatory responsibility, SAMHSA certifies OTPs 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 DEA, states, territories, and the District of Columbia. SAMHSA also funds the OTPs Medical Education and Supporting Services project aimed at preparing OTPs 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 OTPs. This request supports the Secretary's five-prong strategy to address the opioid crisis priorities. In this program, this is through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

Screening, Brief Intervention, and Referral to Treatment

FY 2021 Request: $0.0 million

($30.0 million below the FY 2020 enacted level)

The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA has demonstrated the effectiveness of SBIRT and continues to disseminate SBIRT practices. SAMHSA is proposing to eliminate the SBIRT program ($30.0 million) as significant knowledge has been developed and disseminated for this program and it has been brought to scale in hundreds of communities across the Nation. SAMHSA will continue to disseminate SBIRT program information as necessary. The three new SBIRT state grants that were awarded in FY 2018 were multiyear funded and will continue to operate without need for additional appropriations through the end of FY 2021.

Treatment Systems for Homeless

FY 2021 Request: $36.4 million

(No change from the FY 2020 enacted level)

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with SUDs and who are experiencing homelessness, including veterans, and those experiencing chronic homelessness. This funding is to support grants to reduce homelessness for nearly 5,000 people. SAMHSA intends to fund 86 GBHI continuation grants with grant supplements for direct technical assistance.

Pregnant and Postpartum Women

FY 2020 Request: $31.9 million

(No change from the FY 2020 enacted level)

The Pregnant and Postpartum Women (PPW) supports grants for residential treatment and the Pregnant and Postpartum Women Pilot, authorized in the Comprehensive Addiction and Recovery Act (CARA), helps state substance abuse agencies address the COC, including services provided to women in nonresidential-based settings and 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 2018, SAMHSA funded three new state PPW pilot grants and three continuation state PPW pilot grants for program implementation, supplement for direct technical assistance, and one continuation evaluation contract.

In FY 2019, SAMHSA funded six continuations grants. No new grants were funded. In FY 2020, SAMHSA plans to fund six PPW Pilot continuations, 39 PPW Residential continuations and four new PPW Residential programs. In FY 2021 SAMHSA intends to fund three PPW pilot continuations, three new

pilot grants, 39 residential treatment grant continuations, to provide an array of services and supports to pregnant women and their children.

Building Communities of Recovery

FY 2021 Request: $8.0 million

(No change from the FY 2020 enacted level)

In FY 2017, SAMHSA funded a new cohort of grants through the CARA Building Communities of Recovery (BCOR) program. 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 (RSS) as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from SUDs 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 2018, SAMHSA funded 19 new grants, and provided continuation awards to five grants for a total of 24 BCOR grants. Moreover, these grantees received supplements for direct technical assistance. In FY 2019, SAMHSA funded five new BCOR awards and 23 BCOR continuation grants. In FY 2020, SAMHSA plans to fund five new grants and 22 continuation grants. The FY 2021 funds will support 20 new grants and eight continuation grants for the Building Communities of Recovery program to develop, expand, and enhance recovery support services.

Criminal Justice Activities

FY 2021 Request: $89.0 million

(No change from the FY 2020 enacted 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 SUDs and/or co-occurring substance use and mental disorders. This includes Treatment Drug Courts and the Offender Re-Entry Programs.

Drug Courts

FY 2021 Request: $70.0 million

(No change from the FY 2020 enacted 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. In FY 2019, SAMHSA funded 46 new drug court grants, including one Tribe/Tribal organization, 134 drug court grant continuations, and one contract.

In FY 2020, SAMHSA plans to fund 25 new drug court grants, at least 5 will be Tribes/Tribal organizations, pending sufficient applications, 156 drug court grant continuations, and one contract. In FY 2021

SAMHSA intends to support 54 new drug court grants, 92 drug court continuation grants, and one contract.

Ex-Offender Re-Entry Program

FY 2021 Request: $19.0 million

(No change from the FY 2020 enacted level)

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. These grants will provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include wraparound and recovery support services such as recovery housing and peer recovery support designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements.

In FY 2019, SAMHSA funded two new ORP grants and 32 ORP grant continuations. In FY 2020, SAMHSA plans to fund nine new ORP grants and 23 ORP grant continuations. In FY 2021 SAMHSA intends to fund 11 new and five continuation ORP grants, and one contract.

First Responder Training

FY 2021 Request: $41.0 million

(No change from the FY 2020 enacted level)

First Responder Training supports efforts to help 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 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 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.

In FY 2018, SAMHSA awarded 14 new grants and 21 continuation grants. In FY 2019, SAMHSA funded 20 new grants and 34 continuation grants. In FY 2020, SAMHSA anticipates funding 58 continuation grants and four new grants. In FY 2021 SAMHSA plans to fund 14 new First Responder Training grants.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

FY 2021 Request: $12.0 million

(No change from the FY 2020 enacted 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 seeks to help 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.

In FY 2020, SAMHSA anticipates funding 12 continuation awards. This FY 2021 funding will provide 14 new grants to 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.

Other PRNS Treatment Programs

FY 2021 Request: $42.1 million

(No change from the FY 2020 enacted level)

The FY 2021 Request includes resources of $42.1 million for several other Treatment Capacity programs including: Recovery Community Services Program; Children and Families; Improving Access to Overdose Treatment; and Addiction Technology Transfer Centers. The FY 2021 Request includes funds for continuing grants and contracts in these programs. Grant funding will enhance overall drug 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 patients after detox 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.

Health Surveillance and Program Support Appropriation

FY 2021 Request: $98.6 million

($15.5 million below the FY 2020 enacted level)

The FY 2021 Request is $98.6 million, a decrease of $15.5 million from the FY 2020 Enacted, which represents the Substance Abuse portion of the HSPS appropriation and supports staffing and activities to administer SAMHSA programs as described below.

Health Surveillance and Program Support

FY 2021 Request: $74.6 million

($14.7 million below the FY 2020 enacted level)

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 CDC'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 MH/Substance Abuse(SA) (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

SAMHSA intends to continue funding the continuation of the NSDUH, BHSIS, SAMHDA, and EBPRC contracts 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 2021 Request: $5.8 million

($0.7 million below the FY 2020 enacted 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 MH/SA. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. Funds for Public Awareness and Support will allow SAMHSA to fund five contracts that will allow SAMHSA to manage media relationships, maintain its web and social media presence, manage critical helplines, and deliver publications and resources.

Performance and Quality Information Systems

FY 2021 Request: $7.0 million

(No change from the FY 2020 enacted 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 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 MH/SA using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

SAMHSA will use these funds to continue its performance management, quality improvement, and activities. This funding will ensure that SAMHSA continues a strong focus on developing and implementing evidence-based practices and programs and continues its emphasis on performance management for quality improvement and program monitoring.

Drug Abuse Warning Network

FY 2021 Request: $10.0 million

(No change from the FY 2020 enacted level)

The Drug Abuse Warning Network (DAWN) is a nationwide public health surveillance system that will improve emergency department monitoring of substance use crises, including those related to opioids. Authorized by the 21st Century Cures Act, this program is necessary to respond effectively to the opioid and addiction crisis in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. This request represents the total funding available for these activities. DAWN is allocated fully to substance abuse.

This funding will support the continuation of a contract awarded in 2018 and to fund the expansion of additional hospitals for FY 2021 to inform stimulant abuse prevention and response strategies. DAWN's expansion to additional hospitals will allow for SAMHSA DAWN data-based estimates to be more generalizable and more representative across the country and will also allow SAMHSA to produce more accurate and complete assessment of geographic patterns (e.g. substance use disparities in urban, suburban and rural areas) and temporal trends (e.g. emerging or new substance misuse or abuse) in substance use related ED visits in the United States.

Data Request and Publication User Fees

FY 2021 Request: $0.75 million

(No change from the FY 2020 enacted level)

The FY 2021 Request is $750,000, level with the 2020 Enacted. 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 Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

PERFORMANCE

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 on the delivery of mental illness and substance abuse treatment services.

An independent evaluation of the SAPTBG demonstrated how states leveraged the statutory requirements 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.[24] SAMHSA data show that on average, the SAPTBG has been successful in expanding treatment capacity by annually supporting approximately two million[25] 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 CBHSQ. In FY 2019, at discharge, clients demonstrated above average abstinence rates from both illegal drug (56 percent) and alcohol (77 percent) use.

State substance abuse authorities reported the following outcomes for services[26] provided during FY 2019, the most recent year for which data is available:

- For the 50 states, American Samoa, DC, Guam, Micronesia, Northern Marianas, and Puerto Rico that reported data concerning abstinence from alcohol use, 47 of the 58 identified improvements in client abstinence;

- Similarly, for the 55 states, American Samoa, the District of Columbia, Guam, Northern Marianas, and Puerto Rico that reported data concerning the abstinence from drug use, 40 of 58 identified improvements in client abstinence;

- For the 49 states, American Samoa, DC, Guam, Marshall Islands, Micronesia, Northern Marianas, Palau, Puerto Rico, and Red Lake that reported employments data, 51 of 58 identified improvements in client employment;

- For the 49 states, American Samoa, DC, Guam, Micronesia, Northern Marianas, Palau, Puerto Rico, and Red Lake that reported criminal justice data, 51 of 57 reported an increase in clients with no arrests based on data reported to TEDS;

[24] Substance Abuse and Mental health Administration. Retrieved from https://www.samhsa.gov/sites/default/files/grants/sapt-bg-evaluation-final-report.pdf.
[25] Source: CBHSQ, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01 May 2018.
[26] Services include services from Short-term residential, Long-term residential, Outpatient, and Intensive outpatient only.

- For the 49 states, American Samoa, DC, Guam, Northern Marianas, Palau, and Red Lake that reported housing data, 47 of 58 identified improvements in stable housing for clients based on data reported to TEDS; and

- For the 44 states, DC, Guam, Puerto Rico, and Red Lake that reported recovery support data, 45 states out of 48 identified improvements in client engagement in recovery support programs.

Prevention: Selected Measures of Performance		
Program **SPF: Partnerships for Success**	**FY 2018 Target**	**FY 2018 Achieved**
» Increase the number of sub-recipient communities that improved one or more targeted NOMs indicators	238	325
» Increase the number of EBPs implemented by sub-recipient communities	411	1,274
SPF: Rx	**FY 2017 Target**	**FY 2017 Achieved**
» Increase the percent of funded states reporting reductions in opioid overdoses	55%	69%
STOP Act	**FY 2017 Target**	**FY 2017 Achieved**
» 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%	57.7%
» Increase the percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades	70%	75%
Tribal Behavioral Health Grants	**FY 2018 Target**	**FY 2018 Achieved**
» Increase the number of programs/organizations that implemented specific mental health-related practices/activities as a result of the grant	5,670	7,219

Substance Abuse Prevention and Treatment Block Grant: Selected Measures of Performance		
Prevention Set-Aside	**FY 2019 Target**	**FY 2019 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)	63.0%	63.0%
» 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+)	43.0%	43.0%
Treatment Activities	**FY 2019 Target**	**FY 2019 Achieved**
» Percentage of clients reporting no drug use in the past month at discharge.	74.0%	55.7%
» Increase the percentage of clients reporting being employed/in school at discharge.	40.0%	34.9%
» Increase the percentage of clients reporting no involvement with the criminal justice system.	92.0%	95.5%
» Increase the percentage of clients receiving services who had a permanent place to live in the community.	92.0%	87.8%

Treatment: Selected Measures of Performance		
Criminal Justice	**FY 2019 Target**	**FY 2019 Achieved**
» Drug Courts: Increase the percentage of adult clients receiving services who had no past month substance use	72.0%	87.3%
» Offender Reentry: Increase the percentage of adult clients receiving services who had no past month substance use	70.0%	62.2%

Health Surveillance and Program Support: Selected Measures of Performance		
Public Awareness and Support	**FY 2018 Target**	**FY 2018 Achieved**
» Increase the number of individuals referred for behavioral health treatment resources.	600,000	693,921
» Increase the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.	44,567,523	51,897,273

DEPARTMENT OF HOMELAND SECURITY

DEPARTMENT OF HOMELAND SECURITY
Customs and Border Protection

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Intelligence	$588.014	$477.383	$536.006
Interdiction	2,978.155	3,284.086	2,911.635
Total Drug Resources by Function	**$3,566.169**	**$3,761.469**	**$3,447.641**
Drug Resources by Decision Unit			
Operations and Support	$2,759.433	$2,849.921	$3,092.642
Border Security Operations (non-add)	*659.965*	*683.357*	*786.772*
Trade and Travel Operations (non-add)	*1,394.678*	*1,411.442*	*1,488.804*
Integrated Operations (non-add)	*667.375*	*677.973*	*762.927*
Mission Support (non-add)	*37.415*	*77.149*	*54.139*
Procurement, Construction, and Improvements	806.736	911.548	369.313
Border Security Operations (non-add)	*221.250*	*762.567*	*301.472*
Trade and Travel Operations (non-add)	*483.900*	*39.366*	---
Integrated Operations (non-add)	*101.586*	*109.615*	*53.527*
Total Drug Resources by Decision Unit	**$3,566.169**	**$3,761.469**	**$3,447.641**
Drug Resources Personnel Summary			
Total FTEs (direct only)	14,329	13,952	13,754
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$17.3	$17.9	$15.9
Drug Resources Percentage	23.8%	21.0%	22.0%

Program summary

MISSION

Titles 8 USC and 19 USC 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 methodology. On the basis of past practice, five organizations within CBP (Office of Field Operations [OFO], United States Border Patrol [USBP], Office of Training and Development [OTD], Office of Information and Technology [OIT], and Air and Marine Operations [AMO]) 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 operational expertise, 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.

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 Ports of Entry (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 Facilities, 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 2021 there will be 3,336 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. As of November 2018, OFO had 506 canine teams, the vast majority of which are certified to detect the odors of controlled substances.

United States Border Patrol

USBP is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2,000 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. In the FY 2021 Budget, USBP requests funding to hire and sustain up to 20,555 Border Patrol agents (funded within Operations and Support (O&S) – Border Security operations – US Border Patrol), assigned to the mission of detecting and apprehending illegal entrants between the POEs. These illegal entrants include aliens and 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 drug activities, which equates to 3,083 Border Patrol Agent FTE. Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence and 96.5 percent to drug interdiction. These activities include staffing a total of 36 permanent border traffic checkpoints nationwide (35 permanent checkpoints on the Southern border, 1 permanent checkpoint on the Northern border) and 182 tactical immigration checkpoints including 972 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, the 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 program, Integrated Fixed Towers program, and Tactical Communications Modernization

program. The Tactical Infrastructure program is responsible for the deployment and maintenance of infrastructure, including roads, fencing, lighting, and gates along the borders of the United States. These technology and infrastructure programs increase situational awareness and assist law enforcement personnel in identifying and resolving illegal activity. CBP estimates that 15 percent of the funding for these programs – both Procurement, Construction, and Improvements (PC&I) and O&S funding – supports drug interdiction activities.

CBP is the lead agency within the Department of Homeland Security (DHS) for the development, deployment, operations, and maintenance of border technology, tactical infrastructure, and border wall systems to secure America's borders. USBP also applies its 15 percent ratio of counter narcotics activity to all border technology, tactical infrastructure, and border wall system funding. In FY 2021, CBP requested $2 billion in PC&I funding for the border wall construction.

Office of Training Development

OTD calculates the portion of its 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 activities under interdiction and intelligence efforts for this report. If specific courses offered through the NTP 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. OTD's day-to-day operational resources (to include pay and general operating budgets) are attributed to drug enforcement activities at the same rate as the percentage of NTP course delivery costs attributable to drug enforcement activities for both interdiction and intelligence efforts, which are projected at 17.7 percent for interdiction and 0.05 percent for intelligence during FY 2021. 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 Treasury Enforcement Communications System (TECS) software applications, as well as 10 percent of data center operations costs are in support of the drug enforcement mission, aligned to both intelligence and interdiction functions.

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 2019, AMO P-3 aircraft flew 5,946 hours in drug control efforts, which represent 82 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 239,381 pounds of cocaine in the Source and Transit zones. This equates to 41.3 pounds of cocaine for every counternarcotic hour flown. CBP continues to deploy surveillance technology tailored to the operational requirements along the highest trafficked areas of the southwest border.

Since September 11, 2001, AMO has steadily increased its support to counter-terrorism by developing a more cohesive and integrated response to national security needs, as well as placing more emphasis on illegal immigration. AMO is dedicating significant assets and personnel in support of United States/Mexico interdiction initiatives, and in support of USBP in targeted southwest border areas that are frequent entry points for the smuggling of drugs and people into the United States.

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, 22 percent were related to intelligence and 78 percent were related to interdiction in FY 2018.

The source data for the financial information/flight hour information is retrieved from Air and Marine's official system of record, known as TOMIS. TOMIS has undergone a verification and validation by DHS and has been referenced in several Government Accountability Office and Office of Inspectors General (OIG) reviews, which provides reliable source data for the drug methodology described above.

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 (smuggling) 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 United States-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.

BUDGET SUMMARY

In FY 2021, CBP requests $3,447.6 million, a net decrease of $313.8 million below the FY 2020 enacted level.

Operations and Support
FY 2021 Request: $3,092.6 million
($242.7 million above the FY 2020 enacted level)
Operations and Support funds CBP's primary field occupations, 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 135 stations and substations, and 35 immigration checkpoints between the POEs. CBP also manages 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 2021 Request: $786.8 million

($103.4 above the FY 2020 enacted level)

The President's Budget provides funding for border security between the POEs. The Border Patrol 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, and Canine Center Front Royal in Virginia, 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 Border Patrol's canine programs are 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 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. The recent rise in fentanyl has also impacted operational requirements due to the need to purchase large amounts of technology to detect the presence of fentanyl and equipment to protect USBP agents.

Trade and Travel Operations

FY 2021 Request: $1,488.8 million

($77.4 million above the FY 2020 enacted level)

The FY 2021 President's Budget is $77.4 million above the FY 2020 enacted level for drug-related resources associated with border security and trade facilitation at the POEs, which provides continued support for front-line CBP Officers. Additional funding is comprised of resources dedicated to opioid detection and increased personnel costs for baseline 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.

The OFO National Targeting Center (NTC) recognizes the value of establishing and enhancing collaboration with key stakeholders, both here at home and abroad to combat opioids. Because the opioid epidemic is a global problem, it is imperative that NTC partners with foreign governments to identify and exchange opioid related-data with our partners to enhance intelligence products, targeting initiatives, and inter-agency operations. NTC has been aggressively targeting the illegal importation of fentanyl and other opioids transiting or destined to the United States.

Efforts have been focused towards the creation of targeting rules to identify high-risk targets and to increase cooperation with foreign and domestic law-enforcement partners. NTC is continuously developing and updating targeting protocols to identify precursor chemicals and narcotics to address the increasing heroin, fentanyl, and opioid threat. NTC will continue to collaborate and strengthen ties with our investigative partners from the United States Postal Inspection Service (USPIS), Homeland Security Investigations (HSI), DEA, Federal Bureau of Investigations, (FBI) and other federal partners to conduct joint enforcement initiatives including intelligence-driven special operations designed to identify and disrupt drug smuggling.

CBP's National Targeting Center – Cargo (NTC-C) Narcotics Targeting team addresses illicit narcotics smuggling on a global scale through an aggressive targeting and analysis program, identifying narcotics smuggling schemes in all modes of transportation. NTC-C has the lead role of identifying global trends and patterns in the narcotics trade and responding to these threats from a national platform. NTC-C creates system rules and coordinates with CBP POEs, other government agencies, and partnering nations to intercept suspect shipments, directly supporting new and active investigations.

An important element of CBP's layered security strategy is obtaining advance information to help identify shipments that are potentially high-risk for containing contraband. This information is automatically fed into CBP's Automated Targeting System, an intranet-based enforcement and decision support system that compares cargo and conveyance information against intelligence and other enforcement data. CBP uses the same drug-interdiction methodology to seize fentanyl as it uses to detect other illicit drugs; however, the detection of fentanyl remains challenging because of the small quantities routinely being smuggled. Currently, officers use Fourier Transform Infrared Spectrometers and Raman spectrometers to test suspect substances and obtain presumptive results.

OFO International Mail Facilities: When mail arrives at an IMF, it is accepted (scanned) by the United States Postal Service (USPS) and sorted prior to presenting to CBP for inspection. CBP employs physical, x-ray, canine searches, large scale, and handheld non-intrusive inspection (NII) tools to examine international mail shipments. Utilizing available advance electronic data (AED), CBP targets high-risk shipments and relies on the USPS to locate and deliver the targeted mail. For non-AED international mail shipments, the selection process by CBP for review is primarily a manual process. The USPS is now providing CBP AED on approximately 50 percent of all international mail with goods.

CBP faces challenges in targeting and interdicting contraband, illicit goods, and shipments of interest due to physical infrastructure constraints at the IMFs, and increasing volume of mail brought on by eCommerce. Currently, the equipment CBP uses for moving packages between the USPS area and the CBP area are antiquated and in desperate need of replacement. A new conveyor belt system with integrated delayering, queuing, singulation, centering, 6-sided bar-code scanning, 3D x-ray technology, opioid detection equipment, and distribution inductions is needed to address the increasing volume in the international mail environment. CBP is pursuing the use of its NII and postal-related funding to install systems which will enhance our ability to track high-risk targeted shipments.

CBP is working to develop an electronic tool to assist IMF staff in managing the international mail. CBP continues to work with our Office of Information and Technology (OIT) on the development of an International Mail Dashboard to assist in the tracking of CBP targeting activity at each IMF. This will allow CBP to compare and confirm presentment rates provided by the USPS in order to assess the performance of the mail pilots.

CBP has also 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 2021 Request: $762.9 million

($85.0 million above the FY 2020 enacted 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 2021 Request includes an $85.0 million increase in the drug-related resources associated with CBP's AMO 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 United States 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 D&M assets solely dedicated to the CD mission.

In the transit zone, CBP AMO crews work in conjunction with the law enforcement agents and military forces of other nations in support of their counternarcotic programs. CBP is prepared to support CD

missions in the source zone. Counter narcotics missions include D&M, surveillance, interceptor support, and coordinated training with military and other law enforcement personnel.

Mission Support

FY 2021 Request: $54.1 million

($23.0 million below the FY 2020 enacted level)

The FY 2021 Request of $54.1 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. It additionally provides for support contracts to assist in the development, deployment, operations, and maintenance of border technology.

Procurement, Construction, and Improvements

FY 2021 Request: $369.3 million

($542.2 million below the FY 2020 enacted level)

The 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 Operations

FY 2021 Request: $301.5 million

($461.1 million below the FY 2020 enacted level)

The request includes $301.5 million for Border Security Operations aligned to the drug control mission. This account will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for CBP's frontline agents and officers.

Trade and Travel Infrastructure

FY 2021 Request: $0.0 million

($39.4 million below the FY 2020 enacted level)

The PC&I budget for Trade and Travel Infrastructure does not include a request for control funding in FY 2021.

Integrated Operations

FY 2021 Request: $53.5 million

($56.1 million below the FY 2020 enacted level)

The PC&I Integrated Operations account funds the procurement of new AMO platforms. CBP Air and Marine aviation assets include: sensor-equipped D&M jet interceptors, long-range trackers, and MPA; 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, 2019.

Customs and Border Protection		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
Amount of smuggled outbound currency seized at the POEs (in millions)	$30.0M	$32.4M
Percentage of JIATF-South annual mission hour objective achieved	100%	100%
Interdiction Effectiveness Rate on the Southwest border between the POEs	81.0%	86.3%
Percent of time TECS is available to end users	99.0%	99.9%

The measure "Amount of smuggled outbound currency seized at the POEs" 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 includes all POEs on both the southwest and northern borders and 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 POEs, a key outcome for the *Strategy*. This measure provides an indicator of success for CBP's Outbound Enforcement Program in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to criminal or transnational groups.

The measure "Percentage of JIATF-S Annual Mission Hour Objective Achieved" identifies the degree to which AMO meets its intended flight hours for JIATF-S in support of the *Strategy*, which is reported to DHS, ONDCP, and JIATF-S. 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 United States 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 *Strategy*. In the source and transit zones, 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. DHS responds to the requirements in a Statement of Intent, which details a baseline level of effort in terms of assets and resources. AMO typically supports JIATF-S requests with P-3 Airborne Early Warning and P-3 Long-Range Tracker aircraft, but has also supported JIATF-S with other aircraft, including its DHC-8 and C-12M fixed-wing aircraft, Black Hawk rotary-wing aircraft, and unmanned aircraft systems (UAS).

The measure "Interdiction Effectiveness Rate (IER) on the Southwest border between the POEs" is the percent of detected illegal entrants who were apprehended or turned back after illegally entering the United States between the Southwest Border POEs. Border Patrol agents 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. This measure assists in evaluating CBP's success in disrupting domestic drug trafficking between the land border POEs, a key outcome for the *Strategy*.

The measure, "Percent of time TECS is available to end users," quantifies the availability of the TECS service to all end-users based on a service level of 24/7 service. TECS is a CBP mission-critical law enforcement application system designed to identify individuals and businesses suspected of or involved in violation of Federal law. TECS is also a communications system permitting message transmittal between the DHS law enforcement offices and other National, state, and local LEAs, access to the FBI's National Crime Information Center and the International Justice and Public Safety Network (Nlets). This system provides 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, a key outcome for the *Strategy*.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
State and Local Assistance	$13.500	$13.500	$5.864
Total Drug Resources by Function	**$13.500**	**$13.500**	**$5.864**
Drug Resources by Decision Unit			
Operations & Support	$13.500	$13.500	$5.864
Total Drug Resources by Decision Unit	**$13.500**	**$13.500**	**$5.864**
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions) 1	$4.593	$4.975	$4.300
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

[1] *Amount does not include BCA dollars for major disasters under the Disaster Relief Fund.*

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 CD efforts. Due to the intricate nature of these operations, CBP is unable to delimit the amount applied toward CD 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 2021, FEMA requests $5.9 million for drug control activities, a decrease of $7.6 million from the FY 2020 enacted level.

Operation Stonegarden
FY 2021 Request: Up to $5.9 million
($7.6 million below the FY 2020 enacted level)

The intent of OPSG is to enhance cooperation and coordination among Federal, state, and local LEAs in a joint mission to secure the United States 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 United States Border States based on risk analysis and the anticipated feasibility and effectiveness of proposed investments by the applicants.

For FY 2021, the Administration proposes to consolidate several grant programs in the Department of Homeland Security, including Operation Stonegarden. The FY 2021 drug control request represents an estimate of drug control funding in the consolidated grant to support those activities currently authorized by Operation Stonegarden.

PERFORMANCE

Below is the associated narcotics enforcement performance data in (kilos and pounds) resulting from OPSG funded patrols as reported by the OPSG partners in Daily Activity Reports for 2018.

Customs and Border Protection		
Selected Measures of Performance		**2018**
» Prosecuted Narcotics Cases		2,151
Drug Seizures	**Total 2018 (KGS)**	**Total 2018 (LBS)**
» Cocaine	933.2	2057.3
» Heroine	410.5	905.0
» Marijuana	22,053.0	48,618.6
» Methamphetamine	1,982.2	4,370.1
» Other Narcotic (Fentanyl, Ecstasy, etc.)	862.4	1901.3

DEPARTMENT OF HOMELAND SECURITY
Federal Law Enforcement Training Centers

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Investigations	$48.638	$52.569	$55.043
State & Local Assistance	1.520	1.643	1.720
International	0.507	0.548	0.573
Total Drug Resources by Function	**$50.665**	**$54.760**	**$57.336**
Drug Resources by Decision Unit			
Operations & Support	$50.665	$54.760	$57.336
Total Drug Resources by Decision Unit	**$50.665**	**$54.760**	**$57.336**
Drug Resources Personnel Summary			
Total FTEs (direct only)	216	216	215
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$0.3	$0.3	$0.3
Drug Resources Percentage	15.5%	15.7%	17.4%

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 Participating 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 related to investigation. FLETC supports the *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 percent support to drug enforcement activities. State, local, and international 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, 3 percent; and International Training and Technical Assistance, 1 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

In FY 2021, FLETC requests $57.3 million for drug control activities, an increase of $2.6 million above the FY 2020 enacted level.

Operations and Support
FY 2021 Budget Request: $57.3 million
(Reflects $2.6 million increase over FY 2020 Enacted Budget)

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 2021 request reflects an increase in the total drug resources funding available due to increased FLETC training funds to accommodate increased training requirements.

PERFORMANCE

The FY 2019 performance of FLETC's drug support mission is based on agency GPRMA documents and other agency information. The FY 2019 performance information for FLETC's drug-related training is shown below.

Federal Law Enforcement Training Centers		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Percent of Participating Organizations that agree the FLETC CD related training (i.e., Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.) meets identified training needs.	90%	94%

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 Participating Organizations. FLETC measures its success by assessing the satisfaction of its

Participating Organizations with the requested training that FLETC provided. In FY 2019, FLETC trained 67,810 students, equating to 174,081 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 Participating Organizations with the CD-related training provided by FLETC to their officers and agents. In order to establish the new performance goal (against which to set a baseline), FLETC examined its actual and targeted historical training-related performance measures. Additionally, discussions were held with a sampling of Participating Organizations to gauge their satisfaction with FLETC's drug control-related training to date. For FY2019 the target was set to 90 percent. Results of the 2019 Participating Organization Satisfaction Survey that FLETC conducted indicate that 94 percent of Participating Organizations are satisfied with FLETC CD-related training.

DEPARTMENT OF HOMELAND SECURITY
Immigration and Customs Enforcement

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Intelligence	$26.940	$30.076	$33.488
International	11.127	10.912	12.726
Investigations	522.73	557.541	627.675
Total Drug Resources by Function	**$560.797**	**$598.529**	**$673.889**
Drug Resources by Decision Unit			
Operations & Support	$560.797	$598.529	$673.889
Total Drug Resources by Decision Unit	**$560.797**	**$598.529**	**$673.889**
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,619	2,515	2,677
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$7.9	$8.4	$10.4
Drug Resources Percentage	7.1%	7.1%	6.5%

Program Summary

MISSION

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.

The Homeland Security Investigations (HSI) directorate is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. ICE-HSI supports drug control policy—specifically the President's initiatives to disrupt domestic drug trafficking and production and strengthen law enforcement and international partnerships to reduce the availability of foreign-produced drugs in the United States—by supporting the overall ICE mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of DHS's action items are disruption of domestic drug trafficking and production; and strengthening of international partnerships and reduction in the availability of foreign-produced drugs in

the United States. Increased hours incurred on drug-related cases directly lead to increased detection, disruption and dismantlement of drug smuggling organizations.

METHODOLOGY

ICE's approved drug methodology is based on investigative case hours recorded in the ICE Investigative Case Management System. ICE agents record the hours they work, categorized by the type of investigation, in the system. Following the close of the FY, 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 HSI program responsible for counternarcotics 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 2018 quarter, 31.51 percent of case hours were drug-related for HSI Domestic Investigations, 9.82 percent for HSI International Investigations, and 31.96 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.

HSI utilizes the Significant Case Report (SCR) process to report on its impact on the mission. SCRs encompass the diverse categories investigated by HSI Special Agents, including illicit trade, travel, and finance (non-drug-related); illicit trade, travel, and finance (drug-related); cyber; counter-terrorism; national security; worksite enforcement; gangs; and child exploitation. SCRs demonstrate how HSI investigations have disrupted and dismantled significant investigations of transnational criminal organizations. The primary measure that is derived from the SCR process for counternarcotics is the, "Percentage of significant drug related, illicit trade, travel and finance investigations that result in a disruption or dismantlement of a criminal organization." This measure is an aggregate of the number of disruptions or dismantlements, over the number of approved significant drug related illicit trade, travel, and finance transnational criminal investigations. Drug-related illicit trade, travel, and finance investigations include the earning, laundering, moving, or preventing the movement of more than $10 million annually; investigations of CPOTs; or investigations of Regional Priority Organization Targets (RPOTs).

BUDGET SUMMARY

In FY 2021, ICE requests $673.9 million for drug control activities, an increase of $75.4 million above the FY 2020 Enacted Budget. To allow for consistent reporting, overhead funds which were shifted from HSI to Management and Administration are included as part of ICE's algorithm for ONDCP reporting.

Operations and Support

FY 2021 Budget Request: $673.9 million
($75.4 million above the FY 2020 enacted level)

The Operations and Support account contributes to the ICE mission of bringing a unified and coordinated focus to the enforcement of Federal immigration and customs laws. Salaries and Expenses resources are used to address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, TCOs, 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 TCOs to transport drugs and the proceeds of drug trafficking across our borders.

Domestic Investigations

FY 2021 Request: $627.7 million
($70.1 million above the FY 2020 enacted 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 TCOs responsible for these illicit activities.

In FY 2020, ICE will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). ICE has expanded the BEST program to 73 locations throughout the United States including Puerto Rico and the United States Virgin Islands. HSI leverages over 3,000 federal, tribal, state, local and foreign law enforcement task force officers assigned to combating transnational organized crime. BEST now leverages more than 1,200 Federal, State, local, Tribal and foreign law enforcement agents and officers representing over 100 LEAs.

The requested resources will support investigative efforts, coordination with Federal, State, local, and foreign LEAs, and participation in task forces, such as the Organized Crime Drug Enforcement Task Force (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.

ICE HSI is a member agency of OCDETF and holds the Deputy Director position at the OCDETF Fusion Center (OFC) which supports inter-agency investigations through intelligence analysis support and case coordination. HSI personnel collaborate with 21 federal and foreign OCDETF member agency representatives to analyze shared investigative information and intelligence to produce actionable investigative leads and targeting to identify, disrupt, and dismantle transnational criminal organizations.

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 (IRS). 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.

At the National Targeting Center (NTC), ICE HSI partners with CBP and USPIS at both International Mail Facilities (IMF) and International Borders to target inbound shipments containing opioids/fentanyl and to target outbound shipments of chemical precursors.

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, Alcohol, Tobacco, Firearms, and Explosives (ATF), FBI, Coast Guard, and the USAO, along with other key Federal, State, local, tribal, and foreign LEAs. In

response to the 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 National Bulk Cash Smuggling Center (BCSC), which targets bulk cash smuggling both domestically and internationally. Bulk cash smuggling is a preferred method of operations for TCOs to smuggle funds into or out of the United States. BCSC 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 BCSC,which generates long-term, multi-jurisdictional bulk cash investigations.

Additionally, the ICE HSI Trade Transparency Unit (TTU) provides 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 HSI to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. TTU combats trade-based money laundering (TBML) through global partnerships. TTU is a key component in DHS and ICE's strategic efforts to combat and prevent criminal and terrorist organizations from exploiting the international trade and financial systems to disguise, move, and launder their illicit proceeds. One of TTU's responsibilities is the exchange of trade data with foreign counterparts to compare values reported on United States import/export declarations against values reported on foreign counterparts' import/export declarations. Currently, there are 17 TTU partners, to include: Argentina, Australia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, France, Guatemala, Mexico, New Zealand, Panama, Paraguay, Peru, Philippines, United Kingdom, and Uruguay. The TTU was established in Mexico in 2008. The Mexico TTU comprises Mexican law enforcement assigned under the Finance Ministry within the Central Tax Authority developed to support Mexican Customs. The Mexico TTU representatives use trade and financial data to develop criminal targets involved in trade-based money laundering. Mexico TTU is one of the most active joint initiatives to date, due in part to the excellent working relationship between the two countries. ICE HSI TTU and Money Laundering Coordination Center continues 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 2021 Request: $12.7 million

($1.8 million below the FY 2020 enacted 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 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 United Statesagencies at posts, 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, an interagency endeavor with CBP. It includes in-depth vetting of applicants identified as potentially having derogatory information who may be of investigative interest, or ineligible to receive United States visas.

On September 27, 2011, ICE HSI officially established the Transnational Criminal Investigative Units (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 3400 foreign law enforcement officers that comprise the 13 TCIUs, 2 of which are international task forces, and 2 International Taskforce units in 13 countries.

ICE, in collaboration with DoD, 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 TCIUs and PNs to collect biometric and biographic data on suspect individuals via portable Secure Electronic Enrollment Kits. Foreign partners share this data with HSI who then screen the data prior to its entry into United States Government databases. HSI currently conducts dedicated BITMAP operations in 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 TCOs that seek to exploit border vulnerabilities and threaten public safety on both sides of the border.

ICE HSI continues to target DTOs 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 TCOs they support; prioritizing drug-related investigations to those involving CPOTs and RPOTS; 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 80 attaché offices and 9 DoD liaison offices in 53 countries around the world, ICE is the largest investigative component of the DHS. ICE is responsible for enhancing national security by conducting

and coordinating international investigations involving TCOs 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 DTOs and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the United States 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 United States 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, manufacturing, 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's contribution to the goals and objectives of the *Strategy*. The table and accompanying text represent ICE's drug-related achievements during FY 2018.

Immigration and Customs Enforcement Selected Measures of Performance	FY 2017 Target	FY 2018 Achieved
» Percent of significant high risk drug related illicit trade and illicit travel and finance investigations that result in a transnational drug investigations resulting in the disruption or dismantlement of high threat transnational DTOs or a criminal organization	15%	18%
» Total illegal currency and monetary instruments seized ($) from drug operations	N/A*	$688.8 M
» Percent of Cocaine seizures considered high impact (lbs)*	N/A*	50%
» Percent of Heroin seizures considered high impact (lbs)*	N/A*	49%
» Percent of Marijuana seizures considered high impact (lbs)*	N/A*	22%
Percent of Fentanyl considered high impact (lbs)*	N/A*	90%
» Percent of Methamphetamine seizures considered high impact (lbs)*	N/A*	69%

**ICE does not set targets for seized counternarcotic metrics.*

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 DTOs 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 CPOTs and RPOTs in accordance with targets designated by OCDETF. 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 2018, ICE seized $688.8 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

DEPARTMENT OF HOMELAND SECURITY
United States Coast Guard

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Interdiction	$1,557.604	$1,836.079	$1,825.111
Research and Development	$2.067	$0.676	$0.728
Total Drug Resources by Function	**$1,559.671**	**$1,836.755**	**$1,825.839**
Drug Resources by Decision Unit			
Operations & Support	$1,002.035	$1,265.298	$1,306.924
Procurement, Construction, & Improvements	$555.569	$570.781	$518.187
Research & Development	$2.067	$0.676	$0.728
Total Drug Resources by Decision Unit	**$1,559.671**	**$1,836.755**	**$1,825.389**
Drug Resources Personnel Summary			
Total FTEs (direct only)	6,171	7,508	7,611
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$12.7	$12.0	$12.3
Drug Resources Percentage	12.31%	15.31%	14.81%

Note 1: As part of the Coast Guard's transition to the DHS Common Appropriations Structure (CAS), personnel and other overhead costs for the Research and Development appropriation were moved to the Operations and Support appropriation in FY 2020.

Program Summary

MISSION

The USCG is America's principal Federal agency for maritime safety, security, and stewardship. It enforces all applicable Federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. 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 USCG'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 TCO networks that directly threaten the national security of the United States, exploit United States 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 USCG has a comprehensive approach to maritime CD law enforcement in the source, transit, and arrival zones. The key objectives of the USCG 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 USCG does not have a specific appropriation for drug interdiction activities. All USCG 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 USCG 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 USCG uses a Mission Cost Model methodology to compute its drug mission allocation. The Mission Cost Model allocates funding across USCG 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 MPA). Established baselines of operational activity are used to further allocate those costs to the various missions.

Operations and Support

O&S 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. Budget presentations for current and future years use the most recent O&S asset cost data and systematically allocate costs in the following manner:

- Direct Costs: Applied directly to the operating assets (NSC, Fast Response Cutter [FRC], and MPA) that perform missions.

- Support Costs: Applied to assets for which cost variability can be specifically linked to operating assets (based on 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 O&S costs are fully loaded on mission-performing assets, those costs are further allocated to USCG missions (Drug Enforcement, Search and Rescue, etc.) using actual or baseline projections for operational employment hours.

Procurement, Construction, & Improvements

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed 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 USCG 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 USCG-owned and operated vessels, aircraft, shore facilities, and other equipment, such as computer systems.

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

BUDGET SUMMARY

In FY 2021, the USCG requests $1,825.8 million for drug control activities, a decrease of $10.9 million from the FY 2020 enacted level. The primary drivers for the decrease from FY 2020 to FY 2021 are planned shifts in the Coast Guard's acquisition portfolio.

Procurement, Construction, and Improvements
FY 2021 Budget: $518.2 million
($52.6 million below the FY 2020 enacted level)
The FY 2021 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 2021 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, project National sovereignty in the Polar Regions, and protect the environment.

The FY 2021 Budget provides funding to acquire new assets and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance (C4ISR) investments needed to support them. Specifically, the FY 2021 budget:

- Supports funding for the 270-foot Medium Endurance Cutter (MEC) Service Life Extension, enabling legacy assets to continue to safely conduct drug interdiction operations.

- Continues to support the OPC acquisition as part of the recapitalization of the Coast Guard fleet by funding construction of the third OPC. The OPC will bridge the capabilities of the NSC and FRC, and will replace the Coast Guard's MEC fleet.

- Continues C-27J aircraft missionization; supporting the medium-range surveillance and transport aircraft's ability to provide additional D&M support in the Western Hemisphere Drug Transit Zone.

- Continues Post Delivery Activities on the ninth through eleventh NSCs to ensure operational readiness following delivery.

Operations and Support
FY 2021 Budget: $1,306.9 million
($41.6 million above the FY 2020 enacted level)
In the FY 2021 Budget, O&S will fund 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 2021 Budget supports the Coast Guard workforce with personnel pay and allowances; training; and recruiting. This request also supports increased intelligence capability, investigative capacity, and document and media exploitation.

Research and Development
FY 2021 Budget: $0.7 million
($52,000 above the FY 2020 enacted level)
R&D funding allows the Coast Guard to sustain critical capabilities for the DHS. The requested R&D funding supports all 11 statutorily mandated Coast Guard missions. These missions, in turn, directly support the Coast Guard's role as the principal Federal agency for ensuring maritime safety, security, and stewardship.

FY 2021 resources will continue to support the development of technologies, such as opioid detection technology, unmanned aircraft, unmanned surface vessels, and unmanned subsurface vessels that give operational commanders a wider range of options to detect/stop fleeing vessels.

PERFORMANCE

Information regarding the performance of the drug control mission of the USCG program is based on agency GPRMA documents and USCG data. The table and accompanying text represent highlights of their achievements in FY 2019.

United States Coast Guard		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	10.0%	9.3%
» Metric Tons (MT) of Cocaine Removed	≥240	207.9

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.

In FY 2019, the Coast Guard continued to dedicate focus and assets to transit zone interdiction operations above historical levels and exceeded its target of 1,825 major cutter days to the transit zone by over 200 cutter days.

FY 2019 Performance Highlights

- Self-propelled semi-submersibles (SPSS) are nearly impossible to detect with radar and very difficult to observe visually. Despite these inherent challenges, the Coast Guard stopped 24 of these trafficking vessels in FY 2019, resulting in the removal of 53 MT of cocaine. Coast Guard Cutter (CGC) VALIANT's 8,000 kilogram removal from an SPSS in September was the largest single interdiction removal in FY 2019. VALIANT's removal equated to the interdiction of nine go-fasts and was the largest single Coast Guard cocaine removal in four years.

- Drug Cartel use of low profile vessels increased in recent years, largely due to that vessel type's ability to successfully evade detection, increase capability of smuggling large quantities of narcotics, and the relatively inexpensive construction cost in comparison with SPSS vessels. Low profile vessels averaged 1,142 kilograms per interdiction in FY 2019. CGC TAMPA is credited with the largest cocaine removal from a low profile vessel in FY 2019, with their February interdiction off the Ecuadorian coast yielding 2,742 kilograms.

- During FY 2019, Coast Guard interdictions produced a $6.1 billion financial loss to criminal enterprise inventories and sales while the Middle District of Florida succeeded in convicting 100 percent of SPSS crewmembers prosecuted under the Drug Trafficking Vessel Interdiction Act (DTVIA) with or without the recovery of narcotics during the interdiction.

- Coast Guard leveraged the United States/Costa Rica Counter Drug Bilateral Agreement through a joint ship-rider operation with Costa Rica, titled Operation CRESTED EAGLE. Costa Rica Maritime Interdiction Units supported by Coast Guard Deployable Specialized Forces enhanced Costa Rica's ability to conduct interdiction operations, particularly from the newly acquired Libertadors (former Coast Guard 110-foot patrol boats). This operation resulted in the seizure of over 15,000 pounds of cocaine and apprehension of nearly 30 suspects.

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 2019 Enacted	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Treatment	$544.968	$575.360	$576.752
Total Drug Resources by Function	$544.968	$575.360	$576.752
Drug Resources by Decision Unit			
COC: Homeless Assistance Grants	$544.968	$575.360	$576.752
Total Drug Resources by Function	$544.968	$575.360	$576.752
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$53.8	$56.5	$47.9
Drug Resources percentage	1.0%	1.2%	1.4%

Program Summary

MISSION

The President's *Strategy* calls for federal support for reducing barriers to recovery from SUDs. Lack of housing creates a sense of hopelessness for those using struggling with a SUD of in recovery and presents a barrier to long term good health. The Strategy specifically calls for programs to prevent homelessness as a step toward recovery from SUDs. Stable and affordable housing is often identified as the most difficult obstacle for individuals released from prison or jail to overcome. Also, the *Strategy* identifies supportive environments and drug-free homes as necessary elements for recovery. For persons in recovery, structured and supportive housing promotes and sustains 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/Acquired Immune Deficiency Syndrome (AIDS), and formerly incarcerated individuals. Recipients of resources provided by the Office of Special Needs Assistance Programs 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 2018) shows that 23.2 percent of clients served will receive substance use treatment.

BUDGET SUMMARY

In 2021, HUD requests $576.8 million for drug control activities, an increase of $1.4 million above the FY 2020 enacted level.

Continuum of Care: Homeless Assistance Grants
FY 2021 Request: $576.8 million
($1.4 million above the FY 2020 enacted 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:

- Promotes community-wide commitment to the goal of ending homelessness;
- Provides funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promotes access to and effective utilization of mainstream programs by homeless individuals and families; and
- Optimizes 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 FY 2018.

Office of Special Needs Assistance Programs					
Selected Measures of Performance	**FY 2014 Achieved**	**FY 2015 Achieved**	**FY 2016 Achieved**	**FY 2017 Achieved**	**FY 2018 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%	49.3%	52.0%
» Percentage of participants in CoC-funded permanent supportive housing remaining in or exiting to permanent housing.	91.8%	92.9%	93.3%	93.3%	93.5%
» 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	71,748	70,871

This data is based on CoC Program Annual Performance Reports (APRs). APRs are for grants awarded in a FY competition and are based on one year of performance for each of those grants. For instance, the grants awarded in FY 2016 must begin operating sometime in CY 2017 and will report in the APR on 12 months of performance. This means that the earliest an FY 2016 grant could start is January 1, 2017, and the latest it could start is December 1, 2017 (we require all grants to begin operating by the beginning of the month). It means that the operating end date for a project could be from December 31, 2017, to November 30, 2018. On rare occasions, a grant will be extended for an additional few months so the end date can be later than the November 30, 2018, in these rare circumstances. For this report, the data under the FY column is based on the grants awarded in the previous FY, except for the data reported under the "FY 2017 Achieved" column is based on data from grants awarded prior to FY 2016 CoC program competition. For example, the data reported under the "FY 2016 Achieved" column is based on data from grants awarded in the FY 2015 CoC Program competition. Data from APRs for grants awarded in FY 2017 will not be available until CY 2020.

In the first performance measure – exits from transitional housing, rapid rehousing, and supportive services – only projects to permanent housing destinations – there was nearly a three-percentage point increase between 2017 and 2018 from 49.3 percent to 52.0 percent. There was virtually no change during the same time period for the second measure (an increase from 93.3 percent in 2017 to 93.5 percent in 2018), which looks at the percent of persons served in CoC Program-funded permanent supportive housing projects that remain in or exit to permanent housing. Both 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 was a decrease of 877 persons projected to be served between 2017 and 2018.

DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Intelligence	$0.500	$0.500	$0.500
Investigations	16.466	16.466	16.466
Prevention	1.000	1.000	1.000
Total Drug Resources by Function	**$17.966**	**$17.966**	**$17.966**
Drug Resources by Decision Unit			
Drug Initiative	$17.966	$17.966	$17.966
Total Drug Resources by Decision Unit	**$17.966**	**$17.966**	**$17.966**
Drug Resources Personnel Summary			
Total FTEs (direct only)	78	78	78
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$2.0	$2.0	$1.9
Drug Resources Percentage	0.9%	0.9%	1.0%

Program Summary

MISSION

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

METHODOLOGY

The Drug Initiative represents an integral component of the BIA Law Enforcement budget activity, which is comprised of eight functional areas related to public safety. Within this Law Enforcement sub activity, funding is provided for initiatives involving drug enforcement.

BUDGET SUMMARY

In FY 2021, BIA requests $18.0 million for drug control activities, no change from the FY 2020 enacted level.

Drug Initiative
FY 2021 Request: $17.966 million
(Reflects level from FY 2020)
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.

The FY 2021 budget provides $15.5 million for drug enforcement efforts. This investment will 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.

The FY 2021 request also includes:

- $1.0 million 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 curricula 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 threats of school violence.

- $500,000 in the Victim/Witness Services (VWS) program to provide 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.

- $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 LEAs working on or near Indian Country.

- $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 GPRMA documents and other information that measure the agency's contribution to drug control. In FY

2014, the BIA Division of Drug Enforcement (DDE) began using the newly developed Incident Management Analysis and Reporting System (IMARS) system to assist the BIA capture crime data, including drug information for DDE. As we move forward with enhancing the IMARS system, drug data collection from BIA programs will continue to improve and allow for more in-depth analysis.

BIA relies heavily on tribal and BIA field programs which submit monthly drug statistics to the BIA District Offices to show an accurate portrayal of the serious drug issues occurring throughout Indian Country. The data below were gathered and verified from the IMARS database and the DDE case log.

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

** Includes cases reported by Tribes.*

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

In FY 2019, 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, OCDETF cases, Racketeer Influenced and Corrupt Organization cases, 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 LEAs throughout the Nation. As a result, Indian Country drug cases worked in FY 2019 increased 26 percent above the FY 2018 total 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 2019, BIA DDE, BIA, and tribal officers worked 11,098 cases in Indian Country, an overall increase of approximately 26 percent over the number of cases worked during FY 2018. 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 422 cases in FY 2019, 285 of which were closed by arrest, indictment, or referral to another agency for a 68 percent closure rate. 137 cases remain open and under active investigation. Of the 422 cases opened, 358 investigations, or 85 percent of DDE investigations, occurred within reservation boundaries or upon trust/allotted lands. The remaining 15 percent of investigations held a direct nexus to Indian Country.

In FY 2019, BIA DDE continued involvement in drug trafficking conspiracy cases that resulted in numerous drug related arrests across Indian Country. DEOs continued to focus on the methamphetamine trafficking organizations that remain the largest supplier of illegal narcotics throughout Indian Country. In FY 2019, BIA DDE also witnessed a continued growth of Heroin availability in Indian Country Communities. As a result, DEOs focused heavily on efforts to identify and disrupt heroin trafficking organizations.

In 2019, a total of 598 law enforcement officers received drug training from BIA OJS, according to the BIA Indian Police Academy. This was a 22 percent increase over FY 2018 figures. A total of 127 students graduated from the IPA basic police program, known as the BIA Indian Country Police Officers Training Program, which includes an introduction to drug awareness and investigations. Twenty-eight students graduated from FLETCs Criminal Investigator Training Program and the DOI Investigator Training Program, which also included an introduction to drug awareness and investigations. An additional 379 students graduated from the patrol officer drug investigations program, BIA-DEA-DOJ illicit drug trafficking program, and street crime training programs that include drug identification, evidence collection, and officer safety. An additional 847 students graduated from opioid drug community training attended by service providers and tribal community members on location.

DEPARTMENT OF THE INTERIOR
Bureau of Land Management

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 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)	$1.4	$1.4	$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 FY 2020 Appropriation in the Resource Protection and Law Enforcement sub-activity 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. As part of BLM's GPRMA 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 2021, the BLM requests $5.1 million for drug control activities, no change from the FY 2020 enacted level. The budget continues to direct 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 2021 Request: $5.1 million
(No change from the FY 2020 enacted level)

Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include, (1) directing significant funding to address large scale marijuana cultivation activities by DTOs 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, New Mexico, and California 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 DTO leadership.
- Utilizing Federal, State, and local partnerships to conduct multi-agency investigation and eradication efforts targeting illegal activities at all levels of DTOs.
- 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 LEAs 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

Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the United States, 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 several 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 FY's seizure level. Beginning in FY 2015, the Bureau has adjusted its out-year target to achieve a 2 percent improvement over the prior FY'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 IMARS database, and other agency information. The below table and associated text present activities and achievements during FY 2019.

Bureau of Land Management				
Selected Measure of Performance	FY 2018 Target	FY 2018 Achieved	FY 2019 Target	FY 2020 Target
» Number of marijuana plants seized	158,612 [1]	254,010	259,090 [2]	TBD [3]

[1] *Target based on FY 2018 seizure level.*
[2] *Target based on 2 percent increase over FY 2019 seizure level.*
[3] *Target will be based on 2 percent increase over FY 2020 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 combating the issue, it is difficult to establish a direct cause for the fluctuations seen in marijuana plant seizure statistics to include a significant increase in FY19. 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 DTOs.

- Active participation of BLM law enforcement personnel in Federal, State, and local task forces, including California and Oregon HIDTA task forces, DEA-led s OCDEFT, 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 DTOs 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 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Investigations	$3.450	$3.450	$3.187
Total Drug Resources by Function	**$3.450**	**$3.450**	**$3.187**
Drug Resources by Decision Unit			
National Park Protection Subactivity	$3.450	$3.450	$3.187
Total Drug Resources by Decision Unit	**$3.450**	**$3.450**	**$3.187**
Drug Resources Personnel Summary			
Total FTEs (direct only)	27	27	25
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$3.22	$3.38	$2.80
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 its parks to create a safe environment for the general public and its employees.

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 2021, NPS requests $3.2 million for drug control activities, a decrease of $0.3 million from the FY 2020 enacted level.

National Park Protection Sub-activity
FY 2021 Request: $3.2 million
($0.3 million below the FY 2020 enacted level)
The NPS works diligently to ensure that all pertinent Federal laws and regulations are enforced within park units. This includes national parks located along international borders that are plagued with

problems such as drug trafficking, illegal immigration, and possible terrorist movement that can threaten park lands and visitors. These efforts are an integral component in keeping our natural and cultural resources unimpaired for future generations, providing the public the opportunity to enjoy parks in a safe manner, and providing employees a safe place of employment. Through the utilization of law enforcement rangers and special agents, in collaboration with Federal, State, and local authorities, the NPS is actively engaged in visitor and resource protection efforts that include:

- Short and long-term counter-smuggling and drug cultivation investigations and operations;
- Ranger patrols and surveillance of roads, trails, and backcountry areas; and
- Cooperation and coordination with the DHS' CBP and other Federal, State, and local agencies involved with border security.

Additionally, the NPS in concert with the US Forest Service, the DEA, 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 a comprehensive and integrated approach involving long-term investigations, prevention, detection, eradication, interdiction, and other actions to disrupt cultivation and dismantle DTOs. 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 2019.

National Park Service Visitor and Resource Protection Program		
Selected Measure of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Number of marijuana plants seized in the Pacific West region	8,412	< 20

To further support the efforts to eradicate drug production on public lands, Congress provided NPS an increase of $3.3 million beginning in FY 2009, and the NPS directed this funding to units in the Pacific West. In utilizing these resources, interdiction and investigation operations have been strengthened, resulting in weakened cultivation efforts on NPS lands. From 2002-2009 an average of 61,000 plants were removed from parks, followed by 113,000 plants in 2010. Since that time, concerted and sustained efforts have led to a decrease in removals each year, with fewer than 20 plants removed in 2019.

This decrease coincides with a downturn in the number of sites detected within parks where cultivation of marijuana is entrenched. Further, the legalization by many States may have resulted in less clandestine methods of growing marijuana. While significant progress has been achieved in reducing marijuana cultivation on NPS lands, funding is still required for the agency to transition from a defensive posture of discovery and eradication to an offensive one focusing on monitoring and deterrence to ensure the problem does not resurface. 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.

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 DTOs. The plan is supported by an interdisciplinary team of law enforcement and natural resource staff and will continue to help guide the NPS through FY 2021.

DEPARTMENT OF JUSTICE

DEPARTMENT OF JUSTICE
Asset Forfeiture Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Budget Function			
Investigations	$146.392	$148.534	$155.456
State and Local Assistance	76.368	87.779	87.779
Total Drug Resources by Function	**$222.760**	**$236.313**	**$243.235**
Drug Resources by Decision Unit			
Asset Forfeiture	$222.760	$236.313	$243.235
Total Drug Resources by Decision Unit	**$222.760**	**$236.313**	**$243.235**
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$1.6	$2.3	$1.3
Drug Resources Percentage	13.8%	10.1%	18.5%

Program Summary

MISSION

The mission of the Department's Asset Forfeiture Program (AFP) is:

- To punish and deter criminal activity by depriving criminals of property used in or acquired through illegal activities.
- To promote and enhance cooperation among federal, state, local, tribal, and foreign LEAs.
- To recover assets that may be used to compensate victims when authorized under federal law.
- To ensure the Program is administered professionally, lawfully, and in a manner consistent with sound public policy.

The AFF is a special fund established in the Treasury to receive the proceeds of forfeitures pursuant to any law enforced or administered by DOJ, as defined in 28 USC 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 AFF provides 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 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 AFF 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 AFF-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 USC 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 LEA participating in the [AFF]." This joint law enforcement funding benefits Federal, state, and local law enforcement efforts. DOJ supports state and local assistance through the allocation of AFP monies, commonly referred to as Joint Law Enforcement Operations Program Operations Expenses.

BUDGET SUMMARY

In FY 2021, AFF requests $243.2 million for drug control activities, an increase of $6.9 million above the FY 2020 enacted level.

Asset Forfeiture Program
FY 2021 Request: $243.2 million
($6.9 million above the FY 2020 enacted level)

AFF 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 request for DEA and OCDETF investigative activities is $155.5 million, $6.9 million greater than the FY 2020 enacted level. Additionally, DEA and OCDETF state and local assistance funding is approximately $87.8 million, equal to the FY 2020 enacted level. The FY 2021 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 USC 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 LEA 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 2019.

Assets Forfeiture Fund		
Selected Measure of Performance	**FY 2019 Target**	**FY 2019 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 2018, AFP achieved 100 percent of its effective funds control as corroborated by an unmodified opinion on the AFF financial statements.

Internally, the Asset Forfeiture Management Staff (AFMS) 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; and
- Enabling portfolio management through advanced ah-hoc reporting capabilities.

AFMS is continuing to work with the AFP participating agencies to ensure those agencies' policies for recording seizure and forfeiture information in the Consolidated Asset Tracking System is consistent with the goals of financial reporting.

DEPARTMENT OF JUSTICE
Bureau of Prisons

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Budget Function			
Corrections	$3,409.580	$3,445.588	$3,397.870
Treatment	117.947	155.017	194.713
Total Drug Resources by Function	**$3,527.527**	**$3,600.605**	**$3,592.583**
Drug Resources by Decision Unit			
Salaries and Expenses	$3,405.823	$3,461.390	$3,547.630
Inmate Care and Programs (non-add)	*1,302.673*	*1,346.460*	*1,361.984*
Institution Security and Administration (non-add)	*1,548.588*	*1,552.771*	*1,515.739*
Contract Confinement (non-add)	*439.016*	*444.494*	*543.561*
Management and Administration (non-add)	*115.546*	*117.665*	*126.346*
Buildings and Facilities	121.704	139.215	44.953
New Construction (non-add)	*80.675*	*81.812*	---
Modernization and Repair (non-add)	*41.029*	*57.403*	*44.953*
Total Drug Resources by Decision Unit	**$3,527.527**	**$3,600.605**	**$3,592.583**
Drug Resources Personnel Summary			
Total FTEs (direct only)	16,016	16,051	16,308
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	$7.5	$7.8	$7.7
Drug Resources Percentage	47.0%	47.0%	46.7%

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 drug 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 drug treatment programs, are scored as part of the drug control budget. Drug 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 2021, BOP requests $3,592.6 million for drug control activities, a decrease of $8.0 million from the FY 2020 enacted level.

The majority of Federal inmates are in BOP facilities, but others are housed in privately operated facilities, Residential Reentry Centers (RRCs or halfway houses), and bed space secured through Intergovernmental Agreements with state and local entities. Inmates can participate in drug abuse treatment and other programs in these facilities. As part of its implementation of the First Step Act of 2018, the BOP will expand its RRC bed space capacity.

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.

In FY 2021, BOP seeks an additional $37.1 million and 53 positions to continue its expansion of Medication-Assisted Treatment (MAT) to all BOP facilities. MAT combines behavioral therapy and medications to treat inmates with opioid use disorders. This request supports nationwide expansion of the BOP MAT Program utilizing all treatment modalities. Currently, only Vivitrol injection is being utilized for inmates transferring to RRCs. The expanded program will be available to all inmates having an opioid use disorder, are serving 30 months or less or within three months of transfer to an identified RRC, meet medical criteria, and volunteer for MAT. Current services provide for $43.0 million and 55 positions.

The BOP is proceeding with implementation of a MAT program for inmates with OUD, utilizing all three FDA-approved medications (i.e., methadone, buprenorphine, naltrexone). BOP is not yet certain of the number of inmates who will qualify for MAT but notes that state departments of correction report MAT utilization rates at 10 percent of the inmate population.

Salaries and Expenses
FY 2021 Request: $3,547.6 million
($86.2 million above the FY 2020 enacted 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 2021 Request: $1,362.0 million
($15.5 million above the FY 2020 enacted 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 2019, over 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 2019, more than 20,000 inmates participated in Nonresidential Drug Abuse Treatment program.

- **Residential Drug Abuse Program:** The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate residential substance abuse 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 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 substance abuse treatment to 100 percent of eligible inmates in FY 2019, with 14,932 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 RRC.

Institution Security and Administration

FY 2021 Request: $1,515.7 million
($37.0 million below the FY 2020 enacted 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 2021 Request: $543.6 million
($99.1 million above the FY 2020 enacted 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:** Community Treatment Services (CTS), of the National Reentry Affairs Branch, provides a comprehensive network of 204 contracted community-based treatment providers, screens over 2, 300 inmates for various services, and provides clinical case management for over 3,000 inmates monthly, who are located nationwide. 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 who can offer SUD, MAT, mental health, psychiatric, and sex offender treatment services for offenders throughout the country. In addition to providing SUD services to RDAP participants, treatment for offenders with mental illness and sex offenses, including oversight for the final phase of the Sex Offender Treatment Program, is available. Moreover, crisis intervention counseling for situational anxiety, suicidality, depression, grief/loss, and adjustment issues during an inmate's community placement can be provided. CTS also authorizes crisis intervention and appropriate follow-up mental health services following a Prison Rape Elimination Act related allegation reported in the community. CTS recognizes the release from the institution is stressful for the offender as well as for the family members. As a means to facilitate successful reentry, family counseling for the offender and his/her family members is another treatment service offered. In addition to contract oversight, CTS staff provide extensive clinical oversight of the offenders' progress while in treatment.

Management and Administration
FY 2021 Request: $126.3 million
($8.7 million above the FY 2020 enacted 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 2021 Request: $45.0 million
($94.3 million below the FY 2020 enacted level)
Buildings and Facilities includes two decision units - New Construction and Modernization and Repair Costs.

New Construction
FY 2021 Request: $0.00 million
($81.8 million below the FY 2020 enacted 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 2021, the Administration proposes a rescission of $505 million in prior year unobligated new construction balances.

Modernization and Repair
FY 2021 Request: $45.0 million
($12.5 million below the FY 2020 enacted 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 2019.

Bureau of Prisons Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Number of inmates participating in Residential Drug Abuse Treatment	15,130	14,932
» Number of inmates participating in Nonresidential Drug Abuse Treatment	21,000	20,977

The BOP operates 85 RDAPs in 72 Bureau institutions and one contract facility. In FY 2019, the BOP provided RDAP to 14,932 inmates, and 20,977 inmates participated in the Nonresidential Drug Abuse Treatment Program.

DEPARTMENT OF JUSTICE
Criminal Division

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Budget Function			
Prosecution	$37.989	$42.573	$44.795
Total Drug Resources by Budget Function	**$37.989**	**$42.573**	**$44.795**
Drug Resources by Decision Unit			
Enforcing Federal Criminal Laws	$37.989	$42.573	$44.795
Total Drug Resources by Decision Unit	**$37.989**	**$42.573**	**$44.795**
Drug Resources Personnel Summary			
Total FTEs (direct only)	146	163	177
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$0.2	$0.2	$0.2
Drug Resources percentage	19.6%	21.8%	22.9%

Program Summary

MISSION

The CRM develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 United States Attorneys' Offices (USAOs), is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys prosecute many nationally significant cases, and 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* ("*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 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 2021, CRM requests $44.8 million for drug control activities, an increase of $2.2 million above the FY 2020 enacted level. The reflects the net of increases due to adjustments-to-base and program increases and the negative impact of administrative savings applied to base resources being dedicated to CRM's drug-related activities.

Enforcing Federal Criminal Laws
FY 2021 Request: $44.8 million
($2.2 million above the FY 2020 enacted level)

Many of CRM's Sections and Offices contribute to drug-related activities. The most noteworthy and directly impacted is CRM's Narcotic and Dangerous Drug Section (NDDS). NDDS supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups, as well as by providing sound legal, strategic, and policy guidance in support of that goal. NDDS provides expert guidance on counternarcotics matters in the interagency, intelligence, and international communities. NDDS also develops innovative law enforcement and prosecutorial strategies to counter the fast-paced efforts of organized international trafficking and narcoterrorist groups. In prosecuting the high-level command and control elements of sophisticated international criminal organizations and narcoterrorists (i.e., the kingpins and 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 below table and accompanying text represent CRM's drug-related achievements during FY 2019.

Criminal Division Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Number of new drug-related investigative matters and cases	30	34
» Number of OCDETF Title III wiretaps reviewed	2,225	2,220
» Number of drug-related Mutual Legal Assistance Treaty requests closed	N/A	417
» Number of drug-related extradition requests closed	N/A	318

In FY 2019, NDDS exceeded its target by 13 percent, opening a combined 34 new drug-related investigative matters and cases. NDDS set its FY 2019 targets for new drug-related prosecutions and investigations based on historical trend analysis, while taking into account the available litigation resources.

CRM's Office of Enforcement Operations (OEO) 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 of these applications relate to investigations and prosecutions of OCDETF cases. These efforts support two National Drug Control Program activities –

"Disrupt Domestic Drug Trafficking and Production" and "Strengthen International Partnerships." The Division quantifies its number of OCDETF Title III wiretaps reviewed, a measure of the drug-related Title III wiretap work achieved by OEO during a FY.

In FY 2019, OEO reviewed a significant number of OCDETF wires. Of the total facilities[27] reviewed by OEO during that time period, 75 percent were for OCDETF investigations. Although in FY 2019 OEO reviewed five (0.2 percent) fewer OCDETF Title III wiretaps than its projected target, OEO's workload is wholly dependent on the needs of the field. Federal prosecutors and agents continued to face numerous challenges associated with new and emerging communications technologies, most notably end-to-end encryption. End-to-end encryption has had a significant impact on the implementation of Title III wiretaps in numerous investigations. Notwithstanding these challenges, OEO has continued to be flexible and responsive to the needs of the field; most notably, OEO continued to increase the number of cases where they consulted with prosecutors on suppression motions and appellate matters involving wiretaps. OEO also provided a substantial number of trainings and outreach events to better serve the field, the vast majority of which were directly to OCDETF agents and prosecutors.

CRM's Office of International Affairs (OIA) is responsible for negotiating and securing the return of fugitives from abroad, for obtaining foreign evidence needed in United States criminal investigations, for approving sensitive overseas actions by United States 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 two National Drug Control Program activities – "Disrupt Domestic Drug Trafficking and Production" and "Strengthen International Partnerships." In FY 2019, the Office was actively involved in executing requests for assistance in drug-related cases and in closing 417 Mutual Legal Assistance Treaties and 318 extradition requests.

[27] A facility is a phone or other communication device that is the subject of a Title III application.

DEPARTMENT OF JUSTICE
Drug Enforcement Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2020 Request
Drug Resources by Function			
Intelligence	$180.356	$182.472	$259.710
Interdiction	---	---	20.678
International	438.842	442.508	471.705
Investigations	2,020.226	2,055.905	2,323.944
Prevention	7.773	8.114	11.166
Prosecution	---	---	5.732
Research and Development: Domestic Law Enforcement	---	---	2.700
State and Local Assistance	13.920	13.647	13.760
Treatment	---	---	3.909
Total Drug Resources by Function	**$2,661.117**	**$2,702.646**	**$3,113.304**
Drug Resources by Decision Unit			
Salaries and Expenses	$2,267.000	$2,279.153	$2,398.805
Domestic Enforcement	*1,788.205*	*1,796.747*	*1,885.358*
International Enforcement	*464.875*	*468.759*	*499.687*
State and Local Assistance	*13.920*	*13.647*	*13.760*
HIDTA*	---	---	254.000
Diversion Control Fee Account**	394.117	423.493	460.499
Total Drug Resources by Decision Unit	**$2,661.117**	**$2,702.646**	**$3,113.304**
Drug Resources Personnel Summary			
Total FTEs (direct only)	7,830	8,000	8,065
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	$2.7	$2.7	$3.1
Drug Resources Percentage	100%	100%	100%

**In FY 2019 and FY 2020, this program was included in the ONDCP's budget. The FY 2021 President's Budget proposes transferring HIDTA to DEA.*

***FY 2019 and FY 2020 included the sequester amount. FY 2021 President's Budget does not include the FY 2021 sequester amount of 5.7%, or $26 million, as the level was unknown at the time funding was reported in the President's Budget request.*

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 2021, DEA requests $3,113.3 million for drug control activities, an increase of $410.7 million[28] above the FY 2020 enacted level. The request includes funding for DEA's Salaries and Expenses Account, Diversion Control Fee Account (DCFA), and the High Intensity Drug Trafficking Areas (HIDTA) Program.

Salaries & Expenses
FY 2021 Request: $2,398.8 million
($119.7 million above the FY 2020 enacted level)

DEA's Salaries and Expenses resources are divided into three strategic focus areas 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 2021 Request: $1,885.4 million
($88.6 million above the FY 2020 level)

The Domestic Field Divisions comprise the majority of DEA's investigative and support resources, and through July 2019, includes: 23 Field Divisions, 47 District Offices, 111 Resident Offices and 58 Posts of Duty. These resources, in conjunction with DEA's foreign offices, create a seamless intelligence and investigative network to pursue DTOs ranging from multi-national and poly-drug conglomerates to independent specialty one-function cells.

The SOD mission is to establish seamless law enforcement strategies and operations aimed at dismantling major TCOs by attacking their command and control networks. SOD controls approval and funding for most Title III wiretaps, coordinates overlapping investigations, and ensures the sharing of intelligence. In February, 2017, the President signed Executive Order 13776 – Enforcing Federal Law with Respect to TCOs. Within this Executive Order, the President called for SOD, to be maximized in the coordination of efforts towards combating TCOs. There are approximately 500 people stationed at SOD, including representatives from 31 agencies.

Task forces are a valuable resource and greatly enhance the DEA's ability to carry out its mission. Through the 4th quarter of FY 2019, DEA led 292 state and local task forces. Moreover, these task forces consisted of an on-board strength of 2,409 Special Agents and 2,955 Task Force Officers, all of whom

[28] The increase of $410.7 million does not account for the FY 2021 sequestration of $26 million as the level was unknown at the time funding was reported in the President's Budget request.

are deputized with Title 21 authority and dedicated full-time to investigate major TCOs and address local trafficking problems.

DEA's intelligence program comprises several sections responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions, and provides policymakers with drug trend information upon which tactical and strategic decisions are based. DEA is represented in the United States Intelligence Community (IC) through the Office of National Security Intelligence, which facilitates information sharing with other members of the IC. DEA routinely shares approximately 6,000 reports with the IC annually. DEA's El Paso Intelligence Center (EPIC) provides tactical, operational, and strategic intelligence support to all EPIC users (federal, state, local, tribal, and international) within the Western Hemisphere with a focus on the Southwest Border. EPIC provides 24/7 real-time tactical information to state and local law enforcement partners in all 50 states and houses employees from 19 domestic and foreign LEAs.

The FY 2021 request includes current services funding to support domestic operations and to fund mandatory increases of existing costs. Funding also supports programmatic enhancements to include:

- $27.6 million and 6 positions to address gaps in DEA's ability to lawfully intercept communications and to exploit evidentiary and communications data gathered during the course of criminal investigations.

- $9.2 million for one King Air 350 aircraft to initiate an aircraft replacement plan.

- $5.6 million and 14 positions to enhance DEA's ability to combat criminal enterprises operating on or through the Internet.

- $5.5 million for additional Intelligence, Surveillance, and Reconnaissance capabilities.

- $2.8 million for an additional Basic Agent Trainee class and recruitment resources for DEA's Human Resources Division.

- $2.5 million and 10 positions to expand the SOD's Bilateral Investigations Units (BIU).

International Enforcement

FY 2021 Request: $499.7 million
($30.9 million above the FY 2020 enacted level)

As the United States 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 7 DEA foreign regions which include 89 offices located in 67 countries. Specifically, DEA focuses these resources on DEA Priority Target Organizations (PTOs) with and without a direct connection to a 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 DTOs. SIUs are groups of host nation investigators that are polygraphed, trained, equipped, and guided by DEA. DEA manages 15 SIUs with a combined staffing capacity of over 1,200 host nation law enforcement officials. These SIUs are currently located in the following countries: Afghanistan, Colombia, the Dominican Republic, Ecuador, El Salvador, Ghana, Guatemala, Honduras, Kenya, Mexico, Nigeria, Panama, Paraguay, Peru, and Thailand.

The FY 2021 request includes current services funding to support international programs and to fund mandatory increases in existing costs. The FY 2021 request reflects mandatory increases of existing costs, including Department of State charges and Government Services Administration rent. Funding also supports programmatic enhancements to include:

- $7.7 million to fill SIU vacancies and increase the staffing capacities of SIUs that DEA does not have the available funding to currently accomplish.

- $5 million to establish a new Judicial Wire Intercept Program in Honduras and enhance an existing Program in The Bahamas.

- $1.5 million and 3 positions to enhance foreign offices located in Mexico and Central America.

State & Local Assistance

FY 2021 Request: $13.8 million

($0.1 million above the FY 2020 enacted level)

DEA has the responsibility to respond to the clandestine laboratory training requirements, hazardous waste cleanup, and cannabis eradication/suppression needs of the United States 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 2018, this funding was made permanent in DEA's salaries and expenses appropriation.

Diversion Control Fee Account
FY 2021 Request: $460.5 million
($37.0 million above the FY 2020 enacted level)
The Diversion Control Division's mission is to prevent, detect and investigate the diversion of pharmaceutical controlled substances and listed chemicals from legitimate channels while ensuring an adequate and uninterrupted supply of pharmaceutical controlled substances and chemicals to meet medical, commercial and scientific needs. The Diversion Control Program actively monitors more than 1.8 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 individuals and organizations involved in violating the Controlled Substances Act. One such tool is the expanded use of Tactical Diversion Squads (TDSs) that incorporate the skill sets of DEA Special Agents, Diversion Investigators, other Federal law enforcement, and state and local task force officers. TDSs were initiated to investigate the criminal actions by DEA registrants. In 2011, there were 40 operational TDSs across DEA. As of FY 2019, this increased to 86 in 48 states, the District of Columbia, and Puerto Rico.

DEA's 360 Strategy was deployed in 2016 with the goal to engage in community outreach and education to fill the time and space created by successful DEA enforcement and regulatory operations. Since the inception of the program, DEA has deployed this strategy in over 20 cities and is using the three-pronged approach in all DEA Field Divisions. DEA is now exploring ways to expand the program to encompass additional cities and drug treats, including stimulants like methamphetamine and cocaine.

The National Prescription Drug Take Back Initiative (NTBI) aims to provide a safe and easy means of disposing of unused or expired medications, while also educating the public about prescription drug abuse. To increase awareness of the Initiative and prescription medication abuse, DEA has partnered with organizations including the National Football League and Major League Baseball to advertise take-back events. As of October 26, 2019, a total of 18 separate National Prescription Drug Take Back Initiative events have collected a total of 12,699,456 pounds (6,349.7 tons) of unused pharmaceuticals from the medicine cabinets of United States citizens across the country and its territories.

The FY 2021 request includes current services funding increases for pay raises, a change in compensable days, and a FERS rate increases. The FY 2020 funding level also reflects the restoration of the FY 2019 sequester. The FY 2021 request also supports new and existing Tactical Diversion Squads; regulatory and litigation efforts; field support and document exploitation; and special testing and case exhibit analysis.

High Intensity Drug Trafficking Areas Program Account
FY 2021 Request: $254.0 million
($254.0 million above the FY 2020 enacted level)
The FY 2021 President's Budget permanently transfers the HIDTA Program to DEA from the ONDCP for the purpose of facilitating coordination of the HIDTA Program with other drug enforcement assets. DEA currently participates in and coordinates with the various HIDTAs. Transferring the administration of the program will allow HIDTA resources to be focused on combating drug trafficking in areas where the threat is the greatest and where there is a coordinated law enforcement presence. The budget supports 29 HIDTAs located in all 50 states, as well as in Puerto Rico, the United States Virgin Islands, and the

District of Columbia. Funding will continue to support drug enforcement task forces comprised of multiple Federal, state, local, and tribal agencies designed to dismantle and disrupt DTOs; multi-agency intelligence centers that provide drug intelligence to HIDTA initiatives and participating agencies; initiatives to establish or improve interoperability of communications and information systems between and among LEAs; and, investments in technology infrastructure.

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 2019.

Drug Enforcement Administration Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Number of International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted or dismantled[1]	185	148
» Number of International, Domestic, and Diversion Priority Targets ***not*** linked to CPOT targets disrupted or dismantled[1]	1,500	1,342

[1] DEA and OCDETF modified FY 2018 targets for PTO dispositions to align with their strategic priorities. The realignment resulted in methodological changes and reformulated metrics.

DOJ focuses its drug law enforcement efforts on reducing the availability of drugs by disrupting and dismantling the largest DTOs 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 identified PTO dispositions as its primary intermediate outcome to date.

In FY 2019, DEA reported the disruption or dismantlement of 1,490 domestic, foreign, and diversion priority targets including 148 CPOT linked targets. The number of Total and CPOT-linked PTO dispositions fell short of their annual goals achieving 88 percent and 90 percent to target, overall and

CPOT-linked, respectfully. In FY 2019, DEA performance continued to be impacted by an ongoing decline in the number of Special Agents on board; a net decrease of 316 Special Agents or 7.9 percent from FY 2014 through FY 2018. In response to its staffing challenges, DEA leadership continued to amend TEPP's implementation schedule to a more prudent timeline of exploratory deployments prioritized by specific threats and anticipated, community-based outcomes that will challenge TEPP's feasibility and long-term sustainability while accommodating its innovation with less risk to performance.

Admittedly, because it is very challenging to consistently forecast annual, performance targets in law enforcement, DEA routinely evaluates the performance of its programs as well as their functional capabilities to include its PTO case management and reporting system, the Priority Target Activity Resource and Reporting System (PTARRS). While DEA missed its FY 2019 PTO disposition targets, it reported that the number of Active PTOs Linked to CPOTs and Not Linked to CPOTs exceeded its FY 2019 targets by 116 and 186 percent, respectively. Hence, DEA anticipates that a significant number of these Active PTOs will be deposed in FY 2020 and FY 2021 and thereby contribute to the overall number of PTO dispositions (CPOT linked and Not) in furtherance of the FY 2020 and FY 2021 targeted goals.

Moreover, starting in FY 2020, DEA will reinstate some of its previous performance reporting procedures which include the following: (1) Designating all OCDETF cases as PTO cases; (2) Identifying and tracking prior PTO CPOT linkages; and (3) including PTOs disrupted pending dismantlement (Category Ds) within the total number of disruptions. DEA has determined that actual performance has been underreported since it excluded Category D PTOs from its performance reporting in FY 2015.

Finally, DEA will continue to review and evaluate its PTO program and the utility of PTARRS in the context of the TEPP to facilitate its seamless integration and ensure that investigations are being re-aligned to meet the mandates outlined in the President's Executive Orders and the Department's FY 2018-2022 Strategic Plan which includes evolving constructs and performance measures that address the following threats to our Nation:

- TCOs (organized crime/drug networks)
- Opioid Threats (e.g. Heroin, Fentanyl, controlled prescription drugs)
- Violent Domestic Drug Gangs (e.g. MS-13)
- Cyber Drug Threats

All of the aforementioned actions help to focus DEA's ability to report on the impact of its efforts to balance quantitative metrics with qualitative assessments of casework that affect positive outcomes within communities. In collaboration with International, Federal, state and local partners, DEA anticipates that the recent change in its reporting protocols will greatly enhance performance without jeopardizing the inherent quality of PTO investigations given the already stringent review and validation criteria to which PTOs are already held to account.

DEPARTMENT OF JUSTICE
Office of Justice Programs

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Budget Function			
Prevention	$24.500	$27.500	$10.435
State and Local Assistance	151.575	163.620	102.478
Treatment	334.275	360.572	316.83
Total Drug Resources by Function	**$510.350**	**$551.692**	**$429.743**
Drug Resources by Decision Unit			
Byrne Criminal Justice Assistance Grant Program	$42.350	$44.720	$41.170
Byrne Criminal Justice Innovation Program	5.100	5.100	---
Comprehensive Opioid, Stimulant, and Substance Abuse Program	157.000	180.000	160.000
COPS Anti-Heroin Task Forces	32.000	35.000	---
COPS Anti-Methamphetamine Task Forces	8.000	13.000	---
Drug Court Program	77.000	80.000	77.000
Harold Rogers' Prescription Drug Monitoring Program	30.000	31.000	30.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	---
Justice and Mental Health Collaboration	4.650	4.950	4.950
Mentoring for Youth Affected by the Opioid Crisis	14.000	16.000	---
Opioid-Affected Youth Initiative	9.000	10.000	$9.000
Project Hope Opportunity Probation with Enforcement	4.000	$4.500	---
Regional Information Sharing System	13.125	13.300	3.500
Residential Substance Abuse Treatment	30.000	31.000	30.000
Second Chance Act	26.117	27.172	27.808
Veterans Treatment Courts	22.000	23.000	22.000
Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	17.508	14.450	22.880
Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program	$1.500	$1.500	$1.435
Total Drug Resources by Decision Unit	**$510.350**	**$551.692**	**$429.743**
Drug Resources Personnel Summary			
Total FTEs (direct only)	42	42	42
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	$2.4	$2.3	$1.9
Drug Resources Percentage	21.1%	23.8%	23.2%

Program Summary

MISSION

The 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.

METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *Strategy* that focus on combating drug-related crime and breaking the cycle of drug abuse through drug treatment and drug abuse prevention. In collaboration with the ONDCP, OJP reviewed and updated its drug budget methodology for use in the FY 2019 Drug Control Budget. This revised methodology has been applied to all three of the FYs included in the FY 2021 submission. The methodology is described in detail below:

Byrne Criminal Justice Assistance Grant Program (JAG): Amounts reported for the JAG Program reflect 10 percent of total funding for this program as drug-related. In the FY 2020 enacted funding level for this program, the $100 million provided for Presidential Nominating Convention Security is not counted as part of overall JAGs funding due to its specialized purpose.

Byrne Criminal Justice Innovation Program: OJP is proposing to consolidate the activities of the Byrne Criminal Justice Innovation (BCJI) Program into the Department's other violent crime reduction initiative in the FY 2021 budget request, thereby eliminating line item funding for this program. In FY 2019 and FY 2020, 30 percent of the funding for the BCJI Program is reported as drug-related consistent with prior years' drug budget submissions.

Comprehensive Opioid, Stimulant, and Substance Abuse Program: The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) replaces the Comprehensive Opioid Abuse Program.

Forensic Support for Opioid and Synthetic Drug Investigations / Mentoring for Youth Affected by the Opioid Crisis / Opioid-Affected Youth Initiative: These three programs were created as new funding carve-outs included under existing OJP programs in the Consolidated Appropriations Act, 2018 (Public Law 115-141). The FY 2021 President's Budget proposes to continue the Opioid-Affected Youth Initiative.

- The Forensic Support for Opioid and Synthetic Drug Investigations program is funded as a carve-out of Paul Coverdell Forensic Science Improvement Grants program. In FY 2019 and 2020, approximately 56.7 percent of the $30 million appropriated for the Paul Coverdell program (or $17 million) is scored as drug related and will be dedicated to the Forensic Support program, which will be focused on state and local assistance activities. OJP is requesting no funding for this carveout in FY 2021.

- The Opioid-Affected Youth Initiative is an appropriated carve-out under the Delinquency Prevention Program. In FY 2019, Congress provided $8 million for this program, which is scored as 100 percent drug related, to support prevention activities. The FY 2020 enacted budget provides $10 million for this program. In the FY 2021 budget request, OJP is requesting $9 million for this program.

- The Mentoring for Youth Affected by the Opioid Crisis program is funded as a carve-out of the Youth Mentoring program. In FY 2019, approximately 14.9 percent of the $94 million appropriated for the Youth Mentoring program (or, $14 million) is scored as drug related and will be dedicated to the Youth Affected by the Opioid Crisis program, which will be focused on prevention activities. In the FY 2020 enacted budget, Congress provided $16 million in funding for this carveout (16.5 percent of the $97 million provided for Youth Mentoring). OJP is requesting no funding for this carveout in the FY 2021 President's Budget.

Justice and Mental Health Collaboration: Amounts shown for the Justice and Mental Health Collaboration reflect 15 percent of total funding for this program as drug-related.

National Institute of Corrections: The FY 2020 President's Budget proposed to transfer the programs and personnel of the National Institute of Corrections (NIC) to OJP; however, this proposal was not enacted. The FY 2021 President's Budget does not propose to transfer the Institute's programs or personnel to OJP.

Regional Information Sharing System: Amounts reported for the Regional Information Sharing System (RISS) reflect 35 percent of total funding for this program as drug-related.

Second Chance Act: Funding for the Second Chance Act Program is jointly managed by the Bureau of Justice Assistance (BJA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Funding for the Hawaii Opportunity Probation with Enforcement (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 that BJA will manage approximately 86 percent of total SCA funding and OJJDP will manage the remaining 14 percent in FY 2019 - FY 2021.

- Of the total Second Chance Act funding managed by BJA, 35 percent of this total is reported as drug-related in support of treatment activities.

- Of the total managed by OJJDP, 12 percent is reported as drug-related in support of treatment activities.

Tribal Set Aside - Coordinated Tribal Assistance Solicitation (CTAS) Purpose Area 3: Justice Systems and Alcohol and Substance Abuse / Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program: In FY 2019 and FY 2020, Congress appropriated funding for OJP's tribal programs instead of the requested tribal justice assistance set aside. The amounts shown for the Tribal Set Aside - CTAS Purpose Area 3 are based on estimates of how much funding from the Tribal Assistance appropriation will be used to support awards in this purpose area based on awards data from prior years. The amounts shown for Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program are based on the $5 million in funding provided for the Tribal Youth Program as a carve-out of the Delinquency Prevention Program.

In FY 2021, 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 percent is reflected as drug-related in support of treatment activities. Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 9, 30 percent is reflected as drug-related in support of prevention activities.

BUDGET SUMMARY

In FY 2021, OJP requests $429.7 million for drug control activities, a decrease of $121.9 million from the FY 2020 enacted level.

Regional Information Sharing Systems
FY 2021 Request: $3.5 million
($9.8 million below the FY 2020 enacted level)
The RISS program is a national criminal intelligence system operated by and for state and local LEAs. Six regional intelligence centers operate in all 50 states, the District of Columbia, and United States 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 9,300 Federal, state, county, and municipal LEAs nationwide.

Drug Court Program
FY 2021 Request: $77.0 million
($3.0 million below the FY 2020 enacted 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 2021 Request: $5.0 million
(No change from the FY 2020 enacted 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 2021 Request: $30.0 million
($1.0 million below the FY 2020 enacted 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 2021 Request: $30.0 million
($1.0 million below the FY 2020 enacted level)
The purpose of the PDMP is to enhance the capacity of regulatory and LEAs to collect and analyze controlled substance prescription data. In coordination with the 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 2021 Request: $27.8 million
($0.6 million above the FY 2020 enacted 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 2021 Request: $0.0 million
($4.5 million below the FY 2020 enacted level)
This program is modeled on the HOPE program, a court-based program initiated in 2004. It assists state, local, and tribal governments in developing and implementing CSPs based on the HOPE model and other approaches that emphasize the use of "swift, certain, and fair" sanctions for violating conditions of probation. No funding is requested for this program in FY 2020, although state, local, and tribal governments can seek grant funding to implement swift, certain, and fair-based CSPs under the Second Chance Act Program provided they meet its requirements.

Byrne Criminal Justice Innovation Program
FY 2021 Request: $0.0 million
($5.1 million below the FY 2020 enacted level)
The 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) integrating 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 2021; activities currently supported by this program will be consolidated into the Department's other violent crime reduction initiatives.

Byrne Justice Assistance Grant Program
FY 2021 Request: $41.2 million
($3.6 million below the FY 2020 enacted level)
Byrne 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 2021 Request: $22.0 million
($1.0 million below the FY 2020 enacted level)
This program provides grants, training, and technical assistance to state, local, and tribal governments to support the creation and development of VTCs. 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. VTCs are a rapidly growing response to the challenges associated with assisting veterans involved in the criminal justice system.

Comprehensive Opioid, Stimulant, and Substance Abuse Program
FY 2021 Request: $160.0 million
($20.0 million below the FY 2020 enacted level)
The COSSAP provides grants and technical assistance to support state, local, and tribal governments in effectively responding to the opioid epidemic. The program was expanded in FY 2020 to also address stimulant and substance abuse challenges. Grant programs are designed to strengthen law enforcement and community responses to the opioid epidemic and provide support for diversion and alternatives to incarceration programs for individuals responsible for low-level, non-violent offenses. The FY 2021 President's Budget supports the program expansion and continues to include language that would provide flexibility for communities facing drug overdoses not solely from opioids, but also from stimulants.

Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse
FY 2021 Request: $22.9 million
($8.4 million above the FY 2020 enacted level)
DOJ's CTAS allows federally-recognized Indian tribes and Native Alaskan communities to seek funding from most DOJ tribal JAG 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 2021 President's Budget.

Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program
FY 2021 Request: $1.4 million
($0.1 million below the FY 2020 enacted level)
DOJ's CTAS allows federally recognized Indian tribes and Native Alaskan community's to seek funding from most DOJ tribal JAG 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 percent set aside from most discretionary 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 2021 President's Budget.

COPS Anti-Heroin Task Forces
FY 2021 Request: $0.0 million
($35.0 million below the FY 2020 enacted level)
The COPS Anti-Heroin Task Forces program provides grants to LEAs 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 2021 President's Budget does not request funding for this program.

COPS Anti-Methamphetamine Task Forces
FY 2021 Request: $0.0 million
($13.0 million below the FY 2020 enacted level)
The COPS Anti-Methamphetamine Task Forces program assists state LEAs in addressing the persistent threats related to methamphetamine production, distribution, and abuse. This program helps state LEAs, 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 2021 President's Budget does not request funding for this program.

Forensic Support for Opioid and Synthetic Drug Investigations
FY 2021 Request: $0.0 million
($17.0 million below the FY 2020 enacted level)
This Forensic Support for Opioid and Synthetic Drug Investigations program, funded as a carve-out under the Paul Coverdell Forensic Science Improvement Grants program, provides grants and training and technical assistance to assist medical examiners' and coroners' offices analyze evidence associated with investigations related to opioid and synthetic drug abuse and distribution. The FY 2021 President's Budget does not request funding for this program.

Opioid-Affected Youth Initiative
FY 2021 Request: $9.0 million
($1.0 million below the FY 2020 enacted level)
The Opioid-Affected Youth Initiative, funded as a carve-out under the Delinquency Prevention Program, provides funding and training and technical assistance to help communities develop data-driven, coordinated initiatives that identify and address challenges resulting from opioid abuse that are affecting youth and community safety.

Mentoring for Youth Affected by the Opioid Crisis
FY 2021 Request: $0.0 million
($16.0 million below the FY 2020 enacted level)
The Mentoring for Youth Affected by the Opioid Crisis program provides grant funding to support evidence-based mentoring programs designed to help youth affected by opioid drug abuse to avoid negative outcomes (such as delinquency, dropping out of school, or substance abuse). The FY 2021 President's Budget does not request funding 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 CYs (CY) 2018 and/or FY 2019.

Regional Information Sharing Systems Program

In FY 2019, the target for the number of RISS inquiries was 5,185,151. The actual number of inquiries for the year were 5,768,542, which exceeded the target by 11 percent. Over the past five years, the number of inquiries has generally increased, with the exception of a slight decrease in FY 2018. 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, and additions/deletions to investigative databases.

Regional Information Sharing Systems Program		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Percent Increase in RISS Inquiries for the RISS Program	3%	11%

Drug Courts

In FY 2019, the target for the graduation rate was 55 percent, which was achieved. According to a nationwide survey of drug courts, the average graduation rate was 59 percent.[29] The majority of drug courts responding to the survey had graduation rates ranging from 50 to 75 percent. Drug courts funded by BJA are encouraged to focus on a high-risk/high-need population, which helps to ensure federal funds are used as efficiently as possible, leading to a greater return on investment. However, a high risk/need profile of drug court participants may lead to lower graduation rates than those reported in the national survey.

Drug Courts		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Graduation Rate of Program Participants in the Drug Court Program	55%	55%

Residential Substance Abuse Treatment Program

In CY 2018, the target for number of participants in the RSAT program was 25,000 participants. The actual number of participants in CY 2018, however, was 22,684. Thus, the target was not met by 2,316 participants (9 percent). The missed target may be due to the reduction in funding the program received in 2016 and 2017. Less funding resulted in fewer and/or lower amounts of sub-awards awarded by State Administrating Agencies.

Residential Substance Abuse Treatment Program		
Selected Measures of Performance	**CY 2018 Target**	**CY 2018 Achieved**
» Number of participants in the Residential Substance Abuse Treatment program	25,000	22,684

[29] Marlow, D.B., Hardin, C. and Fox, C. (2016). Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Courts in the United States. National Drug Court Institute. http://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf

Prescription Drug Monitoring Program

In CY 2018, both interstate solicited and unsolicited reports produced greatly exceeded the targets due to a number of likely factors. First, there is broadening awareness on the part of prescribers and pharmacists about the need to check to their states PDMP before prescribing opioids. Secondly, many states have passed laws in the last few years requiring prescribers to query the PDMP before dispensing specific drugs. For example, in 2012, only 12 PDMPs (27 percent) mandated PDMP usage; by 2018, 42 PDMPs (79 percent) mandated use of the PDMP for prescribers. About half of the reports came from a few states including Ohio, Pennsylvania, Illinois, Washington, Arizona, and Michigan, many in states with documented opioid issues. In terms of unsolicited reports, exceeding the target is partially attributed to state law changes. The number of PDMPs with statutory authority to provide unsolicited reports doubled from 24 in 2010 to 48 in 2018.

Prescription Drug Monitoring Program		
Selected Measures of Performance	CY 2018 Target	CY 2018 Actual
» Number of interstate solicited reports produced	4,000,000	130,086,361
» Number of interstate unsolicited reports produced	2,500	2,037,807

Second Chance Act

In FY 2019, the actual value for the number of participants fell below the target by 1,818 or 42 percent. The target may not have been met because many awardees have used less Second Chance Act funding on providing direct services and programming to participants. They have instead shifted funding towards building institutional capacity and processes (for example, screening and assessments of all inmates for substance use and mental health issues, improving corrections and supervision practices, etc.). Also in FY 2019, many grantees were in the planning rather than implementation phase of their grant, thus not spending funds on direct services and programming for participants. Additionally, key grantees with larger participant cohorts closed their grants in or before FY 2019. Furthermore, this measure is in the process of being phased out since it has been computed in a way that is sensitive to small changes and is a misleading indicator of participant impact.

Second Chance Act		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Number of participants in SCA funded programs	4,356	2,538

Byrne Justice Assistance Grants

In FY 2019, the completion rate was 45 percent. The success rate is below the target because one-third of the total participants in drug-related JAG programs are from one jurisdiction with an 11 percent success rate. When this one outlier is removed from the calculation, the success rate for the remaining JAG programs is 62 percent, which exceeds the target for FY 2019.

Byrne Memorial Justice Assistance Grants		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Completion rate for individuals participating in drug-related JAG programs	59%	45%

DEPARTMENT OF JUSTICE
Organized Crime Drug Enforcement Task Forces

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Budget Function			
Investigations	$390.782	$381.240	$406.584
Prosecution	$169.218	$169.218	$178.561
Total Drug Resources by Function	**$560.000**	**$550.458**	**$585.145**
Drug Resources by Decision Unit			
Interagency Crime Drug Enforcement	$560.000	$550.458	$585.145
Total Drug Resources by Decision Unit	**$560.000**	**$550.458**	**$585.145**
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,893	2,785	2,792
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	$0.6	$0.6	$0.6
Drug Resources Percentage	100%	100%	100%

Program Summary

MISSION

The Interagency Crime and Drug Enforcement appropriation funds the 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 2021, OCDETF requests $585.145 million for drug control activities, an increase of $34.7 million above the FY 2020 enacted level. The FY 2021 OCDETF request includes $20.1 million in a program increase to battle the opioid epidemic, which addresses a priority issue of the Administration as

identified in Executive Order 13773 with Respect to TCOs and Preventing International Trafficking most impacting the Nation. Resources for these priorities are allocated in the Investigations Decision Unit.

Investigations
FY 2021 Request: $406.6 million
($25.3 million above the FY 2020 enacted level)
OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the United States illicit drug supply. OCDETF Regional Coordination Groups also target and identify RPOTs, 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 2021 Request: $13.0 million
($0.5 million above the FY 2020 enacted 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 DTOs. The FY 2021 request will continue to support ATF investigative activities as a member of the OCDETF Program.

Drug Enforcement Administration
FY 2021 Request: $208.5 million
($9.0 million above the FY 2020 enacted 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 2021 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

Federal Bureau of Investigation
FY 2021 Request: $142.4 million
($6.2 million above the FY 2020 enacted 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 DTPs and their financial infrastructure. The FY 2021 request will continue to support FBI involvement in OCDETF investigations and create a law enforcement group for the new International Co-Located Strike Force.

United States Marshals Service

FY 2021 Request: $11.3 million

($0.9 million above the FY 2020 enacted 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 2021 request includes additional resources to increase USMS involvement in OCDETF investigations by funding the personnel expenses of four additional Deputy US Marshals to be located at OCDETF Co-located Strike Forces.

OCDETF Fusion Center

FY 2021 Request: $24.9 million

($7.6 million above the FY 2020 enacted level)

The FY 2021 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 (FinCEN), 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 RPOTs. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency 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 OCDETF Fusion Center creates strategic intelligence products to enhance the threat analysis and support the national strategic efforts against TOC. An additional $7.6 million is requested to build upon the 2018 creation of the operational analysis unit at the OCDETF Fusion Center and to modernize its information technology system.

International Organized Crime Intelligence and Operations Center

FY 2021 Request: $6.5 million

($0.3 million above the FY 02020 enacted 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.

Prosecution

FY 2021 Request: $178.6 million

($9.3 million above the FY 2020 enacted level)

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for United States Attorneys) and DOJ CRM.

Criminal Division

FY 2021 Request: $2.5 million

($0.1 million above the FY 2020 enacted 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 NDDS/ Money Laundering and Asset Recovery Section attorneys support Mexican Cartel prosecutions. The FY

2020 request will fund three attorneys and one support position to help staff the growing number of OCDETF cases handled by CRM's NDDS, which prosecutes some of the most significant international narcotics trafficking, narcoterrorism, and transnational money laundering organizations in the world.

Threat Response Unit

FY 2021 Request: $1.5 million

($0.1 million above the FY 2020 enacted level)

The request will fund the OCDETF Executive Office attorneys detailed to the CRM'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 CRM's Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

United States Attorneys' Offices

FY 2021 Request: $174.6 million

($9.1 million above the FY 2020 enacted 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. The FY 2021 request includes additional resources to increase USA's involvement in OCDETF investigations by funding the personnel expenses of 9 additional United States Attorneys to be located at OCDETF Co-located Strike Forces.

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 below 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 2019 Target**	**FY 2019 Achieved**
» Percent of OCDETF investigations linked to CPOTs	20%	20%
» Percent of OCDETF investigations with indictments/information resulting in financial convictions	28%	31%
» Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	88%	87.3%
» Number of CPOT-linked DTOs disrupted	192	245
» Number of CPOT-linked DTOs dismantled	*	*
» Percent of OCDETF investigations linked to RPOTs	18%	17%

** Due to changes in reporting protocols and systems, the entire number for the Performance Measure is not available in FY 2019.*

Law enforcement activity targeting CPOTs involved complex and coordinated intelligence-driven investigations, with exceptional cooperation between United States LEAs and international partners. During FY 2019, 20 percent of active OCDETF investigations were linked to CPOT targets.

In 2019, 87.3 percent of OCDETF investigations resulted in the disruption or dismantlement of the targeted organizations, nearly meeting the target of 88 percent. Despite the complexity and difficulty of achieving financial convictions, 31 percent of OCDETF investigations with indictments/information resulted in financial convictions, which is above the 28 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 FY.

DEPARTMENT OF JUSTICE
United States Attorneys

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prosecution	$81.389	$89.164	$94.854
Total Drug Resources by Function	**$81.389**	**$89.164**	**$94.854**
Drug Resources by Decision Unit			
Salaries and Expenses	$81.389	$89.164	$94.854
Total Drug Resources by Decision Unit	**$81.389**	**$89.164**	**$94.854**
Drug Resources Personnel Summary			
Total FTEs (direct only)	461	510	523
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$2.2	$2.3	$2.4
Drug Resources Percentage	3.7%	4.0%	4.0%

Program Summary

MISSION

The Nation's 94 USAOs are vital participants in the *Strategy* and are working tirelessly to reduce overdose deaths across the country. The USAOs work in conjunction with LEAs 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 to deter continued illicit drug distribution and use in the United States. This mission includes using 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.

In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths during this decade. Pursuant to DOJ's policies under the past two administrations, each USAO has developed a district-specific opioid strategy that holistically focuses on prevention, enforcement, and treatment, and each USAO has appointed an Assistant United States Attorney to serve as the district's Opioid Coordinator responsible for coordinating the USAO's strategy. USAOs have bolstered their

investigations of overdose cases, identifying and pursuing traffickers and street distributors responsible for causing deaths.

Under 21 USC § 841(b), individuals responsible for distribution of opioids or other controlled substances that result in death or serious bodily injury are subject "to a term of imprisonment of not less than twenty years or more than life." Therefore, these prosecutions are particularly potent to deter and punish distributors who inflict the gravest harms on communities.

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-OCEDETF drug prosecutions. This data is captured at the end of the FY by the USA-5 reporting system.

BUDGET SUMMARY

In FY 2021, the United States Attorneys requests $94.9 million for drug control activities, an increase of $5.7 million above the FY 2020 enacted funding level.

Salaries and Expenses
FY 2021 Request: $94.9 million
($5.7 million above the FY 2020 enacted 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 2021 will be used to support prosecution of violations of federal controlled substance laws, money laundering, and drug trafficking.

In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths during this decade. Pursuant to DOJ's policies under the past two administrations, each USAO has developed a district-specific opioid strategy that holistically focuses on prevention, enforcement, and treatment, and each USAO has appointed an Assistant United States Attorney to serve as the district's Opioid Coordinator responsible for coordinating the USAO's strategy.

USAOs have bolstered their investigations of overdose cases, identifying and pursuing traffickers and street distributors responsible for causing deaths. Under 21 USC § 841(b), individuals responsible for distribution of opioids or other controlled substances that result in death or serious bodily injury are subject "to a term of imprisonment of not less than twenty years or more than life." Therefore, these prosecutions are particularly potent to deter and punish distributors who inflict the gravest harms on communities.

PERFORMANCE

The table below and accompanying text represent highlights of achievements during FY 2019.

United States Attorneys Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Conviction rate for drug-related defendants	NA	93%
» Percentage of defendants sentenced to prison	NA	89%

Note: The USAOs do not set conviction rate targets. The USAOs reports actuals achieved through its case management system, United States Attorney's CaseView 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, the USPIS and various DoD law enforcement components.

The USAOs support the *Strategy* through reducing the threat, trafficking, use, and related violence of illegal drugs. In FY 2019, 93 percent of drug-related defendants were convicted and 89 percent were sentenced to prison.

DEPARTMENT OF JUSTICE
United States Marshals Service

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Budget Function			
Corrections	$585.340	$595.351	$615.340
International	1.506	1.590	1.853
Investigations	149.082	157.382	183.476
Prosecution	115.463	121.350	132.301
Total Drug Resources by Function	**$ 851.391**	**$ 875.673**	**$ 932.970**
Drug Resources by Decision Unit			
Salaries and Expenses	266.051	280.322	317.630
Fugitive Apprehension (non-add)	*150.588*	*158.972*	*185.329*
Judicial and Courthouse Security (non-add)	*75.735*	*79.548*	*86.772*
Prisoner Security and Transportation (non-add)	*39.728*	*41.802*	*45.529*
Federal Prisoner Detention	585.340	595.351	615.340
Total Drug Resources by Decision Unit	**$ 851.391**	**$ 875.673**	**$ 932.970**
Drug Resources Personnel Summary			
Total FTEs (direct only)	903	912	955
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	$3.1	$3.3	$3.7
Drug Resources Percentage	27.6%	26.4%	25.4%

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 Coast Guard. The USMS also works in cooperation with DOJ CRM, Tax Division, and the 94 USAOs, the Superior Court for the District of Columbia, and 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 (Strategy)*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and average daily population 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 Salaries and Expenses 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 salaries and expenses 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 2021, the USMS requests $933.0 million for drug control activities, an increase of $57.3 million above the FY 2020 enacted level.

Salaries and Expenses
FY 2021 Request: $317.6 million
($37.3 million above the FY 2020 enacted level)
The FY 2021 request for salaries and expenses is $317.6 million, an increase of $37.3 million above the

FY 2020 enacted level. The USMS request supports the Administration's goals of reducing violent crime and reforming government.

Fugitive Apprehension

FY 2021 Request: $185.3 million

($26.4 million above the FY 2020 enacted 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 USC 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 2021 Request: $86.8 million

($7.2 million above the FY 2020 enacted 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 2021 Request: $45.5 million

($3.7 million above the FY 2020 enacted 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 the USMS employees and members of the judicial process.

Federal Prisoner Detention

FY 2021 Request: $615.3 million

($20.0 million above the FY 2020 enacted level)

The 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. The USMS aims to

better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components. The USMS request responds to current detention population trends.

PERFORMANCE

Information regarding the performance of the drug control efforts of the 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 the USMS drug-related achievements during FY 2019.

United States Marshals Service Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Percent of warrants cleared for drug-related charges	N/A	28.0%
» Percent of drug-related offenses of Federal detainees in custody	N/A	16.3%
» Per Day Jail Costs (non-Federal)*	$84.43	$85.23

** 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 2019, about 28.0 percent of approximately 115,734 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 2019, about 16.5 percent of approximately 127,546 offenses in custody 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. 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 Southwest Border directly affect the detention population overseen by the USMS. In FY 2020 anticipated law enforcement initiatives on the southwest border 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 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$6.000	$26.000	$26.000
Total Drug Resources by Function	**$6.000**	**$26.000**	**$26.000**
Drug Resources by Decision Unit			
Job Corps	$6.000	$6.000	$6.000
Training and Employment Services	---	20.000	20.000
Total Drug Resources by Decision Unit	**$6.000**	**$26.000**	**$26.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$1.7	$2.0	$1.2
Drug Resources percentage	0.3%	1.3%	2.2%

**No specific request/appropriation has been made within the reporting period. Please see below for more information on the National Health Emergency Grants.*

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 Job Corps centers in all 50 states, Puerto Rico, and the District of Columbia providing services to at-risk youth to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program (TEAP), which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

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

declaration of opioid abuse as a national health emergency permits the Department of Labor to award Disaster Recovery Dislocated Worker grants. In addition, the SUPPORT Act (P.L. 115-271) requires that the Department create a pilot grant program and award competitive grants to address the economic and workforce impacts associated with high rates of SUDs. The provisions of the law that create the pilot grant program build upon the model established by the National Health Emergency grants. ETA has set aside $20 million for the first year of the grant competition. zx

METHODOLOGY

Job Corps' 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; prevention awareness activities; development of programs to prevent alcohol, drug and tobacco use among the student population; development and coordination of community resources to educate students on the risks of substance use; and identification of and provision of counseling services to students with substance use 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 for those that test positive on the initial test; they 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.

The Department will be awarding $20.0 million in competitive grants related to the SUPPORT Act. In addition, the Department will continue to award opioid crisis DWGs to applicants who meet the outlined grant requirements until HHS's health emergency declaration expires. Available funds for the emergency grants may be depleted by other DWG funding needs, such as natural disasters that cause large loss of employment.

The National Reserve operates on a program year, and funds appropriated to this account in FY 2019 are available for federal obligation from July 1, 2019 through September 30, 2020. The amount of money that will be utilized for the opioid crisis DWGs will depend on the number of states that provide qualified applications and the availability of funds. Because Program Year 2019 has not concluded, the Department cannot provide an accurate estimate of how much money will be awarded with the FY 2019 appropriation. In total, Congress appropriated $220.9 million that can be used for the National Dislocated Worker Grants.

BUDGET SUMMARY

In FY 2021, ETA requests $26.0 million for drug control activities; no change from the FY 2020 enacted level.

Job Corps
Total FY 2021 Request: $6.0 million
(No change from the FY 2020 enacted level)

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 FY 2020 President's Budget proposed funding reduction to the Job Corps program, drug-testing and counselor contract costs are expected to remain relatively constant.

Training and Employment Services
Total FY 2021 Request: $20.0 million
(No change from the FY 2020 enacted level)
The Department's FY 2021 request for the Dislocated Worker National Reserve is $160.859 million. This funding level assumes continuation of the $20.0 million for the SUPPORT Act grants.

PERFORMANCE

Job Corps
The Job Corps program performance is outcome oriented, primarily focused on ETA's GPRMA measures 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 2019 Target	PY 2019 Achieved
» Percent of students tested for drugs upon entry	100%	TBD

Job Corps operates on a Program Year (PY) schedule that runs from July 1 through June 30. Thus, funds appropriated in FY 2019 were available from July 1, 2019 – June 30, 2020. In PY 2019, Job Corps will continue providing 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 use 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.

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

In addition, the Office of Job Corps participates in national drug prevention and treatment campaigns such as Red Ribbon Week and Drug Abuse Resistance Education 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.

Disaster Recovery DWGs
Successful Job Corp opioid crisis Disaster Recovery DWG projects will:

- Facilitate community partnerships that are central to dealing with this complex public health crisis;
- Provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis;
- Ensure the timely delivery of appropriate, necessary career, training, and support activities to dislocated workers, individuals laid off due to the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or significantly underemployed as a result of the opioid public health emergency; and
- Create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

National Reserve Selected Measures of Performance	PY 2019 Target	PY 2019 Achieved
» Number of people served	TBD	TBD
» Employment rate, second quarter after exit	TBD	TBD
» Employment rate, fourth quarter after exit	TBD	TBD

The National Reserve runs on a program year, with FY 2019 money available for federal obligation from July 1, 2019 through September 30, 2020. Outcome measurements are calculated after participants exit from the program, and by definition, are unable to be reported until the conclusion of the services.

The SUPPORT Act grants will be awarded from the funds appropriated in FY 2019 during FY 2020.

DEPARTMENT OF LABOR
Office of Workers' Compensation Programs

Resource Summary

Budget Authority (in Millions)	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Treatment	$7.769	$7.769	$7.769
Total Drug Resources by Function	**$7.769**	**$7.769**	**$7.769**
Drug Resources by Decision Unit			
Prescription Management Unit	$2.615	$2.615	$2.615
Pharmacy Benefit Management Services	0.974	0.974	0.974
Federal Employees Compensation Act and Opioid Control Unit	4.180	4.180	4.180
Total Drug Resources by Decision Unit	**$7.769**	**$7.769**	**$7.769**
Drug Resources Personnel Summary			
Total FTEs (direct only)	68	68	68
Drug Resources as a Percent of Budget			
Total Special Benefits Budget (in billions)	$74.8	$74.8	$80.3
Drug Resources Percentage	10.4%	10.4%	9.7%

Program Summary

MISSION

The Special Benefits program is administered by the Department of Labor's Office of Workers' Compensation Programs (OWCP). The Special Benefits fund, administered by the OWCP, comprises two accounts representing obligations for benefits under the Federal Employees' Compensation Act (FECA), as amended, with extensions, and the Longshore and Harbor Workers' Compensation Act (LHWCA), as amended, with extensions. The requested funding provides resources necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits made to eligible claimants or their survivors as mandated by each of the Acts. Under extensions of FECA, the program pays benefits to certain groups, such as War Hazards Compensation Act claimants, non-Federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers.

Spending authority is also provided for FECA program administration out of annual "Fair Share" collections. Fair Share assessments are mandated under Section 8147(c) of the FECA for 23 non-appropriated agencies, including the USPS, with each paying a pro rata share of OWCP's cost to administer FECA claims filed by their employees.

Section 10(h) of the amended LHWCA authorized annual adjustments in compensation to beneficiaries in cases of permanent total disability or death occurring on or prior to October 27, 1972, with the Federal Government paying half the costs of the annual increase for compensation of those cases. A direct appropriation provides the necessary resources to meet the required annual increase in benefits for the

Federal share of the costs for compensation and related benefits for the pre-1972 cases. Private insurance companies and/or employers pay the remaining 50 percent of the compensation.

METHODOLOGY

Pharmacy Benefit Management (PBM) services will implement drug controls that will improve the safety, quality, and cost-effectiveness of prescription care provided to claimants under the Federal Employees' Compensation Act (FECA). This, in turn, may improve return-to-work outcomes for impacted claimants. Additionally, the drug controls offered by a PBM will reduce the costs of treatment to all federals agencies covered by the FECA.

In the FECA program, OWCP is already improving the safety and quality of care through prior authorization requirements and reimbursement controls for prescription drugs. These controls have reduced monthly-compounded drug reimbursements from an average of $23.1 million per month during the first half of 2016 to under $56,000 per month during FY 2019. However, as new drugs enter the market and as questionable prescribing and billing practices evolve to circumvent controls, the program will need new controls to address the changing environment. The program will perform ongoing program integrity efforts through data analytics, payment audits, and improper payment reporting which support the President's Management Agenda priority of improving access and use of data by providing high quality and timely information to inform evidence-based decision-making and the Secretary's initiative to reduce improper payments.

OWCP awarded a contract for PBM services on November 19, 2018. OWCP's PBM contract award was protested, followed by an automatic stay of performance, which continues pending completion of agency corrective action. A partial override of the stay was approved, for limited work to provide the necessary PBM services to the claimants receiving 90 morphine equivalent dosage (MED) or higher of prescribed opioids.

BUDGET SUMMARY

In FY 2021, the OWCP requests $7.8 million for drug control activities, no change from the FY 2020 enacted level.

Prescription Management Unit
FY 2021 Request: $2.6 million
(No change from the FY 2020 enacted level)

The requested resources for the FECA Prescription Management Unit (PMU) will further improve monitoring of opioid drug use among injured workers receiving benefits under the FECA. The funding will support the actions required to monitor and approve opioid medication use including administrative functions, medical management, and claims adjudication, so that injured workers only receive opioids when they are medically necessary. Those injured workers that do require opioids will have the chance to appropriately ease off high dosages that carry risk of overdose or creating dependence.

Pharmacy Benefits Management Services
FY 2021 Request: $1.0 million
(No change from the FY 2020 enacted level)
PBM services will improve the safety, quality, and cost-effectiveness of prescription care provided to claimants. The FECA program will implement this cost-sharing service for use by all federal Departments/Agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with the PMU, will enable the program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate. Decreasing opioid use will assist in return-to-work efforts for beneficiaries whose use of certain medication limits activity, leading to greater savings on wage-loss compensation payments. It will also assist the program in certifying the necessity of payments made for medical treatment under the FECA.

Federal Employees Compensation Act Opioid Control and Prevention Unit
FY 2021 Request: $4.2 million
(No change from the FY 2020 enacted level)
The FECA program continued its efforts to reduce the potential for opioid misuse and addiction among injured federal workers in FY 2019. The program used data to implement new policies and instituted targeted controls and tailored treatment that resulted in a series of successes when comparing January 2020 with January 2017:

- 40 percent decline in overall opioid use;
- 26 percent drop in new opioid prescriptions;
- 57 percent decline in new opioid prescriptions lasting more than 30 days;
- 75 percent drop in claimants with an MED of 500 or more;
- 49 percent drop in users with an MED of 90 or more.

In FY 2019, the PMU processed over 1,700 letters of medical necessity for new opioid users. In FY 2021, the FECA program will continue to work with medical providers and injured workers to provide opioid treatment where needed, reduce the opioid risk level, and assist in securing the benefits needed for pain management.

OWCP established a FY 2018-2019 APG to reduce both the percentage of initial opioid prescriptions and duration of new opioid prescriptions for federal employees with work-related injuries by 30 percent from the FY 2016 baseline by September 30, 2019. OWCP exceeded the FY 2019 goal with a reduction of approximately 66 percent, making OWCP's achievement the most successful APG in DOL history.

PERFORMANCE

The Special Benefits program performance will monitor and manage pharmaceutical costs using a prior authorization requirement for new recipients of opioid prescriptions.

Special Benefits Selected Measures of Performance	FY 2021 Target	FY 2021 Achieved
» Number of processed Letters of Medical Necessity for opioid medications	2,800	TBD

OFFICE OF NATIONAL DRUG CONTROL POLICY

OFFICE OF NATIONAL DRUG CONTROL POLICY
High Intensity Drug Trafficking Areas

Resource Summary

Budget Authority (in Millions)	FY 2019 Final	FY 2020 Enacted	FY 2021 Request[1]
Drug Resources by Function			
Intelligence	$69.837	$70.288	---
Interdiction	21.488	21.627	---
Investigations	171.058	177.412	---
Prevention	4.926	3.194	---
Prosecution	6.221	6.010	---
Research and Development	2.700	2.700	---
Treatment	3.769	3.769	---
Total Drug Resources by Function	**280.000**	**285.000**	**$---**
Drug Resources by Decision Unit			
HIDTA	280.000	285.000	---
Total Drug Resources by Decision Unit	**$280.000**	**$285.000**	**$---**
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$0.4	$0.4	<$0.1
Drug Resources Percentage	67.2%	67.0%	---

[1]*In FY 2021, the HIDTA program is being transferred to DOJ. For further information about the program's budget request, please see the section on the DEA in the DOJ chapter.*

Program Summary

MISSION

The HIDTA program was established by the Anti-Drug Abuse Act of 1988 to provide assistance to Federal, state, local, and tribal law enforcement entities operating those areas most adversely affected by drug trafficking. 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 DTOs 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

In FY 2021, ONDCP requests $0.0 million for the HIDTA Program, a decrease of $285.0 million from the FY 2020 enacted level.

HIDTA

Total FY 2021 Request: $0.0 million
($285.0 million below the FY 2020 enacted level)
For 2021, the Budget proposes to transfer the HIDTA program from ONDCP to DOJ.

OFFICE OF NATIONAL DRUG CONTROL POLICY
Other Federal Drug Control Programs

Resource Summary

Budget Authority (in millions)	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$103.000	$105.250	$---
Research and Development	13.327	13.965	12.432
Treatment	2.000	2.500	---
Total Drug Resources by Function	**$118.327**	**$121.715**	**$12.432**
Drug Resources by Decision Unit			
Drug-Free Communities [1]	$100.000	$101.250	$---
Anti-Doping Activities	9.500	10.000	---
World Anti-Doping Agency Dues	2.577	2.715	---
Section 1105 of Public Law 109-469	1.250	1.250	---
Section 103 of Public Law 114-198	3.000	4.000	---
Anti-Doping Activities (including WADA Dues)	---	---	12.432
Drug Court Training and Technical Assistance	2.000	2.500	---
Total Drug Resources by Decision Unit	**$118.327**	**$121.715**	**$12.432**
Drug Resources Personnel Summary			
Total FTEs (direct only)	1	2	2
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$0.4	$0.4	<$0.1
Drug Resources Percentage	28.4	28.6%	43.1%

[1] *In FY 2021, the DFC support program is being transferred to HHS. For more information on DFC activities, please see CDC's section of the HHS chapter.*

Program Summary

MISSION

This account is for other drug control activities authorized by the Anti-Drug Abuse Act of 1988, and the ONDCP Reauthorization Act of 1998, as amended through Public Law 115–271. The funds appropriated 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 2021, ONDCP requests $12.4 million for Other Drug Control Activities, a decrease of $109.3 million from the FY 2020 enacted level.

Other Federal Drug Control Programs

Total FY 2021 Request: $12.4 million
($109.3 million below the FY 2020 enacted level)

This funding continues the effort to educate athletes on the dangers of drug use and to eliminate illegal drug use in Olympic and associated sports in the United States. World Anti-Doping Agency (WADA) was established in 1999 as an international independent agency composed and funded equally by the sports movement and governments of the world. Its key activities include scientific research, education, development of anti-doping capacities, and monitoring of the World Anti-Doping Code—the document harmonizing anti-doping policies in all sports and all countries. ONDCP represents the United States before the agency and is responsible for the payment of United States dues.

For 2021, ONDCP is proposing to combine grant funding supporting domestic anti-doping activities and WADA dues payments into a single "Anti-Doping Activities" program account. This approach will enable the United States Government to strategically allocate financial resources for these activities to best promote drug-free sport and protect the health of athletes. Consolidating this funding will enable a more rigorous review process for any proposed increases in WADA dues amounts. This will ensure that WADA operates with increased transparency and utilizes models of good governance. The United States will continue to support only those dues increases that are linked to budgets that are focused on core anti-doping requirements, fiscally necessary, and equitable among WADA's stakeholders.

For FY 2021, the Budget proposes to transfer DFC Program from ONDCP to HHS.

OFFICE OF NATIONAL DRUG CONTROL POLICY
Salaries and Expenses

Resource Summary

Budget Authority (in millions)	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Interdiction	$3.680	$3.680	$3.280
International	3.680	3.680	3.280
Investigations	2.392	2.392	2.132
Prevention	3.128	3.128	2.788
State and Local Assistance	2.392	2.392	2.132
Treatment	3.128	3.128	2.788
Total Drug Resources by Function	**$18.400**	**$18.400**	**$16.400**
Drug Resources by Decision Unit			
Operations	$18.400	$18.400	$16.400
Total Drug Resources by Decision Unit	**$18.400**	**$18.400**	**$16.400**
Drug Resources Personnel Summary			
Total FTEs (direct only)	65	65	60
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$0.4	$0.4	<$0.1
Drug Resources percentage	4.4%	4.3%	56.9%

Program Summary

MISSION

ONDCP, pursuant to the Support Act is charged with developing policies, objectives, and priorities for the National Drug Control Program. ONDCP advises the President on national and international drug control policies and programs and works to ensure the effective coordination of drug control programs within the Federal Government and with various other governmental, non-profit, and private entities. ONDCP works to reduce drug trafficking, use and their consequences by leading and coordinating the development, implementation, and assessment of United States drug policy.

METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2021, ONDCP requests $16.4 million, a decrease of $2.0 million from the FY 2020 enacted level.

Operations

FY 2021 Request: $16.4 million

($2.0 million below the FY 2020 enacted 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 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
International	$412.537	$381.595	$441.358
Total Drug Resources by Function	**$412.537**	**$381.595**	**$441.358**
Drug Resources by Decision Unit			
International Narcotics Control and Law Enforcement	$412.537	$381.595	$441.358
Total Drug Resources by Decision Unit	**$412.537**	**$381.595**	**$441.358**
Drug Resources Personnel Summary			
Total FTEs (direct only)	87	144	142
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)*	$37.4	$26.9	$29.9
Department of State Drug Resources Percentage	1.0%	1.4%	1.4%

** Total Agency Budget is the entire foreign assistance budget (both State and USAID).*

Program Summary

MISSION

The Department of State's 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 United States shores.

To support its mission, INL publishes the United States 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 CD 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 DTOs. INL also provides technical assistance to 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 related to counternarcotics in the international arena.

METHODOLOGY

INL receives appropriated foreign assistance funds from the International Narcotics Control and Law Enforcement (INCLE) account. In preparing the annual foreign assistance budget request, the Department allocates all funding according to the Foreign Assistance Standardized Program Structure. INCLE resources are allocated to achieve Peace and Security, Democracy, Human Rights, and Governance program objectives. Within the Peace and Security objective, INCLE 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.

BUDGET SUMMARY

In FY 2021, INCLE requests $441.4 million for drug control activities, an increase of $59.8 million above the FY 2020 enacted level.

The FY 2021 budget figures in this document only include program funds. INL decided to realign its country program development and support (PD&S) funds into the central INL – Program Development and Support operating unit in FY 2021. By combining all PD&S, INL will have increased flexibility to address programs' administrative requirements and will receive access to funding sooner. It will also enable INL to positively respond to changes at post and allow more flexibility to continue operating and funding the administrative costs required to properly manage the bureau. This change results in decreases in funding for several bilateral operating units and an increases for INL – Program Development and Support in the attached budget submission.

In support of the President's agenda that prioritizes the well-being of Americans, bolsters United States national security, secures our borders, and highlights United States economic interests, the FY 2021 INCLE request concentrates resources where they offer the most value and impact to United States national security priorities. INCLE resources for counternarcotics will focus on programs that directly deter the flow of illegal drugs. To stem the flow of cocaine destined for the United States, Colombia remains INL's top country priority, focusing on integrated eradication programming given Colombian President's Duque strong commitment to fight the threat posed by coca production. INL's top drug control priority remains addressing the opioid epidemic where INL leads the Department's contribution to the Comprehensive Opioid Crisis Response Initiative through INL's Drug Supply Reduction program. In 2017, more than 47,600 drug overdose deaths in the United States involved an opioid. More than half of opioid deaths involved a synthetic opioid such as fentanyl and more than 15,000 deaths involved heroin. These programs address national security interests and align with long-term strategic goals to build the capacity of PNs.

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. 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.

Western Hemisphere Programs

Colombia

FY 2021 Request: $204 million

Colombia remains the world's largest producer of cocaine and the source of approximately 92 percent of the cocaine seized in the United States. In March 2018, the United States and Colombia agreed to a joint goal to reduce coca cultivation and cocaine production to 50 percent of 2017 levels by the end of 2023. In support of this strategic goal, INCLE assistance will help Colombia combat a more than 290 percent increase in potential pure cocaine production since 2013 by supporting implementation of Colombia's whole-of-government counternarcotics strategy, which was released in December 2018. The strategy outlines actions to reduce growing domestic consumption, decrease the supply of drugs, dismantle criminal organizations, and disrupt illicit financial flows and features a crosscutting pillar that seeks to increase state presence and economic opportunity in poor, rural areas where criminal organizations and coca cultivation thrive.

INL supports implementation of Colombia's counternarcotics strategy on multiple fronts, including interdiction, eradication, countering financial crimes, countering TOC, rural security, and efforts to strengthen Colombia's capacity to investigate, prosecute, convict, and incarcerate criminals. FY 2021 INCLE funds will increase support for the Colombian government's integrated eradication efforts, including support for institutional capacity building through training, equipment, and support for manual eradication. Funds may also support a targeted, Colombian-led aerial eradication effort in the event the Colombian government resolves the legal prohibition on the aerial application of glyphosate on coca. Funds will continue to maintain and improve the interdiction capacity of Colombian security forces through support to maritime, land, air, and riverine interdiction operations; investigations and intelligence; and at Colombian POEs. Programs will focus on combating drug trafficking to and along Colombia's Pacific and Atlantic coasts from which most of Colombia's United States-bound drugs depart via maritime routes. 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 Antinarcotics Directorate. 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 program, which supports a fleet of United States and Colombian-titled aircraft in Colombia, enables 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 capability to detect and monitor coca cultivation and eradication and support other law enforcement requirements.

INL will also continue to support an increase in Colombia's 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 targeted, evidence-based public health approaches designed to prevent and reduce drug use among children, adolescents, and young adults, as well as support professionalization of Colombia's drug treatment system. Funds may also be used to continue support for Colombia's effort to establish a drug court system.

Mexico

FY 2021 Request: $47 million

INL's strategic objective in Mexico is to reduce national security threats to the United States posed by TCO that traffic illicit drugs, undermine border security, and fuel corruption. The FY 2021 request for United States assistance supports our partnership with Mexico to stem the opioid crisis, as well as to achieve the objectives under the President's Executive Orders on "Border Security and Immigration Enforcement Improvements" (E.O. 13767) and "Enforcing Federal Law With Respect to TCOs and Preventing International Trafficking" (E.O. 13773). Heroin-related overdose deaths in the United States increased five-fold since 2010 to over 15,000 deaths in 2017. Mexico remains the primary source of heroin consumed in the United States and is a strategic partner for addressing global proliferation of synthetic drugs. There were over 28,000 overdose deaths in the United States from synthetic opioids in 2017, including illicit fentanyl often mixed with heroin or cocaine, a 47 percent rise from 2016.

The FY 2021 request for counternarcotics activities in Mexico will strengthen Mexico's capacity to disrupt the activities of TCOs and reduce the production and trafficking of heroin, fentanyl, methamphetamine, and other illicit drugs including synthetic opioids. Funds will train and equip Mexican law enforcement and security agencies to identify and dismantle clandestine drug laboratories; disrupt the production of drugs including through improved opium poppy eradication and the interdiction of precursor chemicals used to manufacture fentanyl and other drugs.

The FY 2021 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 POEs, the FY 2021 request will expand biometrics capabilities to improve Mexico's ability to share biometric information among Mexican Federal and State police, military, and migration officials, and with United States LEAs to dismantle TCOs. To assist Mexico to more effectively interdict illicit flows, funding will provide training and equipment for border officials to enhance coordination among Mexico's interagency. The FY 2021 request will also support stronger safety and inspection standards at Mexican land POEs, airports, and seaports to identify and interdict illicit goods, including pre-cursor chemicals.

Peru

FY 2021 Request: $37.9 million

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 combating the production and sale of illicit narcotics is essential to United States national interests, as threats from transnational criminal networks affect United States and Peruvian security. INCLE assistance supports the Government of

Peru's multi-prong counternarcotics strategy that includes eradication, interdiction, and alternative development (AD).

Most of the FY 2021 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 United States Government-owned Huey-II helicopters and fixed-wing aircraft. INCLE funds are essential to reduce 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

FY 2021 Request: $3.3 million

The FY 2021 request for CD 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 programs will address United States national security concerns by promoting regional cooperation on the shared threat of TOC and drug trafficking. Activities will facilitate information sharing, joint operations, and coordination among Caribbean Basin Security Initiative PNs.

State Western Hemisphere Regional - Central America Regional Security Initiative

FY 2021 Request: $19.15 million

The Central America Regional Security Initiative (CARSI) INCLE funding addresses the security-related drivers of migration from Central America and combats drug-trafficking, TOC, gangs, and human smuggling before it reaches the United States border. The FY 2021 request will provide targeted training and advisors from the DEA, the FBI, the DHS' HSI , the Coast Guard , other United States 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 and justice sector 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, crime prevention, alternative sentencing, school resource officers, and targeted DDR programs to address growing drug use throughout Central America, particularly 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 and police 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.

South and Central Asia

Afghanistan

FY 2021 Request: $23 million

Afghanistan consistently produces 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. According to the 2015 Afghanistan National Drug Use Survey, conducted by the United States Department of State and the Afghan Ministry of Public Health Institutional Review Board, 11 percent of Afghanistan's rural population uses drugs, one of the highest drug use rates in the world.

INCLE funding in FY 2021 will support, albeit at significantly reduced levels, 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 DoD to build the capacity of the Counter Narcotics Police of Afghanistan, with a special focus on the specialized units mentored by DEA—the SIU and the National Interdiction Unit. 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. Our assistance will support the ability of specialized units to perform independent interdiction operations nationwide. INL will also provide limited support to on-going efforts including messaging campaigns to raise public awareness about the threat of illicit narcotics to Afghanistan, DDR efforts, including prevention, regional counternarcotics efforts, and monitoring and evaluation. INL aims to maximize return on its funding by leveraging its efforts with interagency partners and other international donors.

Pakistan

FY 2021 Request: $3 million

The FY 2021 request for CD activities in Pakistan focuses on initiatives that improve regional stability, combat transnational crime, and advances United States national security interests by supporting efforts to combat the production and trafficking of illicit narcotics in the world's largest opium producing region. Pakistan continues to face challenges in countering large flows of opiates originating from Afghanistan to meet demand in major markets around the globe. INL's counternarcotics program develops the capability of Pakistan's counternarcotics LEAs, such as the Anti-Narcotics Force and Customs, to disrupt narcotics trafficking. INCLE assistance will be targeted towards Khyber Pakhtunkhwa and their newly merged districts, and Baluchistan, to combat trafficking along the Afghanistan-Pakistan border and Makran Coast.

Interdiction assistance directly supports the Administration's South Asia Strategy by denying revenue to militant groups that pose direct threats to United States forces serving in Afghanistan. The FY 2021 request will primarily support interdiction efforts by providing training, mentorship, equipment, and material support in coordination with the DEA. It will also support bolstering LEAs' 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.

Central Asia Regional

FY 2021 Request: $2.5 million

Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Some profits from drug trafficking fund terrorist organizations in the broader region and some regional DTOs maintain links to these extremist groups. INL's counternarcotics programming seeks to disrupt the illicit narcotics economy through law enforcement cooperation in order to deter, disrupt, and dismantle DTOs. Funding enables the 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, 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/World Customs Organization Container Control Program.

East Asia and the Pacific

Burma

FY 2021 Request: $0.8 million

Burma is the second largest illicit opium poppy cultivator in the world and is one of the largest producers of amphetamine-type stimulants. United States 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 DEA. United States assistance will also continue to support efforts to curb widespread drug use in Burma. Activities may include improving the quality of drug treatment, prevention, and recovery services available, as well as support efforts to introduce evidence-based policy reforms, increase awareness, and support community-based initiatives to reduce demand.

Indonesia

FY 2021 Request: $0.4 million

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. The FY 2021 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. United States assistance will also increase the Government of Indonesia's efforts to reduce demand and rehabilitate drug users.

Laos

FY 2021 Request: $0.5 million

Laos is the world's fourth largest producer of opium poppy and one of the largest producers of amphetamine-type stimulants. The number of Lao citizens addicted to drugs is also increasing dramatically. Therefore, INL plans to support Lao efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development. Activities 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, and provide community-based treatment resources.

Philippines

FY 2021 Request: $0.9 million

The Philippines faces serious problems related to drug abuse and drug trafficking. In 2018 Philippines President Duterte continued to implement a domestic antidrug campaign that has resulted in widespread allegations of human rights abuses and extrajudicial killings. Because of these allegations, INL does not provide assistance to the Philippines for President Duterte's antidrug campaign, focusing resources on reducing the drug demand. United States assistance supports Philippine efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development. Activities may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and technical assistance to expand treatment capacity, provide community-based rehabilitation resources, strengthen drug prevention education within primary and secondary schools, and support community anti-drug coalitions. The funds may also support counternarcotics projects focused specifically on transnational interdiction, such as units focused on drug trafficking across international borders.

Africa

Liberia

FY 2021 Request: $0.7 million

The FY 2021 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 TCOs and distributors of narcotics.

State Africa Regional – West Africa Regional Security Initiative (WARSI)

FY 2021 Request: $1 million

The FY 2021 request for counternarcotics will support West African countries' ability to disrupt and combat drug trafficking. West Africa serves as a transshipment point for drugs including marijuana, methamphetamine, cocaine from South America, heroin from Southwest Asia, pharmaceuticals (e.g. tramadol) as well as precursor chemicals to markets in Europe and a lesser extent the United States. INL funds will be used to provide training, technical assistance, and material/equipment support to enable key West African countries to disrupt drug trafficking networks through regular seizures, investigations, and criminal prosecutions; support specialized units (e.g. in Benin, Ghana, Senegal, and Sierra Leone); and promote information sharing with United States LEAs like DEA.

Centrally Managed INL Programs

Interregional Aviation Support

FY 2021 Request: $28.6 million

With FY 2021 funds, INL will continue to provide the core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL's aviation activities in Peru, Panama, Costa Rica, 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.

Drug Demand Reduction

FY 2021 Request: $8.0 million

With FY 2021 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 drug 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 United States 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 and recovery systems.

INL will support the implementation of the International Standards to Treatment to improve the quality of services along with training the addictions workforce through innovative online tools and mentoring programs. 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 also 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.

Drug Supply Reduction (DSR)

FY 2021 Request: $12.5 million

Funds will support global and regional programs to combat and reduce illicit supplies of drugs, particularly synthetic drugs such as fentanyl, and precursor chemicals that are fueling the deadly United States opioid crisis. The funds will support Administration priorities to stop opioid abuse and reduce drug supply. Programs will build the capacity of foreign partners to share information on emerging drug threats; accelerate the imposition of treaty-mandated international drug and chemical controls on dangerous substances; support multilateral and partner-nation efforts to disrupt global illicit drug and precursor chemical supply chains; develop tools and the capacity to disrupt sales of illicit drugs over the internet and better detect and interdict illicit supplies of drugs distributed through the global mail and express consignment courier systems. Funding will also support the development of programming designed to build partner capacity to target investigations into illicit finance and the use of virtual currencies in illegal synthetic drug sales. Additionally, the funds will support new projects to identify industry leaders in responsible management practices to prevent the manufacture, sale, and movement of synthetic drugs and export best practices to developing countries.

Global Crime and Drugs Policy (GCDP) (previously "International Organizations")

FY 2021 Request: $2.1 million

INL has mobilized large multilateral forums to react quickly to the United States opioid crisis, including the threat posed by illicit fentanyl and its analogues. The global rules for all cross-border law enforcement cooperation to prevent, investigate, prosecute, and dismantle drug trafficking and transnational crime groups are codified under the three UN drug treaties, the UN Convention against

TOC , and the UN Convention against Corruption , all of which are based on United States law and practice. INL's GCDP funding to the United Nations Office on Drugs and Crime (UNODC) and the Organization of American States (OAS) will provide unique support for international treaty-based and policy-making institutions that are critical to ensuring foreign governments carry out their legal obligations and policy commitments.

The FY 2021 request for CD programs will continue assistance to UNODC and the OAS' Inter-American Drug Abuse Control Commission. Broadly, UNODC and the OAS deliver technical assistance programming that protects United States citizens by enabling greater operational cooperation between international LEAs and strengthens foreign government capacity to dismantle drug trafficking and transnational crime groups and seize their assets. OAS 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 United States opioid challenge. Programs through UNODC and the OAS also enhance international cooperation among states to help eliminate safe havens for TCOs, and enable greater burden-sharing through contributions from a wider array of donors.

Activities under this line item are limited to global and regional programs that enable UNODC and the OAS to operate a network of field offices and central Secretariat services; ensure internal accountability and oversight; and deliver technical guidance, research, and analysis on treaty and policy obligations in the field of drug control and TOC. Support to UNODC and the OAS under this line item benefits all other INCLE line items that utilize on these institutions to deliver United States foreign assistance at the country, regional, and global levels.

Program Development and Support

In the FY 2021 request, INL centralizes the Bureau's PD&S funding for administrative requirements, into a single, worldwide PD&S budget, realigning its country PD&S funds into one operating unit. This will allow INL to be more responsive to the Administration's priorities as well as urgent and emerging needs around the world. By consolidating the Bureau's PD&S, INL will have increased flexibility to administer and oversee programmatic requirements as well as receive accelerated access to the funding. This consolidation will also allow INL to respond quickly to changed circumstances on the ground, and provide increased flexibility to continue operating and fund the administrative costs required to properly manage the Bureau, under often fluid conditions.

The FY 2021 request for INL – PD&S is $185.7 million, which includes $81.497 million for INL's PD&S funds for counternarcotics. The level of PD&S for counternarcotics is proportionate to the level of counternarcotics program funds across the account (44 percent). PD&S funds INL's domestic and overseas 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 SUMMARY

INL uses data gathered from program assessments, monitoring and evaluations in developing and implementing effective and efficient foreign assistance programs and processes. INL evaluates the allocation of resources based on the goals, objectives, and performance of programs to ensure funding is deployed to meet the strategic objectives outlined herein.

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in United States embassy reports for the 2019 INCSR, annual surveys produced by UNODC, and each United States embassy's 2019 Performance Plan and Report, as entered into the Foreign Assistance Coordination and Tracking System.

Bureau of International Narcotics and Law Enforcement Affairs Selected Measures of Performance	CY 2019 Target	CY 2019 Achieved
Andean Programs		
» Number of Hectares of coca eradicated in Colombia and Peru*	95,000	109,313
Assistance to Rebuilding Countries		
» Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation	25	26
Demand Reduction		
» Percentage of target population that have not used drugs after treatment in Afghanistan	15%	70%

**The hectares of coca eradicated in this table represent the most current data reported to INL as of December 31, 2019.*

There were no additional counternarcotics program evaluations completed in FY 2018. In FY 2019 INL continued to evaluate drug prevention programming in schools in Peru and in collaboration with NIDA evaluate programming to treat young children in India. The evaluation in Peru is expected to be completed in spring of 2021 and the evaluation in India in fall of 2023. In 2020, INL will also look to begin a 5-year environmental evaluation in one country on the effects of DDR programming.

Andean Programs

The information available to INL in the following section is the best available data as of December 31, 2019. Due to the proximity of the Performance Plan and Report's publication time each year with the deadline of the report, INL has revised its methodology to report with a year lag to avoid a late submission.

Purpose of the Program: The long-term goal of INL's eradication efforts in Colombia and Peru is to reduce the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that is shipped to the United States. The program accomplishes this through a strategy of forced and voluntary manual eradication, increased drug interdiction, and strengthening rule of law and alternative livelihood efforts. Eradication is a critical component of the United States Government's counternarcotics strategy in the Andean region and is a metric used by managers to handle day-to-day operations.

Contribution to the Strategy: The program contributes to the *Strategy's* goal of collaborating with international partners to disrupt the drug trade by working with international partners to reduce illicit drug use, production, trafficking, and associated violence.

The measure tracks the amount of coca leaf that is forcibly or voluntarily eradicated in Colombia and Peru on an annual basis, which reduces the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that is shipped to the United States.

INL program managers in the field use this measure for operational planning and day-to-day program management. The eradication measure is available daily rather than six months following the close of the CY, allowing managers the flexibility to adjust program operations to meet annual targets. Furthermore, the measure conforms to Department policy regarding standardized performance metrics for foreign assistance programs.

The government of Colombia eradicated 14 percent more coca than anticipated in FY 2018, demonstrating the dedication of the police, military, and civilian eradicators to achieving results. Peru's manual eradication of illicit coca has prevented significant amounts of cocaine from reaching global markets, denying profits to TOC on the global and regional scale. On January 31, 2018, Peru's coca eradication agency, CORAH, completed its 2017 goal, eradicating 25,784 hectares and removing an estimated 179 MT of potential cocaine, valued at $5.3 billion, from global supply. In the first 11 months of 2018, the Peruvian National Police's anti-drug directorate seized a record 49.5 MT of drugs, including cocaine and marijuana.

The overall 2019 manual eradication performance target for Colombia is set at 70,000 hectares. Additionally, Colombia has exceeded its target by 14,206 hectares. The 2019 eradication target for Peru has remained at 25,000 hectares and has exceed its target results by 107 hectares. Colombia's target for 2020 has been increased to 100,000 hectares, while Peru's target will remain 25,000 hectares.

Afghanistan

The purpose of the program is to build the capacity of the Afghan government to reduce illicit crop cultivation, drug trafficking, and drug consumption in order to disrupt a key source of funding to the insurgency and promote security and governance.

The program contributes to the *Strategy's* goal of collaborating with international partners to disrupt the drug trade by partnering with the Afghan government to support interdiction and eradication, build institutional capability, support economic alternatives to drug cultivation, and promote collaborative efforts in prevention, treatment, and research, thereby assisting global partners in acquiring the capabilities to overcome the consequences of drug abuse.

The measure tracks the number of Poppy Free Provinces and Provinces Reducing Cultivation in Afghanistan, which is a reflection of the Afghan government's capacity to reduce illicit crop cultivation, drug trafficking, and drug consumption, thereby disrupting a key source of funding to the insurgency and promoting security and governance in Afghanistan.

This measure is used as a general guide in annual program planning and targeting, by program managers focusing on reducing cultivation throughout Afghanistan.

The CY 2018 goal was for 18 of Afghanistan's 34 provinces to be poppy-free and for an additional 10 provinces to reduce cultivation by 10 percent or more in 2018. The number of Poppy Free Provinces in 2018 was 10, equal to 2017 as Nuristan regained poppy-free status lost in 2017, but Takhar, which had been poppy-free since 2008 lost its designation. There were 14 Province Reducing Cultivation. UNODC

observed continued cultivation in almost all opium poppy-growing provinces. Over half of the total national cultivation occurred in Helmand province, with a cultivation of 136,798 hectares.

The UNODC Afghanistan Opium Survey states that opium poppy cultivation in Afghanistan covered 263,000 hectares, which represented a 20 percent decrease in 2018 from the 328,000 hectares recorded the previous year. Potential opium production decreased by 29 percent over the same period, from 9,000 to 6,400 tons. A total of 406 hectares of verified poppy eradication was carried out under the Afghan Ministry of Counter Narcotics' Governor-Led Eradication (GLE) program, representing a decrease of 46 percent compared to 2017, when 750 hectares of poppy were eradicated.

The 2019 Opium Survey has not yet been released. However, cultivation is likely to be lower than 2018, but still a significant concern. It is possible there will be an uptick in production, given the extremely high cultivation rates in recent years.

Eradication efforts have had minimal impact on curbing opium-poppy cultivation. The Afghan government has struggled to perform eradication due to the security challenges in poppy-growing areas, namely that these areas are predominantly under Taliban control. This year, the Ministry of Counter Narcotics' dissolution coincided with the eradication-planning period, leading to minimal eradication in FY 2019. No eradication took place in Helmand, the highest poppy-cultivating province in Afghanistan between 2016 and 2018.

Drug consumption represents a threat to the future of Afghanistan. The country faces some of the world's highest recorded rates 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.

DEPARTMENT OF STATE
United States Agency for International Development

Resource Summary

Budget Authority (in Thousands)	FY 2019 Final	FY 2020 Enacted**	FY 2021 Request
Drug Resources by Function			
International	$78.500	$78.500	$79.000
Total Drug Resources by Function	**$78.500**	**$70.518**	**$79.000**
Drug Resources by Decision Unit			
Development Assistance	$20.000	$20.000	$---
Economic Support Fund	58.500	50.518	---
Economic Support and Development Fund	---	---	79.000
Total Drug Resources by Decision Unit	**$78.500**	**$70.518**	**$79.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	14	14	14
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)*	$24.5	$22.8	$19.6
USAID Drug Resources Percentage	0.3%	0.3%	0.4%

**Total Agency Budget is the USAID-managed foreign assistance accounts, including Development Assistance, Economic Support Fund, and Economic Support and Development Fund, among others.*

*** The FY 2020 level is an estimate based on FY 2019 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2020 appropriation.*

Program Summary

MISSION

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

METHODOLOGY

USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. Consistent with the FY 2019 and FY 2020 Requests, the FY 2021 Request eliminates the DA account and provides economic and development assistance through a new, consolidated Economic Support and Development Fund account that replaces the Economic Support Fund 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 AD and alternative livelihoods programs, which support economic development that is not reliant on the cultivation, production, and sale of illicit drugs.

BUDGET SUMMARY

In FY 2021, USAID requests $79.0 million for drug control activities, an increase of $8.5 million above the FY 2020 enacted level.

Economic Support and Development Funds – Andean Region

Colombia

The FY 2021 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 although the overall amount of cocaine seized in Colombia during the last few reporting periods increased, the increase in the overall cocaine production outpaced these gains. However, in geographic areas where USAID counternarcotics programming has intervened, there has been proven success in sustaining low levels of coca production. 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 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 Government of Peru (GOP), along with coordinated assistance from the United States Government, has been able to sustain reductions in the numbers of hectares of coca in large swaths of Peru's central jungle through a three-pronged approach focusing on AD, eradication, and interdiction. 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 the licit economy (e.g., new crops, improved roads, farming knowledge, improved local governance, access to Internet and financial services). In line with leveraging Peruvian resources, USAID has progressively transferred many aspects of AD assistance to the GOP, including negotiating post-eradication assistance agreements with

communities that give up coca, and delivering on those plans. In time, USAID links assisted farmers with higher value markets by helping them secure the volume and quality demanded by buyers and credit to invest in their farms.

PERFORMANCE

Information regarding the performance of the drug control efforts of USAID is based on data reported in each United States embassy's 2019 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 2019.

United States Agency for International Development		
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Achieved**
» Number of FTE jobs created by USG sponsored AD or alternative livelihood activities (Peru)	30,900	TBD
» Hectares of alternative crops targeted by USG programs under cultivation (Peru)	77,000	TBD
» Total sales of licit farm and non-farm products in USG assisted areas (Peru)	$59,000,000	TBD
» Percentage of female participants in USG-assisted programs designed to increase productive economic resources	35	TBD
» Number of rural households benefiting directly from USG interventions (Colombia)	10,000	TBD
» Value of smallholder incremental sales of licit agricultural products with USG assistance (Colombia)	$9,500,000	TBD
» Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)	5,148	TBD
» Number of families benefiting from AD activities in the Andean region (Peru)	45,000	TBD

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 2018, 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

While overall cocaine supply increased in Peru, the number of hectares of coca remained low in geographic areas where USAID carried out AD programs in combination with eradication (regions of San Martin, Huánuco, Ucayali, and Pasco). At the national level, coca cultivation increased between 2016 and 2017 by nearly 5,000 hectares according to the United States Government, and nearly 6,000 hectares per UNODC. Both the United States Government and UNODC recorded the majority of the increases where the Peruvian counter narcotics model (AD, interdiction, and eradication) has not been fully implemented.

Where all three elements were effectively implemented, Peru demonstrated reduced coca cultivation: UNODC estimates show coca cultivation decreasing in these targeted areas from 18,480 hectares in 2011 to 3,215 hectares in 2017. United States Government estimates also demonstrate a sustained reduction over the same time period in target, including a 25 percent year-on-year decrease in hectares from 2016 to 2017.

USAID has been able to leverage greater resources and buy-in from Peru's private and public sectors to sustain coca reductions. USAID partnered with 64 firms and cooperatives, leveraging investments of more than $17 million in 2018. These investments include new processing facilities, credit for farmers to increase productivity, and establishing mobile payment systems for cacao and coffee farmers, among others. Efforts to improve the quality of cacao led to an average selling price of $400 over the New York Stock Exchange price. In total, USAID assistance led to $54.7 million in cacao and coffee sales during 2018.

USAID's AD efforts assisted 41,439 households on 75,620 hectares of cacao and coffee in 2018. This is a record for USAID/Peru. AD assistance improved yields and quality, and helped farmers aggregate their product to meet market demands.

The GOP has also committed to, and dedicated financial resources towards, eradication and AD in FY 2019, in areas with the highest coca density and productivity. USAID's challenge will be to sustain the reduction of coca after forced eradication in traditional areas, while supporting the Government of Peru to provide timely and effective post-eradication and state services in new areas. USAID/Peru will continue to focus on strengthening key institutions (particularly the National Commission for Development and Life without Drugs, USAID's primary GOP AD counterpart, and local governments).

DEPARTMENT OF TRANSPORTATION

DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$14.992	$17.500	$19.800
Intelligence	13.780	14.355	14.415
Investigations	1.443	1.190	1.370
State & Local Assistance	2.040	2.390	2.450
Total Drug Resources by Function	**$32.255**	**$35.435**	**$38.035**
Drug Resources by Decision Unit			
Air Traffic Organization	$11.740	$11.965	$11.965
Aviation Safety/Aerospace Medicine	16.436	18.690	21.170
Security and Hazardous Material Safety	4.080	4.780	4.900
Total Drug Resources by Decision Unit	**$32.255**	**$35.435**	**$38.035**
Drug Resources Personnel Summary			
Total Full Time Equivalents (direct only)	172	175	189
Drug Resources as a percent of Budget			
Total Federal Aviation Administration Budget (in billions)	$17.5	$17.6	$17.5
FAA Drug Resources percentage of total budget	0.2%	0.2%	0.2%

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 Safety Law Enforcement Assistance Program (LEAP) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all Federal, state, and local LEAs 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 LEAs to assist in the interdiction of dangerous drugs and narcotics into the United States.

BUDGET SUMMARY

In FY 2021, FAA requests $38.0 million for drug control activities, an increase of $2.6 million above the FY 2020 enacted level.

Air Traffic Organization

FY 2021 Request: $12.0 million
(No change from the FY 2020 enacted 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 this zone is required to radio its planned course, destination, and any additional details about its trip through the zone to the appropriate authorities. Air traffic controllers staffing air route traffic control centers, DEA, and Coast Guard 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/Coast Guard 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 Coast Guard during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real-time basis. Cost estimates are solely attributed to personnel costs for air traffic controllers at Air Route Traffic Control Center facilities.

Aviation Safety/Aerospace Medicine

FY 2021 Request: $21.2 million
($2.5 million above the FY 2020 enacted level)

The Office of Aerospace Medicine's oversight and management of the Federal drug and alcohol testing programs are made up of two units. The Drug Abatement Division is responsible for ensuring that industry implements and maintains drug programs in accordance with 14 CFR [Code of Federal Regulation] part 120 ($14.2 million). Included in the Division is the Special Investigations & Enforcement Branch, which investigates complaints about rule violations and allegations of airmen certificated under FAR 14 CFR parts 61, 63 and 65 or medical certificate holders of part 67 ($1.37 million). The Internal Substance Abuse Program unit's objective is to conduct testing for all FAA employees in a testing designated position ($5.6 million). No plans are in place to enhance, adjust, or reduce these Office of Aerospace Medicine units.

The Drug Abatement Division mandates the implementation of the FAA's drug and alcohol testing regulation (14 CFR part 120) requiring industry employers (e.g. air carriers, air traffic control towers, and

air tour operators) to drug and alcohol test employees working directly or by contract (including subcontract at any tier) in a safety-sensitive position. The safety-sensitive positions include flight crew members, flight attendants, flight instructors, aircraft maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators, operations control specialists, and aircraft dispatchers.

Ensuring industry compliance with the drug and alcohol testing regulation is the primary objective of the Office of Aerospace Medicine's Drug Abatement Division. The safety of the traveling public and integrity of the compliance process form the foundation of the program. The Office of Aerospace Medicine's Drug Abatement Division conducts inspections of industry employer programs and investigations of airmen and employee violations as described above. A violation is defined as a refusal to submit to testing, positive drug test result, alcohol concentration of 0.04 or greater, pre-duty or on-duty use, and other prohibitions defined in 14 CFR §§ 120.19 and 120.37. Requirements are established by the Department of Transportation's regulation, 49 CFR part 40 and 14 CFR part 120. 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 vendors provide services on a per-sample basis.

The Federal drug testing programs require testing for amphetamines, marijuana, cocaine, opioids, and PCP. In 2017, the Department of Transportation amended its drug-testing program regulation adding four opioids (hydrocodone, hydromorphone, oxymorphone, and oxycodone) to its drug-testing panel. This revision harmonized the revised Mandatory Guidelines established by HHS for Federal drug-testing programs for urine testing. The internal and external testing requirements only allow for urine testing under a five-panel drug test. The Drug Abatement Division conducts more than 300 investigations each year, most of which result in the FAA taking enforcement action against the violator. The additional positions and associated funding requested for FY 2021 are required to continue to ensure compliance with drug and alcohol testing mandated by the Omnibus Transportation Employee Testing Act of 1991, Executive Order 12564 dated September 15, 1986, and implemented by the Department of Transportation Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

Security and Hazardous Materials Safety
FY 2021 Request: $4.9 million
($0.1 million above the FY 2020 enacted level)
In FY 2021, funding will provide for the Office of Security and Hazardous Materials Safety's (ASH) continued support to the DEA, CBP, ICE and other LEAs in their efforts to interdict narcotics smuggling, within the United States and while collaborating with foreign entities.

Collaborating with law enforcement will be beneficial for both FAA and the agencies the FAA supports. The FAA's awareness of investigations and information will enable/support initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. As a result, of FAA's continuing partnerships, LEAs will be able to identify and act against individuals involved in criminal

activities that affect the safety and security of the National Airspace System. Additionally, FAA will be informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements, and will be able to take regulatory actions against them, including suspension/revocation of airmen/aircraft certificates and civil penalties. FAA's LEAP Special Agents will conduct regulatory investigations into airmen who were convicted of drug-related offenses and are in violation of certain (USC) Statues and Federal Aviation Regulations as a result of information received from 48 states, the District of Columbia, and three territories.

FY 2021 funding also supports LEAP Special Agents providing continued training to federal, state, and local LEAs. The training will provide insight, familiarity, and knowledge of aircraft operations, the aviation environment and pertinent aviation laws and regulations. It is geared to assist in the interdiction of general aviation involved in narcotics smuggling and other related criminal activity.

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	**CY 2018 Target**	**CY 2018 Result**
» Aviation Industry random testing of safety-sensitive employees (Drugs)	< 1%	0.731%
» Aviation Industry random testing of safety-sensitive employees (Alcohol)	< 0.5%	0.099%
» 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	1,289
Selected Measures of Performance	**FY 2019 Target**	**FY 2019 Result**
» 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%	100%
» Initiate regulatory investigations on 95 percent of all aircraft involved in illegal activity within 30 days of knowledge of that activity	95%	100%
» 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%	100%
» Provide assistance and briefings to other agencies as requested	95%	100%

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 CY 2018, the latest available data, FAA exceeded its target with 0.731 percent of those persons randomly selected testing positive for drugs, while 0.099 percent tested positive for alcohol, much less than their respective one and one-half percent thresholds.

Based on the reported data for 2018, violation rates for both drugs and alcohol remained low enough to enable the Administrator to continue the current minimum random testing programs for testing in CY 2020. The FAA published the rates in their annual Federal Register Notice, most recently on December 20, 2019.

Law Enforcement Assistance Program
During FY 2019, FAA's LEAP Special Agents responded to 6,698 requests from law enforcement and other agencies for information regarding 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 2019 accomplishments of FAA support of drug interdiction initiatives undertaken by LEAP Special Agent(s):

- A 1978 twin engine Cessna 414A was seized in Cherokee County, Georgia as part of a domestic drug trafficking and money laundering investigation. A LEAP special agent assisted the DEA and the IRS for more than a year on this investigation and seizure. The aircraft is valued at approximately $440,000.

- LEAP special agents assisted the New Jersey Division of Taxation in the seizure of a Gulfstream Aerospace GV-SD, a 2007 G550, valued at $18.5 million. LEAP agents provided assistance to the Division of Taxation with aircraft documents, de-confliction, and seizure considerations.

- LEAP agents assisted the DEA in an investigation that led to the seizure of a 1987 Cessna 207A, valued at $135,000. Based on information obtained during a LEAP and DEA interview of the

registered owner, DEA Miami Field Office determined the aircraft was in violation of Title 49 section 46306 (b) (3) (false markings), and subsequently seized the aircraft.

- LEAP received information from the FAA's Special Emphasis Investigations Team that a Bahamian registered C6-MVP Aircraft was reportedly on the ramp at a south Florida airport and did not hold a valid registration. Working with DEA Miami, the aircraft was seized for violation of Title 49 USC 49306. The aircraft is valued at $95,000.

- For more than two years, a LEAP special agent assisted the DEA, IRS, and USAO in Atlanta, Georgia, and DEA's SOD in Virginia, on a money laundering and bank fraud investigation. The investigation included the seizure of approximately 24 foreign-registered Boeing and Embraer ERJ jet aircraft. Law enforcement requested FAA assistance to identify the historical maintenance logbooks for each aircraft, as well as registration history. All of the aircraft are outside the United States and the seizures were coordinated with the host countries.

- LEAP agents supported an investigation which resulted in DHS seizing narcotics and United States currency. An aircraft operating between California and Indiana was found to have 8,300 e-cigarette tanks loaded with highly concentrated Tetrahydrocannabinol (THC) extract and some cases of THC-infused juice drinks. It was estimated the value on the illegal market in Illinois (destination) is $1.5 to $2.5 million.

- LEAP assisted in a DEA investigation involving a Gulfstream G-IV, operating on a Part 135 certificate from Pennsylvania to California, with more than 10 persons onboard. Six of the passengers were carrying a total of $1.3 million in cash. The cash was seized and the DEA investigation is ongoing.

- A LEAP special agent and an FAA attorney in Atlanta provided support to an investigation involving a subject who was indicted in the United States District Court for the Middle District of Georgia on charges related to the smuggling of narcotics via Unmanned Aircraft System into a State of Georgia Department of Corrections prison. The charges, which were brought by DOT/OIG, include violations of Title 49 USC 46306 (aircraft registration).

- A LEAP special agent in Arizona provided material support in an aircraft seizure operation. DHS had been looking for a suspect aircraft which an alleged DTO was attempting to purchase in 2013. The case went cold until the LEAP agent discovered a Declaration of International Operations for the suspect aircraft, and reached out to DHS with the information. The aircraft was determined to be in California and local DHS agents interviewed the seller and obtained transaction records. The aircraft was subsequently seized in Texas.

- Brazilian law enforcement, with assistance from the DEA, conducted a multi-year investigation involving the smuggling of narcotics from Bolivia, Colombia, and Venezuela to Brazil, Europe, and the United States. More than 400 law enforcement agents conducted raids in Brazil, arresting 57 people and seizing 47 aircraft, 13 ranches, and numerous vehicles and businesses. The total value of the seizures to date is approximately $80 million in assets. LEAP provided hundreds of hours of research, support, and information vital to this investigation.

- LEAP provided support to the Arkansas State Police who arrested an airman for possession/transportation of 56 kilograms of cocaine discovered inside a motor vehicle during a

traffic stop. The aircraft the airman flew to Arkansas became inoperable after landing. During the arrest, the airman commented to arresting officers, "We're just mules." LEAP agents initiated a regulatory investigation against the airman and continue to support the Arkansas State Police in their investigation.

- LEAP attended a meeting in Cartagena, Columbia, in reference to an ongoing operation. The operation involves money laundering, narcotics smuggling, and aircraft registration violations. LEAP special agents have supported these efforts for the last five years, providing information and documents pertaining to more than 100 aircraft.

- LEAP agents attended a coordination meeting in Nassau, Bahamas, and provided a briefing to DEA SOD and foreign counterparts, including officers assigned to International Liaison Office North America and Northern Caribbean National Crime Agency. The purpose for the meeting was to discuss an ongoing DEA SOD operation involving United States-registered aircraft being used to transport narcotics.

- LEAP provided support to DEA, Kansas City, Missouri, regarding an aircraft registered in Camdenton, Missouri. DEA and the Eldon Police Department are seeking to determine if this aircraft is involved in drug smuggling operations.

- A LEAP Special Agent testified at the United States District Court regarding an aircraft that was under investigation for a large-scale marijuana trafficking conspiracy. Evidence presented revealed the FAA investigated a Piper single-engine aircraft that was making regular flights between Stratford, Connecticut, and northern California. The investigation further revealed, over a period of approximately two years, the head of the DTO and his associates earned millions of dollars by trafficking nearly two tons of marijuana from California to Connecticut. Members of the conspiracy also laundered more than $6 million. The head of the organization was convicted of one count of conspiracy to distribute, and to possess with intent to distribute, 1,000 kilograms or more of marijuana, and one count of possession with intent to distribute 1,000 kilograms or more of marijuana.

- LEAP provided assistance to DEA, Wichita, Kansas, related to an aircraft suspected of smuggling drugs and subject to an ongoing money laundering investigation. LEAP provided flight plan history and coordinated with the AMO Center to place an aircraft lookout.

- LEAP Los Angeles assisted HSI and the Assistant United States Attorney with an interview related to an upcoming aviation smuggling trial. LEAP provided significant law enforcement support preparing the criminal case.

- LEAP assisted the DEA with pilot information on a subject who was stopped by the Iowa State Patrol for speeding in Des Moines, Iowa. During the traffic stop, the Iowa State Police conducted a K-9 sniff of the vehicle, and subsequently discovered 249 pounds of marijuana. The airman was charged with Possession of Drugs with Intent to Deliver.

In addition to providing assistance to LEAs, LEAP Special Agents across the country are providing training to Federal, state, and local LEAs. 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. Some examples of the types of training provided are identified below:

- Ramp Inspection Training to the multiple state, and local police departments to familiarize LEAs with conducting investigations in an airport environment.

- Training of airmen, aircraft investigations, and the type of support that FAA LEAP Special Agents can provide, given to the CBP Office of Air and Marine class at the FLETC.

- Training on the LEAP and UAS investigative support needs to various Federal, state, and local LEAs.

- Operation Jetway training in conjunction with the DEA. Operation Jetway training is attended by Federal, state, and local LEAs. It also includes training on FAA documentation of aircraft and airmen, as well as narcotics trafficking indicators. The training culminates in a live practical exercise in an airport environment.

- Numerous national and local law enforcement conferences, to include the Airborne Public Safety Association, International Narcotics Investigator's Association, and International Association of the Chiefs of Police.

- A special agent participated in the third meeting of the Joint Pompidou Group/Europol Expert Working Group on General Aviation in Marrakech, Morocco. The LEAP agent provided outreach information on conducting narcotics investigations in a general aviation environment. The FAA perspective will help shape the development of a European general aviation investigation handbook. There were more than 100 participants from 42 countries in attendance.

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Resource Summary

Budget Authority (in millions)	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Prevention	$17.219	$5.000	$5.000
Research	1.200	1.200	1.200
Treatment	0.500	0.500	0.500
Total Drug Resources by Function	**$18.919**	**$6.700**	**$6.700**
Drug Resources by Decision Unit			
Drug-Impaired Driving Program	$5.000	$5.000	$5.000
Emergency Medical Services	0.500	0.500	0.500
Highway Safety Research	1.200	1.200	1.200
One-Time Funding Allocation	12.219	---	---
Total Drug Resources by Decision Unit	**$18.919**	**$6.700**	**$6.700**
Drug Resources Personnel Summary			
Total Full Time Equivalents (direct only)	3	3	3
Drug Resources as a percent of Budget			
Total Federal Aviation Administration Budget (in billions)	$0.9	$0.9	$0.9
FAA Drug Resources percentage of total budget	2%	2%	2%

Program Summary

MISSION

NHTSA's mission is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and law enforcement activity. The Agency's Drug-Impaired Driving, Highway Safety Research, Emergency Medical Services (EMS), and Communications and Consumer Information programs contribute to this mission by supporting a range of initiatives intended to reduce drug-impaired driving. These activities include: informing the public about the risks of drug-impaired driving; educating law enforcement officers, prosecutors, and judges on drug-impaired driving; maintaining registries of trained law enforcement officers; compiling data from the Drug Recognition Expert (DRE) examinations; and facilitating State assessments of the Standardized

Field Sobriety Test (SFST) and DRE programs. Additionally, NHTSA conducts research to better understand, define and address the drug-impaired driving problem. For example, the Agency is studying the feasibility of tools that could assist law enforcement officers in addressing the recent increase in cannabis use by drivers.

Around the country, EMS personnel are treating opioid overdose patients daily. Data from NHTSA's National EMS Database indicate that naloxone, a medication used to block the effects of opioids, was administered 244,588 times by EMS personnel in 2016. The National EMS Information System (NEMSIS) data standard allows States and local communities to receive EMS data in near real time, including information on fatal and non-fatal opioid overdoses, and then transmit that data in under 10 minutes from the point-of-care. Release of Version 3 of the NEMSIS data standard improved data quality and now allows for integration of EMS data into health information exchanges whereby EMS records can link with hospital records, PDMPs, and other sources of health information.

In 2017, NHTSA published a change notice to the 2007 National EMS Scope of Practice Model, adding administration of naloxone to all EMS licensure levels. As of March 20, 2018, all States are fully compliant. NHTSA is developing a clinical evidence-based guideline for administration of naloxone by EMS personnel. When completed in 2020, the guideline will include guidance on providing life-saving treatment to opioid overdose patients; when to administer higher doses of naloxone; and how to protect EMS providers against exposure to synthetic opioids, such as fentanyl and fentanyl analogues.

In 2018, NHTSA began revision of the National EMS Education Standards. The new standards are expected to be completed in 2020, and will guide the education of all entry-level EMS personnel on proper administration of naloxone. Through existing communications channels, including EMS.gov and the EMS Update newsletter, NHTSA will disseminate these tools, along with the White House Fentanyl Safety Recommendations for First Responders, to the EMS community to ensure first responders – including emergency medical personnel – are equipped with this life-saving knowledge.

NHTSA continues to participate on the Healthcare and Public Health - Government Coordinating Council chaired by HHS Assistant Secretary for Preparedness and Response, Critical Infrastructure Protection Program (CIPP). Through its partners on the sector coordinating council, CIPP monitors the national availability of materials such as naloxone.

In FY 2019, NHTSA engaged in efforts to expand the numbers of DRE and Advanced Roadside Impaired Driving Enforcement (ARIDE) trained law enforcement officers, and expended efforts to bring knowledge of these programs to prosecutors and judges. These efforts will continue through FY 2020.

METHODOLOGY

The drug control budget estimates for NHTSA are based on an annual review of the resources necessary to maintain and improve programs that reduce drug-impaired driving through law enforcement, research, training, education, and emergency medical care. NHTSA funds drug impaired driving research out of its core research and evaluation budget.

BUDGET SUMMARY

In FY 2021, NHTSA is requesting $14.9 million for drug control activities, which is equal to the FY 2020 Enacted-level. Sustaining this level of funding is necessary to accelerate behavioral safety research,

develop appropriate countermeasures, and strengthen EMS initiatives to combat the growing opioid epidemic.

Drug-Impaired Driving Program
FY 2021 Request: $5.0 million
(No change from the FY 2020 enacted level)

NHTSA's Drug-Impaired Driving Program will provide essential support for law enforcement and facilitates research on the nature and incidence of the drug-impaired driving problem. The program maintains and updates the Drug Evaluation and Classification Program and the ARIDE program to enable law enforcement officers to evaluate suspected impaired drivers and accurately detect drug impairment. In addition, guidance, leadership, and resources are provided to assist communities and States in implementing effective countermeasures to reduce drug-impaired driving. Technical assistance and training programs on drug-impaired driving are provided for prosecutors, judges, and law enforcement officials.

Public Information and Education

To support public information and outreach efforts designed to combat drug-impaired driving, NHTSA will partner with the International Association of Chiefs of Police (IACP) and the National Sheriffs' Association to support standardized impaired-driving messages. NHTSA will refresh all materials relating to drug-impaired driving so they are consistent and contain the latest available information.

State Program Assessments

NHTSA recently expanded the SFST State Assessment program to address the DRE program. In FY 2021, States will be able to request an evaluation of both the SFST and DRE programs, including recommendations for priority improvements. NHTSA facilitates similar traffic safety program assessments in a variety of areas, including occupant protection (seat belt use and child passenger safety), motorcycle safety, and impaired driving. These assessments are conducted by technical experts and can be a valuable tool for system improvement.

DRE National Database and Registries of Certified DRE, ARIDE and SFST Trained Personnel

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. NHTSA will also review and refine the structure, data elements, and potential uses of these databases. For example, new research will be conducted to help States determine the optimal number of DREs to support a comprehensive drug-impaired driving prevention system.

Law Enforcement Training to Detect Drug-Impaired Driving

The Agency will continue to refine drug-impaired driving training for law enforcement officers. In FY 2018, NHTSA revised the SFST instructor, basic training, and refresher training courses; ARIDE; and the DRE Pre-School (16-hour) and DRE School (56-hour) courses. To accommodate the changing landscape of drug-impaired driving issues, a new round of review and revisions will begin in FY 2020 to be implemented in FY 2021.

NHTSA will promote and facilitate adoption of the ARIDE curriculum as an intermediate level of training to identify potentially drug-impaired drivers. NHTSA will continue to work closely with national associations representing law enforcement, prosecutors and judges to increase the use of the updated SFST training and provide education for criminal justice professionals.

Highway Safety Research

FY 2021 Request: $1.2 million

(No change from the FY 2020 enacted level)

The Drug-Impaired Driving Research Program anticipates using funds from the Highway Safety Research budget to conduct research to support reductions in drug-impaired driving. Research will be conducted to:

Develop Indicators of Behavioral Impairment Due to Cannabis Consumption

NHTSA has initiated a dosing study to determine the feasibility of developing a behavioral field test to identify cannabis use by drivers. Data collection for this study was completed in FY 2019. The next steps will involve the development and testing of a behavioral/cognitive testing protocol suitable for law enforcement use.

Criminal Justice System Improvements

The FY 2021 impaired driving funds will also be used to develop recommendations to assist States in self-diagnosing and strengthening their drug-impaired driving systems. An expert working group will identify the elements of the criminal justice system that are critical for effective processing of drug-impaired driving cases. After considering the interactions among system elements, they will develop guidance for measurement, evaluation, and strategic enhancement to improve system efficiency and effectiveness. This guidance will then be synthesized into a drug-impaired driving system evaluation tool for use by State Highway Safety Offices. The expert group will also recommend objectives for one or more State demonstration projects to evaluate the utility of the self-evaluation tool. NHTSA's Highway Safety Research program will conduct these State demonstration evaluations starting in FY 2020.

Evaluation of Innovative Laws and Sanctions for Drug-Impaired

NHTSA will initiate a study of one or more innovative drug-impaired driving laws and/or sanctions adopted by States. Examples of such innovative laws include separate sanctions for alcohol-impaired driving and drug-impaired driving that enable offenders to be charged for either or both offenses, and provisions for enhanced sanctions for drivers impaired by multiple substances.

Examine Cannabis-Involved Crashes to Determine Crash Characteristics

NHTSA will initiate a study of the types of crashes in which cannabis-impaired drivers are involved. It is expected that cannabis-impaired drivers will be more likely to be involved in crashes in which failures of executive function, cognition, and reaction time appeared to play a role. If confirmed by crash typing analysis, this information would be useful to law enforcement as a potential indicator of cannabis impairment when investigating crashes.

Emergency Medical Services

FY 2021 Request: $0.5 million

(No change from the FY 2020 enacted level)

The NEMSIS, part of DOT's EMS Program, supports near real-time reporting of EMS naloxone administrations including EMS responses to traffic crashes involving drug-impairment. NHTSA will expand the capability of the National EMS Database to handle increased amounts of data, including EMS naloxone administration data, and maintains compliance of NEMSIS with the requirements of the Federal Information Security Management Act.

NEMSIS Improvements

NHTSA provides support to all States, territories, and the District of Columbia with establishing NEMSIS-compliant data systems that collect point-of-care NEMSIS data from local EMS agencies in near real time. A subset of State collected NEMSIS data is voluntarily submitted to NHTSA's National EMS Database, including information on opioid overdoses and drug-impaired traffic crashes. As of June 2019, 39 States, the District of Columbia, the United States Virgin Islands, and Guam are actively submitting NEMSIS Version 3 data to the National EMS Database. NEMSIS improves care for opioid overdose patients through the standardization, aggregation, and utilization of point-of-care EMS data at the national, States and local levels. The goal is for every Emergency Medical Technician and paramedic to collect consistent data on every patient encounter, which will be utilized for improvement of data analysis, benchmarking of EMS systems, and conducting research. NEMSIS improvements will remove barriers between NEMSIS-compliant data systems and other critical datasets such as health information exchanges, PDMPs, and real-time public health surveillance tools.

PERFORMANCE

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.

Drug-Impaired Driving Program			
Fiscal Year	**Selected Measures of Performance**	**FY Target**	**Actual FY Performance**
2018	Continue research to better understand the role of drug use by drivers in crash causation.	Initiate new study of fatally and seriously injured drivers to determine the effect of drug & alcohol use on crash involvement. Identify sites and initiate data collection in those sites.	Site selection is complete and data collection is ongoing
2019	Training of law enforcement officers in detecting drug-impaired drivers.	Increase the number of officers trained in ARIDE and DRE by 10 percent.	2019 ARIDE and DRE training data continues to be collected and will be reported when received
2020/2021	Number of States and Territories submitting NEMSIS Version 3 data to the National EMS Database	Increase to 50 the number of States and Territories submitting NEMSIS Version 3 data to the National EMS Database.	TBD

In FY 2018, NHTSA initiated a new study of the crash risk of driver drug use in fatal and serious injury crashes. This study will complement NHTSA's recently completed crash risk study that utilized a random sample of drivers involved in all crash types (which resulted in a majority of drivers being involved in property-damage-only crashes). Site selection for the study has been completed and data collection is underway.

In FY 2019, NHTSA worked with law enforcement leaders to increase the number of law enforcement officers trained to detect drug-impaired drivers by 10 percent from the FY 2018 level. Data collection for the number of officers trained is not yet available and will be reported when received. To support this performance measure, NHTSA funded more than $100,000 in grants to increase ARIDE and DRE training in Delaware, Kentucky, Massachusetts, Oklahoma, West Virginia and Guam awarded (https://www.nhtsa.gov/press-releases/nhtsa-awards-funding-help-stop-drug-impaired-driving); NHTSA announced a new grant program for the IACP to stimulate additional ARIDE and DRE training for law enforcement officer, prosecutors and judges (https://www.nhtsa.gov/press-releases/us-department-transportation-iacp-announce-23-million-grant-program-combat-drug); and, NHTSA supported IACP's Annual Training Conference on Drugs, Alcohol and Impaired Driving, the largest training conference for DREs, law enforcement professionals, toxicologists, prosecutors, and traffic safety practitioners.

In FY 2020 and 2021, NHTSA will continue collaborating with EMS stakeholders to increase to 50 the number of States and Territories voluntarily submitting NEMSIS Version 3 data to the National EMS Database. Enhancements will ensure the National EMS Database is capable of receiving increased levels of real-time data while maintaining compliance with the requirements of the Federal Information Security Management Act.

DEPARTMENT OF THE TREASURY

DEPARTMENT OF THE TREASURY
Internal Revenue Service

Resource Summary

	Budget Authority (in millions)		
	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Resources by Function			
Investigations	$61.833	$60.257	$60.257
Total Drug Resources by Function	**$61.833**	**$60.257**	**$60.257**
Drug Resources by Decision Unit			
Criminal Investigation	$61.833	$60.257	$60.257
Total Drug Resources by Decision Unit	**$61.833**	**$60.257**	**$60.257**
Drug Resources Personnel Summary			
Total FTEs (direct only)	311	319	319
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	$11.4	$11.5	$12.0
Drug Resources percentage	0.6%	0.5%	0.5%

Program Summary

MISSION

The mission of the 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 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 its unique financial investigative expertise and statutory jurisdiction.

The CI Narcotics Program supports the President's priorities to contribute in joint nationwide efforts to combat TOC; execute the *Strategy* and *National Strategy Combating Terrorist and other Illicit Financing*; 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: OCDEFT, HIDTA task forces, the DEA SOD, and the IOC-2.

METHODOLOGY

The Narcotics Program's drug control funding is calculated by the share of FTE staff performing counter-narcotics efforts against the entire IRS CI budget request.

BUDGET SUMMARY

In FY 2021, IRS CI requests $60.3 million for drug control activities, no change from the FY 2020 enacted level.

Criminal Investigations
FY 2021 Request: $60.3 million
(No change from the FY 2020 enacted level)

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 OCDETF Program, which DOJ established in 1982. By primarily focusing on those sophisticated cases that meet OCDETF designation standards, IRS CI makes a significant contribution to many important TOC and counter-narcotics investigations while maximizing the use of its resources.

In FY 2019, IRS CI decreased the number of completed narcotics-related investigations by about 13 percent, from 767 in FY 2018 to 667. During the same time period, IRS CI's conviction rate increased by 0.7 percent, from 89.6 percent to 90.3 percent.

IRS CI continues to be a leader in narcotics-related financial investigations. In 2019, IRS CI hosted numerous anti-money laundering (AML) and compliance representatives from local, regional, and national financial institutions to:

- promote fraud awareness by highlighting case examples that originated from reports filed by financial institutions at the FinCEN;
- educate the attendees on the law enforcement perspective associated with FinCEN filing requirements; and
- increase collaboration between IRS CI and its AML counterparts.

Moreover, IRS CI continues to play a key role in the training and education of federal, state, and local partners on the latest trends and methods associated with financial investigations. IRS CI continues to work with partners on strengthening the seizure and ultimate forfeiture of illicit funds associated with narcotics trafficking. IRS CI also supports training and education of international partners, via participation in the State Department's International Law Enforcement Academies in Budapest, Hungary and Gaborone, Botswana.

With the globalization of the United States 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.

To address cyber-related issues, IRS CI has created a Cyber Crimes Unit with significant work in the cyber/digital world, focusing on the internet and dark web. This special team is directly targeting actors utilizing the internet and dark web as a vehicle to conduct and profit from the sale of illicit narcotics.

In 2019, the Cyber Crimes Unit initiated multiple OCDETF investigations on dark net vendors selling fentanyl and other narcotics online. Agents executed search warrants and seized virtual currency that represented proceeds of dark net narcotic sales. IRS CI is committed to dismantling, disrupting, and prosecuting these TCOs, in support of the President's *Initiative to Stop Opioid Abuse and to Reduce Drug Supply and Demand*.

IRS CI has identified four priority areas to support the *Strategy* and drug control efforts, specifically:

- Prioritize efforts on the individuals and groups involved in the smuggling and sale of the most deadly drugs, such as synthetic opioids and heroin. While DTOs often are involved in poly-drug trafficking and other criminal activity, the rise in deaths from the opioid crisis demands that United States Government resources be focused on this unprecedented threat.

    - RS Cl continues to focus its counter-narcotics-related investigative resources to support the OCDETF. Approximately 90 percent of all IRS CI counter-narcotics investigative resources are applied on approved OCDTEF investigations. IRS special agents are assigned on a full-time or part-time basis on a number of OCDETF Strike Forces nationwide.

    - IRS Cl continues to support the High Intensity Drug Trafficking Area Task Forces 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 Cl 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 the United States Virgin Islands). IRS Cl focuses resources on the most complex drug trafficking and money laundering organizations, to dismantle the sources of heroin, fentanyl, prescription opioids, cocaine and other illegal narcotics.

- Disrupt the ability of drug traffickers to exploit the anonymity, distance, and financial transaction reliability provided through internet sales by degrading the implicit trust between buyer and seller required for illicit on-line transactions.

    - IRS Cl continues to develop and expand its Cyber Crimes Unit (CCU) in response to the ongoing threat of internet theft, refund fraud, and virtual financial crimes, including the use of cryptocurrencies. The Cyber Crime Unit identifies and pursues tax, money laundering, identity theft, and refund crimes in the virtual world relating to TOC groups.

- Combat the illicit proceeds flowing back to international sources of drug supply, which are most often used to finance other illegal activities. Target the drug proceeds that motivate criminal activity by attacking TCO) financial capital; preventing the circulation, transfer, and concealment of their illicit proceeds; and ultimately decrease their wealth and inventive to function.

- IRS CI will continue to pursue increasing the frequency of financial violation charges in OCDETF and/or HIDTA cases, work with the Office of Foreign Assets Control, the FinCEN, and the Treasury Executive Office for Asset Forfeiture to sanction, interdict, seize and forfeit illicit proceeds. We will also continue to collaborate with DOJ's Money Laundering and Asset Recovery Section.

- Use information to identify and exploit vulnerabilities in drug trafficking networks using the full range of law enforcement capabilities including criminal prosecutions, financial disruption tools such as asset forfeiture proceedings, and security operations to remove the profits from crime.

  - IRS CI maintains an active role investigating TOC groups through its involvement with the Threat Mitigation Working Group, the Top International Crime Organization Target list, Priority TOC process, the IOC-2, the OCDETF Fusion Center, and the DEA's SOD. IRS-CI recently detailed over a senior manager to the OCDETF Executive Office to oversee OCDETF's Illicit Finance Program.

PERFORMANCE

The performance information for IRS CI's Narcotics program is shown below for FY 2016-2021.

IRS Criminal Investigation Narcotics					
Selected Measures of Performance	**FY 2017 Achieved[1]**	**FY 2018 Achieved[1]**	**FY 2019 Achieved[1]**	**FY 2020 Target[2]**	**FY 2021 Target[3]**
» Number of Investigations Completed	692	768	667	728	728
» Number of Convictions	548	486	448	546	546
» Conviction Rate[4]	86.2%	88.0%	90.3%	88.6%	88.6%

Notes:

1. The achieved figures consist of all Narcotics investigations (OCDETF, HIDTA-OCDETF, Terrorism-OCDETF, HIDTA and Narcotics-Other).

2. The FY 2020 Target is determined by taking the average of the performance results achieved from FY 2016 - FY 2019.

3. The FY 2021 Target is determined by taking the average of the performance results achieved from FY 2016 - FY 2019 and the FY 2020 Target.

4. The conviction rate is the percent of adjudicated criminal cases resulting in convictions.

The performance information for IRS CI's Narcotics program opioid and methamphetamine related cases is shown below along with IRS CI's overall cybercrime tax and money laundering related cases statistics.

	IRS Criminal Investigation Narcotics Program Opioids and Methamphetamine Subset			Cybercrimes		
	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Completions	375	410	398	129	172	167
Convictions	273	255	256	57	47	75
Conviction Rate	89.8%	89.5%	92.8%	100.0%	95.9%	97.4%

IRS CI sponsors, co-sponsors, and participates in many 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, business fronts, casinos, smurfing, bulk cash smuggling, virtual currencies, and other illegal activities.

FY 2019 Accomplishments

The various multi-agency narcotics investigations conducted by IRS CI through FY 2019 resulted in the seizure of more than $55 million in cash and other assets. Below is a sampling of investigations that the IRS conducted in FY 2019 concerning international, narcotics, and related money laundering violations:

- On October 9, 2018, as result of IRS CI's participation in a multi-agency investigation, a target was sentenced to 240 months in prison. The target was the administrator and senior moderator of one of the largest criminal dark web marketplaces, named Dream Market. The target previously pled guilty to conspiracy to possess with intent to distribute controlled substances and conspiracy to launder money. He also forfeited 99.98947177 bitcoin and 121.94805811 bitcoin cash.

- On November 16, 2018, as a result of IRS CI participation in a multi-agency investigation, a Springfield, Missouri target was sentenced to 460 months in prison and 60 months of supervised release. The target was previously convicted at trial of conspiracy to distribute methamphetamine, conspiracy to possess firearms in furtherance of drug trafficking, possessing firearms in furtherance of drug trafficking, conspiracy to commit money laundering, and three counts of money laundering. The investigation revealed that the target conspired with others, including family members, to launder drug proceeds and to transport drug proceeds across the United States to pay for the methamphetamine that he was distributing. The target was found to be responsible for over 200 pounds of methamphetamine. The target forfeited cash seized by law enforcement during the investigation. Several co-defendants pleaded guilty and have been sentenced.

- On January 10, 2019 and January 28, 2019, as the result of IRS CI participation in a multi-agency investigation, two targets, one from Indianapolis, Indiana and the other from Nogales, Mexico were sentenced for their involvement in a multi-state conspiracy to distribute methamphetamine and

cocaine, engaging in a criminal enterprise and conspiracy to launder monetary instruments. The targets, both members of the Sinaloa Cartel, were sentenced to life imprisonment. The Central Indiana target was the ringleader of the cartel's Indianapolis wing. On a national level, the group distributed $40 million in cocaine and methamphetamine. During the investigation, agents seized more than 90 pounds of methamphetamine, 12 kilograms of cocaine and $2.5 million in cash. Several other individuals were prosecuted in this investigation for their role in the conspiracy.

- On February 20, 2019, due to the efforts of IRS CI and other federal agencies, an individual was sentenced to 57 months in federal prison for his roles in distributing 100 kilos or more of marijuana and money laundering conspiracies. As part of the conspiracy, the target, together with his co-conspirators, frequently obtained distribution-sized amounts of marijuana from different sources of supply in California and shipped the marijuana to various parts of the United States including the Utica, New York area. The target laundered his drug proceeds by mailing cash and money orders or depositing or having others deposit drug proceeds into various bank accounts, some held in the names of third-party nominees, in and around Utica, New York. The cash was then withdrawn immediately in Las Vegas at the direction of the target and the money was used in part to purchase more marijuana from sources of supply in Northern California to be shipped back to Utica, New York. The target admitted that as a result of his participation in the money laundering conspiracy, he was responsible for $1,274,310.00 in laundered drug proceeds.

- On March 18, 2019, as a result of IRS CI participation in a multi-agency investigation, a target was sentenced to 288 months in prison and 10 years supervised released. The target previously entered a guilty plea to a narcotics and money laundering conspiracy. The target and others distributed cocaine, methamphetamine, and heroin in Spartanburg, South Carolina. The target forfeited a 2015 Chevrolet Silverado 3500 Crew Cab and numerous firearms and ammunition. Several individuals were prosecuted in this investigation.

DEPARTMENT OF VETERANS AFFAIRS

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2019 Final	FY 2020 Enacted[1]	FY 2021 Request
Drug Resources by Function			
Treatment	$799.418	$830.595	$862.988
Research and Development	18.900	20.000	20.000
Total Drug Resources by Function	**$818.318**	**$850.595**	**$902.988**
Drug Resources by Decision Unit			
Medical Care	$799.418	$830.595	$882.988
Medical and Prosthetic Research	18.900	20.000	20.000
Total Drug Resources by Decision Unit	**$818.318**	**$850.595**	**$902.988**
Drug Resources Personnel Summary			
Total FTEs (direct only)	3,446	3,352	3,619
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$77.8	$83.9	$95.3
Drug Resources Percentage	1.0%	1.0%	1.0%

[1] *VA does not have a discrete ONDCP appropriation; VA forecasts obligations anticipated to support substances use disorder treatment programs, including OUD treatment programs, for Veterans.*

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 SUDs is an important part of overall healthcare. The goal of VHA's Office of Mental Health and Suicide Prevention is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUDs and mental illness, those who are vulnerable to SUDs and those who are in continuing care to sustain recovery.

METHODOLOGY

Costs that are scored as drug-related include those associated with any treatment when a primary diagnosis of drug use disorder is documented including treatment administered in a general medical or general mental health setting. Estimates are based on specific patient encounters and include all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community. 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 drug use disorder

treatment and which type of drug use disorder. 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 VA. 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 develops its cost, which is computed by taking the MCA cost and removing the non-patient specific costs, such as Operating costs for Headquarters, Veterans Integrated Service Network (VISN) Support, National Programs, and Capital and State Home costs, and adding in the community care payments.

BUDGET SUMMARY

In FY 2021, VHA requests $902.988 million for drug control activities, an increase of $52.4 million above the FY 2020 enacted level.

Medical Care

FY 2021 Request: $883.0 million

($52.4 million above the FY 2020 enacted level)

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health 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 and on weekends and all facilities must provide same-day access for emergent need for SUD treatment. During FY 2019, 256,503 Veterans who received services within VHA were diagnosed with a drug use disorder. Of these Veterans, VA provided services by mental health clinicians in a variety of outpatient settings to roughly 85 percent (219,215) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving treatment within VA during FY 2019 approximately 17 percent used amphetamines, around 28 percent used cocaine, nearly 28 percent used opioids, and around 52 percent used cannabis. (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 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 and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible SUDs in

patients presenting medical problems that suggest elevated risk of SUDs (e.g., treatment for Hepatitis C, prescribed opioid medications). Recognizing the importance of team-based care, VHA is implementing the Behavioral Health Interdisciplinary Program – Collaborative Chronic Care Model at every VA facility. Implementation of these teams within general mental health further supports VA's commitment to providing access to chronic disease management and treatment for SUDs beyond specialty SUD treatment settings.

Most Veterans with SUDs are treated in outpatient programs. Outpatient withdrawal management 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 SUD 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 SUDs with posttraumatic stress disorder, VHA has also assigned a SUD specialist to each of its hospital-level posttraumatic stress disorder services or teams. The staff person is an integral member of the posttraumatic stress disorder clinical services team and works to integrate SUD care with all other aspects of posttraumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of Veterans with co-occurring SUD and posttraumatic stress disorder. Specialists also promote preventive services for Veterans with posttraumatic stress disorder who are at risk for developing a SUD.

VHA provides two types of 24-hour care to patients with severe, complex, or acute SUDs. These include inpatient withdrawal management and stabilization in numerous medical and general mental health units and provision of care in Mental Health Residential Rehabilitation Treatment Programs (otherwise referred to as Domiciliary beds). VHA offers care in Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to Veterans with complex, co-occurring mental health, substance use, medical, and psychosocial needs. Specialty Domiciliary SUD programs provide treatment equivalent to Level 3.7, Medically Monitored Intensive Inpatient Services as specified by the American Society of Addiction Medicine Patient Placement Criteria. At the end of FY 2019, 67 Domiciliary SUD programs were in operation with 1,845 beds focused specifically on intensive, medically monitored residential SUD treatment. In addition to those MH RRTPs formally designated as Domiciliary SUD programs, additional SUD specialized services are offered through tracks in other MH RRTPs and the majority of Veterans served by MH RRTPs are diagnosed with a SUD.

Programs to end homelessness among Veterans are encouraged to have SUD specialists as a part of their multidisciplinary teams. There are SUD specialists working in HUD – VA Supportive Housing, Grant and Per Diem and the Healthcare for Homeless Veterans programs; however, the use of SUD specialists can vary locally based on site-specific needs. These specialists emphasize early identification of SUDs 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.

Methamphetamine

VA recognizes the emerging threat that methamphetamine poses to our Nation's Veterans. Specific data on the rates of methamphetamine use disorder are not available. However, the overall rates of amphetamine use disorder have been increasing with over 43,000 Veterans who received care in VA during FY 2019 having an amphetamine use disorder diagnosis. This reflects a 17 percent increase from FY 2018 (6,430 Veterans). VA's commitment to provision of evidence-based treatment has positioned VA

well to respond to this emerging threat. Contingency management is an evidence-based treatment with demonstrated efficacy in treating stimulant use disorder. VA implemented contingency management in 2011, and through September 2019, VA has provided contingency management services to over 4,800 Veterans with over 92 percent of the greater than 63,000 urine samples testing negative for the target drug(s) (e.g. stimulants or cannabis).

Opioid Use Disorder

Slightly more than 71,000 Veterans with an OUD diagnosis were provided treatment within VA during FY 2019. MOUD has historically been provided in SUD specialty-care clinics, but the majority of Veterans with clinically diagnosed OUD do not access SUD specialty care. By disseminating evidence-based models for delivery of MOUD in primary care, mental health, and pain management clinics, Veterans are expected to have timely access to the right treatment at their preferred point of care. VA launched the Stepped Care for OUD Train the Trainer initiative in August 2018 with the intent of supporting the expansion of MOUD in Level 1 clinics (primary care, general mental health and pain management clinics). Pilot sites in each VISN implemented this expansion during FY 2019. From August 2018 through October 2019 there has been a 141 percent increase in the number of patients receiving buprenorphine in the initial pilot Level One clinics and 130 percent increase in the number of providers prescribing buprenorphine in these clinics. Further, Veterans are being retained in care with 69 percent of Veterans retained on buprenorphine for more than 90 days. Efforts to support further dissemination are underway with three regional conferences planned for FY 2020 targeting general mental health, primary care, and pain clinics.

VHA continues to expand the availability of MOUD for Veterans. VA monitors the percent of patients with OUD who receive MOUD (40.4 percent during the 4th quarter of FY 2019) as part of the Psychotropic Drug Safety Initiative. This Initiative 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 2018, during FY 2019, VA evidenced an almost 6 percent increase in the number of Veterans that received MOUD (total of 26,415). From FY 2018 to FY 2019 VA saw a 36 percent increase in the number of providers with a DEA X-waiver (for physician office-based treatment with buprenorphine) with the numbers continuing to increase in the 2 months since the end of the FY. In FY 2019, evidence-based MOUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, 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 680 total sites of service provided at least some MOUD an increase of approximately 50 sites from FY 2018. VA operates federally-regulated OTPs 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 care through community-based licensed OTPs.

VA has realized that it will be critical to go beyond providers obtaining a waiver that allows them to prescribe buprenorphine. The number of providers with a DEA X-waiver that prescribed buprenorphine during FY 2019 was significantly lower than the number of providers with a DEA X-waiver. While this number is increasing, VA is focusing efforts to remove barriers to prescribing and to support the initiation of buprenorphine when indicated. VHA Notice 2019-18, Buprenorphine Prescribing for OUD was published in October 2019 with the intent of clarifying national policy and tasking facilities to remove potential barriers to prescribing if present.

Opioid Safety Initiative and Treatment[30]

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 (OSI) is to ensure pain management is addressed thoughtfully, compassionately, and safely to make the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in Quarter 4, FY 2012 (beginning in July 2012) to Quarter 4, FY 2019 (ending in September 2019), many aspects of the OSI continue to show positive results. Despite an increase of 284,974 Veterans who were dispensed any medication from a VA pharmacy, 264,636 fewer Veterans were on long-term opioids. The average dose of selected opioids has continued to decline as 45,060 fewer patients were receiving morphine equivalent daily doses greater than or equal to 100 milligrams, demonstrating that prescribing and consumption behaviors are changing. The desired results of the OSI have been achieved during a time that VA has seen a 7.2 percent increase in Veterans that have utilized VA outpatient pharmacy services.

Chronic pain is a national public health problem as outlined in the 2011 study by the Institute of Medicine. At least 100 million Americans suffer from some form of chronic pain. The Institute of Medicine study describes in detail many concerns of pain management, including system-wide deficits in the training of our Nation's healthcare professionals in pain management and SUDs prevention and management, and the problems caused by a fragmented healthcare system. The over-use and misuse of opioids for pain management in the United States is a consequence of a healthcare system that until recently was less than fully prepared to respond to these challenges.

VHA has identified and broadly responded to the many challenges of pain management through policies supporting clinical monitoring, education and training of health professionals and teams, and expansion of clinical resources and programs. VA's Pain Management Directive defines and describes policy expectations and responsibilities for the overall National Pain Management Strategy and Stepped Care pain model, which is evidence-based and has been adopted by the DoD as well. Our approach to managing opioid over-use fits into this plan, and the VA has employed broad strategies to address the opioid epidemic: education, pain management, risk mitigation, and addiction treatment. First, the VA addressed the problem of clinically inappropriate high-dose prescribing of opioids through the VA's national program, the OSI. Second, VA developed an effective system of interdisciplinary, patient-aligned pain management with the competency to provide safe and effective pain control and quality of life for Veterans for the remainder of their lives.

VA has reduced the reliance on opioid medication for pain management by more than 55 percent since 2012, largely by starting fewer patients newly on long-term opioid therapy and by offering pain care options that are safer and more effective in the long run. The majority of the decline in VA opioid prescriptions is not due to Veterans "getting by" with fewer opioids, but by following a Stepped Care Model for Pain treatment addressing the causes of pain with fewer Veterans requiring the initiation of long-term opioid therapy. VA has been recognized by many as a leader in the pain management field for the responsible use of opioids. Notably, VA has organized many types of interdisciplinary pain care teams to help with medication safety, patient education, pain schools, CBT and helping patients transition from a biomedical to a biopsychosocial model of pain care. As VA continues its efforts to

[30] Additional budget detail and estimates on VA's OSI, including VA's efforts to address PL 114-198, title IX, the Jason Simcakoski Memorial and Promise Act, are included in VA's FY 2021 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.

address opioid over-use, non-opioid treatments and complementary and integrative medicine treatments (such as massage therapy, yoga, meditation, occupational therapy, physical therapy, recreational therapy, acupuncture, tai chi, etc.) are an important component to VA's Pain Management Strategy.

To further strengthen OSI and keep this trend moving in the right direction, VA has deployed state-of-the-art tools to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications including overdose. These tools, referred to as the Opioid Therapy Risk Report and the Stratification Tool for Opioid Risk Mitigation, are available to all clinical staff in the VHA. These tools include information about the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients. The Opioid Therapy Risk Report allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of management not previously available to PCPs. The Stratification Tool for Opioid risk Mitigation allows VA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. Both tools are part of VA's broader efforts to prevent opioid overdose deaths.

Additionally, VHA has formalized a system-wide Academic Detailing program that is in process of being implemented throughout the organization. Academic Detailing provides specialty teams to visit facilities and provide on-site support and education to providers to further enhance pain management efforts. The Academic Detailing program is another important step to improve mental health, SUD, and pain management medication therapy across all VA Medical Centers (VAMCs). As of September 30, 2019, specially trained VA pharmacists had over 48,000 outreach visits with VA staff about opioid safety, opioid overdose and naloxone distribution, suicide prevention, and OUD.

As VA continues its efforts to address opioid over-use, complementary and integrative medicine treatments are an important component to VA's Pain Management Strategy. VA currently offers many complementary and integrative medicine treatments, many of which may be useful in chronic pain. These treatments include acupressure, acupuncture, biofeedback, chiropractic services, exercise, heated pool therapy, hypnosis/hypnotherapy, massage therapy, meditation, occupational therapy, physical therapy, recreational therapy, relaxation, tai chi, transcutaneous electrical nerve stimulation, yoga and other services.

VA has several other programs that are complementary to the OSI and include:

- State Prescription Drug Monitoring Programs: 49 States, the District of Columbia, and Puerto Rico are activated for VA data transmission. From Quarter 3, FY 2013 (ending in June 2013) to Quarter 4, FY 2019 (ending September 2019), VA providers have documented over 5.8 million queries to State PDMPs to help guide treatment decisions.

- Medication Take-Back Program: VA offers free medication take back services to Veterans through mail-back envelopes and on-site receptacles compliant with DEA regulations. As of September 30, 2019, Veterans have returned over 154 tons (the equivalent of 47 elephants) of unwanted or unneeded medication using these services.

Expand Access to Addiction Treatment in Every State

VA Clinical Pharmacy Specialist (CPS) providers offer comprehensive medication management services and are effectively leveraged as an additional team member to improve Veteran access to pain management and opioid risk mitigation. In partnership with the VA Office of Rural Health, the VA PBM Clinical Pharmacy Practice Office launched a VA-wide initiative in FY 2017 to expand the CPS workforce and further improve access to care specifically for rural Veterans with the majority of this care delivered virtually. Since then, approximately 30 Pain CPS providers have delivered pain management care and opioid risk mitigation services for over 30,000 Veterans with 70 percent of this care delivered using virtual modalities. This initiative expands in FY 2020 to include CPS care delivery for SUDs and continued opioid risk mitigation.

Opioid Overdose Education and Naloxone Distribution

The VA Opioid Overdose Education and Naloxone Distribution (OEND) program aims to decrease opioid-related overdose deaths among VHA patients by providing education on opioid overdose prevention, recognition of opioid overdose, and training on the rescue response, including provision of naloxone. Food and Drug Administration-approved layperson naloxone formulations (nasal spray and auto-injector) are on the VA National Formulary and are currently available through every VHA facility. VHA recommends offering OEND to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated. Academic Detailing has promoted OEND through individualized, evidence-based educational outreach visits and consultation for clinicians by clinicians. In July 2016, Congress took the important step of eliminating copayment requirements for opioid antagonists (e.g., naloxone) furnished to Veterans at high risk for overdose and for education on their use (per P. L. 114-98, title IX, the Jason Simcakoski Memorial and Promise Act). This change has been implemented throughout VHA. Since implementation of the OEND program in 2014, over 22,800 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 338,300 naloxone prescriptions have been dispensed to over 212,200 Veterans (as of November 2019).

In an effort to ensure timely access to naloxone for emergency responding, VHA launched the Rapid Naloxone Initiative in September 2018 consisting of three elements: (1) OEND to VA patients at-risk for opioid overdose, (2) VA Police Naloxone, and (3) Automated External Defibrillator (AED) Cabinet Naloxone. As of April 2019, 116 facilities have equipped their Police with naloxone and 56 facilities have deployed naloxone in AED Cabinets. Across VA this has accounted for at least 693 AED Cabinets and 2,785 VA Police Officers equipped with naloxone. The impact of these efforts is apparent across VHA. As documented through spontaneous reporting of overdose reversal events as well as through a national medical record note, at least 911 lives have potentially been saved, with an additional 126 reversals reported from AED Cabinet and VA Police naloxone (6 and 120 reversals, respectively). VA has dispensed a naloxone kit for 1 in 5 patients on high dose opioids, this compares to 1 in 69 patients in the private sector.

Finally, as part of the broader OEND effort, VHA has established a community of practice for sharing innovative and promising practices which has included discussion of post-overdose engagement in treatment. During FY 2019, VHA implemented a process for documenting accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicidal Behavior and Overdose Report note template provides a foundation for VHA to implement strategies designed specifically to engage Veterans in timely treatment following a non-fatal overdose (opioid and non-opioid related).

Veterans Justice Programs[31]

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." VAMCs provide outreach to justice-involved Veterans in the communities they serve.

VA services for justice-involved Veterans are provided through two dedicated national programs, both prevention-oriented components of VA's Homeless Programs: Healthcare for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Known collectively as the Veterans Justice Programs, HCRV and VJO facilitate access to needed VA healthcare and other services for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following extended incarceration.

HCRV Specialists provide outreach to Veterans approaching release from state and Federal prisons. They briefly assess reentry Veterans' probable treatment needs, help Veterans plan to access responsive services upon release, and provide post-release follow-up as needed to ensure that Veterans are engaged with needed services. Most HCRV Specialists are based at VAMCs, but they typically serve Veterans across a large area, often conducting outreach to prison facilities in at least one entire state, and sometimes an entire VISN.

VJO Specialists serve Veterans at earlier stages of the criminal justice process, with a three-pronged focus on outreach to community law enforcement, jails, and courts. VJO Specialists at each VAMC work with Veterans in the local criminal courts (including but not limited to the VTC, conduct outreach in local jails, and engage with local law enforcement by delivering VA-focused training sessions and other informational presentations. Each VA medical center has at least one VJO Specialist, who serves as a liaison between VA and the local criminal justice system.

Public Law 115-240, The Veterans Treatment Court Improvement Act of 2018, signed September 17, 2018, required VA to hire 50 new Veterans Justice Outreach Specialists to serve in VTCs, in addition to their other outreach duties. Following an announcement of new position awards on December 26, 2018, VA medical centers are actively recruiting and hiring additional VJO Specialists in response to this legislation. As of November 2019, 48 new VJO positions have been filled.

Veterans who are seen by HCRV and VJO Specialists access VA mental health and substance use treatment at high rates. Most Veterans seen in the VJO program have a mental health (77 percent) or SUD (71 percent) diagnosis, or both (58 percent). Within one year of their VJO outreach visit, 97 percent of Veterans with mental health diagnoses had had at least one VHA mental health visit, and 78 percent had at least six visits. Within the same timeframe, 72 percent of Veterans with SUD diagnoses had had at least one VHA SUD visit, and 54 percent had had at least six. Veterans seen by HCRV Specialists have a similar profile, with 56 percent with a mental health diagnosis, 55 percent with a SUD diagnosis and 39 percent with both. Veterans in HCRV access VA care at high rates, but slightly lower than those in VJO with 93 percent of those with a mental health diagnosis having at least one visit, and 64 percent having at least six visits. For those with a SUD, 57 percent had at least one visit, and 37 percent had at least six.

[31] Additional budget detail and estimates on VA's Veterans Homelessness Programs, including VA's Justice Outreach Programs, are included in VA's FY 2021 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.

Improving access to treatment and care for this segment of the Veteran population is in direct alignment with the identified agency goals.

In communities where justice programs relevant to Veterans exist (VTC, 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. VJO specialists currently serve Veterans in 551 VTCs and other Veteran-focused courts, with more planned. Their duties in a VTC include linkage to VHA treatment services. In communities without VTC, 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.

Research and Development
FY 2021 Request: $20.0 million
(No change from the FY 2020 enacted level)
VHA research supports the generation of new knowledge to improve prevention, diagnosis, and treatment of SUDs (e.g., opioids, alcohol, tobacco, cocaine, methamphetamine, etc.), as well as the development and testing of innovative, non-opioid approaches for chronic pain management for Veterans. The VA patient population has experienced many of the problems of at-risk opioid and addiction that have made this a major clinical and public health issue in the United States opioids are used to treat pain, but they are associated with dangerous side effects including depressed breathing, cognitive impairment, and the potential for addiction. As VA continues to reduce excessive reliance on opiate medication, VA will maintain efforts in 2021 on pain-management research in areas responsive to the Jason Simcakoski Memorial and Promise Act and the President's Commission on Combating Drug Addiction and the Opioid Crisis. Towards this goal, VA identified the following areas to invest in:

- Non-pharmaceutical strategies for painful conditions: VA will continue to test and develop novel non-pharmaceutical strategies for painful conditions including traditional complementary and integrative health approaches (e.g. yoga, Tai-chi, and activity-based therapies), device-based (e.g., electrical stimulation), and even cell therapies for musculoskeletal conditions.

- Safer medications to treat pain: VA will continue to focus research on understanding the benefits and risks of non-opioid medications for pain management and alleviation. An example is targeting mutations in sodium channels which have been shown to cause pain associated with diabetes, small fiber neuropathy, erythromelalgia, and burns.

- Develop and test technologies providing access to treatment for chronic pain and opioid misuse: VA is testing the use of telehealth, smart-apps, web- and phone-based technology to provide outreach and care to Veterans living in rural areas. These interventions include peer coaching, treatment for OUD, provision of bio-behavioral approaches, as well as establishing best practices for delivery of care using these modalities.

A second State of the Art Conference on Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety was held on September 11-12, 2019. This conference focused on three areas: 1) Managing OUD, 2) Long Term Opioid Therapy and Tapering; and 3) SUD and Pain. Findings from the

Conference will be published in an upcoming supplemental issue to the Journal of General Internal Medicine and will include reporting consensus on existing evidence for managing OUD, tapering of long-term opioid therapy for pain when risk outweighs benefit, and co-occurring pain and SUD.

PERFORMANCE

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 is maintained by the VHA Office of Reporting, Analytics, Performance, Improvement and Deployment. VHA historically has reported performance for two separate drug-related initiatives: treatment and research and development. However, to ensure consistency with goals identified by the *Strategy's* Performance Reporting System, additional performance metrics are provided. The table and accompanying text represent VHA's drug-related achievements during FY 2019.

Veterans Health Administration Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
Treatment		
» Abstinence from drug use at follow-up in a SUD specialty treatment population	88%	77%
Research and Development		
» Number of research studies related to SUDs	5	28
Number of research studies specifically related to OUDs[1]	NA	24
» Number of research studies related to AUDs	5	49
National Drug Control Strategy Goals[2]		
» Percent of eligible providers with DEA X-waiver	10%	7.8%

[1]Targets have not been established.
[2]The FY 2019 target reflects the national benchmark established for FY 2022. A national target of 5.6 percent was defined by ONDCP for FY 2019.

Treatment

During FY 2019, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor that transmits responses to the national database. The Brief Addiction Monitor assists SUD specialty care clinicians in initial treatment planning and monitoring the progress of patients while they are receiving care for a SUD. 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 has supplemented its current suite of internal indicators of SUD 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 SUD specialty treatment population. During the first three quarters of FY 2019 (allowing time for follow-up assessment during Quarter 4), VHA SUD specialty outpatient programs assessed self-reported abstinence among 3,500 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30-90 days after admission, 76.9 percent reported abstinence from drugs during the

previous 30 days, a level of performance that is largely unchanged from the prior year. Despite not reaching our stretch goal of 88 percent, current performance represents a high level of performance success in light of the chronic nature of SUDs and the challenges associated with use of abstinence as the primary indicator of success. As VHA has focused on removal of access barriers this has included an emphasis on sustained engagement in treatment. It is important to note that the percent of Veterans for whom performance data are available continues to increase, reflecting VHA's commitment to provision of evidence-based and outcome-informed quality care. Over 9,750 veterans were assessed at the beginning of SUD specialty care during the 4th quarter of FY 2019.

Research and Development

The resources VHA invests in research helps aid efforts to improve SUD prevention, diagnosis, and treatment while improving the effectiveness, efficiency, accessibility, and quality of Veterans' healthcare.

In FY 2019, VHA exceeded targets for the numbers of studies relevant to substance use (28) or alcohol use (49) disorders and increased OUD research from 12 studies to 24 studies in progress. This distinction of a new category for opioid research aligns with heightened focus activity on management of opioid use and abuse. Two areas of specific focus are prevention and treatment.

- Prevention. Research on prevention include PDMPs (prescribing within and outside of the VA), safe opioid tapering, identifying those at risk for adverse effects of opioids, changes in prescribing practice, and its effect on patients. There are seven projects in the realm of prevention of adverse events associated with opioid therapy. In addition, ORD has funded several projects examining genetic vulnerability to substance abuse, response to opiate agonists (i.e., MAT), and pain resilience to determine why some individuals are more susceptible to opioid addiction, response to treatment, and why some individuals can live with higher levels of pain while others cannot. Genetic approaches take advantage of VA's Million Veteran Program genomic data that is providing VA with a wealth of information on addictive risk and behaviors.

- Treatment. Studies on treatment focus on the efficacy of care delivery (Stepped Care for OUD) and implementation of evidence-based treatment programs (Stepped Care for OUD Train the Trainer, MAT delivery, and non-pharmacological approaches to treat pain in patients with OUD) within the VA Healthcare System. Many of the projects address access to care, including the use and expansion of telehealth to provide treatment alternatives to patients with OUD living in rural areas. This includes making MAT available at Community-Based Outpatient Clinics and determining where telehealth should be prioritized. Other areas of research include co-existing conditions such as mental health (PTSD) and/or SUD, with OUD. In all, there are 13 projects on treatment approaches.

APPENDICES

ACRONYMS

ABCD	Adolescent Brain Cognitive Development Study
ACE	Adverse Childhood Experience
ACF	Administration for Children and Families
AD	Alternative Development
AED	Advanced Electronic Data OR Automated External Defibrillator
AFF	Assets Forfeiture Fund
AFMS	Asset Forfeiture Management Staff
AFP	Asset Forfeiture Program
AI/AN	American Indian and Alaska Native
AIDS	Acquired immunodeficiency syndrome
AMO	Air and Marine Operations
APR	Annual Performance Report
ARIDE	Advanced Roadside Impaired Driving Enforcement
ASADRP	Alcohol and Substance Abuse Disorder Research Program
ASUD	Alcohol and Substance Use Disorder
ATF	Bureau of Alcohol, Tobacco, Firearms and Explosives
AUD	Alcohol Use Disorder
BCJI	Byrne Criminal Justice Innovation Program
BCOR	Building Communities of Recovery
BCSC	National Bulk Cash Smuggling Center
BEST	Border Enforcement Task Forces
BIA	Bureau of Indian Affairs
BITMAP	Biometric Identification Transnational Migration Alert Program
BLM	Bureau of Land Management
BMI	Brief Motivational Interviewing
BOP	Bureau of Prisons
BRFSS	Behavioral Risk Factors Surveillance System
CARA	Comprehensive Addiction and Recovery Act
CARSI	Central America Regional Security Initiative
CBHSQ	Center for Behavioral Health Statistics and Quality
CBP	Customs and Border Protection
CBT	Cognitive Behavioral Therapy
CCDB	Consolidated Counterdrug Database
CD	Counterdrug
CDC	Centers for Disease Control and Prevention
The Center	National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support
CESAR	Center for Substance Abuse Research

CF	Community Facilities
CFR	Code of Federal Regulations
CGC	Coast Guard Cutter
CHIP	Children's Health Insurance Program
CI	Criminal Investigation
CIPP	Critical Infrastructure Protection Program
CLIA	Clinical Laboratory Improvement Amendment
CMS	Centers for Medicare and Medicaid Services
CN&GT	Counternarcotics & Global Threat
Coast Guard	Unites States Coast Guard
CoC	Continuum of Care
CollegeAIM	College Alcohol Intervention Matrix
COSSAP	Comprehensive Opioid Stimulant and Substance Abuse Program
CMA	Critical Movement Alert
COPS	Community Oriented Policing Services
CPMRP	Chronic Pain Management Research Program
CPOT	Consolidated Priority Organization Target
CRM	Criminal Division
CRMRP	Clinical and Rehabilitation Medicine Research Program
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSOSA	Court Services and Offender Supervision Agency
CSP	Community Supervision Program
CTF-150	Combined Task Force-150
CTN	Clinical Trials Network
CTOC	Counter-transnational Organized Crime
CTS	Community Treatment Services
CY	Calendar year
D&M	Detection and Monitoring
DASD	Deputy Assistant Secretary of Defense (Counternarcotics and Global Threats)
DC	District of Columbia
DDE	BIA Division of Drug Enforcement
DDR	Drug Demand Reduction
DEA	Drug Enforcement Administration
DEO	Drug Enforcement Officers
DESPR	Division of Epidemiology, Services, and Prevention Research
DFC	Drug-Free Communities
DHS	Department of Homeland Security
DHP	Defense Health Program
DHS	Department of Homeland Security

DLEA	Drug Law Enforcement Agency
DLT	Distance Learning and Telemedicine
DMA	Drug Movement Alert
DMP	Drug Management Program
DNB	Division of Neuroscience and Behavior
DoD	Department of Defense
ED	Department of Education
DOJ	Department of Justice
DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
DRE	Drug Recognition Expert
DTCU	Drug Testing and Compliance Unit
DTMC	Division of Therapeutic and Medical Consequences
DTO	Drug Trafficking Organization
DUR	Drug Utilization Review
DWG	Dislocated Worker Grants
ECHO	Extension for Community Healthcare Outcomes
e-cigarettes	electronic cigarettes
EHR	Electronic Health Record
EMS	Emergency Medical Services
EPIC	El Paso Intelligence Center
ESEA	Elementary and Secondary Education Act
ESOOS	Enhance State Opioid Overdose Surveillance
ETA	Employment and Training Administration
FAA	Federal Aviation Administration
FAR	Federal Acquisition Regulation
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FECA	Federal Employer's Compensation Act
FEMA	Federal Emergency Management Agency
FFE	Fee for Service
FinCEN	Financial Crimes Enforcement Network
FLETC	Federal Law Enforcement Training Center
Forest Service	United States Forest Service
FORHP	Federal Office of Rural Health Programs
FPD	Federal Prisoner Detention
FRC	Fast Response Cutter
FTE	Full-time equivalent (i.e., resources equivalent to one employee working full time)
FY	Fiscal Year

GC/MS	Gas chromatographer/mass spectrometer
GDF	Guidance to the Development of the Force
GOP	Government of Peru
GPRMA	Government Performance and Results Modernization Act
HBCD	HEALthy Brain and Child Development study
HCRV	Healthcare for Reentry Veterans
HEAL	Helping to End Addiction Long-Term initiative
HHS	Department of Health and Human Services
HIDTA	High Intensity Drug Trafficking Areas
HIT	Health Information Technology
HIV	Human immunodeficiency virus
HOPE	National Committee on Heroin, Opioids, and Pain Efforts OR Hawaii Opportunity Probation with Enforcement
HRSA	Health Resources and Services Administration
HSI	Homeland Security Investigations
HSPS	Health Surveillance and Program Support
HUD	Department of Housing and Urban Development
IACP	International Association of Chiefs of Police
IAP	Innovation Accelerator Program
IC	Intelligence Community
ICD-10	International Classification of Disease (10th rev.)
ICE	Immigration and Customs Enforcement
IER	Interdiction Effectiveness Rate
IHE	Institutions of Higher Education
IHS	Indian Health Service
IMARS	Incident Management Analysis and Reporting System
IMD	Institutions of Mental Disease
INCLE	International Narcotics Control and Law Enforcement [account]
INCSR	International Narcotics Control Strategy Report
IND	Investigational New Drugs
INL	Bureau of International Narcotics and Law Enforcement Affairs
IOC-2	International Organized Crime Intelligence and Operations Center
IOP	Intensive Outpatient Treatment
IRP	Intramural Research Program
IRS	Internal Revenue Service
JAG	Byrne Justice Assistance Grant Program
JIATF	Joint Interagency Task Force (-South or –West)
JPC-5	Joint Program Committee 5
JPC-8	Joint Program Committee 8
Judiciary	Federal Judiciary
LDEA	Liberian Drug Enforcement Agency

LEA	Law Enforcement Agency OR Local Educational Agencies
LEAP	Law Enforcement Assistance Program
LEI	Law Enforcement and Investigations
LHWCA	Longshore and Harbor Worker's Compensation Act
MAT	Medication-assisted treatment
MAX	Medicaid Analytic eXtract
MCA	Managerial Cost Accounting
MDMA	3,4-methylenedioxymethamphetamine (Ecstasy)
MDR	Medical Data Repository
MEC	Medium Endurance Cutter
MED	Morphine Equivalent Dose
MH	Mental Health
MH RRTP	Mental Health Residential Rehabilitation Treatment Program
MIPS	Merit-based Incentive Payment System
MOMRP	Military Operational Medicine Research Program
MOUD	Medications for Opioid Use Disorder
MPA	Maritime Patrol Aircraft
MT	Metric Tons
MUC	Measures Under Consideration
NADIA	Neurobiology of Adolescent Drinking in Adulthood
NAS	National Neonatal Syndrome
NCANDA	National Consortium on Alcohol and Neurodevelopment in Adolescence
NDCPA	National Drug Control Program Agency
NDDS	Narcotic and Dangerous Drug Section
NFS	National Forest System
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICCP	National Interdiction Command and Control Plan
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NII	Non-Intrusive Inspection
NPS	National Park Service
NSC	National Security Cutter
NTC	National Targeting Center
NTC-C	National Targeting Center-Cargo
NTP	National Training Plan
O&S	Operations and Support
OAS	Organization of American States
OCDETF	Organized Crime Drug Enforcement Task Forces
OCME	Office of the Chief Medical Examiner

OCO	Overseas Contingency Operations
OD2A	Overdose to Action
OEND	Opioid Overdose Education and Naloxone Distribution
OEO	Office of Enforcement Operations
OFO	Office of Field Operations
OFTS	Office of Forensic Toxicology Services
OIG	Office of Inspectors General
OIT	Office of Informational Technology
OJP	Office of Justice Programs
OJS	Office of Justice Services
OMB	Office of Management and Budget
ONC	Office of the National Coordinator on Health Information Technology
ONDCP	Office of National Drug Control Policy
OPC	Offshore Patrol Cutter
OPSG	Operation Stonegarden
OPTEMPO	Operations Tempo
ORD	Office of Rural Development
ORP	Offender Reentry Program
ORS	Overdose Response Strategy
OTD	Office of Training and Development
OTIPI	Office of Translational Initiatives and Program Innovations
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
OWCP	Office of Workers' Compensation Programs
PBM	Pharmacy Benefit Management
PC&I	Procurement, Construction, and Improvements
PCMH	Patient-Centered Medical Homes
PCP	Phencyclidine OR Primary Care Provider
PDMP	Prescription Drug Monitoring Program
PD&S	Program Development and Support
PMU	Prescription Management Unit
PN	Partner Nation
POE	Ports of Entry
PPW	Pregnant and Postpartum Women
PQIS	Performance and Quality Information Systems
PRNS	Programs of Regional and National Significance
PSA	Pretrial Services Agency
PSSF	Promoting Safe and Stable Families
PTARRS	Priority Target Activity Resource and Reporting System
PTO	Priority Target Organizations
PTSD	Post-Traumatic Stress Disorder

PTTC	Prevention Technology Transfer Center
PY	Program Year
QI	Quality Improvement
QIN-QIO	Quality Innovation Network – Quality Improvement Organization
QPP	Quality Payment Program
R&D	Research and Development
RCORP	Rural Communities Opioid Response Program
RDAP	Residential Drug Abuse Program
RISS	Regional Information Sharing System
RMS	Research Management and Support
RNIFC	Regional Narcotics Interagency Fusion Center
RPOT	Regional Priority Organization Target
RRC	Residential Reentry Centers
RSAT	Residential Substance Abuse Treatment
RSC	Reentry and Sanctions Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SASP	Substance Abuse and Suicide Prevention
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCR	Significant Case Report
SEA	State Educational Agencies
SFST	Standard Field Sobriety Test
SIU	Sensitive Investigation Unit
SMW	Special Mission Wing
SOD	Special Operations Division
SOR	State Opioid Response grants
SPARS	SAMHSA's Performance Accountability and Reporting System
SPF	Strategic Prevention Framework
SPSS	Self-Propelled Semi-Submersible
SRO	Scientific Research Outcome OR School Resource Officer
STOP Act	Sober Truth on Preventing Underage Drinking Act
Strategy	National Drug Control Strategy
SUD	Substance Use Disorder
SUPPORT	The *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act*
SWM	Solid Waste Management program
TARS	Tethered Aerostat Radar System
TCO	Transnational Criminal Organization
TDS	Tactical Diversion Squads
TEAP	Trainee Employment Assistance Program
TECS	Treasury Enforcement Communications System

TEDODS	TRICARE Encounter Data Operational Data Store
TEDS	Treatment Episode Data Set
TEPP	Threat Enforcement Planning Process
THC	Tetrahydrocannabinol
TOC	Transnational Organized Crime
Treasury	Department of the Treasury
TTU	Trade Transparency Unit
UAS	Unmanned Aircraft Systems
UIHP	Urban Indian Health Program
UIO	Urban Indian Organizations
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USAO	United States Attorney's Office
USBP	United States Border Patrol
USC	United State Code
USDA	United States Department of Agriculture
USMS	United States Marshals Service
USPIS	United States Postal Inspection Service
USPS	United States Postal Service
VA	Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VEO	Violent Extremist Organization
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VJO	Veterans Justice Outreach
VSP	Visa Security Program
VTC	Veterans Treatment Courts
VWS	Victim/Witness Services
WADA	World Anti-Doping Agency
WHTZ	Western Hemisphere Transit Zone
WIOA	Workforce Innovation and Opportunity Act
YRTC	Youth Regional Treatment Center

NATIONAL DRUG CONTROL BUDGET ACCOUNT STRUCTURE

Department	Agencies (if applicable)	Decision Unit
United States Department of Agriculture	Office of Rural Development	Distance Learning and Telemedicine Program
		Solid Waste Management Grant Program
		Community Facilities Grant Program
	United States Forest Service	Law Enforcement Agency Support
Court Services and Offender Supervision Agency of the District of Columbia		Community Supervision Program
		Pretrial Services Agency
United States Department of Defense	Office of the Secretary of Defense	Drug Interdiction and Counterdrug Activities
		Defense Security Cooperation Agency
		Overseas Contingency Operations
		Operations Tempo
		United States Army Corps of Engineers
	Defense Health Program	Defense Health Program
United States Department of Education	Office of Elementary and Secondary Education	
Federal Judiciary*		Administrative Office of the United States Courts
		Court Security
		Defender Services
		Federal Judicial Center
		Fees of Jurors and Commissioners
		Salaries and Expenses
		United States Sentencing Commission
United States Department of Health and Human Services	Administration for Children and Families	Promoting Safe and Stable Families – Regional Partnership Grants
	Centers for Disease Control and Prevention	Opioid Abuse and Overdose Prevention
	Centers for Medicare and Medicaid Services	Grants to States for Medicaid
		Medicare

Department	Agencies (if applicable)	Decision Unit
	Health Resources and Services Administration	Bureau of Primary Healthcare
		Federal Office of Rural Health Policy
	Indian Health Service	Alcohol and Substance Abuse Prevention and Treatment
		Urban Indian Health Program
	National Institutes of Health	National Institute on Alcohol Abuse and Alcoholism
		National Institute on Drug Abuse
	Substance Abuse and Mental Health Services Administration	Programs of Regional and National Significance – Prevention
		Programs of Regional and National Significance – Treatment
		Substance Abuse Prevention and Treatment Block Grant
		State Opioid Response Grants
		Drug Free Communities
		Health Surveillance and Program Support
United States Department of Homeland Security	Customs and Border Protection	Operations and Support
		Procurement, Construction, and Improvements
	Federal Emergency Management Agency	Operations & Support
	Federal Law Enforcement Training Centers	Operations & Support
	Immigration and Customs Enforcement	Operations & Support
	United States Coast Guard	Operations & Support
		Procurement, Construction, & Improvements
		Research, Development, Test, and Evaluation
United States Department of Housing and Urban Development	Office of Community Planning and Development	Continuum of Care: Homeless Assistance Grants
United States Department of the Interior	Bureau of Indian Affairs	Drug Initiative
	Bureau of Land Management	Resource Protection and Law Enforcement
	National Park Service	National Park Protection Subactivity

Department	Agencies (if applicable)	Decision Unit
United States Department of Justice	Asset Forfeiture Program	Asset Forfeiture
	Bureau of Prisons	Salaries and Expenses
		Buildings and Facilities
	Criminal Division	Enforcing Federal Criminal Laws
	Drug Enforcement Administration	Salaries and Expenses
		High Intensity Drug Trafficking Areas
		Diversion Control Fee Account
	Office of Justice Programs	Byrne Criminal Justice Assistance Grant Program
		Byrne Criminal Justice Innovation Program
		Comprehensive Opioid Abuse Program
		COPS DEA Methamphetamine Enforcement and Cleanup
		COPS Anti-Heroin Task Forces
		COPS Anti-Methamphetamine Task Forces
		Drug Court Program
		Harold Rogers' Prescription Drug Monitoring Program
		Forensic Support for Opioid and Synthetic Drug Investigations
		Justice and Mental Health Collaboration
		Mentoring for Youth Affected by the Opioid Crisis
		National Institute of Corrections
		Opioid-Affected Youth Initiative
		Project Hope Opportunity Probation with Enforcement
		Regional Information Sharing System
		Residential Substance Abuse Treatment
		Second Chance Act
		Veterans Treatment Courts
		Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse
		Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program

Department	Agencies (if applicable)	Decision Unit
	Organized Crime Drug Enforcement Task Force	Investigations
		Prosecutions
	United States Attorneys	Salaries and Expenses
	United States Marshals Service	Salaries and Expenses
		Federal Prisoner Detention
United States Department of Labor	Employment and Training Administration	Job Corps
		National Health Emergency Grants
	Office of Workers Compensation Programs	Prescription Management Unit
		Pharmacy Benefit Management Services
		Federal Employees Compensation Act and Opioid Control Unit
United States Department of State	Bureau of International Narcotics and Law Enforcement Affairs	International Narcotics Control and Law Enforcement
	United States Agency for International Development	Development Assistance
		Economic Support Fund
		Economic Support and Development Fund
United States Department of Transportation	Federal Aviation Administration	Air Traffic Organization
		Aviation Safety/Aerospace Medicine
		Security and Hazardous Material Safety
	National Highway Traffic Safety Administration	Drug Impaired Driving Program
		Highway Safety Research
		Emergency Medical Services
United States Department of the Treasury	Internal Revenue Service	Investigations
United S tates Department of Veterans Affairs	Veterans Health Administration	Medical Care Research and Development

*The Federal Judiciary is an independent branch of government and therefore not subject to ONDCP's oversight.

PROGRAM LEVEL FUNDING

Budget Authority (in Millions)			
Program	**FY 2019 Final**	**FY 2020 Enacted**	**FY 2021 Request**
Department of Agriculture			
United States Forest Service			
Law Enforcement Agency Support	$14.800	$14.800	$14.800
Subtotal, United States Forest Service	**14.800**	**14.800**	**14.800**
Office of Rural Development			
Distance Learning and Telemedicine Program	16.000	---	6.200
Subtotal, Office of Rural Development	**16.000**	**---**	**6.200**
Total, Department of Agriculture	**30.800**	**14.800**	**21.000**
CSOSA			
Community Supervision Program	$35.424	$31.201	$37.564
Pretrial Services Agency	17.943	18.109	18.649
Total, CSOSA	**53.367**	**49.310**	**56.213**
Department of Defense			
Office of the Secretary of Defense			
Drug Interdiction and Counterdrug Activities	3,510.610	893.059	769.629
Overseas Contingency Operations	24.015	153.100	---
Operations Tempo	67.888	94.000	95.880
Subtotal, Office of the Secretary of Defense	**3,602.513**	**1,140.159**	**865.509**
Defense Health Program			
Defense Health Program	75.431	99.766	89.744
Subtotal, Defense Health Program	**75.431**	**99.766**	**89.744**
Defense Security Cooperation Agency			
Defense Security Cooperation Agency	167.805	173.661	173.661
Subtotal, Defense Security Cooperation Agency	**167.805**	**173.661**	**173.661**
Total, Department of Defense	**3,845.749**	**1,413.586**	**1,128.914**
Department of Education			
Office of Elementary and Secondary Education			
School Safety National Activities	57.547	58.759	---
Elementary and Secondary Ed. for the Disadvantaged	---	---	100.000
Total, Department of Education	**57.547**	**58.759**	**100.000**

Budget Authority (in Millions)			
Program	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Federal Judiciary			
Administrative Office of the United States Courts	2.212	2.256	2.388
Court Security	40.277	42.403	44.052
Defender Services	140.355	150.618	160.581
Federal Judicial Center	0.538	0.548	0.564
Fees of Jurors and Commissioners	12.373	13.191	13.639
Salaries and Expenses	926.660	963.973	1,002.090
United States Sentencing Commission	6.634	6.885	7.090
Subtotal, Administrative Office of the United States Courts	**1,129.049**	**1,179.874**	**1,230.404**
Total, Federal Judiciary	**1,129.049**	**1,179.874**	**1,230.404**
Department of Health and Human Services			
Administration for Children and Families			
Promoting Safe and Stable Families	40.000	30.000	60.000
Subtotal, Administration for Children and Families	**40.000**	**30.000**	**60.000**
Centers for Disease Control and Prevention			
Drug Free Communities	---	---	100.000
Opioid Abuse and Overdose Prevention	475.579	475.579	475.579
Subtotal, Centers for Disease Control and Prevention	**475.579**	**475.579**	**575.579**
Centers for Medicare and Medicaid Services			
Grants to States for Medicaid	5,480.000	5,640.000	5,880.000
Medicare	2,680.000	2,910.000	3,140.000
Subtotal, Centers for Medicare and Medicaid Services	**8,160.000**	**8,550.000**	**9,020.000**
Health Resources and Services Administration			
Bureau of Primary Health Care	545.000	545.000	545.000
Federal Office of Rural Health Policy	120.000	110.000	110.000
Subtotal, Health Resources and Services Administration	**665.000**	**655.000**	**655.000**
Indian Health Service			
Alcohol and Substance Abuse	113.806	114.892	114.366
Urban Indian Health Program	3.641	3.641	3.641
Subtotal, Indian Health Service	**117.447**	**118.533**	**118.007**
National Institute on Alcohol Abuse and Alcoholism			
National Institute on Alcohol Abuse and Alcoholism	57.570	59.919	54.508
Subtotal, National Institute on Alcohol and Alcoholism	**57.570**	**59.919**	**54.508**

Budget Authority (in Millions)			
Program	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
National Institute on Drug Abuse			
National Institute on Drug Abuse	1,408.216	1,457.724	1,431.770
Subtotal, National Institute on Drug Abuse	**1,408.216**	**1,457.724**	**1,431.770**
Substance Abuse and Mental Health Services Administration			
Health Surveillance and Program Support	116.046	114.121	98.587
Programs of Regional & National Significance - Prevention	205.469	206.469	96.985
Programs of Regional & National Significance - Treatment	460.677	479.677	364.677
State Opioid Response Grants	1,500.000	1,500.000	1,585.000
Substance Abuse Prevention and Treatment Block Grant	1,858.079	1,858.079	1,858.079
Subtotal, Sub. Abuse and Mental Health Services Admin.	**4,140.271**	**4,158.346**	**4,003.328**
Total, Department of Health and Human Services	**15,064.083**	**15,505.101**	**15,918.192**
Department of Homeland Security			
Customs and Border Protection			
Operations and Support	2,759.433	2,849.921	3,092.642
Procurement, Construction and Improvements	806.736	911.548	369.313
Subtotal, United States Customs and Border Protection	**3,566.169**	**3,761.469**	**3,447.641**
Federal Emergency Management Agency			
Operations and Support (Operation Stonegarden)	13.500	13.500	5.864
Subtotal, Federal Emergency Management Agency	**13.500**	**13.500**	**5.864**
Federal Law Enforcement Training Center			
Operations and Support	50.665	54.760	57.336
Subtotal, Federal Emergency Management Agency	**50.665**	**54.760**	**57.336**
Immigration and Customs Enforcement			
Operations and Support	560.797	598.529	673.889
Subtotal, Immigration and Customs Enforcement	**560.797**	**598.529**	**673.889**
United States Coast Guard			
Operations & Support	1,002.035	1,265.298	1,306.924
Procurement, Construction, & Improvements	555.569	570.781	518.187
Research and Development	2.067	0.676	0.728
Subtotal, United States Coast Guard	**1,559.671**	**1,836.755**	**1,825.389**
Total, Department of Homeland Security	**5,750.802**	**6,265.013**	**6,010.569**

Budget Authority (in Millions)			
Program	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Department of Housing and Urban Development			
Office of Community Planning and Development			
Continuum of Care: Homeless Assistance Grants	544.968	575.360	576.752
Subtotal, Office of Community Planning and Dev.	**544.968**	**575.360**	**576.752**
Total, Department of Housing and Urban Development	**544.968**	**575.360**	**576.752**
Department of the Interior			
Bureau of Indian Affairs			
Drug Initiative	17.966	17.966	17.966
Subtotal, Bureau of Indian Affairs	**17.966**	**17.966**	**17.966**
Bureau of Land Management			
Resource Protection and Law Enforcement	5.100	5.100	5.100
Subtotal, Bureau of Land Management	**5.100**	**5.100**	**5.100**
National Park Service			
National Park Protection Subactivity	3.450	3.450	3.187
Subtotal, National Park Service	**3.450**	**3.450**	**3.187**
Total, Department of the Interior	**26.516**	**26.516**	**26.253**
Department of Justice			
Asset Forfeiture Fund			
Asset Forfeiture Fund	222.760	236.313	243.235
Subtotal, Asset Forfeiture Fund	**222.760**	**236.313**	**243.235**
Bureau of Prisons			
Contract Confinement	439.016	444.494	543.561
Inmate Care and Programs	1,302.673	1,346.460	1,361.984
Institution Security and Administration	1,548.588	1,552.771	1,515.739
Management and Administration	115.546	117.665	126.346
Modernization and Repair	41.029	57.403	44.953
New Construction	80.675	81.812	---
Subtotal, Bureau of Prisons	**3,527.527**	**3,600.605**	**3,592.583**
Criminal Division			
Enforce Federal Criminal Laws	37.989	42.573	44.795
Subtotal, Criminal Division	**37.989**	**42.573**	**44.795**

Budget Authority (in Millions)			
Program	FY 2019 Final	FY 2020 Enacted	FY 2021 Request
Drug Enforcement Administration			
High Intensity Drug Trafficking Areas	---	---	254.000
Diversion Control Fee Account	394.117	423.493	460.499
Salaries & Expenses	2,267.000	2,279.153	2,398.805
Subtotal, Drug Enforcement Administration	**2,661.117**	**2,702.646**	**3,113.304**
Office of Justice Programs			
Byrne Criminal Justice Innovation Programs	5.100	5.100	---
Byrne Justice Assistance Grant Program	42.350	44.720	41.170
Comprehensive Opioid Abuse Program (CARA)	157.000	180.000	160.000
COPS Anti-Heroin Task Forces	32.000	35.000	---
COPS Anti-Methamphetamine Task Forces	8.000	13.000	---
Drug Courts	77.000	80.000	77.000
Forensic Support for Opioid and Synthetic Drug Investigat.	17.000	17.000	---
Justice and Mental Health Collaborations	4.650	4.950	4.950
Mentoring for Youth Affected by the Opioid Crisis-Prevent.	14.000	16.000	---
Opioid-Affected Youth Initiative	9.000	10.000	9.000
Harold Rogers' Prescription Drug Monitoring Program	30.000	31.000	30.000
Project Hope Opportunity Probation with Enforcement	4.000	4.500	---
Regional Information Sharing System	13.125	13.300	3.500
Residential Substance Abuse Treatment	30.000	31.000	30.000
Second Chance Act	26.117	27.172	27.808
Tribal Set Aside – CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	17.508	14.450	22.880
Tribal Set Aside – CTAS Purpose Area 9: Tribal Youth Prev.	1.500	1.500	1.435
Veterans Treatment Court Program	22.000	23.000	22.000
Subtotal, Office of Justice Programs	**510.350**	**551.692**	**429.743**
Organized Crime Drug Enforcement Task Force			
Interagency Crime Drug Enforcement	560.000	550.458	585.145
Subtotal, Organized Crime Drug Enforcement Task Force	**560.000**	**550.458**	**585.145**
United States Attorneys			
Salaries and Expenses	$81.389	$89.164	$94.854
Subtotal, United States Attorneys	**$81.389**	**$89.164**	**$94.854**
United States Marshals Service			
Salaries and Expenses	266.051	280.322	317.630
Federal Prisoner Detention	585.340	595.351	615.340
Subtotal, United States Marshals Service	**851.391**	**875.673**	**932.970**
Total, Department of Justice	**$8,452.523**	**$8,649.124**	**$9,036.629**

Department of Labor			
Employment and Training Administration			
Job Corps - Prevention	6.000	6.000	6.000
Training and Employment Services	---	20.000	20.000
Subtotal, Employment and Training Administration	**6.000**	**26.000**	**26.000**
Office of Workers' Compensation Programs			
Federal Employees Compensation Act/Opioid Control Unit	4.180	4.180	4.180
Pharmacy Benefit Management Services	0.974	0.974	0.974
Prescription Management Unit	2.615	2.615	2.615
Subtotal, Office of Workers' Compensation Programs	**7.769**	**7.769**	**7.769**
Total, Department of Labor	**13.769**	**33.769**	**33.769**
Office of National Drug Control Policy			
High Intensity Drug Trafficking Area	280.000	285.000	---
Office of National Drug Control Policy - Operations	18.400	8.400	16.400
Anti-Doping Activities	9.500	10.000	---
Anti-Doping Activities (to include WADA dues)	---	---	12.432
Drug Court Training and Technical Assistance	2.000	2.500	----
Drug Free Communities - Prevention	100.000	101.250	---
Section 103 of P.L. 114-198 - Prevention	3,000	4,000	---
Section 1105 of P.L. 109-469 – Models Acts Program	1.250	1.250	---
World Anti-Doping Agency Dues	2.577	2.715	---
Total, Office of National Drug Control Policy	**416.727**	**425.115**	**28.832**
Department of State			
Bureau of International Narcotics and Law Enforcement			
International Narcotics Control and Law Enforcement	412.537	381.595	441.358
Subtotal, Bureau of Int'l Narcotics and Law Enforcement	**412.537**	**381.595**	**441.358**
United States Agency for International Development			
Development Assistance	20.000	20.000	---
Economic Support Fund	58.500	50.518	---
Economic Support and Development Fund	---	---	79.000
Subtotal, United States Agency for International Develop.	**78.500**	**70.518**	**79.000**
Total, Department of State	**$491.037**	**$452.113**	**$520.358**
Department of the Transportation			
Federal Aviation Administration			
Air Traffic Organization	11.740	11.965	11.965
Aviation Safety/Aerospace Medicine	16.436	18.690	21.170
Security and Hazardous Material Safety	4.080	4.780	4.900
Subtotal, Federal Aviation Administration	**32.255**	**35.435**	**38.035**
National Highway Traffic Safety Administration			

Drug Impaired Driving Program	5.000	5.000	5.000
Emergency Medical Services	1.200	1.200	1.200
Highway Safety Research	0.500	0.500	0.500
Prevention – One Time Funding Allocation	12.219	---	---
Subtotal, National Highway Traffic Safety Administration	**18.919**	**6.700**	**6.700**
Total, Department of Transportation	**$51.175**	**$42.135**	**$44.735**
Department of the Treasury			
Internal Revenue Service			
Criminal Investigations	61.833	60.257	60.257
Subtotal, Internal Revenue Service	**61.833**	**60.257**	**60.257**
Total, Department of the Treasury	**61.833**	**60.257**	**60.257**
Department of Veterans Affairs			
Veterans Health Administration			
Medical & Prosthetic Research - Treatment	18.900	20.000	20.000
Medical Care - Treatment	799.418	830.595	882.988
Subtotal, Veterans Health Administration	**818.318**	**850.595**	**882.988**
Total, Department of Veterans Affairs	**$818.318**	**$850.595**	**$902.988**

FEDERAL BORDER STRATEGY RESOURCES

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (21 U.S.C. § 1705(c)(3)(B) and (C)), as amended, requires ONDCP to coordinate with the relevant NDCPAs the development and implementation of counternarcotics Strategies for the Southwest and Northern Borders of the United States. Specifically, the SUPPORT Act states:

The two Border Counternarcotics Strategies shall:

(I) Identify the specific resources required to enable the relevant NDCPAs agencies to implement that strategy.

The Southwest and Northern Counternarcotics Strategies accompanied the release of the 2020 *Strategy* on February 10, 2020. At that time the FY2021 drug control funding levels, including those that support the Border Strategies, were not available for inclusion in the two documents. This appendix to the *National Drug Control Strategy: Budget and Performance Summary* provides the funding levels for the relevant NDCPAs to implement the Border Strategies. These resources fall under the Interdiction functional area of the consolidated Federal drug control budget which includes the transit zone as well as US borders, including ports of entry and between ports of entry. Since the Congress does not appropriate funding by specific borders to the relevant NDCPAs, ONDCP is unable to report resource levels for the Southwest and Northern Borders distinct from other interdiction efforts.

The relevant NDCPAs that implement interdiction activities are:

- Department of Defense
- Department of Homeland Security
- Department of Justice
- Department of the Interior
- Department of Transportation; and
- Office of National Drug Control Policy

In the President's FY 2021 budget request for drug control efforts, the total amount of resources available for interdiction activities, including the implementation of the two Border Strategies, is $5.9 billion. This is a decrease of $330 million (5 percent) from the FY 2020 enacted level. The table below presents the details, by Department, of the interdiction funding levels for FY 2019 through FY 2021.

Funding for Interdiction Efforts by Department: FY2019 – FY2021

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Department of Defense	**$3,143.1**	**$610.0**	**$606.0**	**- 4.0**	**-0.7%**
Drug Interdiction and Counterdrug Activities	*3,143.1*	*610.0*	*606.0*	*- 4.0*	*-0.7%*
Department of Homeland Security	**5,125.8**	**5,598.2**	**5,273.5**	**- 324.7**	**-5.8%**
Customs and Border Protection	*3,566.2*	*3,761.5*	*3,447.6*	*- 313.8*	*-8.3%*
United States Coast Guard	*1,559.7*	*1,836.8*	*1,825.8*	*- 10.9*	*-0.6%*
Department of Justice	**---**	**---**	**20.7**	**+ 20.7**	**n/a**
Drug Enforcement Administration	*---*	*---*	*20.7*	*+ 20.7*	*n/a*
Department of the Interior	**0.4**	**0.4**	**0.4**	**---**	**---**
Bureau of Land Management	*0.4*	*0.4*	*0.4*	*---*	*---*
Department of Transportation	**13.8**	**14.4**	**14.4**	**+ 0.1**	**+0.4%**
Federal Aviation Administration	*13.8*	*14.4*	*14.4*	*+ 0.1*	*+0.4%*
Office of National Drug Control Policy	**25.2**	**25.3**	**3.3**	**- 22.0**	**-87.0%**
Total, Interdiction	**$8,308.3**	**$6,248.3**	**$5,918.2**	**- $330.1**	***-5.3%***

TREATMENT PLAN RESOURCES

The SUPPORT Act (21 U.S.C. § 1705(c)(1)(N)), as amended, requires ONDCP to develop the *Strategy* which shall include "a plan to expand treatment of substance use disorders." Among the items to be included in the Treatment Plan is "the specific resources required to enable the relevant [NDCPAs] to implement [the plan]".

The Treatment Plan accompanied the release of the 2020 *Strategy* on February 10, 2020. At that time the FY 2021 drug control funding levels, including those that support the Treatment Plan, were not available for inclusion in the document. This appendix to the *National Drug Control Strategy: Budget and Performance Summary* provides the funding levels for the relevant NDCPAs tasked with implementing the Treatment Plan. These resources fall under the drug treatment functional area of the consolidated Federal drug control budget.

The relevant NDCPAs that implement drug treatment activities are:

- Court Services and Offender Supervision Agency, District of Columbia
- Department of Agriculture
- Department of Defense
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Justice
- Department of Transportation
- Department of Veterans Affairs
- Federal Judiciary; and
- Office of National Drug Control Policy

In the President's FY 2021 budget request for drug control efforts, the total amount of resources available for drug treatment activities is $16.5 billion. This is an increase of $464 million (3 percent) from the FY 2020 enacted level. The table below presents the details, by Department, of the drug treatment funding levels for FY 2019 through FY 2021.

Treatment Plan Resources by Department, FY2019 – FY 2021

	FY 2019 Final	FY 2020 Enacted	FY 2021 Request	FY20 - FY21 Change Dollars	FY20 - FY21 Change Percent
Court Services and Offender Supervision Agency	**$34.4**	**$29.8**	**$36.4**	**+ 6.5**	**+21.8%**
Department of Agriculture	**16.0**	**---**	**6.2**	**+ 6.2**	**n/a**
Office of Rural Development	*16.0*	*---*	*6.2*	*+ 6.2*	*n/a*
Department of Defense	**75.4**	**99.8**	**89.7**	**- 10.0**	**-10.0%**
Defense Health Program	*75.4*	*99.8*	*89.7*	*- 10.0*	*-10.0%*
Department of Health and Human Services	**13,331.4**	**13,816.4**	**14,224.5**	**+ 408.1**	**+3.0%**
Centers of Medicare and Medicaid Services	*8,160.0*	*8,550.0*	*9,020.0*	*+ 470.0*	*+5.5%*
Health Resources and Services Administration	*550.5*	*545.5*	*545.5*	*---*	*---*
Indian Health Service	*92.3*	*92.7*	*92.8*	*+ 0.1*	*+0.1%*
National Institute on Alcohol Abuse and Alcoholism	*6.4*	*6.6*	*6.0*	*- 0.6*	*-9.0%*
National Institute on Drug Abuse	*982.3*	*1,064.1*	*1,045.2*	*- 18.9*	*-1.8%*
Substance Abuse and Mental Health Services Admin.	*3,540.0*	*3,557.4*	*3,515.0*	*- 42.4*	*-1.2%*
Department of Housing and Urban Development	**545.0**	**575.4**	**576.8**	**+ 1.4**	**+0.2%**
Department of Justice	**452.2**	**515.6**	**515.5**	**- 0.1**	**-0.0%**
Bureau of Prisons	*117.9*	*155.0*	*194.7*	*+ 39.7*	*+25.6%*
Drug Enforcement Administration	*---*	*---*	*3.9*	*+ 3.9*	*n/a*
Office of Justice Programs	*334.3*	*360.6*	*316.8*	*- 43.7*	*-12.1%*
Department of Transportation	**0.5**	**0.5**	**0.5**	**---**	**---**
National Highway Traffic Safety Administration	*0.5*	*0.5*	*0.5*	*---*	*---*
Department of Veterans Affairs	**818.3**	**850.6**	**903.0**	**+ 52.4**	**+6.2%**
Federal Judiciary	**157.5**	**163.8**	**170.3**	**+ 6.5**	**+4.0%**
Office of National Drug Control Policy	**8.9**	**9.4**	**2.8**	**- 6.6**	**-70.3%**
Total, Treatment	**$15,439.6**	**$16,061.3**	**$16,525.6**	**+ $464.3**	***+2.9%***

IMPLEMENTATION PLAN
TABLE OF CONTENTS

	Line of Effort	Actions	Program Support
Goal 1: The number of Americans dying from a drug overdose is significantly reduced within five years.			
Department of Agriculture:			
Office of Rural Development (RD)	(1.3) Eliminate Barriers to Treatment Availability.	(1.3.1) Remove barriers to SUD treatment, including: (1.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment. (1.3.1.2) Continuing care; and, (1.3.1.3) Community-based peer recovery support services.	USDA's Distance Learning and Telemedicine Grants support distance learning, telemedicine, and mobile treatment vans.
Department of Health and Human Services:			
Administration for Children and Families (ACF)	(1.4) Build the Nation's prevention infrastructure.	(1.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	Targeted Grants to Implement IV-E Prevention Services, and Improve the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, and other Substance misuse (Regional Partnership Grant Program). ACF has also funded an expansion of the Wellness Recovery Action Program (WRAP), an evidence-based program that reduces psychiatric symptoms, increases recovery, self-advocacy skills, self-esteem, and social support.
Centers for Disease Control and Prevention (CDC)	(1.4) Build the Nation's prevention infrastructure.	(1.4.3) Identify resources to support pregnant and parenting women, children of parents with substance misuse disorders, and children born with neonatal abstinence syndrome (NAS).	Prescription Drug Overdose Prevention for States Program. CDC is also overseeing the Overdose Data to Action cooperative agreements that have provided over 60 state and local jurisdictions with funding to better use data to monitor and

	Line of Effort	Actions	Program Support
			direct drug use and overdoses in their jurisdictions. CDC's Opioid Rapid Response Teams are expeditionary deployment teams designed to provide specialized surge support to local communities that need additional public health and/or clinical capacity when their existing capacity is overwhelmed. In partnership with an external healthcare center, CDC is developing treatment protocols for patients who enter the emergency department with a drug overdose. The piloted intervention includes peer recovery coaches integrated into ED care to support MOUD initiation in the ED, and intensive follow-up including warm hand-offs in the community for overdose survivors.
Centers for Medicare & Medicaid Services (CMS)	(1.3) Eliminate Barriers to Treatment Availability. (1.4) Build the Nation's prevention infrastructure.	(1.3.1) Remove barriers to SUD treatment, including: (1.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment. (1.3.1.2) Continuing care; and, (1.3.1.3) Community-based peer recovery support services. (1.3.3) Encourage primary care providers funded by the Federal Government (e.g., through Medicaid or Medicare) to routinely	As required by Section 1006(b) of the Support Act, state Medicaid programs are required to cover all three FDA-approved forms of MAT through 2025. Additionally, as required by section 2005 of the SUPPORT Act, CMS established a new Medicare benefit for OUD treatment services, including MAT utilizing methadone, which can only be furnished by opioid treatment programs. Made changes to Medicare payment policies for clinicians treating beneficiaries with OUD in an office or outpatient setting to increase access by creating a new bundled payment under the Physician Fee Schedule (PFS) for

	Line of Effort	Actions	Program Support
		screen for AOD problems obtain and utilize a waiver to prescribe buprenorphine for the treatment of OUD, and when indicated, provide early intervention or treatment services or offer referral to specialty treatment within 48 hours. (1.4.3) Identify resources to support pregnant and parenting women, children of parents with substance misuse disorders, and children born with neonatal abstinence syndrome (NAS).	care management, care coordination, and counseling for OUD furnished in a month. CMS issued guidance to states on section 5022 of the SUPPORT for Patients and Communities Act, which requires states with separate Children's Health Insurance Programs (CHIP) to cover behavioral health services as a mandatory benefit for child health and pregnancy related assistance. As part of a multi-pronged strategy to combat the opioid crisis, CMS launched the Maternal Opioid Misuse (MOM) Model, with the goal of improving access to effective SUD treatment through a focus on improving the quality of care for pregnant and postpartum Medicaid beneficiaries with OUD and their infants. The model supports the delivery of coordinated and integrated physical healthcare, behavioral healthcare, and critical wrap-around services and leverages the use of existing Medicaid flexibility to pay for sustainable care for the model population. The MOM Model has a five-year performance period, which began in January 2020, with ten states selected to participate and approximately $50 million available in total funding. Medicare also pays for medically reasonable and necessary SBIRT services when furnished in

	Line of Effort	Actions	Program Support
			physicians' offices and outpatient hospitals. Additionally, as required by section 2005 of the SUPPORT Act, CMS established a new Medicare benefit for OUD treatment services, including MAT-utilizing methadone, which can only be furnished by opioid treatment programs. As of April 2020, CMS approved 28 state Medicaid 1115 demonstrations to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.
Indian Health Service (IHS)	(1.1) Expand access to and utilization of naloxone.	(1.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available. (1.1.3) Disseminate innovative and promising practices for engaging individuals in evidence-based treatment immediately following a non-fatal opioid overdose.	- Expanded access to interventions that include increased access to the opioid overdose reversal medication, naloxone. - Maintained an ongoing collaboration with the Bureau of Indian Affairs (BIA) to train and provide naloxone to BIA law enforcement officers for responding to opioid overdoses. - - Created a naloxone toolkit for tribal communities that includes a culturally responsive training video and a digital story from two law enforcement officers involved in a naloxone "save". Lastly, IHS is increasing access to naloxone in public locations including community distribution locations including co-location of naloxone with automated external defibrillators (AEDs) and inclusion of opioid overdose reversal training in Basic Life

	Line of Effort	Actions	Program Support
			Support (BLS) curriculums for community members. This includes increasing access to naloxone for trained first responders through expanded collaboration with local law enforcement and community first responders including Community Health Representatives (CHRs)/Community Health Aide Programs (CHAPs) on naloxone administration and as "train the trainers" to lead community training and distribution models.
National Institutes of Health (NIH)	(1.2) Promote safe prescribing practices.	(1.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical trauma, surgery, or other causes. (1.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (1.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	- Supported a research portfolio through the HEAL Initiative that included developing of evidence for management of pain conditions, new overdose reversal technologies and therapies, designing devices to detect overdose and deliver naloxone, testing new potential medications, and Integration of multiple evidence-based practices for the prevention of opioid overdose death.
Substance Abuse and	(1.6) Better integrate public	(1.6.2) Highlighting promising first-responder	1. State Opioid Response Grants *(SOR):* SOR addresses the

	Line of Effort	Actions	Program Support
Mental Health Administration (SAMHSA)	health and public safety efforts.	deflection initiatives and promoting consultation and collaboration across state, local, and tribal jurisdiction to promote adoption and further development of such models.	opioid crisis by increasing access to Medication Assisted Treatment (MAT) using the three Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorders, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery support services for opioid use disorders (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs). Funding is provided to states and territories through formula grants. *Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA):* Similar to SOR, MAT-PDOA also intends to increase the distribution of MAT in states and communities. The purpose of this program is to expand/enhance access to MAT services for persons with an opioid use disorder seeking or already receiving MAT. 2. First Responder Training for Opioid Overdose Reversal Drugs (FR-CARA): Under Section 202 of CARA, SAMHSA is authorized to support additional efforts to prevent opioid overdose-related deaths by providing grants to states, local governments, and tribes to train first responders. The purpose of this program is to reduce the number of prescription drug/opioid

	Line of Effort	Actions	Program Support
			overdose-related deaths and adverse events among individuals at risk for opioid misuse.
Department of Housing and Urban Development:			
Office of Community Planning and Development	(1.4) Build the Nation's prevention infrastructure.	(1.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	The Continuum of Care program is statutorily authorized to fund projects that provide housing and services for homeless individuals suffering from substance abuse disorder. HUD's EnVision Centers demonstration is premised on the notion that financial support alone is insufficient to solve the problem of poverty. EnVision Centers provide communities with a centralized hub for support in the following four pillars: (1) Economic Empowerment, (2) Educational Advancement, (3) Health and Wellness, and (4) Character and Leadership.
Department of Justice:			
Bureau of Prisons (BOP)	(1.1) Expand access to and utilization of naloxone.	(1.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available.	BOP implemented a program to allow access and administration of naloxone by all BOP staff in situations involving possible opioid overdoses. Mandatory naloxone administration training has been developed and is a part of this program to save lives. Additionally, BOP has developed a 12-week, Cognitive-Behavioral Therapy (CBT) treatment program that is conducted primarily in a group setting. The content addresses criminal lifestyles and provides skill-building opportunities in the areas of rational thinking, communication skills, and

	Line of Effort	Actions	Program Support
			institution/ community adjustment.
Drug Enforcement Administration (DEA)	(1.2) Promote safe prescribing practices.	(1.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical trauma, surgery, or other causes. (1.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians.	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. DEA's National RX Takeback initiative coordinates with state, tribal, and local law enforcement and other stakeholders to conduct periodic take-back days and to ensure access to takeback sites throughout the year. As part of its take-back activities DEA produced PSAs, conducts outreach, and participated in community events.
Office of Justice Programs (OJP)	(1.3) Support PDMP integration. (1.4) Build the Nation's prevention infrastructure.	(1.3.1) Working with key national stakeholders, identify and implement approaches to eliminate legal and regulatory barriers to cross-state PDMP data sharing (1.3.3) In collaboration with Federal Partners, develop and advocate for adoption of measures to incentivize states to make PDMP consultation mandatory	Harold Rogers Prescription Drug Monitoring Grant Program; and PDMP Training and Technical Assistance Center (PDMP TTAC), provides a comprehensive array of services, support, resources, and strategies to PDMPs, federal partners and other stakeholders to further the efforts and effectiveness of PDMPs in combating the misuse, abuse and diversion of prescription drugs.

	Line of Effort	Actions	Program Support
		whenever a controlled substance is prescribed. (1.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	The Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) provides funding for a wide array of services for prevention, treatment, and recovery related efforts to address the addiction crisis; and Training and Technical Assistance, including peer-to-peer learning and mentoring initiatives focused on peer recovery support services and law enforcement/first responder diversion and referral (see COSSAPresources.org). The Juvenile Drug Treatment Court Program builds the capacity of state, local, and tribal courts to implement new juvenile drug treatment courts and enhance existing juvenile drug treatment courts for individuals with substance use problems or co-occurring mental health disorders. The Enhancing Community Response to the Addiction Crisis: Serving our Youngest Crime Victims program provides direct treatment and other essential services and referrals to youth and their families/caregivers. The Residential Substance Abuse Treatment for State Prisoners Program assists with the development and implementation of substance abuse treatment programs, prepares inmates for reintegration into communities, and assists in the reentry process by delivering community-based

	Line of Effort	Actions	Program Support
			treatment and other aftercare services. The Improving Reentry For Adults with Substance Use Disorders Program expands and improves treatment for individuals with SUD during incarceration and upon reentry into the community.
Department of Transportation:			
National Highway Traffic Safety Administration (NHTSA)	(1.2) Promote safe prescribing practices. (1.4) Build the Nation's prevention infrastructure.	(1.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (1.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	National Medical Services Information System (NEMSIS) which enables near real time reporting of EMS naloxone administrations and other overdose patient data at the local, state, and national levels. NHTSA funded the National Association of State Emergency Medical Services Officials to develop an evidence-based guideline (EBG)—widely considered the gold-standard of clinical guidelines for treating patients—for EMS administration of naloxone. The EBG can be used to inform the naloxone administration practices of all public safety partners including police, firefighters and other EMS clinicians.
Department of Veterans Affairs:			
Veterans Health Administration (VHA)	(1.1) Expand access to and utilization of naloxone. (1.2) Promote safe prescribing practices. (1.4) Build the Nation's	(1.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available (1.2.3) Disseminate innovative and promising practices for engaging individuals in evidence-	The VA Opioid Overdose Education and Naloxone Distribution (OEND) program aims to decrease opioid-related overdose deaths among VHA patients by providing education on opioid overdose prevention, recognition of opioid overdose, and training on the rescue

	Line of Effort	Actions	Program Support
	prevention infrastructure.	based treatment immediately following a non-fatal opioid overdose. (1.2.4) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (1.2.5) In partnership with Federal Partners and key national stakeholder groups, develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. (1.2.6) Coordinate the development of a national curriculum and standard of care for opioid prescribers that supplements the CDC's Guideline and focuses on primary care physicians. (1.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care. (1.4.2) Educate and inform child welfare professionals and healthcare providers	response, including provision of naloxone. During FY 2019, VHA implemented a process for documenting accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicidal Behavior and Overdose Report (SBOR) note template provides a foundation for VHA to implement strategies designed specifically to engage Veterans in timely treatment following a non-fatal overdose (opioid and non-opioid related). VA has deployed state-of-the-art tools to help protect Veteran patients using high doses of opioids, opioid use disorder, or with medical risk factors that put them at an increased risk of complications from opioid medications including overdose (Opioid Therapy Risk Report (OTRR) and the Stratification Tool for Opioid Risk Mitigation (STORM)). VA's Opioid Safety Initiative (OSI) reflects a comprehensive strategy to promote safe prescribing of opioids. VA has implemented a number of initiatives to inform healthcare providers and Veterans about the early signs of substance use and to support treatment engagement (e.g., Academic Detailing, Medication Addiction Treatment in VA, Make the

	Line of Effort	Actions	Program Support
		about the early signs of substance use	Connection, and Suicide Prevention Now, etc.). In September 2018, VHA launched a Rapid Naloxone Initiative which, in addition to providing OEND to VA patients at-risk for opioid overdose also equips VA Police and Automated External Defibrillator (AED) Cabinets with naloxone. VA offers free medication take back services to Veterans through mail-back envelopes and on-site receptacles compliant with Drug Enforcement Administration (DEA) regulations. Additionally, the VA is continuing to use big data to proactively address high-risk patients and provide them with targeted interventions. During the last 2 years, VA Dentistry has committed to addressing opioid stewardship in a variety of ways with our clinical staff. In September 2019 VHA Office of Dentistry provided a national webinar for dental clinicians addressing alternatives to opioids for acute oral pain. This was followed up with the national release of, Acute Pain Management with Opioid Alternatives after Dental Procedures: Recommendations from the Veterans Health Administration Office of Dentistry.

	Line of Effort	Actions	Program Support
			VHA Office of Dentistry (10NC7) has also worked closely with VA pharmacy researchers by providing consultative operations staff to help further the VA HSR&D Research grant, "Improving Veteran Health by Increasing Dental Stewardship of Antibiotics and Opioids". Specifically we consult regarding data analysis to assure accurate and open evaluation of VA Dentistry's opioid prescribing practices, helped with dentist recruitment to assess barriers to opioid stewardship, and are currently working with the research team to develop an opioid stewardship pilot for VA dentists.
Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.			
Department of Education:			
Office of Elementary and Secondary Education	(2.4) Build the Nation's prevention infrastructure. (2.10) Reduce stigma and related barriers to recovery.	(2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts. (2.10.2) Continue to educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences	School Climate Transformation Grants and related technical assistance to State educational agencies (SEAs) and local educational agencies (LEAs).

	Line of Effort	Actions	Program Support
Department of Health and Human Services:			
Centers for Disease Control and Prevention (CDC)	(2.4) Build the Nation's prevention infrastructure.	(2.4.3) Identify resources to support pregnant and parenting women, children of parents with substance misuse disorders, and children born with neonatal abstinence syndrome (NAS).	Rx Awareness campaign: One of the main goals of the Rx Awareness expansion is to improve and enhance public understanding of opioid risks with the intent to reduce the stigma associated with opioid use and addiction. The target audience for the first iteration of the campaign was more broad, and the testimonials featured both individuals in recovery from prescription opioid misuse as well as family members who lost loved ones from prescription opioid overdose. The expansion will target specific audiences not reflected in the current campaign (younger and older adults, Veterans, AI/AN populations, and pregnant women) and will only include testimonials from individuals with OUD Rx Awareness campaign.
Indian Health Service (IHS)	(2.4) Build the Nation's prevention infrastructure.	(2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	Administers community-based grants that promote the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to substance use from a community-driven context. In particular, the Substance misuse and Suicide Prevention program and IHS' Opioid Grant Program increase efforts that promote early intervention strategies and implement positive youth programming to reduce risk factors for substance misuse. My Nation" substance misuse prevention media campaign aims

	Line of Effort	Actions	Program Support
			to empower Native youth to resist drugs and alcohol and motivate parents to talk openly with their children. Lastly, the IHS Alcohol and Substance misuse Program (ASAP) is to reduce the incidence and prevalence of alcohol and substance misuse among American Indians and Alaska Natives (AI/AN) to a level at or below the general United States population. The ASAP strives to meet this goal through the implementation of alcohol and substance misuse programs within Tribal communities, including emergency treatment, inpatient and outpatient treatment, and rehabilitation services, in rural and urban settings.
National Institutes of Health (NIH)	(2.1) Prevent drug use before it starts. (2.4) Build the Nation's prevention infrastructure.	(2.1.1) Continue to implement media campaign focusing principally on opioids (The Truth About Opioids). (2.4.3) Identify resources to support pregnant and parenting women, children of parents with substance misuse disorders, and children born with neonatal abstinence syndrome (NAS). (2.4.4) When evidence of the effectiveness of various prevention interventions for specific populations, settings, or substances is insufficient, work to support research to build this critical scientific knowledge base.	Education and outreach activities to inform public health policy and practice by ensuring that NIDA is the primary trusted source for scientific information on drug use and addiction. This includes National Drug and Alcohol Facts Week which links students with scientists and other experts to counteract the myths about drugs and alcohol that teens get from the internet, social media, TV, movies, music, or from friends. It was launched in 2010 by scientists at NIDA to stimulate educational events in communities so teens can learn what science has taught us about drug use and addiction. The National Institute on Alcohol Abuse and Alcoholism (NIAAA)

	Line of Effort	Actions	Program Support
			became a partner in 2016, and alcohol has been added as a topic area for the week. NIDA and NIAAA are part of the National Institutes of Health.
National Institutes of Health (NIH)	(2.1) Prevent drug use before it starts. (2.4) Build the Nation's prevention infrastructure.	(2.1.2) Target, evaluate, and improve the media campaign using data analytics, market segmentation, demographic data on users, and multiple formats and languages for individuals with disabilities and individuals with limited English proficiency. (2.4.4) When evidence of the effectiveness of various prevention interventions for specific populations, settings, or substances is insufficient, work to support research to build this critical scientific knowledge base.	Multiple outreach efforts to educate adolescents about substance use, including participation in the National Drug and Alcohol Facts Week with NIDA.
Substance Abuse and Mental Health Administration (SAMHSA).	(2.1) Prevent drug use before it starts. (2.4) Build the Nation's prevention infrastructure.	(2.1.3) Implement evidence-based prevention efforts in schools and communities to complement and reinforce the media campaign, employing a combination of universal, selective, and indicated approaches. (2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	1. Strategic Prevention Framework for Prescription Drugs (SPF-Rx): SPF Rx is designed to assist grantees in developing capacity and expertise in the use of data from state run Prescription Drug Monitoring Programs (PDMPs). SPF-Rx is also designed to raise awareness about the dangers of sharing medications and to educate pharmaceutical and medical communities about the risks of overprescribing to young adults. Twenty-five grants have been awarded, including four tribes at an annual funding amount of $9,290,395.

	Line of Effort	Actions	Program Support
			2. Prevention Technology Transfer Centers (PTTCs): PTTCs develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts; provide intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, how to use epidemiological data to guide prevention planning, and selection and implementation of evidence-based and promising prevention practices; and develop tools and resources to engage the next generation of prevention professionals. Partnerships for Success program (PFS): The PFS program provides funding for 178 grants in states, territories, and tribes to address two top substance abuse prevention priorities: (1) underage drinking and (2) prescription drug abuse among persons ages 12 to 25. 3. Talk. They Hear You National Media Campaign: This Campaign is a component of the Sober Truth on Underage Drinking Act (STOP Act). The goals of this campaign are to increase parents' awareness of the prevalence and risk of underage drinking and substance use, equip parents with the knowledge, skills, and

	Line of Effort	Actions	Program Support
			confidence to act on preventing these problems. 4. *Tips for Teens: The Truth About Opioids* fact sheet for teens provides critical information about opioids. It dispels common myths, while describing short- and long-term effects and listing signs of opioid use. 5. *Communities Talk to Prevent Underage Drinking* provides an established framework to promote SAMHSA's opioid misuse prevention messages and resources. By leveraging an integrated substance use/misuse strategy, the program helps communities maximize limited resources. In 2019, 27 percent of participating Communities Talk hosts specifically addressed opioids. 6. *2019 National Prevention Week webinar series*: This series featured speakers from partner federal agencies, national organizations, community organizations on a range of prevention topics related to SAMHSA's priorities, including opioids.
Department of Justice:			
Drug Enforcement Administration (DEA)	(2.4) Build the Nation's prevention infrastructure. (2.6) Expand Drug Take-Back Activities.	(2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in	The 360 Strategy provides, *inter alia*, community outreach through local partnerships that empower communities to take back affected neighborhoods after enforcement actions and prevent the same problems from cropping up again.

	Line of Effort	Actions	Program Support
		school- and community-based prevention and outreach efforts. (2.4.2) Educate and inform child welfare professionals and healthcare providers about the early signs of substance use. (2.4.3) Identify resources to support pregnant and parenting women, children of parents with substance misuse disorders, and children born with neonatal abstinence syndrome (NAS). (2.6.1) Continue semi-annual Federal take-back days. (2.6.2) Engage state, local, and tribal governments to raise awareness of the importance of disposing of unused medications and of expanding the number of registered collectors and permanent disposal sites.	DEA also provides a wealth of resources to adolescents, teachers, parents, and others, including: getsmartaboutdrugs.com: An interactive website resource about substance misuse prevention strategies for parents, teachers, and guardians. - justthinktwice.com: An interactive website geared to teenagers with information, videos, and resources to educate them on making healthy decisions to live drug-free. campusdrugprevention.gov: An interactive one-stop website resource for professionals working to prevent drug abuse among college students, including educators, student health centers, and student affairs personnel. It also serves as a useful tool for college students, parents, and others involved in campus communities. DEA also hosts Red Ribbon Week to help parents, teachers, educators, and community organizations to raise awareness of the problem of drug abuse. DEA has created a series of materials to help your community participate in Red Ribbon Week.
Office of Justice Programs (OJP)	(2.4) Build the Nation's prevention infrastructure	(2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage	The Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) includes the ability to conduct outreach and education efforts around substance and opioid use.

	Line of Effort	Actions	Program Support
	(2.6) Better integrate public health and public safety efforts.	appropriate parent and family involvement in school- and community-based prevention and outreach efforts. (2.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release.	In the FY2020 COSSAP grant solicitation, there is also a specific set-aside for education and prevention programs that connect law enforcement agencies with K-12 students. The Mentoring Opportunities Services for Youth Impacted by Opioids program includes three funding categories to supports the implementation and delivery of one-on-one, group and peer mentoring services to youth populations that are at risk and high risk for juvenile delinquency and juvenile justice system involvement through mentoring organizations and their active chapters or sub-awardees. Mentoring organizations develop and implement innovative mentoring approaches for this target population. The Juvenile Drug Treatment Court Program builds the capacity of state, local, and tribal courts to implement new juvenile drug treatment courts and enhance existing juvenile drug treatment courts for individuals with substance abuse problems or co-occurring mental health disorders. The Family Drug Court Program builds the capacity of state, local, and tribal courts to enhance existing family drug courts or implement statewide or countywide family drug court practices that increase collaboration with substance abuse treatment and child

	Line of Effort	Actions	Program Support
			welfare systems to ensure the provision of treatment and other services for families that improve child, parent, and family outcomes.
Department of Labor:			
Employment and Training Administration (ETA)	(2.1) Prevent drug use before it starts. (2.4) Build the Nation's prevention infrastructure.	(2.1.3) Implement evidence-based prevention efforts in schools and communities to complement and reinforce the media campaign, employing a combination of universal, selective, and indicated approaches. 2.2.1. Support research and practice guideline dissemination in relation to the management of acute pain related to physical trauma, surgery, or other causes. 2.2.7. Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care (2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	Job Corps/Trainee Employment Assistance Program. National Dislocated Worker Grants (DWG).

	Line of Effort	Actions	Program Support
		(2.4.2) Educate and inform child welfare professionals and healthcare providers about the early signs of substance use. (2.4.3) Identify resources to support pregnant and parenting women, children of parents with substance misuse disorders, and children born with neonatal abstinence syndrome (NAS). (2.4.4) When evidence of the effectiveness of various prevention interventions for specific populations, settings, or substances is insufficient, work to support research to build this critical scientific knowledge base. 2.8.1. Support the ongoing development of recovery community organizations that offer community-based peer recovery support services and that operate recovery community centers. 2.8.2. Quickly increase the number of peer recovery support workers, including those who are in medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide employment opportunities for individuals in recovery who are suited to this role	
Department of Transportation:			
Federal Aviation	(2.4) Build the Nation's	(2.4.1) Support and reinforce the positive	*Opioid Epidemic and Aviation.*

	Line of Effort	Actions	Program Support
Administration (FAA)	prevention infrastructure.	resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	
National Highway Traffic Safety Administration (NHTSA)	(2.4) Build the Nation's prevention infrastructure.	(2.4.1) Support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis and encourage appropriate parent and family involvement in school- and community-based prevention and outreach efforts.	- *If You Feel Different, You Drive Different*; *Drive Sober or Get Pulled Over; Drive High, Get a DUI*; and *There's More Than One Way to be Under the Influ*ence. - Advanced Roadside Impaired Driving Enforcement (ARIDE) and Drug Recognition Expert (DRE) training.
Goal 3: Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide.			
Department of Agriculture:			
Office of Rural Development (RD)	(3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use.	(3.2.1) Expand training in, adoption of, and reimbursement for substance use screening as a routine recurring component of care.	Community Facilities (CF) Grants.
Court Services and Offender Supervision Agency for D.C.:			
The Pretrial Services Agency (PSA)	(3.6) Better integrate public health and public safety efforts.	(3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release.	Contract-funded continuum of care.

	Line of Effort	Actions	Program Support
Community Supervision Program (CSP)	(3.6) Better integrate public health and public safety efforts.	(3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release.	Intervention programs.
Department of Health and Human Services:			
Administration for Children and Families (ACF)	(3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD.	(3.3.1) Remove barriers to SUD treatment, including: (3.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment.	Targeted Grants to Implement IV-E Prevention Services, and Improve the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, and other substance misuse (Regional Partnership Grant Program).
Centers for Disease Control and Prevention (CDC)	(3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD.	(3.3.2) Require primary care providers employed by the Federal Government to obtain and utilize a waiver to prescribe buprenorphine for the treatment of OUD, routinely screen for AOD use problems and, when indicated, provide early intervention or treatment services or offer referral to specialty treatment within 48 hours. (3.3.3) Encourage primary care providers funded by the Federal Government (e.g., through Medicaid or Medicare) to routinely screen for AOD problems, obtain and utilize a waiver to prescribe buprenorphine for the treatment of OUD, and when indicated,	CDC is working with states through its prevention programs Overdose Prevention in States OPIS and starting in September 2019, Overdose Data to Action, OD2A, to support access to MAT treatment for opioid use disorder through efforts such as linkage to care in a variety of settings. Several of CDC's Combating Opioid Overdose Through Community-level Intervention Initiatives (COOCLI) and pilot projects are focusing on increasing access to MAT treatment in settings such as emergency departments and community care. CDC is also funding the National Council for Behavioral Health to

	Line of Effort	Actions	Program Support
		provide early intervention or treatment services or offer referral to specialty treatment within 48 hours.	develop a toolkit for providing MAT for OUD in jails and prisons.
Centers for Medicare & Medicaid Services (CMS)	(3.1) Expand access to and utilization of naloxone. (3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.4) Expand the addictions treatment and recovery support workforce. (3.5) Enhance the addictions workforce. (3.8) Expand access to peer recovery support services. (3.9) Expand research on recovery. (3.10) Reduce stigma and	(3.1.3) Disseminate innovative and promising practices for engaging individuals in evidence-based treatment immediately following a non-fatal opioid overdose. (3.2.2) Increase the number of eligible health professionals who have a waiver to provide office-based opioid treatment with buprenorphine. (3.2.3) Providing training, consultation and support to encourage providers with DATA 2000 waivers to treat a greater number of patients with OUD. (3.3.1) Remove barriers to SUD treatment, including: (3.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment; (3.3.1.2) Continuing care; and, (3.3.1.3) Community-based peer recovery support services. (3.3.3) Encourage primary care providers funded by the Federal Government (e.g., through Medicaid or Medicare) to routinely screen for AOD problems, obtain and utilize a waiver	CMS recently made changes to Medicare payment policies for clinicians treating beneficiaries with OUD in an office or outpatient setting to increase access by creating a new bundled, monthly payment under the Physician Fee Schedule (PFS) for care management, care coordination, and counseling for OUD. Additionally, as required by section 2005 of the SUPPORT Act, CMS established a new Medicare benefit for OUD treatment services, including MAT utilizing methadone, which can only be furnished by opioid treatment programs. To increase access to MAT, CMS requires that Medicare Part D formularies include covered Medicare Part D drugs used for MAT. CMS will issue guidance on section 1006(b) of the SUPPORT Act, which requires states to provide MAT as a mandatory Medicaid benefit for the period beginning October 1, 2020 and ending September 30, 2025. Further, CMS issued guidance to states on section 5022 of the SUPPORT for Patients and Communities Act, which requires states with separate Children's Health Insurance Programs (CHIP) to cover behavioral health services as a mandatory service

	Line of Effort	Actions	Program Support
	related barriers to recovery.	to prescribe buprenorphine for the treatment of OUD, and when indicated, provide early intervention or treatment services or offer referral to specialty treatment within 48 hours. (3.4.2) Specialized training (e.g., addiction medicine fellowship programs and peer recovery support specialist training and certification programs), leveraging apprenticeship programs as one of the training. (3.5.1) Encouraging the adoption of comprehensive approaches leveraging multi-disciplinary teams to coordinate services over time and across systems. (3.8.1) Support the ongoing development of recovery community organizations that offer community-based peer recovery support services and that operate recovery community centers. (3.8.2) Quickly increase the number of peer recovery support workers, including those who are in medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide employment opportunities for individuals in recovery who are suited to this role. (3.9.3) Role of peer recovery support services within broader systems and	for child health and pregnancy related assistance. CMS encouraged Medicare primary care providers to screen for SUD by issuing newsletters on how these services are covered by Medicare.

	Line of Effort	Actions	Program Support
		communities and their impact on them. (3.10.2) Continue to educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences.	
Health Resources and Services Administration (HRSA)	(3.1) Expand access to and utilization of naloxone.	(3.1.1) Facilitate approval of an OTC naloxone product by developing and testing of appropriate "Drug Facts" labeling.	The Rural Community Opioid Response Program seeks to strengthen and expand SUD and OUD services in rural communities by supporting the identification, translation, dissemination, and implementation of evidence-based programs and best practices related to the treatment for and prevention of SUD within rural communities. The program also has provided grants to increase access to treatment and recovery services for opioid use disorder within rural areas HRSA Health Center Program supports the delivery of both mental health and SUD services. Grantees have used these funds to strengthen and expand SUD/OUD treatment, including the use of MAT, and recovery services. HRSA's Addiction Medicine Fellowship program supports Health systems in education and community training for addiction medicine and addiction psychiatry fellows.

	Line of Effort	Actions	Program Support
Indian Health Service (IHS)	(3.1) Expand access to and utilization of naloxone. (3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.4) Expand the addictions treatment and recovery support workforce. (3.5) Enhance the addictions workforce. (3.8) Expand access to peer recovery support services. (3.10) Reduce stigma and related barriers to recovery.	(3.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available. (3.1.3) Disseminate innovative and promising practices for engaging individuals in evidence-based treatment immediately following a non-fatal opioid overdose. (3.2.1) Expand training in, adoption of, and reimbursement for substance use screening as a routine recurring component of care. (3.2.2) Increase the number of eligible health professionals who have a waiver to provide office-based opioid treatment with buprenorphine. (3.2.3) Providing training, consultation and support to encourage providers with DATA 2000 waivers to treat a greater number of patients with OUD. (3.3.1) Remove barriers to SUD treatment, including: (3.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment; and (3.3.1.2) Continuing care. (3.3.3) Encourage primary care providers funded by the Federal Government	IHS released the Special General Memorandum *Assuring Access to MAT* that requires Federal Indian Health Service Facilities to create an action plan to identify local MAT resources and coordinate patient access to these services when indicated to assure equitable access to MAT services. The IHS has published a policy in the Indian Health Manual (Chapter 38) entitled *Internet Eligible Controlled Substance Prescriber Designation* to assure access to MAT using telemedicine models for remotely located Tribal members. The IHS Telebehavioral Health Center of Excellence (TBHCE) provides technical assistance, implementation, training, and evaluation support for remote healthcare, and serves isolated American Indian/Alaska Native (AI/AN) communities and areas with limited or no access to behavioral health services. The mission is to provide, promote, and support the delivery of high-quality, culturally sensitive telebehavioral health services to AI/AN people through clinical services, provider education, and telehealth support.

	Line of Effort	Actions	Program Support
		(e.g., through Medicaid or Medicare) to routinely screen for AOD problems, obtain and utilize a waiver to prescribe buprenorphine for the treatment of OUD, and when indicated, provide early intervention or treatment services or offer referral to specialty treatment within 48 hours. (3.4.1) Incentives to enter relevant professions (e.g., loan repayment or scholarship programs to pursue addiction counseling, addiction medicine, addiction nursing, etc.); and (3.4.2) Specialized training (e.g., addiction medicine fellowship programs and peer recovery support specialist training and certification programs), leveraging apprenticeship programs as one of the training. (3.5.1) Encouraging the adoption of comprehensive approaches leveraging multi-disciplinary teams to coordinate services over time and across systems. (3.5.3) Expanding, the peer recovery support services workforce, better integrating it across settings and systems, and expanding and enhancing training and supervision for this segment of the workforce as per above. (3.8.1) Support the ongoing development of recovery	

	Line of Effort	Actions	Program Support
		community organizations that offer community-based peer recovery support services and that operate recovery community centers. (3.8.2) Quickly increase the number of peer recovery support workers, including those who are in medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide employment opportunities for individuals in recovery who are suited to this role. (3.8.3.1) Collegiate recovery programs on large and small, four-year and two-year higher education settings. (3.8.3.3) Recovery residences, including Oxford Houses. (3.10.1) Encourage more Americans in recovery to speak out in order to help lift the stigma, misunderstanding, and shame.	
National Institutes of Health (NIH)	(3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.5) Enhance the addictions workforce.	(3.3.1) Remove barriers to SUD treatment. (3.5.2) Promoting the development, dissemination, and adoption of uniform credentialing and care standards and work to increase reciprocity of credentials across states.	- Helping to End Addiction Long-term (HEAL): Justice Communities Opioid Innovation Network (JCOIN). - *HIV, HCV and Related Comorbidities in Rural Communities Affected by Opioid Injection Drug Epidemics in the United States: Building Systems for Prevention, Treatment and Control* in partnership with the Appalachian Regional

	Line of Effort	Actions	Program Support
			Commission, CDC and SAMHSA.-Rural Opioid Initiative.
National Institutes of Health (NIH)	(3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use.	(3.2.1) Expand training in, adoption of, and reimbursement for substance use screening as a routine recurring component of care. (3.10.2) Continue to educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences.	Research efforts focused on integrating alcohol screening and brief intervention for youth into routine healthcare to increase accessibility of evidence-based addiction treatment. The HEAL Initiative supports research to develop, optimize, and test the collaborative care model using medication for OUD and evidence-based treatments for mental health conditions that can be delivered within primary care settings.
Substance Abuse and Mental Health Administration (SAMHSA)	(3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.4) Expand the addictions treatment and recovery support workforce.	(3.2.1) Expand training in, adoption of, and reimbursement for substance use screening as a routine recurring component of care. (3.2.2) Increase the number of eligible health professionals who have a waiver to provide office-based opioid treatment with buprenorphine. (3.2.3) Providing training, consultation and support to encourage providers with DATA 2000 waivers to treat a greater number of patients with OUD. (3.3.1) Remove barriers to SUD treatment, including: (3.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or	1. State Opioid Response Grants (SOR): SOR addresses the opioid crisis by increasing access to MAT using the three FDA approved medications for the treatment of opioid use disorders, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery support services for opioid use disorders (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs). Funding is provided to states and territories through formula grants. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths and a $50 million set-aside for tribes. 2. Medication-Assisted Treatment for Prescription Drug and

	Line of Effort	Actions	Program Support
	(3.5) Enhance the addictions workforce. (3.6) Better integrate public health and public safety efforts. (3.8) Expand access to peer recovery support services.	inpatient settings, residential treatment; (3.3.1.2) Continuing care; and (3.3.1.3) Community-based peer recovery support services. (3.3.2) Require primary care providers employed by the Federal Government to obtain and utilize a waiver to prescribe buprenorphine for the treatment of OUD, routinely screen for AOD use problems and, when indicated, provide early *intervention or treatment services or offer* referral to specialty treatment within 48 hours. (3.4.2) Specialized training (e.g., addiction medicine fellowship programs and peer recovery support specialist training and certification programs), leveraging apprenticeship programs as one of the training. (3.5.1) Encouraging the adoption of comprehensive approaches leveraging multi-disciplinary teams to coordinate services over time and across systems. (2.5.2) Promoting the development, dissemination, and adoption of uniform credentialing and care standards and work to increase reciprocity of credentials across states. (3.5.3) Expanding, the peer recovery support services	Opioid Addiction (MAT-PDOA): Similar to SOR, MAT-PDOA also intends to increase the distribution of MAT in states and communities. The purpose of this program is to expand/enhance access to MAT services for persons with an opioid use disorder seeking or already receiving MAT. 3. Regulation of Opioid Treatment Programs and DATA Waivers Programs: SAMHSA is responsible for regulating and certifying approximately 1,720 Opioid Treatment Programs to use opioid agonist treatment medications and processing DATA waivers for physicians, nurse practitioners, and physician assistants who wish to treat opioid abuse with buprenorphine. SAMHSA reviews both new and renewal applications for opioid treatment programs and oversees their accreditation required as a part of certification. SAMHSA's regulation of opioid treatment programs plays a critical role in expanding access and maintaining quality. Accrediting organizations must be approved by SAMHSA to fulfill this function, and this approval must be renewed every five years. SAMHSA monitors accrediting bodies for quality assurance and improvement by conducting annual site visits to recently accredited programs. Additionally, SAMHSA conducts unannounced opioid treatment

	Line of Effort	Actions	Program Support
		workforce, better integrating it across settings and systems, and expanding and enhancing training and supervision for this segment of the workforce as per above. (3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release. (3.6.2) Highlighting promising first-responder deflection initiatives and promoting consultation and collaboration across state, local, and tribal jurisdiction to promote adoption and further development of such models. (3.8.1) Support the ongoing development of recovery community organizations that offer community-based peer recovery support services and that operate recovery community centers.	programs site visits to investigate complaints and determine compliance with federal regulations in 42 CFR Part 8. SAMHSA also implements DATA 2000, which enables physicians to prescribe and/or dispense narcotics for the purpose of treating opioid dependency, in coordination with the Drug Enforcement Administration (DEA). 4. Strategic Prevention Framework for Prescription Drugs (SPF-Rx): Prescription Drugs program (SPF-Rx) assists grantees in developing capacity and expertise in the use of data from state run Prescription Drug Monitoring Programs (PDMPs). SPF-Rx is also designed to raise awareness about the dangers of sharing medications and to educate pharmaceutical and medical communities about the risks of overprescribing to young adults. 5. First Responder Training for Opioid Overdose Reversal Drugs (FR-CARA): Under Section 202 of CARA, SAMHSA is authorized to support additional efforts to prevent opioid overdose-related deaths by providing grants to states, local governments, and tribes to train first responders. The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals at risk for opioid misuse.

	Line of Effort	Actions	Program Support
			6. Improving Access to Overdose Treatment (OD-Tx): Also funded under CARA, OD-Tx aims to enable grantees to partner 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, grantees then train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose. Funding is provided to Federally Qualified Health Centers, opioid treatment programs, and practitioners dispending narcotic drugs. 7. The Substance Abuse Prevention and Treatment Block Grant: The 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 abuse prevention and treatment, and recovery support services for individuals, families, and communities impacted by substance abuse and misuse. The SABG particularly focuses on access to treatment for persons who inject drugs and pregnant women and women with dependent children. The SABG is the cornerstone of states' substance abuse prevention and treatment

	Line of Effort	Actions	Program Support
			systems; accounting for approximately 29 percent of all public funds expended by states for substance use disorder prevention activities and treatment services. Additionally, 20 percent of SABG funds must be set-aside to support primary prevention activities. 8. Recovery Support Service Program (RCSP): Since 1998, SAMHSA has recognized the value of supporting recovery through peers and other recovery supports, and has provided funding through the RCSP. This program was designed to assist recovery community organizations strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from drug/alcohol addiction across the Nation. The delivery of recovery support services by people in recovery is known as peer recovery support services. Peer recovery support services are strong components in helping individuals and families address substance abuse in the context of chronic disease management, especially when delivered by a peer (often known as a recovery coach, peer specialist, or peer mentor). There are more than 100 Recovery Community Organizations in the United States. 9. Building Communities of Recovery (BCOR): A more recent recovery program,

	Line of Effort	Actions	Program Support
			funded under CARA, is BCOR. The BCOR program mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance misuse and addiction. These grants are intended to support development, enhancement, expansion, and delivery of recovery support services as well as promotion of and education about recovery. Programs are principally governed by people in recovery. 10. Recovery Community Services Program Statewide Networks (RCSP-SN): The RCSP-SN grant program supports a statewide approach to enhance the presence of people with lived experience in recovery from drug/alcohol addiction as key partners in state systems. It also aims to build a peer workforce. Activities include collaborating on local and state workforce development, developing linkages with other organizations promoting recovery throughout the state, and participating in policy, planning, and program development discussions at the state, community, and local levels. Involving recovery community leaders and key stakeholders in decision-making helps states to design peer services and PRSS programs that are authentic to the recovery experience, complementary to clinical

	Line of Effort	Actions	Program Support
			practice, demonstrate strong recovery outcomes, and are sustainable over time. 11. Adult Drug Courts: SAMHSA has a strong history of addressing substance use concerns among criminal justice populations and funds criminal justice programs under the Cures Act. SAMHSA's Adult Drug Court is an example of a program that supports a variety of services including direct treatment services for diverse populations and wraparound and recovery support services. Recovery housing and peer recovery support services improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements. 12. Family Treatment Drug Courts (FTDC): Another criminal justice program is FTDC, which intends to expand substance use disorder treatment services in existing programs that provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a substance use disorder and/or co-occurring, substance use and mental disorders. 13. Technology Transfer Centers (TTCs): SAMHSA's most comprehensive technical

	Line of Effort	Actions	Program Support
			assistance programs to address workforce needs is the TTCs. The TTCs develop and strengthen the specialized behavioral healthcare and primary healthcare workforces that provide prevention, treatment, and recovery support services for mental and substance use disorders. The TTC program is comprised of three networks, including one dedicated to mental health issues (not described here): a. Addiction Technology Transfer Centers (ATTCs): ATTCs support national and regional activities focused on developing tools needed by practitioners to improve the quality of service delivery. These centers provide intensive technical assistance to provider organizations to improve their processes and practices. b. Prevention Technology Transfer Centers (PTTCs): PTTCs develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts; provide intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, how to use epidemiological data to guide prevention planning, and selection and implementation of evidence-based and promising prevention practices; and develop tools and resources to engage the

	Line of Effort	Actions	Program Support
			next generation of prevention professionals. Tribal and Technical Assistance Center (TTAC): TTAC provides training and technical assistance (TTA), including training to address youth opioid-related and other substance misuse to SAMHSA's American Indian and Alaska Native grantees, federally-recognized tribes, and other American Indian/Alaska Native (AI/AN/) communities to address and prevent mental and substance use disorders among Native youth. 14. State Targeted Response Technical Assistance (STR-TA): STR-TA, also known as the Opioid Response Network, was created to provide education and training at a local level to provide evidence-based practices in the prevention, treatment and recovery of opioid use disorders. In response, the American Academy of Addiction Psychiatry and a large coalition of national professional organizations were awarded the grant to lead this effort. STR-TA provides local training and education free of charge for specific needs at a community level to address this health crisis. 15. Expansion of Practitioner Education (Prac-Ed): Prac-Ed expands the integration of substance use disorder education into the standard curriculum of relevant

	Line of Effort	Actions	Program Support
			healthcare and health services education programs. Through the mainstreaming of curricula, the ultimate goal is to expand the number of practitioners able to deliver high-quality, evidence-based substance use disorder treatment. 16. Rural Opioid Technical Assistance (ROTA): ROTA develops and disseminates training and technical assistance to rural communities on addressing opioid issues. Grantees facilitate identification of model programs, develop and update materials related to the prevention, treatment and recovery activities for opioid use disorders, and ensure provision of high-quality training. 17. The Provider Clinical Support System (PCSS): The PCSS has developed a 22-module core curriculum designed to educate healthcare professionals on the prevention, assessment and treatment of substance use disorder throughout the continuum of care. The modules explore such topics as screening, stigma, motivational interviewing, alcohol, tobacco, and opioid use disorders. The course provides a comprehensive introduction and overview of substance use disorders and co-occurring mental and substance use disorders for all health professionals. The curriculum is specifically designed to

	Line of Effort	Actions	Program Support
			provide evidence-based practices in the prevention and treatment of substance use disorder and supports inter-professional collaborative practice in healthcare delivery. 18. PCSS – Universities: The purpose of this program is to expand and/or enhance access to MAT services through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields. This program also enables students to fulfill the training requirements needed to obtain a DATA waiver to prescribe MAT in office-based settings.
Department of Justice:			
Bureau of Prisons (BOP)	(3.1) Expand access to and utilization of naloxone. (3.6) Better integrate public health and public safety efforts. (3.8) Expand access to peer recovery support services.	(3.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available. (3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release. (3.8.2) Quickly increase the number of peer recovery support workers, including those who are in medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide	BOP is training all of its providers on the DATA waivers and is expanding access to a full range of MAT services including all three FDA-approved medications in conjunction with robust psychosocial treatment programs. Additionally, BOP is implementing peer recovery support service training and certification programs for offenders in recovery to enhance employment opportunities upon release. - Cognitive Behavioral Therapy; Drug Abuse Education; Nonresidential Drug Abuse Treatment Program; Residential Drug Abuse Program; Challenge Program and Community Transition Drug Abuse Treatment. - Staged expansion of the MAT (i.e., administration of Vivitrol

	Line of Effort	Actions	Program Support
		employment opportunities for individuals in recovery who are suited to this role.	prior to release to the community) program.
Office of Justice Programs (OJP)	(3.1) Expand access to and utilization of naloxone. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.5) Enhance the addictions workforce. (3.6) Better integrate public health and public safety efforts. (3.8) Expand access to peer recovery support services.	(3.1.3) Disseminate innovative and promising practices for engaging individuals in evidence-based treatment immediately following a non-fatal opioid overdose. (3.3.1) Remove barriers to SUD treatment, including: (3.3.1.3) Community-based peer recovery support services. (3.5.1) Encouraging the adoption of comprehensive approaches leveraging multi-disciplinary teams to coordinate services over time and across systems. (3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release. (3.6.2) Highlighting promising first-responder deflection initiatives and promoting consultation and collaboration across state, local, and tribal jurisdiction to promote adoption and further development of such models. (3.8.2) Quickly increase the number of peer recovery support workers, including those who are in	The Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) provides funding for a wide array of services for prevention, treatment, and recovery related efforts to address the addiction crisis. Activities under this program include increasing access to naloxone, implementation of MAT in jails and prisons, and expanding use of diversion efforts that connect individuals to treatment. This program also supports expanding access to and integration of peer support services. Adult Drug Court and Veterans Treatment Court Discretionary Grant Program The Residential Substance Abuse Treatment for State Prisoners Program assists with the development and implementation of substance abuse treatment programs while incarcerated and assists in the reentry process by delivering community-based treatment and other aftercare services. The Improving Reentry For Adults with Substance Use Disorders Program expands and improves access to treatment for individuals with SUD during incarceration and upon reentry into the community. The Justice and Mental Health Collaboration Program supports

	Line of Effort	Actions	Program Support
		medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide employment opportunities for individuals in recovery who are suited to this role.	cross-system collaboration to improve public safety responses and outcomes for individuals with mental illness and co-occurring mental illness and substance abuse, including opioid abuse. This program supports cooperative efforts at any point in the system to connect individuals with treatment and other support services rather than entering the criminal justice system.
Department of Labor:			
Employment and Training Administration (ETA)	(3.1) Expand access to and utilization of naloxone. (3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.4) Expand the addictions treatment and recovery support workforce. (3.5) Enhance the addictions workforce.	(3.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available. (3.2.1) Expand training in, adoption of, and reimbursement for substance use screening as a routine recurring component of care. (3.3.1) Remove barriers to SUD treatment, including 1. Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment 2. Continuing care 3. Community-based peer recovery support services (3.4.1) Incentives to enter relevant professions (e.g., loan repayment or scholarship programs to pursue addiction counseling, addiction	National Dislocated Worker Grants.

	Line of Effort	Actions	Program Support
	(3.6) Better integrate public health and public safety efforts. (3.7) Increase employment opportunities for those in recovery. (3.8) Expand access to peer recovery support services. (3.10) Reduce stigma and related barriers to recovery	medicine, addiction nursing, etc.) and; (3.4.2) Specialized training (e.g., addiction medicine fellowship programs and peer recovery support specialist training and certification programs), leveraging apprenticeship programs as one of the training. (3.5.1) Encouraging the adoption of comprehensive approaches leveraging multi-disciplinary teams to coordinate services over time and across systems. (3.5.2) Promoting the development, dissemination, and adoption of uniform credentialing and care standards and work to increase reciprocity of credentials across states. (3.5.3) Expanding, the peer recovery support services workforce, better integrating it across settings and systems, and expanding and enhancing training and supervision for this segment of the workforce as per above. (3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release.	

	Line of Effort	Actions	Program Support
		(3.7.1) Work across the Federal Government and the private sector to increase hiring opportunities for those in recovery. (3.7.2) Educate employers on the benefits of hiring people in recovery. (3.7.3) Develop best practices for increasing employment prospects for people in recovery (e.g., training and support, certificates of rehabilitation, indemnity bonds, employer tax credits, ensuring access to a stable and supportive living environment, etc.) (3.8.1) Support the ongoing development of recovery community organizations that offer community-based peer recovery support services and that operate recovery community centers. (3.8.2) Quickly increase the number of peer recovery support workers, including those who are in medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide employment opportunities for individuals in recovery who are suited to this role. (3.10.1) Encourage more Americans in recovery to speak out in order to help lift the stigma,	

	Line of Effort	Actions	Program Support
		misunderstanding, and shame that (3.10.1.1) Prevent too many Americans from seeking help for substance use disorders, (3.10.1.2) Create informal barriers to housing and employment, (3.10.1.3) Lead to policies and practices that undermine efforts to help people achieve and sustain recovery and fully rejoin and contribute to their communities. 2.10.2. Continue to educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences	
Office of Workers' Compensation Programs	(1.3) Eliminate Barriers to Treatment Availability (1.2) Promote safe prescribing practices. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD.	3.2.2. Support research and practice guideline dissemination in relation to the management of acute pain related to physical trauma, surgery, or other causes 3.2.3. Ensure adequate coverage and reimbursement for non-opioid analgesics, nerve blocks, physical therapy, chiropractic, acupuncture, massage, mindfulness training and other lower risk pain management approaches. 3.2.4. Encourage the development and/or	Administration of the Federal Employees' Compensation Act

	Line of Effort	Actions	Program Support
		adoption of standardized practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such a surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. 3.2.5. In partnership with Federal Partners and key national stakeholder groups, develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. (3.3.1) Remove barriers to SUD treatment. including: 1. Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment 2. Continuing care	
Department of Transportation:			
National Highway Traffic Safety Administration (NHTSA)	(3.1) Expand access to and utilization of naloxone. (3.6) Better integrate public health and public safety efforts.	(3.1.2) Promote widespread training in rescue breathing for immediate response to suspected opioid overdoses when naloxone is not available. (3.6.2) Highlighting promising first-responder deflection initiatives and promoting consultation and collaboration across state, local, and tribal jurisdiction to promote adoption and further	National Center for Driving While Intoxicated (DW) Courts (NCDC).

	Line of Effort	Actions	Program Support
		development of such models.	
Department of Veterans Affairs:			
Veterans Health Administration (VHA)	(3.2) Expand capacity of primary care, emergency department, inpatient hospital, and other health professionals to address substance use. (3.3) Expand timely access to comprehensive, individualized, and evidence-based care for OUD and other SUD. (3.4) Expand the addictions treatment and recovery support workforce. (3.5) Enhance the addictions workforce. (3.6) Better integrate public health and public safety efforts. (3.8) Expand access to peer recovery support services. (3.9) Expand research on recovery. (3.10) Reduce stigma and related barriers to recovery.	(3.2.1) Expand training in, adoptions of, and reimbursement for substance use screening as a recurring component of care (3.2.2) Increase the number of eligible health professionals who have a waiver to provide office-based opioid treatment with buprenorphine (3.2.3) Providing training, consultation and support to encourage providers with DATA 2000 waivers to treat a greater number of patients with OUD. (3.3.1) Remove barriers to SUD treatment, including: (3.3.1.1) Access limitations related to treatment incorporating FDA-approved medications for the treatment of OUD in outpatient, residential, or inpatient settings, residential treatment; (3.3.1.2) Continuing care; and (3.3.1.3) Community-based peer recovery support services. (3.4.2) Specialized training (e.g., addiction medicine fellowship programs and peer recovery support specialist training and certification programs), leveraging apprenticeship programs as one of the training.	VA launched Stepped Care for Opioid Use Disorder in August 2018 with the intent of supporting the expansion of medication for OUD (M-OUD) in Level 1 clinics (primary care, general mental health and pain management clinics). - Within VA, M-OUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, is accessible to patients seen at 100 percent of VA Medical Centers. VHA requires all Veterans be screened annually for at-risk alcohol use with brief intervention expected for those Veterans that screen positive. Clinical tools are being developed that will also encourage use of a single item screen for drug use including use of opioids. VA has implemented Same-Day access for emergent SUD treatment and as a component of planned suicide prevention efforts is expanding the focus priority access for specific SUD treatment services including M-OUD and residential treatment. VA also is pursuing a pilot initiative to support initiation of M-OUD in emergency departments. The VA is also working with DoD to develop strategies to provide

	Line of Effort	Actions	Program Support
		(3.5.1) Encouraging the adoption of comprehensive approaches leveraging multi-disciplinary teams to coordinate services over time and across systems. (3.5.3) Expanding, the peer recovery support services workforce, better integrating it across settings and systems, and expanding and enhancing training and supervision for this segment of the workforce as per above. (3.6.1) Scaling up support for state, tribal, and local drug courts to provide offenders with SUD access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release. (3.8.2) Quickly increase the number of peer recovery support workers, including those who are in medication-assisted recovery to build the critically needed peer recovery support services workforce and to provide employment opportunities for individuals in recovery who are suited to this role (3.9.1) Recovery process and its various trajectories, components, and stages (2.9.2) Proximal and long-term effectiveness of various peer recovery support models and the characteristics of those	MOUD to transitioning service members. VA continues efforts to expand services for justice-involved Veterans through the Veterans Treatment Courts VA has a large Peer Support program with peer support specialists providing services both in Primary Care and Mental Health settings including substance use disorder (SUD) specialty care. VA provides significant support to train healthcare professionals with expertise in addiction. This includes internships and residencies that include specific addiction specific rotations as well as addiction specific fellowships. Multiple initiatives to support providers in implementing M-OUD (Academic Detailing, Psychotropic Drug Safety Initiative, Medication for Addiction Treatment in VA) The VA has an intramural research program that conducts merit review research on high-priority research areas for its health system. These research projects span the fields of biomedical research, clinical research, and health services research. VA also has a robust set of policy and program offices that coordinate and evaluate clinical programs in the health system, which offers additional

	Line of Effort	Actions	Program Support
		most likely to benefit from them (3.9.3) Role of peer recovery support services within broader systems and communities and their impact on them. (3.10.1) Encourage more Americans in recovery to speak out in order to help lift the stigma, misunderstanding, and shame that (3.10.1.1) Prevent too many Americans from seeking help for substance use disorders, (3.10.1.2) Create informal barriers to housing and employment, (3.10.1.3) Lead to policies and practices that undermine efforts to help people achieve and sustain recovery and fully rejoin and contribute to their communities. (3.10.2) Continue to educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences	information that VA uses to improve care of Veterans in the recovery process.
Goal 4: Increase mandatory prescriber education and continuing training on best practices and current clinical guidelines.			
Department of Health and Human Services:			
Centers for Disease Control and Prevention	(4.2) Promote safe prescribing practices.	(4.2.1) Support research and practice guideline dissemination in relation to the management of acute	CDC's 2016 Guideline for Prescribing Opioids for Chronic Pain provides evidence-based recommendations for the

	Line of Effort	Actions	Program Support
		pain related physical trauma, surgery, or other causes. (4.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (4.2.5) In partnership with Federal Partners and key national stakeholder groups, develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain.	management of chronic pain in primary care settings. CDC has developed a training series called "Applying CDC's Guideline for Prescribing Opioids" to disseminate best practices and its guideline to healthcare providers. CDC is also collaborating with an academic medical center to support a Safer Opioid Prescribing ECHO (Extension for Community Healthcare Outcomes). Primary care providers in 4 FQHCs will receive training based on CDC's opioid prescribing guideline.
Indian Health Service (IHS)	(4.2) Promote safe prescribing practices.	(4.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	- Implemented a policy on mandatory opioid training requiring all IHS federally-controlled substance prescribers to complete the "IHS Essential Training on Pain and Addiction" with required refresher training every three years. - Created supplemental prescriber training that includes myofascial pain management techniques, the fundamentals of a neurological exam, and best practices for patient evaluation.
National Institutes of Health (NIH)	(4.2) Promote safe prescribing practices.	(4.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical	HEAL Initiative supported research on Prevention of Progression to Moderate or Severe Opioid Use Disorder -NIDA's Centers of Excellence in Pain Education (CoEPEs) act as

	Line of Effort	Actions	Program Support
		trauma, surgery, or other causes. (4.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (4.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, pharmacy and other schools to enhance and improve how healthcare professionals are taught about pain and its treatment. - NIDAMED initiative, focused on educational outreach to clinicians around opioids and other substance use issues.
Substance Abuse and Mental Health Administration (SAMHSA)	(4.2) Promote safe prescribing practices.	(4.2.2) Ensure adequate coverage and reimbursement for non-opioid analgesics, nerve blocks, physical therapy, chiropractic, acupuncture, massage, mindfulness training and other lower risk pain management approaches.	1. *The Provider Clinical Support System (PCSS):* The PCSS has developed a 22-module core curriculum designed to educate healthcare professionals on the prevention, assessment and treatment of substance use disorder throughout the continuum of care. The modules explore such topics as screening, stigma, motivational interviewing, alcohol, tobacco, and opioid use disorders. The course provides a comprehensive introduction and overview of substance use disorders and co-occurring mental and substance use disorders for all health professionals. The curriculum

	Line of Effort	Actions	Program Support
			is specifically designed to provide evidence-based practices in the prevention and treatment of substance use disorder and supports inter-professional collaborative practice in healthcare delivery. 2. *Addiction Technology Transfer Centers (ATTCs)*: ATTCs support national and regional activities focused on developing tools needed by practitioners to improve the quality of service delivery. These centers provide intensive technical assistance to provider organizations to improve their processes and practices. 3. *Strategic Prevention Framework for Prescription Drugs (SPF-Rx):* Prescription Drugs program (SPF-Rx) is designed to assist grantees in developing capacity and expertise in the use of data from state run Prescription Drug Monitoring Programs (PDMPs). SPF-Rx is also designed to raise awareness about the dangers of sharing medications and to educate pharmaceutical and medical communities about the risks of overprescribing to young adults.
Department of Justice:			
Bureau of Prisons (BOP)	(4.2) Promote safe prescribing practices.	(4.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency	Developed and implemented mandatory training for all physicians and dentists that prescribe opioids to reduce over-prescribing.

	Line of Effort	Actions	Program Support
		medicine providers, dentists and dental surgeons, and emergency medical technicians.	
Office of Justice Programs (OJP)	(4.2) Promote safe prescribing practices.	(4.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians.	Harold Rogers Prescription Drug Monitoring Grant Program; and PDMP Training and Technical Assistance Center (PDMP TTAC), provides a comprehensive array of services, support, resources, and strategies to PDMPs, federal partners and other stakeholders to further the efforts and effectiveness of PDMPs in combating the misuse, abuse and diversion of prescription drugs. OJP also supports works with other federal and non-federal partners to publish toolkits and other documents on the implementation of evidence-based practices for law enforcement, first responders, and in jails and prisons, such as guidelines and promising practices around the implementation of MAT in correctional settings.
Department of Veterans Affairs:			
Veterans Health Administration (VHA)	(4.2) Promote safe prescribing practices.	(4.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (4.2.5) In partnership with Federal Partners and key national stakeholder	VA's Opioid Safety Initiative (OSI) reflects a comprehensive strategy to promote safe prescribing of opioids. The OSI includes key clinical indicators such as the number of VA pharmacy users dispensed an opioid, the number of VA pharmacy users receiving long-term opioids who also receive a urine drug screen, the number of VA pharmacy users receiving an opioid and a benzodiazepine (which puts them at a higher risk of adverse events) and the average morphine

	Line of Effort	Actions	Program Support
		groups, develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. (4.2.6) Coordinate the development of a national curriculum and standard of care for opioid prescribers that supplements the CDC's Guideline and focuses on primary care physicians. (4.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	equivalent daily dose (MEDD) of opioids. VA efforts also have included development of VA-Department of Defense Clinical Practice Guidelines for the Management of Opioid Therapy for Chronic Pain and mandatory training for providers entitled "Pain Management and Opioid Safety". Additionally, in cases where opioid prescribing is appropriate, VHA requires that patients are educated about side effects, risks and alternatives to taking opioid medication long-term and that this informed consent is documented before opioid therapy is used for 90 days or longer. Since September 2018, VHA has trained hundreds of clinicians in pain best practices through annual regional and national Veterans in Pain – Pain Management, Opioid Safety, Suicide Prevention Teams (VIP – POST) conferences. VA and DoD are collaborating on the Joint Pain Education Program (JPEP) to coordinate and standardize pain management training by developing a standardized curriculum to improve complex patient and provider education and training. In August 2018, VA launched the Stepped-Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) program, a model that aims to improve access to OUD

	Line of Effort	Actions	Program Support
			treatment and prevent intentional overdose deaths. VA hosts monthly conference calls and convenes face to face conferences (when feasible) in support the Integrated VA Pain Community of Practice an promote the Primary Care Champions Initiative.
Goal 5: Reduce nationwide opioid prescription fills.			
Department of Health and Human Services:			
Centers for Disease Control and Prevention (CDC)	(5.2) Promote safe prescribing practices.	(5.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical trauma, surgery, or other causes. (5.2.2) Ensure adequate coverage and reimbursement for non-opioid analgesics, nerve blocks, physical therapy, chiropractic, acupuncture, massage, mindfulness training and other lower risk pain management approaches. (5.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (5.2.5) In partnership with Federal Partners and key national stakeholder groups, develop model	Reduce prescribed opioid morphine milligram equivalents (MME) per capita.

	Line of Effort	Actions	Program Support
		statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain.	
Centers for Medicare & Medicaid Services (CMS)	(5.2) Promote safe prescribing practices.	(5.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical trauma, surgery, or other causes. (5.2.2) Ensure adequate coverage and reimbursement for non-opioid analgesics, nerve blocks, physical therapy, chiropractic, acupuncture, massage, mindfulness training and other lower risk pain management approaches. (5.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (5.2.4) Work to ensure training in the standards and guidelines is incorporated in the curricula of medical and nursing schools, is part of graduate medical education, and is a component of continuing medical education.	Incrementally adopted successful opioid policies in the Medicare Part D program to appropriately address opioid overutilization, while preventing interruption of medically necessary drug therapy. In January 2020, CMS finalized a decision to cover acupuncture for Medicare patients with chronic low back pain. Before this final National Coverage Determination (NCD) reconsideration, acupuncture was nationally non-covered by Medicare.

	Line of Effort	Actions	Program Support
		(5.2.5) In partnership with Federal Partners and key national stakeholder groups, develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. (5.2.6) Coordinate the development of a national curriculum and standard of care for opioid prescribers that supplements the CDC's Guideline and focuses on primary care physicians. (5.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	
Indian Health Service (IHS)	(5.2) Promote safe prescribing practices.	(5.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical trauma, surgery, or other causes.	Created and released a comprehensive Opioid Stewardship workbook to assist sites with creating best practices surrounding safe opioid prescribing and increasing access to integrative pain treatments.
National Institutes of Health (NIH)	(5.2) Promote safe prescribing practices.	(5.2.1) Support research and practice guideline dissemination in relation to the management of acute pain related physical trauma, surgery, or other causes. (5.2.3) Encourage the development and/or adoption of uniform	HEAL Initiative portfolio of research to develop and test the effectiveness of interventions to reduce inappropriate opioid prescribing practices and promote best practices, including Back Pain Consortium Research Program; Pain Management Effectiveness Research Network; Pragmatic and Implementation

	Line of Effort	Actions	Program Support
		practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (5.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	Studies for the Management of Pain to Reduce Opioid Prescribing.
Department of Veterans Affairs:			
Veterans Health Administration (VHA)	(5.2) Promote safe prescribing practices.	(5.2.3) Encourage the development and/or adoption of uniform practice standards and guidelines for practitioners who commonly administer opioids for acute pain, such as surgeons, emergency medicine providers, dentists and dental surgeons, and emergency medical technicians. (5.2.5) In partnership with Federal Partners and key national stakeholder groups, develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. (5.2.6) Coordinate the development of a national curriculum and standard of	VA's Opioid Safety Initiative (OSI) reflects a comprehensive strategy to promote safe prescribing of opioids. The OSI includes key clinical indicators such as the number of VA pharmacy users dispensed an opioid, the number of VA pharmacy users receiving long-term opioids who also receive a urine drug screen, the number of VA pharmacy users receiving an opioid and a benzodiazepine (which puts them at a higher risk of adverse events) and the average morphine equivalent daily dose (MEDD) of opioids.

	Line of Effort	Actions	Program Support
		care for opioid prescribers that supplements the CDC's Guideline and focuses on primary care physicians. (5.2.7) Develop a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify patients with or at risk of substance use disorder and to provide or link to appropriate care.	
Goal 6: Increase Prescription Drug Monitoring Program interoperability and usage across the country.			
Department of Health and Human Services:			
Centers for Disease Control and Prevention (CDC)	(6.3) Support PDMP integration.	(6.3.2) In partnership with states, Federal Partners, PDMP software/platform vendors, and other stakeholders, identify barriers to interoperability across state PDMPS and between PDMPs and electronic health records.	Number of states that are integrating Prescription Drug Monitoring Programs (PDMP) into electronic health records (EHRs). All but 9 states have some form of EHR integration within state health systems: A key prevention component of CDC's Overdose Data to Action cooperative agreement with states is the integration of state PDMPs to DOJ's RxCheck Hub.
Indian Health Service (IHS)	(6.3) Support PDMP integration.	(6.3.3) In collaboration with Federal Partners, develop and advocate for adoption of measures to incentivize states to make PDMP consultation mandatory whenever a controlled substance is prescribed.	- Implemented a policy in Chapter 32 of the *Indian Health Manual* (IHM), "State Prescription Drug Monitoring Programs", requiring providers to check state PDMP databases prior to prescribing opioids and requiring IHS federal pharmacies to report opioid prescribing data to these state PDMPs. The IHS created and released automated PDMP reporting functionality for RPMS sites to operationalize near-real time

	Line of Effort	Actions	Program Support
			reporting of controlled substance dispensing to state-based PDMPs.
National Institutes of Health (NIH)	(6.3) Support PDMP integration.	(6.3.2) In partnership with states, Federal Partners, PDMP software/platform vendors, and other stakeholders, identify barriers to interoperability across state PDMPS and between PDMPs and electronic health records.	- Portfolio of research that examines the effects of PDMPs, compares programs across states in order to understand the effects of different implementations and components, and tests the effects of interventions that could be incorporated into such programs. - NIDA Clinical Trials Network: PHAMSCREEN.
Department of Justice:			
Office of Justice Programs (OJP)	(6.3) Support PDMP integration.	(6.3.1) Working with key national stakeholders, identify and implement approaches to eliminate legal and regulatory barriers to cross-state PDMP data sharing. (6.3.2) In partnership with states, Federal Partners, PDMP software/platform vendors, and other stakeholders, identify barriers to interoperability across state PDMPS and between PDMPs and electronic health records. (6.3.3) In collaboration with Federal Partners, develop and advocate for adoption of measures to incentivize states to make PDMP consultation mandatory whenever a controlled substance is prescribed.	Harold Rogers Prescription Drug Monitoring Grant Program; and PDMP Training and Technical Assistance Center (PDMP TTAC), provides a comprehensive array of services, support, resources, and strategies to PDMPs, federal partners and other stakeholders to further the efforts and effectiveness of PDMPs in combating the misuse, abuse and diversion of prescription drugs. Operation of the RxCheck Hub, which facilitates secure and efficient PDMP data sharing between states or within states with HIE or EHR systems.
Department of Veterans Affairs:			
Veterans Health Administration (VHA)	(6.3) Support PDMP integration.	(6.3.1) Working with key national stakeholders, identify and implement approaches to eliminate legal and regulatory barriers to cross-state PDMP data sharing.	VA supports the exchange and integration of state PDMP data into electronic health records through national policy. Section 134 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act

	Line of Effort	Actions	Program Support
		(6.3.2) In partnership with states, Federal Partners, PDMP software/platform vendors, and other stakeholders, identify barriers to interoperability across state PDMPS and between PDMPs and electronic health records.	(MISSION Act) of 2018 authorizes VA providers and authorized delegates to query and access all State PDMP databases regardless of State of licensure or practice.
Goal 7: Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States.			
Department of Justice:			
Drug Enforcement Administration (DEA)	(7.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (7.2) Working with International Partners. (7.3) Combating Illicit Internet Drug Sales. (7.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment. (7.5) Interdicting Drug Flow Across Physical Borders into USA. (7.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure.	(7.1.5) Work with foreign partners. (7.2.1) Focus diplomatic efforts to achieve PN results. (7.2.2) Prioritize assistance to aligned PNs. (7.2.3) Build PN capacity to act independently. (7.2.4) Work bilaterally with major source and trafficking countries. (7.2.5) Foster regional relationships. (7.2.6) Leverage existing multilateral mechanisms. (7.3.1) Disrupt internet exploitation by drug traffickers. (7.3.2) Degrade trust between buyer and seller. (7.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb. (7.3.4) Contest drug marketplaces in the cyber domain. (7.3.5) Disrupt the use of cryptocurrencies for illicit drug sales. (7.3.6) Develop a drug cyber defense capability.	Priority Targeting Program Drug Flow Attack Strategy International Training Program Sensitive Investigative Units. High Intensity Drug Trafficking Areas (HIDTA). Organized Crime Drug Enforcement Task Force (OCDETF) program.

	Line of Effort	Actions	Program Support
		(7.4.1) Disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. (7.4.2) Develop policy and regulations. (7.4.3) Develop international relationships. (7.4.4) Develop facility infrastructure upgrades. (7.4.5) Develop technology to target, detect, and intercept illicit drugs. (7.4.6) Encourage sharing of Advanced Electronic Data (AED). (7.4.7) Refine targeting algorithms. (7.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (7.4.9) Develop next generation technology and screening capabilities. (7.4.10) Improve testing capability for drug type/origin. (7.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (7.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (7.5.3) Expand interdiction of plant-based drugs along US land borders. (7.5.4) Expand interdiction of synthetic drugs and precursors along US land borders.	

	Line of Effort	Actions	Program Support
		(7.5.5) Encourage PN efforts to seize drugs bound for the USA. (7.6.1) Work bilaterally with Mexico to reduce the supply of heroin/meth/fentanyl. (7.6.2) Provide drug lab (heroin, meth, fentanyl) identification/risks/dismantling training to Mexican Gov. (7.6.3) Cooperate w/ Colombia to increase all forms of eradication. (7.6.4) Cooperate w/ Colombia to increase AD and economic opportunities. (7.6.5) Cooperate w/ Colombia to increase interdiction. (7.6.6) Cooperate w/ Colombia to increase investigation and prosecution. (7.6.7) Cooperate w/ Colombia to increase judicial support. (7.6.8) Cooperate w/ Colombia to increase public health cooperation. (7.6.10) Cooperate w/ Peru to increase all forms of eradication. (7.6.11) Cooperate w/ Peru to increase AD and economic opportunities. (7.6.12) Cooperate w/ Peru to increase interdiction. (7.6.13) Cooperate w/ Peru to increase investigation and prosecution. (7.6.14) Cooperate w/ Peru to increase judicial support.	

	Line of Effort	Actions	Program Support
		(7.6.15) Cooperate w/ Peru to increase public health cooperation. (7.6.17) Focus coca eradication in high-yield areas (7.6.18) Increase detection of marijuana cultivation in US public land. (7.6.19) Increase disruption of marijuana cultivation in US public land. (7.6.20) Increase reclamation of US public land exploited by marijuana cultivation. (7.6.21) Increase prosecutions due to marijuana cultivation on US public lands. (7.6.22) Increase collaboration with Mexico to reduce the availability of synthetic drugs. (7.6.23) Increase collaboration with China to reduce the availability of synthetic drugs. (7.6.24) Continue bilateral exchanges with Mexico to reduce production and trafficking of synthetic drugs to the USA. (7.6.25) Continue bilateral exchanges with China to reduce production and trafficking of synthetic drugs to the USA. (7.6.26) Continue bilateral exchanges with Colombia to reduce production and trafficking of synthetic drugs to the USA. (7.6.27) Continue bilateral exchanges with source and	

	Line of Effort	Actions	Program Support
		transit countries to reduce the production and trafficking of synthetic drugs to the USA. (7.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries.	
Department of State:			
Bureau of International Narcotics and Law Enforcement Affairs (INL)	(7.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (7.2) Working with International Partners. (7.3) Combating Illicit Internet Drug Sales. (7.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment (7.5) Interdicting Drug Flow Across Physical Borders into USA. (7.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure.	(7.1.5) Work with foreign partners. (7.2.1) Focus diplomatic efforts to achieve PN results. (7.2.2) Prioritize assistance to aligned PNs. (7.2.3) Build PN capacity to act independently. (7.2.4) Work bilaterally with major source and trafficking countries. (7.2.5) Foster regional relationships. (7.2.6) Leverage existing multilateral mechanisms. (7.3.1) Disrupt internet exploitation by drug traffickers. (7.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb. (7.3.5) Disrupt the use of cryptocurrencies for illicit drug sales. (7.4.1) Disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. (7.4.3) Develop international relationships.	- INL programs 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 support drug use prevention and treatment programs and projects to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. - INL's aviation program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.

	Line of Effort	Actions	Program Support
		(7.4.6) Encourage sharing of Advanced Electronic Data (AED). (7.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (7.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (7.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (7.5.3) Expand interdiction of plant-based drugs along US land borders. (7.5.4) Expand interdiction of synthetic drugs and precursors along US land borders. (7.5.5) Encourage PN efforts to seize drugs bound to the USA. (7.6.1) Work bilaterally with Mexico to reduce the supply of heroin/meth/fentanyl. (7.6.2) Provide drug lab (heroin, meth, fentanyl) identification/risks/dismantling training to Mexican Gov. (7.6.3) Cooperate w/ Colombia to increase all forms of eradication. (7.6.4) Cooperate w/ Colombia to increase AD and economic opportunities. (7.6.5) Cooperate w/ Colombia to increase interdiction. (7.6.6) Cooperate w/ Colombia to increase	

	Line of Effort	Actions	Program Support
		investigation and prosecution. (7.6.7) Cooperate w/ Colombia to increase judicial support. (7.6.8) Cooperate w/ Colombia to increase public health cooperation. (7.6.10) Cooperate w/ Peru to increase all forms of eradication. (7.6.11) Cooperate w/ Peru to increase AD and economic opportunities. (7.6.12) Cooperate w/ Peru to increase interdiction. (7.6.13) Cooperate w/ Peru to increase investigation and prosecution. (7.6.14) Cooperate w/ Peru to increase judicial support. (7.6.15) Cooperate w/ Peru to increase public health cooperation. (7.6.17) Focus coca eradication in high-yield areas. (7.6.22) Increase collaboration with Mexico to reduce the availability of synthetic drugs. (7.6.23) Increase collaboration with China to reduce the availability of synthetic drugs. (7.6.24) Continue bilateral exchanges with Mexico to reduce production and trafficking of synthetic drugs to the USA. (7.6.25) Continue bilateral exchanges with China to reduce production and trafficking of synthetic drugs to the USA.	

	Line of Effort	Actions	Program Support
		(7.6.26) Continue bilateral exchanges with Colombia to reduce production and trafficking of synthetic drugs to the USA. (7.6.27) Continue bilateral exchanges with source and transit countries to reduce the production and trafficking of synthetic drugs to the USA. (7.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries.	
United States Agency for International Development (USAID)	(7.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (7.9) Enhancing Law Enforcement Capacity.	(7.6.4) Cooperate w/ Colombia to increase AD and economic opportunities. (7.6.6) Cooperate w/ Colombia to increase investigation and prosecution. (7.6.7) Cooperate w/ Colombia to increase judicial support. (7.6.8) Cooperate w/ Colombia to increase public health cooperation. (7.6.11) Cooperate w/ Peru to increase AD and economic opportunities. (7.6.14) Cooperate w/ Peru to increase judicial support. (7.6.15) Cooperate w/ Peru to increase public health cooperation. (7.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (7.9.6) Leverage LE criminal prosecutions capabilities to	USAID's programs help countries develop economically viable alternatives to narcotics production. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improving commercial agricultural production and market linkages in drug production-prone areas and offering farmers incentives to discontinue planting poppy and other illicit crops. - USAID also works to improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and grow a viable agribusiness industry. This support incentivizes and facilitates participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key United States partner countries.

	Line of Effort	Actions	Program Support
		identify and exploit DTO vulnerabilities. (7.9.8) Sustain pressure on DTOs and prevent capability regeneration. (7.9.9) Leverage actions that lead to prosecutions to reduce DTO operational ability.	
Department of the Treasury:			
Internal Revenue Service (IRS)	(7.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (7.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure	(7.1.5) Work with foreign partners. (7.6.6) Cooperate w/ Colombia to increase investigation and prosecution. (7.6.7) Cooperate w/ Colombia to increase judicial support. (7.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries.	Organized Crime Drug Enforcement Task Force (OCDETF) program. High Intensity Drug Trafficking Areas (HIDTA).
Goal 8: Significantly reduce the availability of illicit drugs in the United States by disrupting their sale on the internet, and stopping their flow into the country through the mail and express courier environments, and across our borders.			
Department of Agriculture:			
United States Forest Service	(8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure.	(8.6.18) Increase detection of marijuana in US public land. (8.6.19) Increase disruption of marijuana in US public land. (8.6.20) Increase reclamation of US public land exploited by marijuana cultivation.	Law Enforcement and Investigations Management Attainment Reporting System (LEIMARS).
Department of Defense:			
Drug Interdiction and Counterdrug Activities	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains.	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities.	United States Southern Command's Joint Interagency Task Force (JIATF) South. INDOPACOM's JIATF West NTCC and drug intelligence cells programs.

	Line of Effort	Actions	Program Support
	(8.2) Working with International Partners. (8.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment. (8.5) Interdicting Drug Flow Across Physical Borders into USA. (8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (8.7) Leveraging Multi-Jurisdictional Task Force Programs. (8.8) Interrupting the Financial Activities of Drug Traffickers. (8.9) Enhancing Law Enforcement Capacity.	(8.1.4) Seize the initiative from DTOs. (8.1.5) Work with foreign partners. (3.2.1) Focus diplomatic efforts to achieve PN results. (8.2.2) Prioritize assistance to aligned PNs. (8.2.3) Build PN capacity to act independently. 83.2.4) Work bilaterally with major source and trafficking countries. (8.2.5) Foster regional relationships. (8.2.6) Leverage existing multilateral mechanisms. (8.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (8.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (8.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (8.5.5) Encourage PN efforts to seize drugs bound to the USA. (8.6.1) Work bilaterally with Mexico to reduce the supply of heroin/meth/fentanyl. (8.6.2) Provide drug lab (heroin, meth, fentanyl) identification/risks/dismantling training to Mexican Gov. (8.6.5) Cooperate w/ Colombia to increase interdiction.	

	Line of Effort	Actions	Program Support
		(8.6.17) Focus coca eradication in high-yield areas. (8.6.22) Increase collaboration with Mexico to reduce the availability of synthetic drugs. (8.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries. (8.7.1) Support Federal participation in Multi-Jurisdictional Task Forces. (8.7.2) Support information sharing. (8.8.1) Target TCO's financial capital. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.2) Leverage national-level strategic intelligence and planning capabilities and share within USG to combat TCOs. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.4) Ensure strategic intelligence of TOC and global criminal networks informs strategic planning. (8.9.5) Ensure LE and Intel community intelligence fusion to create a common threat picture. (8.9.11) Evolve DTO targeting to identify and target vulnerable critical components of fluid and dynamic organizations.	

	Line of Effort	Actions	Program Support
		(8.9.12) Identify and target key nodes enabling DTO operations. (8.9.13) Create agile interagency and international coordination to respond to changes to the supply chain.	
Department of Homeland Security:			
United States Customs and Border Protection (CBP)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.2) Working with International Partners. (8.3) Combating Illicit Internet Drug Sales. (8.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment. (8.5) Interdicting Drug Flow Across Physical Borders into USA. (8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (8.7) Leveraging Multi-Jurisdictional Task Force Programs. (8.9) Enhancing Law Enforcement Capacity.	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.1.5) Work with foreign partners. (8.2.4) Work bilaterally with major and trafficking countries. (8.2.5) Foster regional relationships. (8.2.6) Leverage existing multilateral mechanisms. (8.3.1) Disrupt internet exploitation by drug traffickers. (8.3.2) Degrade trust between buyer and seller. (8.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb. (8.3.4) Contest drug marketplaces in the cyber domain. (8.4.1) Disrupt the flow of illicit drugs shipped through the international mail and express consignment environments.	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. High Intensity Drug Trafficking Areas (HIDTA).

	Line of Effort	Actions	Program Support
		(8.4.2) Develop policy and regulations. (8.4.3) Develop international relationships. (8.4.4) Develop facility infrastructure upgrades. (8.4.5) Develop technology to target, detect, and intercept illicit drugs. (8.4.6) Encourage sharing of Advanced Electronic Data (AED). (8.4.7) Refine targeting algorithms. (8.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (8.4.9) Develop next generation technology and screening capabilities. (8.4.10) Improve testing capability for drug type/origin. (8.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (8.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (8.5.3) Expand interdiction of plant-based drugs along US land borders. (8.5.4) Expand interdiction of synthetic drugs and precursors along US land borders. (8.5.5) Encourage PN efforts to seize drugs bound to the USA. (8.6.28) Support collaboration with Int'l partners impacted by drugs	

	Line of Effort	Actions	Program Support
		from the same source countries. (8.7.1) Support Federal participation in Multi-Jurisdictional Task Forces. (8.7.2) Support information sharing. (8.7.3) Ensure state, local, and tribal agencies input into national data systems. (8.7.4) Ensure state, local, and tribal agencies have access to Federal data. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.2) Leverage national-level strategic intelligence and planning capabilities and share within USG to combat TCOs. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.4) Ensure strategic intelligence of TOC and global criminal networks informs strategic planning. (8.9.5) Ensure LE and Intel community intelligence fusion to create a common threat picture. (8.9.11) Evolve DTO targeting to identify and target vulnerable critical components of fluid and dynamic organizations. (8.9.12) Identify and target key nodes enabling DTO operations. (8.9.13) Create agile interagency and international coordination	

	Line of Effort	Actions	Program Support
		to respond to changes to the supply chain.	
Federal Emergency Management Agency (FEMA)	(8.5) Interdicting Drug Flow Across Physical Borders into USA. (8.9) Enhancing Law Enforcement Capacity.	(8.5.3) Expand interdiction of plant-based drugs along US land borders. (8.5.4) Expand interdiction of synthetic drugs and precursors along US land borders. (8.9.1) Build capacity and tools to understand and respond to the drug threat.	Operation Stonegarden Grant Program (OPSG).
Federal Law Enforcement Training Centers (FLETC)	(8.9) Enhancing Law Enforcement Capacity.	(8.9.1) Build capacity and tools to understand and respond to the drug threat.	Provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills of investigation, such as Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.
United States Immigration and Customs Enforcement (ICE)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.2) Working with International Partners. (8.3) Combating Illicit Internet Drug Sales. (8.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment. (8.5) Interdicting Drug Flow Across Physical Borders into USA. (8.6) Disrupting and Dismantling	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.1.5) Work with foreign partners. (8.2.3) Build PN capacity to act independently. (8.2.4) Work bilaterally with major source and trafficking countries. (8.2.5) Foster regional relationships. (8.3.1) Disrupt internet exploitation by drug traffickers. (8.3.2) Degrade trust between buyer and seller.	- 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. - Titles 8 U.S.C. and 19 U.S.C. authorize ICE to enforce and investigate the movement of carriers, persons, and commodities between the United States and other nations. - The Jaime Zapata Border Enforcement Security Task Force (BEST) Act was signed into law in 2012. This law authorizes the Secretary of Homeland Security to establish a BEST program, direct the assignment of federal personnel to the program, and

	Line of Effort	Actions	Program Support
	the Illicit Drug Production Infrastructure. (8.7) Leveraging Multi-Jurisdictional Task Force Programs. (3.8) Interrupting the Financial Activities of Drug Traffickers. (8.9) Enhancing Law Enforcement Capacity.	(8.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb. (8.3.4) Contest drug marketplaces in the cyber domain. (8.3.5) Disrupt the use of cryptocurrencies for illicit drug sales. (8.3.6) Develop a drug cyber defense capability. (8.4.1) Disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. (8.4.3) Develop international relationships. (8.4.5) Develop technology to target, detect, and intercept illicit drugs. (8.4.9) Develop next generation technology and screening capabilities. (8.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (8.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (8.5.3) Expand interdiction of plant-based drugs along US land borders. (8.5.4) Expand interdiction of synthetic drugs and precursors along US land borders. (8.5.5) Encourage PN efforts to seize drugs bound to the USA.	take actions to aid participating agencies. - Public Law 112-127: Border Tunnel Prevention Act of 2012. ICE Homeland Security Investigations (HSI) is the sole agency that investigates cross-border tunnels due to its Title 19 customs authority and the cross-border nexus inherent to tunnels in accordance with H.R. 4419 Border Tunnel Prevention Act of 2012. - ICE HSI is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. High Intensity Drug Trafficking Areas (HIDTA). Organized Crime Drug Enforcement Task Force (OCDETF) program.

	Line of Effort	Actions	Program Support
		(8.6.1) Work bilaterally with Mexico to reduce the supply of heroin/meth/fentanyl. (8.6.6) Cooperate w/ Colombia to increase investigation and prosecution. (8.6.7) Cooperate w/ Colombia to increase judicial support. (8.6.22) Increase collaboration with Mexico to reduce the availability of synthetic drugs. (8.6.23) Increase collaboration with China to reduce the availability of synthetic drugs. (8.6.24) Continue bilateral exchanges with Mexico to reduce production and trafficking of synthetic drugs to the USA. (8.6.25) Continue bilateral exchanges with China to reduce production and trafficking of synthetic drugs to the USA. (8.6.28) Support collaboration with International partners affected by drugs from the same source countries. (8.7.1) Support Federal participation in Multi-Jurisdictional tribal and international Task Forces. (8.8.1) Target TCO's financial capital. (8.8.2) Prevent the circulation, transfer, and concealment of illicit proceeds.	

	Line of Effort	Actions	Program Support
		(8.8.3) Decrease TCO's wealth and their incentive to function. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.2) Leverage national-level strategic intelligence and planning capabilities and share within USG to combat TCOs. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.6) Leverage LE criminal prosecutions capabilities to identify and exploit DTO vulnerabilities. (8.9.7) Leverage LE financial disruption tools and security operations to remove criminal profits. (8.9.8) Sustain pressure on DTOs and prevent capability regeneration. (8.9.9) Leverage actions that lead to prosecutions to reduce DTO operational ability. (8.9.10) Leverage actions that lead to long-term DTO disruption such as illicit drug, precursor chemical, illicit funds, and weapons seizures. (8.9.12) Identify and target key nodes enabling DTO operations. (8.9.13) Create agile interagency and international coordination to respond to changes to the supply chain.	

	Line of Effort	Actions	Program Support
United States Coast Guard (USCG)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.2) Working with International Partners. (8.5) Interdicting Drug Flow Across Physical Borders into USA. (8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure.	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.1.5) Work with foreign partners. (8.2.2) Prioritize assistance to aligned PNs. (8.2.4) Work bilaterally with major source and trafficking countries. (8.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (8.5.5) Encourage PN efforts to seize drugs bound to the USA. (8.6.5) Cooperate w/ Colombia to increase interdiction. (8.6.6) Cooperate w/ Colombia to increase investigation and prosecution. (8.6.7) Cooperate w/ Colombia to increase judicial support. (8.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries.	The USCG's drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes and uses the Inter-agency Consolidated Counterdrug Database (CCDB) as its source for tracking cocaine movement estimates. Organized Crime Drug Enforcement Task Force (OCDETF) program. JIATF South and JIATF West.
Department of the Interior:			
Bureau of Indian Affairs (BIA)	(8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (8.7) Leveraging Multi-	(8.6.18) Increase detection of marijuana in Indian country. (8.6.19) Increase disruption of marijuana in Indian country.	Drug Initiative.

	Line of Effort	Actions	Program Support
	Jurisdictional Task Force Programs. (8.9) Enhancing Law Enforcement Capacity.	(8.6.20) Increase support to Indian tribe's reclamation of Indian country exploited by marijuana production. (8.7.3) Ensure state, local, and tribal agencies input into national data systems. (8.7.4) Ensure state, local, and tribal agencies have access to Federal data. (8.9.1) Build capacity and tools to understand and respond to the drug threat.	
Bureau of Land Management (BLM)	(8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure.	(8.6.18) Increase detection of marijuana production and trafficking on US public land. (8.6.19) Increase disruption of marijuana production and trafficking on US public land. (8.6.20) Increase reclamation of US public land exploited by marijuana cultivation.	Resource Protection and Law Enforcement Program.
National Park Service (NPS)	(8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure.	(8.6.18) Increase detection of marijuana in US public land. (8.6.19) Increase disruption of marijuana in US public land. (8.6.20) Increase identification, inventory, assessment, remediation, reclamation, stabilization, and long-term restoration of US public land exploited by marijuana production.	Short and long-term counter-smuggling and drug cultivation investigations and operations. Ranger patrols and surveillance of roads, trails, and backcountry areas. Cooperation and coordination with the Department of Homeland Security's United StatesCustoms and Border Protection and other Federal, State, and local agencies involved with border security. High Intensity Drug Trafficking Areas (HIDTA).
Department of Justice:			
Criminal Division (CD)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats.	Narcotic and Dangerous Drug Section (NDDS). Approves and oversees the use of the most sophisticated

	Line of Effort	Actions	Program Support
	their Supply Chains. (8.2) Working with International Partners. (8.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment. (8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (8.9) Enhancing Law Enforcement Capacity.	(8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.1.5) Work with foreign partners. (8.2.1) Focus diplomatic efforts to achieve PN results. (8.2.2) Prioritize assistance to aligned PNs. (8.2.3) Build PN capacity to act independently. (8.2.4) Work bilaterally with major source and trafficking countries. (8.2.5) Foster regional relationships. (8.2.6) Leverage existing multilateral mechanisms. (8.4.2) Develop policy and regulations. (8.4.3) Develop international relationships. (8.4.6) Encourage sharing of Advanced Electronic Data (AED). (8.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (8.6.23) Increase collaboration with China to reduce the availability of synthetic drugs. (8.6.24) Continue bilateral exchanges with Mexico to reduce production and trafficking of synthetic drugs to the USA. (8.6.25) Continue bilateral exchanges with China to reduce production and trafficking of synthetic drugs to the USA.	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.

	Line of Effort	Actions	Program Support
		(8.6.27) Continue bilateral exchanges with source and transit countries to reduce the production and trafficking of synthetic drugs to the USA. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.4) Ensure strategic intelligence of TOC and global criminal networks informs strategic planning. (8.9.8) Sustain pressure on DTOs and prevent capability regeneration. (8.9.9) Leverage actions that lead to prosecutions to reduce DTO operational ability. (8.9.11) Evolve DTO targeting to identify and target vulnerable critical components of fluid and dynamic organizations. (8.9.13) Create agile interagency and international coordination to respond to changes to the supply chain.	
Drug Enforcement Administration (DEA)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.7) Leveraging Multi-Jurisdictional Task Force Programs. (8.8) Interrupting the Financial Activities of Drug Traffickers.	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.7.1) Support Federal participation in Multi-Jurisdictional Task Forces. (8.7.2) Support information sharing.	- Cyber Support Section. - Pharmaceutical, Chemical and Internet Section (OSI). - Priority Targeting Program. - Diversion Control Division (DC). - Domestic Task Force Program. - Special Operations Division. High Intensity Drug Trafficking Areas (HIDTA). Organized Crime Drug Enforcement Task Force (OCDETF) program.

	Line of Effort	Actions	Program Support
	(8.9) Enhancing Law Enforcement Capacity.	(8.7.3) Ensure state, local, and tribal agencies input into national data systems. (8.7.4) Ensure state, local, and tribal agencies have access to Federal data. (8.8.1) Target TCO's financial capital. (8.8.2) Prevent the circulation, transfer, and concealment of illicit proceeds. (8.8.3) Decrease TCO's wealth and their incentive to function. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.2) Leverage national-level strategic intelligence and planning capabilities and share within USG to combat TCOs. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.4) Ensure strategic intelligence of TOC and global criminal networks informs strategic planning. (8.9.5) Ensure LE and Intel community intelligence fusion to create a common threat picture. (8.9.6) Leverage LE criminal prosecutions capabilities to identify and exploit DTO vulnerabilities. (8.9.7) Leverage LE financial disruption tools and security operations to remove criminal profits.	

	Line of Effort	Actions	Program Support
		(8.9.8) Sustain pressure on DTOs and prevent capability regeneration. (8.9.9) Leverage actions that lead to prosecutions to reduce DTO operational ability. (8.9.10) Leverage actions that lead to long-term DTO disruption such as illicit drug, precursor chemical, illicit funds, and weapons seizures. (8.9.11) Evolve DTO targeting to identify and target vulnerable critical components of fluid and dynamic organizations. (8.9.12) Identify and target key nodes enabling DTO operations. (8.9.13) Create agile interagency and international coordination to respond to changes to the supply chain.	
Organized Crime Drug Enforcement Task Force (OCDETF)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.3) Combating Illicit Internet Drug Sales. (8.4) Focusing Effort Against Illicit Drugs in Mail and Express Consignment. (8.5) Interdicting Drug Flow Across Physical Borders into USA.	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.1.5) Work with foreign partners. (8.3.1) Disrupt internet exploitation by drug traffickers. (8.3.2) Degrade trust between buyer and seller. (8.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb.	- Regional maritime transportation strategic initiative. - OCDETF Fusion Center and Special Operation Division capabilities. - CPOT and RPOT. - OCDETF's Co-Located Strike Force Strategic Initiative. - Program support to JCODE efforts.

	Line of Effort	Actions	Program Support
	(8.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (8.7) Leveraging Multi-Jurisdictional Task Force Programs. (8.8) Interrupting the Financial Activities of Drug Traffickers. (8.9) Enhancing Law Enforcement Capacity.	(8.3.4) Contest drug marketplaces in the cyber domain. (8.4.1) Disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. (8.4.4) Develop facility infrastructure upgrades. (8.4.5) Develop technology to target, detect, and intercept illicit drugs. (8.4.6) Encourage sharing of Advanced Electronic Data (AED). (8.4.7) Refine targeting algorithms. (8.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (8.4.9) Develop next generation technology and screening capabilities. (8.4.10) Improve testing capability for drug type/origin. (8.5.1) Expand detection/monitoring efforts of air/maritime approaches to USA. (8.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (8.5.3) Expand interdiction of plant-based drugs along US land borders. (8.5.4) Expand interdiction of synthetic drugs and precursors along US land borders.	

	Line of Effort	Actions	Program Support
		(8.6.5) Cooperate w/ Colombia to increase interdiction. (8.6.6) Cooperate w/ Colombia to increase investigation and prosecution. (8.6.7) Cooperate w/ Colombia to increase judicial support. (8.6.12) Cooperate w/ Peru to increase interdiction. (8.6.13) Cooperate w/ Peru to increase investigation and prosecution. (8.6.14) Cooperate w/ Peru to increase judicial support. (8.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries. (8.7.1) Support Federal participation in Multi-Jurisdictional Task Forces. (8.7.2) Support information sharing. (8.7.3) Ensure state, local, and tribal agencies input into national data systems. (8.8.1) Target TCO's financial capital. (8.8.2) Prevent the circulation, transfer, and concealment of illicit proceeds. (8.8.3) Decrease TCO's wealth and their incentive to function. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.2) Leverage national-level strategic intelligence and planning capabilities	

	Line of Effort	Actions	Program Support
		and share within USG to combat TCOs. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.4) Ensure strategic intelligence of TOC and global criminal networks informs strategic planning. (8.9.5) Ensure LE and Intel community intelligence fusion to create a common threat picture. (8.9.6) Leverage LE criminal prosecutions capabilities to identify and exploit DTO vulnerabilities. (8.9.7) Leverage LE financial disruption tools and security operations to remove criminal profits. (8.9.8) Sustain pressure on DTOs and prevent capability regeneration. (8.9.9) Leverage actions that lead to prosecutions to reduce DTO operational ability. (8.9.10) Leverage actions that lead to long-term DTO disruption such as illicit drug, precursor chemical, illicit funds, and weapons seizures. (8.9.11) Evolve DTO targeting to identify and target vulnerable critical components of fluid and dynamic organizations. (8.9.12) Identify and target key nodes enabling DTO operations. (8.9.13) Create agile interagency and	

	Line of Effort	Actions	Program Support
		international coordination to respond to changes to the supply chain.	
United States Attorneys (USA)	(8.3) Combating Illicit Internet Drug Sales. (8.7) Leveraging Multi-Jurisdictional Task Force Programs. (8.8) Interrupting the Financial Activities of Drug Traffickers. (8.9) Enhancing Law Enforcement Capacity.	(8.3.1) Disrupt internet exploitation by drug traffickers. (8.3.2) Degrade trust between buyer and seller. (8.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb. (8.3.4) Contest drug marketplaces in the cyber domain. (8.3.5) Disrupt the use of cryptocurrencies for illicit drug sales. (8.7.1) Support Federal participation in Multi-Jurisdictional Task Forces. (8.8.1) Target TCO's financial capital. (8.8.2) Prevent the circulation, transfer, and concealment of illicit proceeds. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.6) Leverage LE criminal prosecutions capabilities to identify and exploit DTO vulnerabilities.	Dismantles criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities. High Intensity Drug Trafficking Areas (HIDTA). Organized Crime Drug Enforcement Task Force (OCDETF) program.
Department of State:			
Bureau of International Narcotics and Law Enforcement Affairs (INL)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.8) Interrupting the Financial	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs.	Projects funded by INL improve foreign law enforcement and intelligence gathering capabilities; enhance the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; effectively investigate, prosecute,

	Line of Effort	Actions	Program Support
	Activities of Drug Traffickers. (8.9) Enhancing Law Enforcement Capacity.	(8.8.1) Target TCO's financial capital. (8.8.2) Prevent the circulation, transfer, and concealment of illicit proceeds. (8.8.3) Decrease TCO's wealth and their incentive to function. (8.9.1) Build capacity and tools to understand and respond to the drug threat. (8.9.3) Improve capability to dismantle TCOs through increased coordination and focus. (8.9.6) Leverage LE criminal prosecutions capabilities to identify and exploit DTO vulnerabilities. (8.9.8) Sustain pressure on DTOs and prevent capability regeneration. (8.9.9) Leverage actions that lead to prosecutions to reduce DTO operational ability. (8.9.10) Leverage actions that lead to long-term DTO disruption such as illicit drug, precursor chemical, illicit funds, and weapons seizures. (8.9.13) Create agile interagency and international coordination to respond to changes to the supply chain.	and convict major narcotics criminals; and break up major drug trafficking organizations. INL also provides technical assistance to United States Federal law enforcement authorities working overseas to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives related to counternarcotics in the international arena.
Department of Transportation:			
Federal Aviation Administration (FAA)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains.	(8.1.1) Prioritize USG efforts on deadliest drugs. (8.1.5) Work with foreign partners. (8.5.1) Expand detection/monitoring	Provides radar vectors to track aircraft of interest time of arrival, traffic advisory information, and last known positions to intercept aircraft.

	Line of Effort	Actions	Program Support
	(8.5) Interdicting Drug Flow Across Physical Borders into USA.	efforts of air/maritime approaches to USA. (8.5.3) Expand interdiction of plant-based drugs along US land borders. (8.5.4) Expand interdiction of synthetic drugs and precursors along US land borders.	
Department of the Treasury:			
Internal Revenue Service (IRS)	(8.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (8.8) Interrupting the Financial Activities of Drug Traffickers.	(8.1.2) Anticipate/respond to emerging threats. (8.1.3) Identify/exploit supply chain vulnerabilities. (8.1.4) Seize the initiative from DTOs. (8.8.1) Target TCO's financial capital. (8.8.2) Prevent the circulation, transfer, and concealment of illicit proceeds. (8.8.3) Decrease TCO's wealth and their incentive to function.	"Follow the money" methodology to focus investigative efforts on cases involving virtual/cryptocurrency tax violations and money laundering, cyber-identity theft, account takeovers and terrorism financing using cyber-related techniques.
Goal 9: Illicit drug are less available in the United States as reflected in increased price and decreased purity as measured by price per pure gram.			
Department of Justice:			
Drug Enforcement Administration (DEA)	(9.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains. (9.2) Working with International Partners. (9.3) Combating Illicit Internet Drug Sales. (9.4) Focusing Effort Against Illicit Drugs in	(9.1.1) Prioritize USG efforts on deadliest drugs. (9.1.2) Anticipate/respond to emerging threats. (9.1.3) Identify/exploit supply chain vulnerabilities. (9.1.4) Seize the initiative from DTOs. (9.1.5) Work with foreign partners. (9.2.4) Work bilaterally with major and trafficking countries. (9.2.5) Foster regional relationships. (9.2.6) Leverage existing multilateral mechanisms.	Priority Targeting Program-pursue individuals at the highest levels of drug trafficking and/or money laundering. Drug Flow Attack Strategy-disrupt the flow of drugs, money and chemicals into the United States. International Training Program-CN training for PNs. Sensitive Investigation Units-dismantling TCOs worldwide with PNs to prevent drugs from entering the United States. Pharmaceutical Chemical and Internet Section-investigating Internet drug sales.

	Line of Effort	Actions	Program Support
	Mail and Express Consignment. (9.5) Interdicting Drug Flow Across Physical Borders into USA. (9.6) Disrupting and Dismantling the Illicit Drug Production Infrastructure. (9.7) Leveraging Multi-Jurisdictional Task Force Programs.	(9.3.1) Disrupt internet exploitation by drug traffickers. (9.3.2) Degrade trust between buyer and seller. (9.3.3) Use existing authorities to disrupt drug traffickers on clear and darkweb. (9.3.4) Contest drug marketplaces in the cyber domain. (9.4.1) Disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. (9.4.2) Develop policy and regulations. (9.4.3) Develop international relationships. (9.4.4) Develop facility infrastructure upgrades. (9.4.5) Develop technology to target, detect, and intercept illicit drugs. (9.4.6) Encourage sharing of Advanced Electronic Data (AED). (9.4.7) Refine targeting algorithms. (9.4.8) Build PN capacity to detect/intercept illicit drugs in their mail and express consignment systems. (9.4.9) Develop next generation technology and screening capabilities. (9.4.10) Improve testing capability for drug type/origin. (9.5.1) Expand detection/monitoring	Diversion Control-investigating violators of Controlled Substance Act. Domestic Task Force Program-working with state and local task forces to investigate TCOs operating in the United States. Special Operations Division-operational coordination center working with PNs and other LEAs.

	Line of Effort	Actions	Program Support
		efforts of air/maritime approaches to USA. (9.5.2) Expand detection of illicit drugs and precursor chemicals in commercial containers. (9.5.3) Expand interdiction of plant-based drugs along US land borders. (9.5.4) Expand interdiction of synthetic drugs and precursors along US land borders. (9.5.5) Encourage PN efforts to seize drugs bound to the USA. (9.6.28) Support collaboration with Int'l partners impacted by drugs from the same source countries. (9.7.1) Support Federal participation in Multi-Jurisdictional Task Forces. (9.7.2) Support information sharing. (9.7.3) Ensure state, local, and tribal agencies input into national data systems. (9.7.4) Ensure state, local, and tribal agencies have access to Federal data.	
United States Marshals Service (USMS)	(9.1) Disrupting, Dismantling, Defeating Drug Traffickers and their Supply Chains.	(9.1.1) Prioritize USG efforts on deadliest drugs. (9.1.3) Identify/exploit supply chain vulnerabilities.	Focuses investigative and fugitive apprehension resources on coordinated, nationwide investigations targeting the entire infrastructure of major drug trafficking. High Intensity Drug Trafficking Areas (HIDTA); Organized Crime Drug Enforcement Task Force (OCDETF) program; Fugitive Location Unit at the OCDETF Fusion Center.