



# NATIONAL DRUG CONTROL STRATEGY

## *FY2020 BUDGET AND PERFORMANCE SUMMARY*

Office of National Drug Control Policy

May 2019

***National Drug Control Strategy***  
***FY 2020 Budget and Performance Summary***

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# Executive Summary

# Executive Summary

The President's Fiscal Year (FY) 2020 National Drug Control Budget reflects the key drug policy priorities of the Administration, most notably a continued focused commitment to addressing the Nation's evolving opioid epidemic. The non-medical use of opioid medications and heroin use have taken a heartbreaking toll on many Americans, their families and their communities. The most recent data from the Centers for Disease Control and Prevention (CDC) show that opioids—a class of drugs that includes many prescription pain medications and heroin—were involved in 47,600 deaths in 2017.<sup>1</sup> In particular, CDC found a continued sharp increase in deaths involving synthetic opioids, such as fentanyl, as well as continued high levels of deaths involving heroin and natural and semisynthetic opioids. To further address these public health and safety challenges, the President is requesting new resources to reduce both the demand for and supply of opioids.

The President's FY 2020 Budget Request supports \$35.1 billion<sup>2</sup> for efforts spanning five drug control functions (prevention, treatment, interdiction, international operations, and law enforcement) across 14 Executive Branch departments and agencies, the Federal Judiciary, and the District of Columbia. This represents an increase of \$1.8 billion over the FY 2019 level<sup>3</sup> of \$33.2 billion.

## *President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand*

This FY 2020 drug budget, combined with the President's 2018 *Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand* and the Administration's 2019 *National Drug Control Strategy (Strategy)*, will enable the Federal Government to drive progress forward against this opioid epidemic. As stated in the *Strategy*, "the President's top priority is to address, head on, the current opioid crisis and reduce the number of Americans dying from these dangerous drugs."<sup>4</sup>

The Administration is making an unprecedented commitment of programs and resources to address the opioid crisis. The FY 2020 Budget Request includes \$7.1 billion in Federal resources to reduce the number of deaths resulting from illicit opioid use. This represents an increase of \$578 million over the FY 2019 commitment and includes both public health and public safety efforts.

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<sup>1</sup> [https://www.cdc.gov/nchs/data/databriefs/db329\\_tables-508.pdf#page=4](https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#page=4)

<sup>2</sup> The funding levels for FY 2020 are updated to include a technical correction, including military construction funding for the Department of Defense for the border wall.

<sup>3</sup> The funding levels for FY 2019 are based on the funding levels used to develop the FY 2020 President's Budget. Therefore, enacted funding levels are used for those agencies that received appropriations prior to January 2019 and continuing resolution levels are used for those agencies that received appropriated funding after January 2019...

<sup>4</sup> <https://www.whitehouse.gov/wp-content/uploads/2019/01/NDCS-Final.pdf>

As the Nation is confronted by the opioid crisis, it also faces other drug control threats and challenges. The *Strategy* recognizes the importance of dealing with all of these challenges and lays out a strategic approach to these challenges by supporting drug prevention, treatment and recovery, and reducing the availability of drugs in the United States.

Below are some of the programs and activities, by Department, that support the *Strategy*:

### **Department of Agriculture**

- The Office of National Drug Control Policy (ONDCP) has worked with the U.S. Department of Agriculture (USDA) to include their contribution to fighting the opioid epidemic in rural America in the National Drug Control Budget.
- USDA is requesting \$50.0 million in FY 2020 for its opioid efforts. The USDA's request includes funding for infrastructure projects, such as telemedicine networks and brick-and-mortar treatment facilities, which will help meet the needs of people with substance use disorders (SUD) in rural communities. USDA is also developing solutions for the safe disposal of unneeded prescription medications to reduce the diversion of these drugs.
- In FY 2020, USDA requests \$14.8 million to continue efforts to keep the national forests free of dangerous drug operations.

### **Department of Defense**

- For FY 2020, the Department of Defense (DoD) is requesting \$1.9 billion for counterdrug efforts, including support for security cooperation efforts with partner nations, counterdrug operations, and detection and monitoring efforts in support of drug interdiction operations. The request also includes \$540 million in military construction in drug-related funding for border wall construction, which represents 15 percent of the total \$3.6 billion DOD is requesting to be directed toward the construction of barriers along the SWB in support of the DHS. This is the same percentage DHS uses in estimating the drug-related funding for its border barrier infrastructure between ports of entry.

### **Department of Education**

- In FY 2020, the Department of Education is requesting \$55.5 million to continue its ongoing support for School Climate Transformation grants, which provide resources for school-based substance use prevention activities, as well as its technical assistance centers.

### **Department of Health and Human Services**

- The Department of Health and Human Services (HHS) is requesting continued funding of \$1.5 billion for the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response grants. These grants provide states, tribes, and U.S. territories with flexibility in responding to the opioid crisis.
- At the Health Resources and Services Administration (HRSA), more than \$500 million in funding supports the opioid and other SUDs response in community health centers, and \$120 million is requested to support the response in Rural America.

- At the CDC, \$475.6 million will support continued nationwide surveillance and data collection activities and other prevention-focused activities to address the misuse of opioid medications.
- HHS continues to be a major provider of substance use prevention, treatment, and recovery support services. Though opioids remain the main focus of HHS' contributions to the drug budget, the President's budget request will also support universal prevention activities, treatment for all types of SUD, and support for people in recovery from any SUD.
- SAMHSA's FY 2020 request includes \$1.9 billion for the Substance Abuse Prevention and Treatment Block Grant, 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.
- The Centers for Medicare and Medicaid Services (CMS) continue to be the largest funder of treatment services in the drug budget. For FY 2020, CMS anticipates an increase of \$510.0 million in services provided.

#### **Department of Homeland Security**

- The request for the Department of Homeland Security's (DHS) Customs and Border Protection (CBP) includes \$750 million in funding for the construction of the border wall.
- The U.S. Coast Guard's (USCG) FY 2020 request includes \$1.6 billion for drug control activities, an increase of \$254.8 million above the FY 2019 continuing resolution (CR) level. The increase supports necessary operations and support for USCG counterdrug activities, including the increased funding for USCG counterdrug operations.

#### **Department of Housing and Urban Development**

- In FY 2020, the Department of Housing and Urban Development (HUD) is requesting an additional \$21.2 million over the FY 2019 CR in its Continuum of Care program. The program provides housing assistance to people in need, including people in treatment for SUDs and people in recovery.

#### **Department of Justice**

- In the FY 2020 the request for the Department of Justice (DOJ) proposes dedicating about \$1.1 billion in resources for community programs, investigations, prosecutions, and intelligence efforts to address the opioid epidemic.
- The request includes an increase of \$35.0 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 Criminal Division and U.S. Attorneys are both requesting increases totaling \$6.4 million to support drug-related investigations and prosecutions.
- The Bureau of Prisons (BOP) is requesting an increase of \$1.0 million for its medication-assisted treatment (MAT) pilot program.

**Department of Labor**

- The Department of Labor is requesting \$6.0 million in FY 2020 for the Job Corps program, which provides services to at-risk youth, including drug prevention and drug education activities as related to job preparation.

**Department of State**

- The Department of State is requesting a total \$452.1 million in FY 2020 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). These funds include expanded efforts to support Colombia's efforts to counter increases in cocaine production and trafficking.

**Department of Transportation**

- The Department of Transportation is requesting \$40.9 million in FY 2020 for the counterdrug efforts of the Federal Aviation Administration (FAA) and National Highway Traffic Safety Administration (NHTSA).

**Department of the Treasury**

- The President's request includes \$60.3 million for the Department of the Treasury's efforts to conduct narcotics-related financial investigations, address cybercrime, and interrupt the financial activities of drug traffickers.
- These tools help bring transnational drug traffickers to justice and enable the United States to disrupt the operations of those organizations and individuals that traffic dangerous drugs, including fentanyl, into the Nation.

**Department of Veterans Affairs**

- The Department of Veterans Affairs (VA) is requesting \$823.7 million in FY 2020 to provide critical SUD treatment services to our Nation's veterans. The request provides support for treatment for all SUDs, as well as for the innovations taking place at the Department around the prevention and treatment of opioid use disorders (OUD).

**Court Services and Offender Supervision Agency of the District of Columbia**

- The FY 2020 request includes \$56.0 million for the Court Services and Offender Supervision Agency for the District of Columbia (CSOSA) to enhance public safety and reduce recidivism.

## FY 2020 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 2018 - FY 2020  
(Budget Authority in Millions)

Function	FY 2018	FY 2019	FY 2020	FY19 - FY20 Change	
	Final	Enacted	Request	Dollars	Percent
Treatment	\$14,547.9	\$15,077.3	\$15,559.8	+ \$482.4	+3.2%
Percent	43.6%	45.3%	44.3%		
Prevention	\$2,263.8	\$2,246.3	\$2,131.7	- 114.6	-5.1%
Percent	6.8%	6.7%	6.1%		
Domestic Law Enforcement	\$9,516.0	\$9,494.7	\$9,437.8	- 56.9	-0.6%
Percent	28.5%	28.5%	26.9%		
Interdiction	\$5,565.9	\$5,066.3	\$6,557.1	+ 1,490.8	+29.4%
Percent	16.7%	15.2%	18.7%		
International	\$1,465.1	\$1,427.6	\$1,430.8	+ 3.2	0.2%
Percent	4.4%	4.3%	4.1%		
<b>Total</b>	<b>\$33,358.7</b>	<b>\$33,312.3</b>	<b>\$35,117.3</b>	<b>+ \$1,804.9</b>	<b>+5.4%</b>
Supply/Demand					
Demand Reduction	\$16,811.7	\$17,323.7	\$17,691.5	+ \$367.9	+2.1%
Percent	50.4%	52.0%	50.4%		
Supply Reduction	\$16,547.0	\$15,988.7	\$17,425.8	+ 1,437.1	+9.0%
Percent	49.6%	48.0%	49.6%		
<b>Total</b>	<b>\$33,358.7</b>	<b>\$33,312.3</b>	<b>\$35,117.3</b>	<b>+ \$1,804.9</b>	<b>+5.4%</b>

*Note: Detail may not add due to rounding.*

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

## Prevention

These are activities conducted by a National Drug Control Program Agency, 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 and include:

- Education efforts, including youth mentoring programs and other programs proven to reduce the risk factors related to drug use;
- Drug-free workplace programs;
- All other programs (including family based treatment) to communicate the dangers of substance use and its consequences; and
- Domestic law enforcement efforts that have a direct nexus to education and prevention of drug use among youth and/or the adult population.

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

**Table 2: Drug Control Prevention Funding**

FY 2018 - FY 2020

(Budget Authority in Millions)

	FY 2018	FY 2019	FY 2020	FY19 - FY20 Change	
	Final	Enacted	Request	Dollars	Percent
Court Services and Offender Supervision Agency	\$24.0	\$24.6	\$24.8	+ 0.3	+1.1%
Department of Agriculture	\$0.0	\$4.0	\$0.0	- 4.0	-100.0%
Department of Defense	120.8	121.9	120.9	- 1.0	-0.8%
Department of Education	60.9	54.8	55.5	+ 0.7	+1.3%
Department of Health and Human Services	1,869.8	1,853.3	1,855.3	+ 1.9	+0.1%
Department of Justice	32.0	32.0	21.8	- 10.2	-31.8%
Department of Labor	10.2	13.8	13.8	---	---
Department of the Interior	1.0	1.0	1.0	---	---
Department of Transportation	21.9	19.4	23.7	+ 4.3	+22.2%
Office of National Drug Control Policy	123.3	121.6	14.9	- 106.7	-87.8%
<b>Total, Prevention</b>	<b>\$2,263.8</b>	<b>\$2,246.3</b>	<b>\$2,131.7</b>	<b>- \$114.6</b>	<b>-5.1%</b>

Note: Detail may not add due to rounding.

## Treatment

These are activities conducted by a National Drug Control Agency, other than enforcement activities, to assist users of controlled substances to become drug-free and free from the health consequences of the use of illicit drugs and include:

- Screening for controlled substances;
- Interventions for drug use and SUDs;
- Rehabilitation and recovery support;
- Medical referral;
- Drug courts and other community corrections programs that utilize drug testing and swift and certain sanctions to deter future drug use and treat chronic reoccurrence of drug use; and SUDs
- Relapse prevention;
- Re-entry support for ex-offenders that includes, but is not limited to housing, education, employment and substance and mental health (MH) abuse treatment;
- International health care, research, rehabilitation, and interventions for SUD; and
- All other service programs intended to ease the health-related consequences of drug use and SUDs.

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

**Table 3: Drug Control Treatment Funding**

FY 2018 - FY 2020

(Budget Authority in Millions)

	FY 2018	FY 2019	FY 2020	FY19 - FY20 Change	
	Final	Enacted	Request	Dollars	Percent
Court Services and Offender Supervision Agency	\$30.6	\$31.1	\$31.1	+ 0.1	+0.2%
Department of Agriculture	54.0	25.0	46.0	+ 21.0	+84.0%
Department of Defense	84.6	100.9	89.7	- 11.2	-11.1%
Department of Health and Human Services	12,455.7	12,968.9	13,367.4	+ 398.5	+3.1%
Department of Housing and Urban Development	555.0	555.0	576.2	+ 21.2	+3.8%
Department of Justice	431.3	431.3	453.5	+ 22.2	+5.1%
Department of Transportation	0.4	0.5	0.5	---	---
Department of Veterans Affairs	767.4	793.6	823.7	+ 30.2	+3.8%
Federal Judiciary	160.0	162.3	168.9	+ 6.6	+4.1%
Office of National Drug Control Policy	8.9	8.9	2.8	- 6.1	-68.7%
<b>Total, Treatment</b>	<b>\$14,547.9</b>	<b>\$15,077.3</b>	<b>\$15,559.8</b>	<b>+ \$482.4</b>	<b>+3.2%</b>

Note: Detail may not add due to rounding.

## Domestic Law Enforcement

These are activities conducted by a National Drug Control Program Agency that enhance and coordinate domestic law enforcement efforts to reduce drug-related violence and property crime, substance use, and drug availability and, include:

- Efforts among Federal, State, local and tribal law enforcement;
- Efforts among National Drug Control Program Agencies; 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 below (Table 4). Funding for efforts under this function is aggregated under Supply Reduction.

**Table 4: Drug Control Domestic Law Enforcement Funding**  
FY 2018 - FY 2020  
(Budget Authority in Millions)

	FY 2018	FY 2019	FY 2020	FY19 - FY20 Change	
	Final	Enacted	Request	Dollars	Percent
Department of Agriculture	\$14.8	\$15.0	\$14.8	- 0.2	-1.3%
Department of Defense	247.0	235.2	120.0	- 115.2	-49.0%
Department of Homeland Security	655.5	588.4	613.9	+ 25.5	+4.3%
Department of Justice	7,229.7	7,256.5	7,519.9	+ 263.4	+3.6%
Department of the Interior	24.2	24.2	26.6	+ 2.4	+9.9%
Department of the Treasury	63.1	60.3	60.3	---	---
Department of Transportation	2.5	2.5	3.0	+ 0.5	+19.6%
Federal Judiciary	952.5	984.4	1,028.4	+ 44.0	+4.5%
Office of National Drug Control Policy	254.5	256.1	4.3	- 251.8	-98.3%
<b>Total, Domestic Law Enforcement</b>	<b>\$9,443.8</b>	<b>\$9,422.5</b>	<b>\$9,391.1</b>	<b>- \$31.4</b>	<b>-0.3%</b>

Note: Detail may not add due to rounding.

## Interdiction

These are activities conducted by a National Drug Control Program Agency 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 from their trafficking, and include:

- Air and maritime seizures, and presence to deter access to routes;
- Accurate assessment and monitoring of interdiction programs;
- Enhancement of 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 undertaken to disrupt illegal drug trafficking operations.

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

**Table 5: Drug Control Interdiction Funding**

FY 2018 - FY 2020

(Budget Authority in Millions)

	FY 2018	FY 2019	FY 2020	FY19 - FY20 Change	
	Final	Enacted	Request	Dollars	Percent
Department of Defense <sup>1</sup>	\$507.7	\$533.5	\$1,113.1	+ 579.6	+108.6%
Department of Homeland Security	5,019.3	4,493.7	5,405.9	+ 912.3	+20.3%
Department of Justice	---	---	20.7	+ 20.7	
Department of the Interior	0.4	0.4	0.4	---	---
Department of Transportation	13.3	13.4	13.7	+ 0.3	+1.9%
Office of National Drug Control Policy	25.2	25.3	3.3	- 22.0	-87.0%
<b>Total, Interdiction</b>	<b>\$5,565.9</b>	<b>\$5,066.3</b>	<b>\$6,557.1</b>	<b>+ \$1,490.8</b>	<b>+29.4%</b>

<sup>1</sup> Department of defense FY 2020 request includes \$540 million as the counter-narcotics related portion of funds for border barrier construction.

*Note: Detail may not add due to rounding.*

## International

These are activities conducted by a National Drug Control Program Agency, primarily focused on areas outside of the United States to reduce illegal drug availability in the United States or abroad, and include:

- Drug law enforcement efforts outside the United States;
- Source country programs to assist our international partners in managing the consequences of drug production, trafficking, and consumption in their own societies; training and equipping of security forces; raising awareness of science-based practices and programs to prevent, treat and recover from SUD; and supporting of 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 the 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 below (Table 6). Funding for efforts under this function is aggregated under Supply Reduction.

**Table 6: Drug Control International Funding**

FY 2018 - FY 2020  
(Budget Authority in Millions)

	FY 2018	FY 2019	FY 2020	FY19 - FY20 Change	
	Final	Enacted	Request	Dollars	Percent
Department of Defense	\$459.6	\$422.0	\$435.0	+ 13.0	+3.1%
Department of Homeland Security	38.4	38.6	42.7	+ 4.1	+10.7%
Department of Justice	471.0	471.0	497.8	+ 26.7	+5.7%
Department of State	492.3	492.3	452.1	- 40.2	-8.2%
Office of National Drug Control Policy	3.7	3.7	3.3	- 0.4	-10.9%
<b>Total, International</b>	<b>\$1,465.1</b>	<b>\$1,427.6</b>	<b>\$1,430.8</b>	<b>+ \$3.2</b>	<b>+0.2%</b>

*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 agency (Table 7), and historical Federal drug control funding (Table 8).

**Table 7: Federal Drug Control Spending by Agency**

FY 2018 - FY 2020

Budget Authority in Millions)

Department/Agency	FY 2018 Final	FY 2019 Enacted <sup>1</sup>	FY 2020 Request
<b>Department of Agriculture:</b>			
Office of Rural Development	\$54.0	\$29.0	\$46.0
U.S. Forest Service	\$14.8	\$15.0	\$14.8
<b>Total USDA</b>	<b>\$68.8</b>	<b>\$44.0</b>	<b>\$60.8</b>
<b>Court Services and Offender Supervision Agency for D.C.:</b>	<b>\$54.7</b>	<b>\$55.7</b>	<b>\$56.0</b>
<b>Department of Defense:</b>			
Drug Interdiction and Counterdrug Activities <sup>2</sup> (incl. OPTEMPO, DSCA, and OCO)	\$1,335.2	\$1,312.6	\$1,789.0
Defense Health Program	\$84.6	\$100.9	\$89.7
<b>Total DOD</b>	<b>\$1,419.7</b>	<b>\$1,413.5</b>	<b>\$1,878.7</b>
<b>Department of Education:</b>			
Office of Elementary and Secondary Education	\$60.9	\$54.8	\$55.5
<b>Federal Judiciary:</b>	<b>\$1,112.5</b>	<b>\$1,146.7</b>	<b>\$1,197.3</b>
<b>Department of Health and Human Services:</b>			
Administration for Children and Families	\$40.0	\$40.0	\$60.0
Centers for Disease Control and Prevention	\$475.6	\$475.6	\$475.6
Centers for Medicare and Medicaid Services <sup>3</sup>	\$7,500.0	\$7,910.0	\$8,420.0
Health Resources and Services Administration	\$644.0	\$664.0	\$664.0
Indian Health Service	\$113.1	\$114.7	\$122.7
National Institute on Alcohol Abuse and Alcoholism	\$55.9	\$57.8	\$49.7
National Institute on Drug Abuse	\$1,374.4	\$1,419.8	\$1,296.4
Substance Abuse and Mental Health Services Administration <sup>4,5</sup>	\$4,122.6	\$4,140.3	\$4,134.2
<b>Total HHS</b>	<b>\$14,325.5</b>	<b>\$14,822.2</b>	<b>\$15,222.7</b>
<b>Department of Homeland Security:</b>			
Customs and Border Protection	\$3,096.4	\$3,104.1	\$3,761.5
Federal Emergency Management Agency	\$12.8	\$12.8	\$8.3
Federal Law Enforcement Training Center	\$49.3	\$53.4	\$57.1
Immigration and Customs Enforcement	\$631.8	\$560.8	\$591.2
U.S. Coast Guard	\$1,922.9	\$1,389.6	\$1,644.5
<b>Total DHS</b>	<b>\$5,713.2</b>	<b>\$5,120.7</b>	<b>\$6,062.5</b>
<b>Department of Housing and Urban Development:</b>			
Office of Community Planning and Development	\$555.0	\$555.0	\$576.2
<b>Department of the Interior:</b>			
Bureau of Indian Affairs	\$17.2	\$17.2	\$19.8
Bureau of Land Management	\$5.1	\$5.1	\$5.1
National Park Service	\$3.3	\$3.3	\$3.2
<b>Total DOI</b>	<b>\$25.6</b>	<b>\$25.6</b>	<b>\$28.0</b>

Department/Agency	FY 2018 Final	FY 2019 Enacted <sup>1</sup>	FY 2020 Request
<b>Department of Justice:</b>			
Assets Forfeiture Fund	\$225.7	\$226.3	\$222.3
Bureau of Prisons	\$3,417.6	\$3,417.6	\$3,364.9
Criminal Division	\$37.4	\$37.4	\$39.5
Drug Enforcement Administration (Includes HIDTA in FY 2019) <sup>6</sup>	\$2,582.8	\$2,584.4	\$2,976.3
Organized Crime Drug Enforcement Task Force	\$542.9	\$542.9	\$550.5
Office of Justice Programs	\$487.2	\$487.2	\$415.7
U.S. Attorneys	\$81.4	\$81.4	\$85.7
United States Marshals Service	\$789.1	\$813.6	\$858.8
<b>Total DOJ</b>	<b>\$8,164.0</b>	<b>\$8,190.8</b>	<b>\$8,513.6</b>
<b>Department of Labor:</b>			
Employment and Training Administration	\$6.0	\$6.0	\$6.0
Office of Workers' Compensation Programs	\$4.2	\$7.8	\$7.8
<b>Total DOL</b>	<b>\$10.2</b>	<b>\$13.8</b>	<b>\$13.8</b>
<b>Office of National Drug Control Policy:</b>			
Operations	\$18.4	\$18.4	\$16.4
High Intensity Drug Trafficking Area Program <sup>6</sup>	\$280.0	\$280.0	\$0.0
Other Federal Drug Control Programs <sup>5</sup>	\$117.1	\$117.1	\$12.1
<b>Total ONDCP</b>	<b>\$415.5</b>	<b>\$415.5</b>	<b>\$28.5</b>
<b>Department of State<sup>7</sup>:</b>			
Bureau of International Narcotics and Law Enforcement Affairs	\$387.5	\$387.5	\$381.6
United States Agency for International Development	\$104.8	\$104.8	\$70.5
<b>Total DOS</b>	<b>\$492.3</b>	<b>\$492.3</b>	<b>\$452.1</b>
<b>Department of the Transportation:</b>			
Federal Aviation Administration	\$30.5	\$32.6	\$34.2
National Highway Traffic Safety Administration	\$7.6	\$3.2	\$6.7
<b>Total DOT</b>	<b>\$38.1</b>	<b>\$35.8</b>	<b>\$40.9</b>
<b>Department of the Treasury:</b>			
Internal Revenue Service	\$63.1	\$60.3	\$60.3
<b>Department of Veterans Affairs:</b>			
Veterans Health Administration	\$767.4	\$793.6	\$823.7
<b>Total Federal Drug Budget <sup>8</sup></b>	<b>\$33,286.5</b>	<b>\$33,240.1</b>	<b>\$35,070.5</b>

<sup>1</sup> The following Departments report enacted funding for FY 2019: DoD, HHS, HUD, Department of Labor, and VA.

<sup>2</sup> Due to statutory changes included in the FY 2017 National Defense Authorization Act that consolidated the DoD's security sector assistance authorities, funding for building foreign partner counter-drug enforcement capacities is now included in DoD's Defense Security Cooperation Agency's budget request.

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

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

<sup>5</sup> The FY 2020 President's Budget requests Drug-Free Communities funding in the SAMHSA appropriation. The program is currently funded in ONDCP.

<sup>6</sup> The FY 2020 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 ONDCP.

<sup>7</sup> Funding for FY 2019 and FY 2020 are based on mechanical calculations that do not reflect decisions on funding priorities.

<sup>8</sup> Detail may not add due to rounding.

**Table 8: Historical Drug Control Funding**

FY 2011 - FY 2020

(Budget Authority in Millions)

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
	Final	Enacted	Request							
<b>Demand Reduction</b>										
Treatment	\$7,659.7	\$7,848.3	\$7,888.6	\$9,481.8	\$9,553.1	\$9,845.1	\$12,168.7	\$14,547.9	\$15,077.3	\$15,559.8
Prevention	1,483.9	1,346.2	1,274.9	1,316.9	1,341.5	1,486.4	1,572.2	2,263.8	2,246.3	2,131.7
<b>Total, Demand Reduction</b>	<b>9,143.5</b>	<b>9,194.4</b>	<b>9,163.5</b>	<b>10,798.7</b>	<b>10,894.6</b>	<b>11,331.5</b>	<b>13,740.9</b>	<b>16,811.7</b>	<b>17,323.7</b>	<b>17,691.5</b>
<b>Supply Reduction</b>										
Domestic Law Enforcement	9,217.3	9,439.5	8,857.0	9,348.8	9,394.5	9,282.8	8,982.3	9,443.8	9,422.5	9,391.1
Interdiction	3,977.1	4,036.5	3,940.6	3,948.5	3,960.9	4,734.7	4,595.9	5,565.9	5,066.3	6,557.1
International	2,027.6	1,833.7	1,848.5	1,637.1	1,643.0	1,524.9	1,494.2	1,465.1	1,427.6	1,430.8
<b>Total, Supply Reduction</b>	<b>15,221.9</b>	<b>15,309.7</b>	<b>14,646.1</b>	<b>14,934.4</b>	<b>14,998.3</b>	<b>15,542.5</b>	<b>15,072.4</b>	<b>16,474.8</b>	<b>15,916.4</b>	<b>17,379.0</b>
<b>Total, Drug Control Funding</b>	<b>\$24,365.5</b>	<b>\$24,504.1</b>	<b>\$23,809.6</b>	<b>\$25,733.1</b>	<b>\$25,892.9</b>	<b>\$26,874.0</b>	<b>\$28,813.3</b>	<b>\$33,286.5</b>	<b>\$33,240.1</b>	<b>\$35,070.5</b>

Note: Detail may not add due to rounding.

# **Agency Budget Summaries**



# DEPARTMENT OF AGRICULTURE





# DEPARTMENT OF AGRICULTURE

## U.S. Forest Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.200	\$0.200	\$0.200
Investigations	13.800	14.000	13.800
Prosecution	.200	0.200	.200
State and Local Assistance	.600	.600	.600
<b>Total Drug Resources by Function</b>	<b>\$14.800</b>	<b>\$15.000</b>	<b>14.800</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement Agency Support	\$14.800	\$15.000	\$14.800
<b>Total Drug Resources by Decision Unit</b>	<b>\$14.800</b>	<b>\$15.000</b>	<b>\$14.800</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	56	56	56
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$5.6	\$5.6	\$4.8
Drug Resources Percentage	0.3%	0.3%	0.3%

### Program Summary

#### MISSION

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

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

#### METHODOLOGY

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

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

## **BUDGET SUMMARY**

The FY 2020 request is \$14.8 million, \$0.2 million below the FY 2019 CR level.

### **Law Enforcement Agency Support**

**FY 2020 Request: \$14.8 million**

**(-\$0.2 million below the FY 2019 Annualized CR)**

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

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

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

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

In FY 2020, 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 High Intensity Drug Trafficking Areas program to leverage resources with Federal, State, and local agencies, placing emphasis on NFS lands along the Southwest and Northern borders to decrease trafficking and movement of drugs in support of the *Strategy*.

## PERFORMANCE

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

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

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

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

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

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

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

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

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

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

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

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

**DEPARTMENT OF AGRICULTURE**  
**Office of Rural Development**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$0.000	\$4.000	\$4.000
Treatment	54.000	25.000	46.000
<b>Total Drug Resources by Function</b>	<b>\$54.000</b>	<b>\$29.000</b>	<b>\$50.000</b>
<b>Drug Resources by Decision Unit</b>			
Distance Learning and Telemedicine Program	\$49.000	\$20.000	\$20.000
Solid Waste Management Grant Program	0.000	4.000	4.000
Community Facilities Grant Program	5.000	5.000	20.000
Tribal College Grant Program	0.000	0.000	6.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$54.000</b>	<b>\$29.000</b>	<b>\$50.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$41.0	\$40.7	\$37.7
Drug Resources Percentage	0.1%	0.1 %	0.1%

**Program Summary**

**MISSION**

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

The 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**

ORD is scoring four programs as part of the drug control budget. ORD has identified set-aside amounts out of larger projects that will allow states, counties, tribes, and other applicants to prevent and treat opioid abuse and to support people in recovery. Out of these funding lines, preferential treatment will be given to applicants who intend to address the opioid epidemic with their projects. Those set-asides are reflected in the National Drug Control Program budget.

## **BUDGET SUMMARY**

In FY 2020, ORD requests \$50.0 million for drug control activities, an increase of \$21.0 million above the FY 2019 CR level.

### **Distance Learning and Telemedicine (DLT) Grant Program**

**FY 2020 Request: \$20.0 million**

**(No change from the FY 2019 CR level)**

The Rural Utilities Service, an agency of USDA, administers the DLT Program. The DLT Program provides financial assistance to enable and improve distance learning and telemedicine 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 health care resources that are otherwise unavailable or limited in scope.

In March 2018, Congress explicitly appropriated an additional \$20 million for the DLT Program in the Consolidated Appropriations Act, 2018, Public Law 115-141, §775 (2018) "to help address the opioid epidemic in rural America." Approximately half of this funding was awarded in FY 2018 to DLT projects that had opioid treatment as their primary purpose. With funding that Congress has explicitly made available to address the opioid epidemic in rural America, ORD solicited applications that support treatment for, and prevention of, OUD in rural areas. DLT grant program applicants received priority for telemedicine projects with the primary purpose of providing opioid prevention, treatment or recovery services. DLT carried over \$9.9 million in funding to support a second round of applications focused on the opioid epidemic.

In FY 2020, the Budget request includes \$20.0 million for this program to continue the effort of combating SUD in rural America. USDA will capitalize on the success of prior funding and continue the Administration's efforts of combating opioid and other SUDs.

## **Community Facilities Grant Programs**

**FY 2020 Request: \$20.0 million**

**(\$15.0 million above the FY 2019 CR level)**

Community Facilities Grants Programs offer direct loans, loan guarantees, and grants to develop or improve essential public services and facilities in communities across rural America. These amenities help increase the competitiveness of rural communities in attracting and retaining businesses that provide employment and services for their residents.

Public bodies, non-profit organizations and federally-recognized American Indian/Alaska Native Tribes can use the funds to construct, expand, or improve facilities that provide health care, education, public safety, and public services. Projects include fire and rescue stations, village and town halls, health care clinics, hospitals, adult and child care centers, assisted living facilities, rehabilitation centers, public buildings, schools, libraries, and many other community based initiatives. Financing may also cover the costs for land acquisition, professional fees, and purchase of equipment. These facilities not only improve the basic quality of life, and assist in the development and sustainability of rural America. Applicants can use these funds for innovative projects such as mobile treatment clinics. In FY 2018, these funds were awarded to eligible and innovative essential community facility project applications that best addressed the current opioid crisis in rural America.

The FY 2020 Budget will continue to support Community Facilities grants that support community-led innovative projects that help address the opioid crisis in rural America.

## **Tribal College Grant Program**

**FY 2020 Request: \$6.0 million**

**(\$6.0 million above the FY 2019 CR level)**

The Tribal College Grant program provides funding to 1994 Land Grant Institutions (Tribal Colleges) to make capital improvements to their educational facilities and to purchase equipment. Funds can be used by Tribal Colleges for infrastructure improvements, equipment purchases, and essential community facilities development. In FY 2020, the Tribal College grants funds will also help tribal colleges and universities expand approaches to addressing the SUD and opioid misuse crisis in tribal communities.

## **Solid Waste Management Grant Program**

**FY 2020 Request: \$4.0 million**

**(No change from the FY 2019 CR level)**

The Solid Waste Management (SWM) Grant Program has been established to assist communities through free technical assistance and/or training provided by the grant recipients. Qualified organizations will receive SWM grant funds to reduce or eliminate pollution of water resources in rural areas, and improve planning and management of solid waste sites in rural areas. In FY 2019, USDA will award additional priority points to SWM Grant Program applications proposing innovative projects to promote the safe disposal of prescription drugs in rural communities. In order to be considered for administrative points, the applicant's work plan must include a separate section titled: "Administrative Points." In this section the SWM applicant will include an example of direct technical assistance to establishing a prescription

drug disposal and training program, where outreach and education is focused on the benefits of proper disposal for prescription drugs, such as opioids, and available options for disposal of prescription drugs.

In FY 2020, the request will be \$4.0 million, the same as in prior years. USDA will continue its efforts in controlling substances and disposing of them properly.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of ORD is based on agency Government Performance and Results Modernization Act documents and other information that measure the agency’s contribution to the *Strategy*. In FY 2018, ORD received its first appropriations in support of the opioids crisis, funding that supported only the DLT grant program. The table below is using the approved performance indicators for these programs; ORD has not developed performance yet specifically for drug control efforts.

<b>Office of Rural Development</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Number of projects DLT funded that supported treatment and/or prevention of OUD	NA	63
» Funding provided for Community Facilities (\$ in millions)	5	5
» Number of Tribal Colleges Grants funded that assisted with Opioids	NA	NA
» Number of SWM Grants used to eliminate excess opioids prescriptions	NA	1

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 FY 2018, a total of \$44.9 million was obligated for DLT Grants. Of the awards made, over \$15 million was obligated for 54 telemedicine projects which have a focus on opioids addiction treatment and prevention. These projects serve 35 states and territories.

For example, in New York, Southern Tier Health Care Systems, Inc. will use a \$132,399 grant to deploy telecommunications equipment to help train and certify emergency responders dealing with opioid overdoses. Southern Tier will connect to four end-user sites in Salamanca, Cuba, Franklin, and Gerry. The project will support education for emergency response personnel at the Allegany Indian Reservation Volunteer Fire Department and at community service agencies in Allegany, Cattaraugus, and Chautauqua counties.

Community Facilities Grants: The Community Facilities program funded 56 projects in 21 states with the \$5.0 million in grant funds reserved to support projects that addressed the opioid

crisis. 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.

In 2018, in addition to the grant funded with the \$5.0 million set aside—the Community Facilities program partnered with 22 States and invested \$10.7 million in 85 projects to specifically support prevention, treatment, and recovery opportunities to help address the substance use and opioid crisis in rural America.

Examples of the projects supported:

- In Newport, Ark., the White River Women’s Shelter is receiving a \$150,000 grant to convert the former Jackson County Jail into a shelter for people recovering from OUD. It has partnered with Families, Inc. to provide SUD counseling for all ages on an individual, couple, family and group basis. It will primarily serve residents in Jackson County.
- In Roodhouse, Ill., the Jersey Community Hospital District received a \$150,000 grant to purchase and renovate a building that will house a rural health clinic. The facility will provide treatment, counseling, education and outreach to combat the opioid crisis in Roodhouse and White Hall. The proposed facility will help provide prevention, treatment, and recovery for the area’s 4,300 residents.

In FY 2018, Tribal College Grants supported 31 Tribal Colleges for a variety of projects including helping tribal colleges and universities expand approaches to addressing the SUD and opioid misuse crisis in tribal communities. Additional grant funds will strengthen and support high quality education and career-building opportunities in Tribal colleges and universities and provide them with resources to expand STEM (Science, Technology, Engineering, and Math) education opportunities. Grant funds will also help tribal colleges and universities expand approaches to addressing the SUD and opioid misuse crisis in tribal communities.

Solid Waste Management Grant: the SWM Grant Program has historically funded projects to promote the safe disposal of prescription drugs in rural communities. In FY 2018, one \$91,450 grant was awarded that included a prescription drug disposal and training program working with community pharmacies. In FY 2019, additional administrative points are available to applicants that incorporate the establishment of a prescription drug disposal and training program.

**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 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$24.032	\$24.589	\$24.489
Treatment	30.622	31.079	31.148
<b>Total Drug Resources by Function</b>	<b>\$54.654</b>	<b>\$55.668</b>	<b>\$55.997</b>
<b>Drug Resources by Decision Unit</b>			
Community Supervision Program	\$36.451	\$37.045	\$37.086
Pretrial Services Agency	18.203	18.623	18.911
<b>Total Drug Resources by Decision Unit</b>	<b>\$54.654</b>	<b>\$55.668</b>	<b>\$55.997</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	260	274	269
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.4	\$2.4	\$2.5
Drug Resources Percentage	22.7%	22.8%	22.5%

## Program Summary

### MISSION

The mission of CSOSA is to effectively supervise adults under its 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 its criminal justice partners and the community. The CSOSA appropriation is comprised of two components: the Community Supervision Program (CSP) and the Pretrial Services Agency (PSA) for the District of Columbia.

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

Individuals who fail to successfully complete supervision and/or recidivate place an enormous burden on their families, the community, and the entire criminal justice system.

PSA is an independent entity within CSOSA. Its mission is to promote pretrial justice and enhance community safety. PSA assists judicial officers in both the Superior Court of the District of Columbia and the United States District Court for the District of Columbia by conducting a risk assessment for every arrested person who will be presented in court and formulating release or detention recommendations based upon the arrestee's demographic information, criminal history, and substance use and/or MH 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.

Since late FY 2015, CSOSA has allocated financial resources to purchase K2-2 reagent kits, and PSA's Office of Forensic Toxicology Services (OFTS) began large scale screening of all incoming specimens for synthetic cannabinoids (SCs) beginning October 1, 2015. On May 1, 2017, PSA fully integrated K2-3 into the routine screening of all incoming specimens for SCs and the rate of positive tests for SCs increased to approximately 4 percent. OFTS continues to conduct research on synthetic cannabinoids and the DC Office of the Chief Medical Examiner (OCME) confirmed the use of 11 new varieties of SC metabolites in FY 2018.

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 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 defendant and 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. Users in all groups did not use fentanyl alone, but mixed it with other illegal drugs.

In light of this recent study data and ONDCP's FY 2020 drug control priorities, PSA requests additional funding to expand routine testing of fentanyl to all urine specimens collected for drug testing. PSA plans to begin testing for fentanyl in the second half of FY 2019; but

additional resources are requested to fully implement routine testing in FY 2020. Equally important, PSA's plans to step up forensic research for other emerging drugs to help the District remain at the forefront of addressing patterns of substance use. For example, additional resources will enhance research capabilities into other opioids which are attracting attention such as carfentanil and other analogues of fentanyl; U-47700 ("pink heroin"); AH-79221 ("legal heroin").

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 CSOSA to determine Drug Budget resources remain unchanged from those used for the FY 2019 ONDCP Drug Budget.

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

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

## **BUDGET SUMMARY**

In FY 2020, CSOSA requests \$56.0 million for drug control activities, an increase of \$0.3 million above the FY 2019 CR level.

## **CSP Drug Prevention**

**FY 2020 Request: \$11.5 million**  
**(\$15,000 above the FY 2019 CR level)**

The FY 2020 request includes resources to continue client drug testing at slightly above FY 2019 CR level.

In FY 2018, approximately 84 percent of the men and women beginning CSP supervision self-reported a history of illicit substance use. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment. Eligible individuals are drug tested at supervision intake and are then placed on a drug testing schedule by their Community Supervision Officer, with testing frequency dependent upon prior substance use history, supervision risk level, and length of time under CSP supervision. In addition, all individuals are subject to random spot testing at any time. Clients submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center and four CSP Illegal Substance Collection Units located throughout the District of Columbia.

In FY 2018, each urine sample was tested for up to nine substances (Marijuana, PCP, Opiates [codeine/morphine], Methadone, Cocaine, Amphetamines, Alcohol, Heroin, and Synthetic Cannabinoids). In addition, samples are tested for Creatinine levels to determine sample validity and for Ethyl Glucuronide (EtG) to confirm alcohol use. CSP client urine samples are tested by PSA and results provided back to CSP within 48 hours after the sample is taken. Limited testing of oral fluid samples is performed and reported to CSP contractually.

## **CSP Treatment**

**FY 2020 Request: \$25.6 million**  
**(\$26,000 above the FY 2019 CR level)**

The FY 2020 request provides resources to continue treatment at slightly above FY 2019 CR 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 MH 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 contract treatment program continuum consisting of at least three separate substance disorder treatment placements (in-house or contract) to fully address their issues. This continuum may include placement in detoxification, followed by residential treatment, and then placement in transitional housing in conjunction with intensive outpatient continuing care.

In FY 2018, CSP made 1,950 contract treatment and transitional housing placements with contract vendors. In addition, CSOSA's Reentry and Sanctions Center (RSC) at Karrick Hall provides high risk individuals with an intensive assessment, reentry, and treatment readiness counseling program in a residential setting. The RSC program is specifically tailored for men and women with long histories of crime and 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.

CSP performed a review of FY 2017 intakes to determine estimated annual treatment needs. In FY 2017, a total of 6,162 individuals entered CSP supervision. Roughly one-third of FY 2017 intakes (2,143 offenders) tested positive for drugs (excluding positive tests for alcohol) on three or more occasions within one year of their supervision start date. Seventy percent of these 2,143 persistent drug users (1,502 clients) had a special condition for court-ordered treatment/treatment evaluation during their first year of supervision, and 68 percent (1,466 offenders) were supervised at the highest risk levels (intensive or maximum) at some point during that year. High-risk offenders, however, are not the only group to demonstrate a possible need for treatment. Of the 2,362 offenders who entered supervision in FY 2017 and were assessed at either the medium or minimum risk level, 643 exhibited persistent drug use during their first year of supervision.

CSP considers the combination of drug test results, assessed risk level, and the releasing authority's imposed special conditions when determining appropriate treatment interventions. However, since CSP does not have resources to treat everyone with an illicit SUD, we currently focus resources on those assessed and supervised at the highest risk levels.

### **PSA Drug Prevention**

**FY 2020 Request: \$13.4 million**

**(\$0.2 million above the FY 2019 CR level)**

The FY 2020 request will provide resources to continue drug testing at the FY 2019 CR level. In addition, the request includes funding to expand drug testing and forensic research capabilities for fentanyl, other opioid substances, and other emerging drugs of abuse.

The 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.

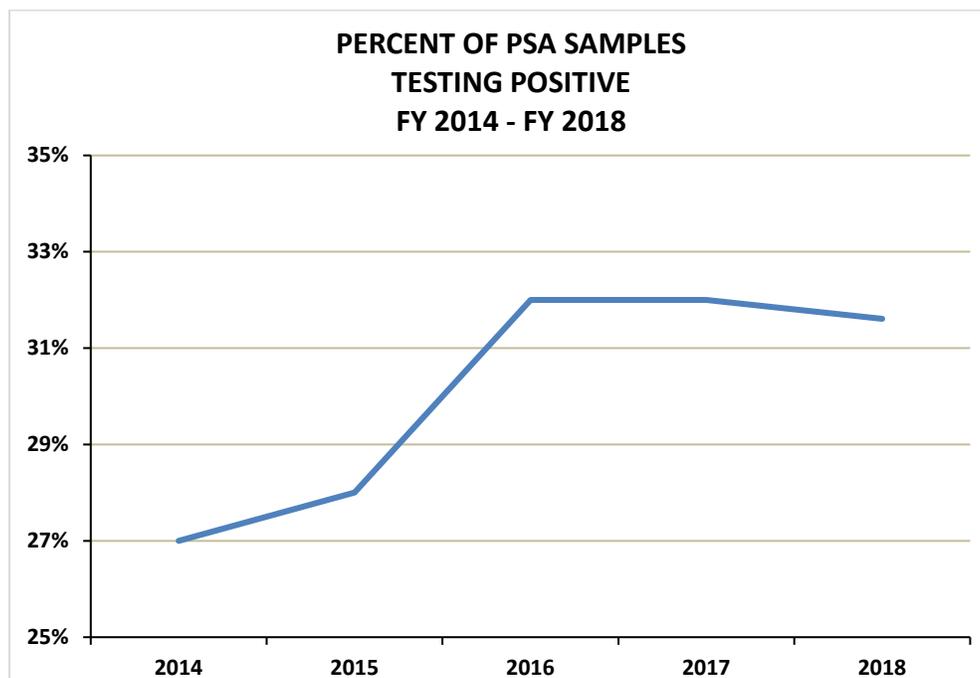
The OFTS plays a vital role in supporting the Nation's drug control priorities by performing forensic urine drug testing for adults under criminal justice supervision (pretrial, probation, parole and supervised release) in the District of Columbia. Drug test results are key to assessing defendant and 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 is also responsible for supplying 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 nine drugs of abuse, including synthetic cannabinoids. In addition, samples are tested for Creatinine levels to determine sample validity and for Ethyl Glucuronide (EtG) to confirm alcohol use. All positive samples are retested for agreement and accuracy. Gas chromatograph/mass spectrometry (GC-MS) analyses are conducted to confirm test results and provide affirmation of the identity of a drug when results are challenged. Toxicologists conduct levels analysis to determine if the detected drug concentration signifies new use or if it is residual. These interpretations are essential to the courts for determining continued drug use by a defendant. Expert witness court testimony and forensic consultations are also provided to assist the judicial officers.

OFTS conducts forensic research that leads directly to practical enhancements in drug testing, improves strategies in surveillance monitoring, reveals trends in emerging new drug use, develops bi-directional partnerships with the scientific and social research community, and introduces new technologies that improve efficiency and provide critical evidence to support future decision making.

The following table provides a 5-year history of the percentage of urine samples collected from PSA defendants that recorded at least one non-compliant drug test result.



## PSA Drug Treatment

FY 2020 Request: \$5.5 million  
(\$43,000 above the FY 2019 CR level)

PSA's FY 2020 PB request provides resources to continue drug treatment services at the FY 2019 CR level.

Defendants with SUDs present greater risks of non-compliance during the pretrial period as illustrated in the table below.

PSA Drug Treatment				
Selected Outcomes		FY 2016	FY 2017	FY 2018
» Percentage of Defendants who Remain Arrest-free During the Pretrial Release Period				
	Overall	88%	86%	87%
	Drug User	80%	77%	80%
	Non-Drug User	91%	90%	92%
» Percentage of Defendants who Make All Scheduled Court Appearances				
	Overall	87%	88%	89%
	Drug User	87%	84%	85%
	Non-Drug User	91%	90%	92%

PSA responds to drug use by screening defendants for SUD history during the risk assessment screening and interview process and formulating release recommendations to ensure defendants receive appropriate SUD interventions while on pretrial release. If necessary, PSA refers defendants to appropriate internal or external treatment services.

PSA also works to maintain continuity in treatment services when defendants transition from custody to pretrial supervision. SUD screenings of defendants are conducted to determine if there is a need for detoxification services.

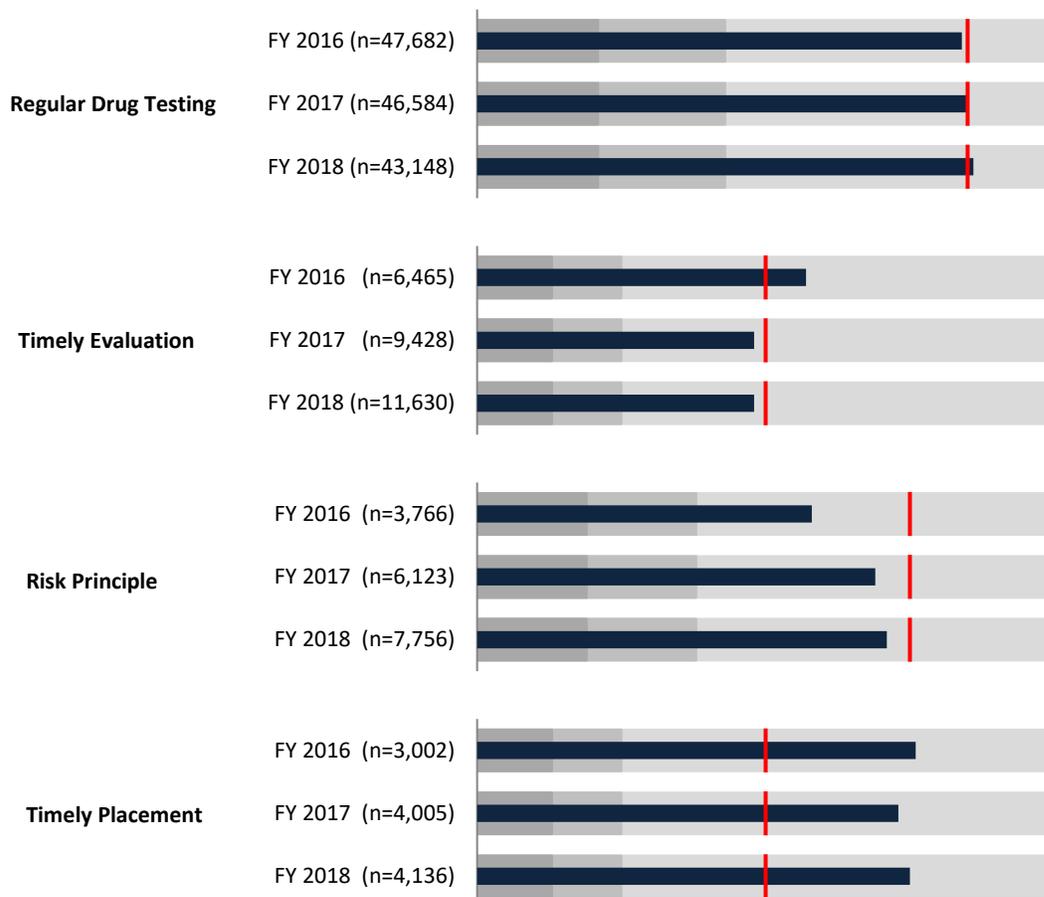
Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration.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

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, including MAT, consistent with best practices to mitigate SUD.

If sanction-based treatment is not available or is not ordered by the Court, PSA provides supervision and refers defendants to community-based providers, as available. Community services are limited, however, and are not optimal for higher risk defendants who require close monitoring.

## **PERFORMANCE**

Drug testing and treatment are at the core of CSP’s approach to addressing client needs regarding illicit substance use, and several performance goals have been set forth in CSOSA’s FY 2014–2018 Strategic Plan to address these items. Figure 1 shows CSP’s progress towards achieving these goals during FYs 2016 through 2018. The blue 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.



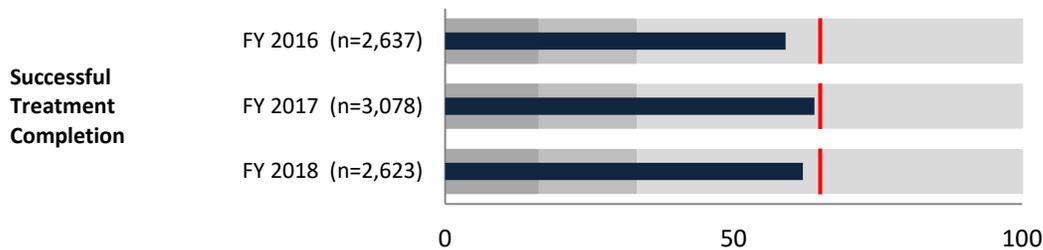


Figure 1. CSP performance on goals related to drug testing and treatment, FYs 2016–2018.

### 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 2018, approximately 84 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use. Further, 4,135 offenders tested in September 2018, 42 percent tested positive for one or more of the 11 tested substances.<sup>5</sup>

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

CSP places substance abusing offenders into residential treatment. For those offenders who started SUD treatment or treatment readiness programs, 60 percent satisfactorily completed their programs in FY 2018 (see Appendix A, Figure 2, Successful Treatment Completion). CSOSA’s Reentry and Sanctions Center (RSC) provides high-risk offenders and pretrial defendants with a 28-day intensive assessment and treatment readiness program (42 days for women) in a residential setting. The RSC program is specifically tailored for offenders/defendants with persistent SUD, long periods of incarceration and little outside support. Of the high-risk offenders who were discharged from the RSC in FY 2018, 67 percent satisfactorily completed the program<sup>6</sup> (see Appendix A, Figure 2, Successful Treatment Completion). Relatively low treatment completion rates for offenders participating in aftercare, transitional housing, residential and outpatient treatment contributed to CSP not meeting its FY 2018 performance target (see Appendix A, Figure 2, Successful Treatment Completion

<sup>5</sup> The Pretrial Services Agency (PSA) tests samples obtained by CSP from offenders. Each sample may be tested for up to eleven substances [Marijuana, PCP, Opiates, Methadone, Cocaine, Amphetamines, Alcohol, Creatinine, Heroin, Ethyl Glucuronide (Etg), and Synthetic Cannabinoids]

<sup>6</sup> Pretrial defendants excluded from reporting

Substance Abuse Treatment modality). CSP is currently evaluating both the RSC and its SUD treatment programs to improve program quality and effectiveness.

Once offenders are referred for SUD treatment or treatment readiness by their community supervision officers, they are evaluated by treatment staff to determine programming or placement appropriateness. If deemed appropriate for intervention, it is also imperative that offenders 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 2018, 57 percent of offenders referred to SUD treatment or treatment readiness programs received a formal evaluation of need in a timely manner, and 75 percent of treatment placements were made in a timely fashion (see Appendix A, Figure 2, Timely Evaluation and Timely Placement).

CSP focus its programs on the highest-need and highest-risk offenders based on available funding. In FY 2018, 67 percent of SUD treatment and treatment readiness placements were made for offenders supervised at the highest risk levels (maximum and intensive; see Appendix A, Figure 2, Risk Principle).

**Pretrial Services Agency**

Pretrial Services Agency				
Selected Measure of Performance	FY 2018 Actual	FY 2018 Target	FY 2019 Target	FY 2020 Target
» Percentage of PSA defendants who have a reduction in drug usage during 60 days following completion of sanction-based treatment program	83%	74%	74%	74%

**FY 2018 Highlights**

**Drug Testing**

- Collected 77,579 urine and 790 oral fluid specimens for drug testing and analysis from arrestees detained prior to arraignment, defendants ordered to drug test as a condition of pretrial release, and respondents with matters in DC Family Court.
- Conducted 2,146,185 drug tests on 240,241 urine samples of persons on pretrial release, probation, parole, and supervised release, as well as for persons (juveniles and adults) whose matters are handled in the Family Court.
- Performed 16,721 levels analyses, which aid in the determination of continuing drug use, and performed GC/MS confirmation tests for 4,791 specimens.
- Provided expert witness testimony in 62 cases to interpret drug test results challenged by defendants, as well as during Drug Court daily pre-court interdisciplinary team meetings.
- Provided 476 affidavits to support hearings and adjudications in parole and probation cases in District Court.
- Continued testing for Ethyl Glucuronide (EtG) in the population that is routinely tested for alcohol. This test allows PSA to fully and accurately determine overt or discreet use of

alcohol. The EtG test is able to detect alcohol use within the immediate three to five days after alcohol consumption.

- Continued 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 the District of Columbia.
- Continued using the Randox analyzer for researching the use of synthetic cannabinoids among the criminal justice populations supervised by PSA and CSP.
- Continued using the Randox analyzer to conduct in-house drug testing of 360 oral fluid specimens from defendants who are unable to submit urine specimens. PSA currently uses the instrument to test approximately 60 percent of all oral fluid specimens.
- Continued partnership with the 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 998 specimens, which were previously screened by PSA for synthetic cannabinoids (SC) and confirmed the use of 11 new SC metabolites that had not previously been identified in tests. These include PB-22 3-carboxyindole, BB-22 3-carboxyindole, AKB48 N-pentanoic acid, MDMB-FUBINACA M1, AB-CHMINACA M2, AB-PINACA pentanoic acid, ADB-PINACA pentanoic acid, ADBICA N-pentanoic acid, 5-fluoro PB-22 3-carboxyindole, 5-fluoro AMB metabolite 3 and 5-fluoro AMB metabolite 7.
- Began technological upgrades to the Drug Testing Management System which will provide flexibility in the system to accommodate an unlimited number of substances for testing and reporting results.

#### Opioid Testing

CSOSA 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 defendant and offender populations were tested for fentanyl use. The study revealed a 7.56 percent positive rate among the PSA surveillance population and a 4.84 percent among the lockup population. Users in all groups did not use fentanyl alone, but mixed it with other illegal drugs.

#### Treatment Functions

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

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

PSA Treatment				FY 2018 - 2020
Selected Measures of Performance	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	Target
» Percentage of referred defendants who are assessed for SUD treatment (3.2.1)	92%	93%	90%	95%
» Percentage of eligible assessed defendants placed in SUD treatment programs (3.2.2)	49%	53%	44%	50%

### FY 2018 Highlights

- Conducted 2,664 SUD assessments and 1,060 alcohol assessments for defendants under pretrial supervision.
- Continued operation of Drug Court which is a SUD treatment and supervision program for defendants charged with misdemeanors and non-violent felonies. Participants receive appropriate treatment and, upon completion of the program, may have misdemeanor charges dismissed or receive favorable sentencing on or reduction of felony charges. Drug Court is a collaboration among the District of Columbia Superior Court, United States Attorney's Office for the District of Columbia, Office of the Attorney General for the District of Columbia, Public Defender Service for the District of Columbia and PSA. These entities work together to help defendants achieve sobriety and become law-abiding citizens. PSA's Drug Court team uses innovative case management, referrals to appropriate treatment, recovery-focused incentives, and sanctions to support the rehabilitative process.
- Seventy-nine (79) defendants successfully graduated from Drug Court, with 51 defendants charged with misdemeanors having their cases *noll'*ed due to participation. 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.

## APPENDIX A

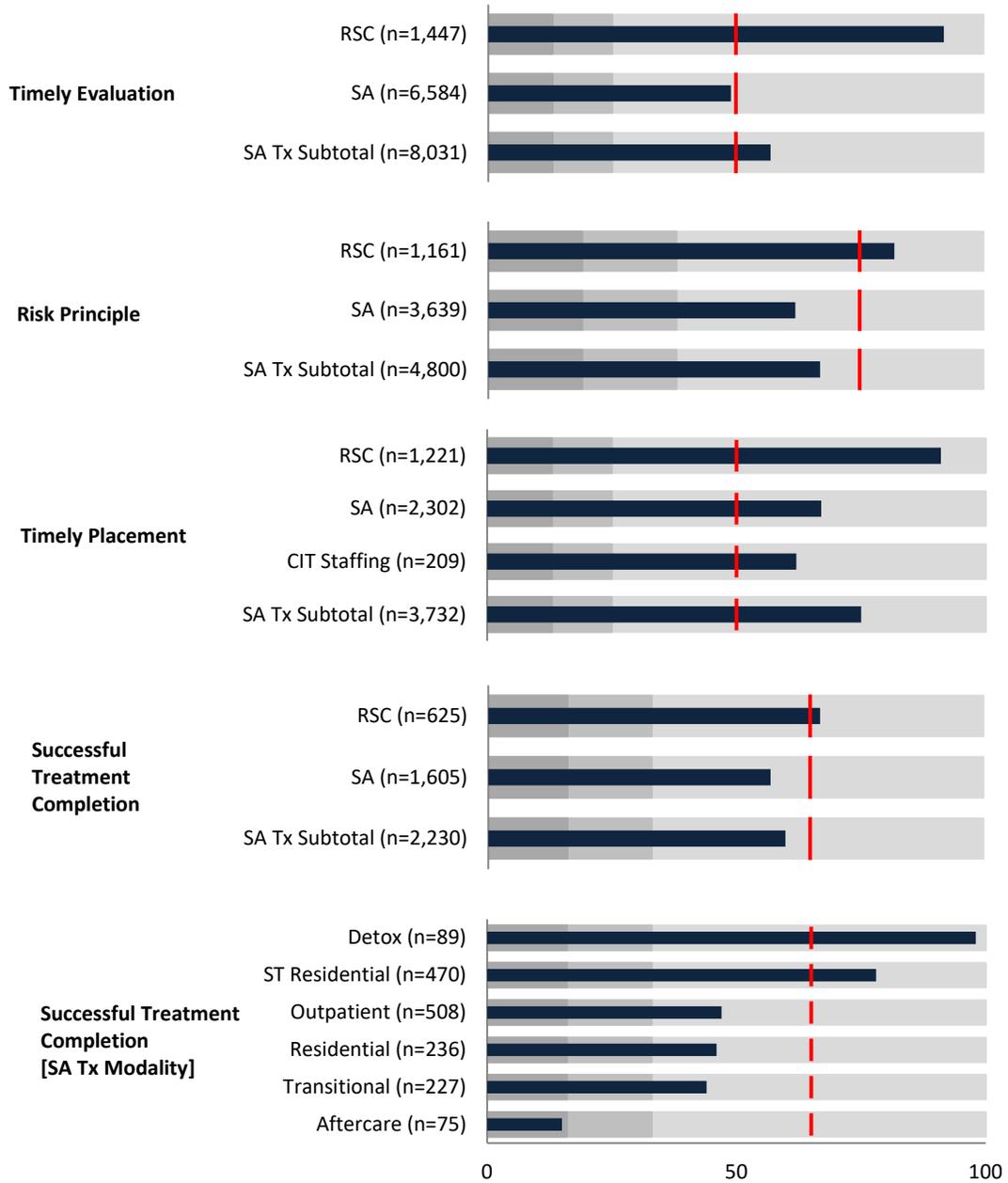


Figure 2. CSP performance on goals related to drug testing and treatment, by treatment type and drug treatment modality, FY 2018.



# DEPARTMENT OF DEFENSE





**DEPARTMENT OF DEFENSE**  
Office of the Secretary of Defense

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Intelligence	124.822	130.086	133.840
Interdiction	282.790	403.449	979.287
International	459.625	421.966	434.970
Prevention	120.813	121.090	120.922
State and Local Assistance	247.041	235.160	120.004
<b>Total Drug Resources by Function</b>	<b>\$ 1,335,151</b>	<b>\$ 1,312,591</b>	<b>\$ 1,789,023</b>
<b>Drug Resources by Decision Unit</b>			
Drug Interdiction and Counterdrug Activities	910.562	881.525	799.402
Defense Security Cooperation Agency (DSCA)	136.879	167.805	173.661
Overseas Contingency Operations (OCO):			
- Drug Interdiction and Counterdrug Activities	196.300	153.100	163.596
Operations Tempo (OPTEMPO)			
Interdiction	91.410	110.161	112.364
U.S. Army Corps of Engineers <sup>1</sup>			540.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$ 1,335,151</b>	<b>\$ 1,312,591</b>	<b>\$ 1,789,023</b>
<b>Drug Resources Personnel Summary</b>			
Total Full Time Equivalent (FTE) positions (direct only)	1,538	1,528	1,528
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$671.0	\$686.0	\$718.3
Drug Resources percentage	0.2%	0.2%	0.3 %

<sup>1</sup>Includes a portion of \$3,600 million in appropriated DoD Military Construction (MILCON) funds that may be reprioritized to SWB construction projects in support of DHS.

**Program Summary**

**MISSION**

The Drug Interdiction and Counterdrug (CD) Activities appropriation funds DoD programs and activities to support the continuing national priority to identify, interdict, disrupt, and dismantle those transnational criminal networks that pose the greatest threats to U.S. 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 U.S. 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 U.S. and international military, intelligence, and law enforcement partners. While sustaining its global CD efforts, DoD is directing increased 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 National Drug Control Budget. Funds are programmed and budgeted for specific projects and activities, and then transferred during the fiscal year of execution to the most appropriate Military Service or Defense Agency for implementation. Requested Overseas Contingency Operations (OCO) funds primarily support Afghanistan partner nation (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 for Counternarcotics and Global Threats (DASD [CNGT]).

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

## **BUDGET SUMMARY**

For FY 2020, DoD requests \$1,789.0 million for drug control activities, an increase of \$476.4 above the FY 2019 enacted level. This increase includes inflation growth of \$74.1 million, a one-time reduction of \$127.6 million to account for FY 2019 congressional enhancements, and a one-time increase of \$540,000 million that will be used to support U.S. Southwest border (SWB) barrier construction, and a \$23.5 million program increase.

## **Drug Interdiction and Counterdrug Activities Decision Unit**

**Total FY 2020 Request: \$799.4 million**

**(\$82.1 million below the FY 2019 enacted level)**

The FY 2020 request for the Drug Interdiction and Counterdrug Activities Decision Unit supports five National Drug Control Program Functions: Intelligence, Interdiction, International, Prevention, and State and Local Assistance. The FY 2020 net decrease of \$82.1 million from the FY 2019 enacted level reflects inflation growth of \$41.9 million, a one-time reduction of \$127.6 to account for FY 2019 congressional enhancements and a \$25.4 million program increase.

### **Prevention**

**FY 2020 Request: \$120.9 million**

**(\$1.0 million below the FY 2019 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 2020 net increase of \$1.0 million from the FY 2019 enacted level includes an inflation adjustment of \$2.4 million, a one-time reduction of \$4.1 to account for a FY 2019 congressional enhancement, and a \$0.7 million program increase for drug testing supplies and materials.

### **Interdiction**

**FY 2020 Request: \$326.9 million**

**(\$33.6 million above the FY 2019 enacted level)**

Pursuant to Title 10, U.S.C. §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 U.S. 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; 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 2020 net decrease of \$33.6 million from the FY 2019 actual level includes an inflation adjustment of \$27.7 million; a \$9.6 million program increase to gain full operating capability of government-owned, contractor-operated maritime patrol aircraft; and \$18.1 million for multi-mission support vessel operations in support of U.S. Southern Command.

### **International**

***FY 2020 Request: \$97.7 million (excluding OCO)***

***(\$3.4 million below the FY 2019 enacted level)***

DoD support of the International Drug Control Function is executed primarily under Title 10, U.S.C., 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, detection and monitoring (D&M), and intelligence analysis support United States and international law enforcement agencies and complement DoD security cooperation efforts. The FY 2020 net increase of \$3.4 million from the FY 2019 enacted level includes an inflation adjustment of \$2.1 million, and a program decrease of \$5.5 million reflecting the discontinuation of a classified program.

### **Intelligence**

***FY 2020 Request: \$133.8 million***

***(\$3.8 million above the FY 2019 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 CTOC operations and activities. The FY 2020 net increase of \$3.8 million from the FY 2019 enacted level includes an inflation adjustment of \$2.8 million, and a program increase of \$1.0 million in support of international intelligence activities.

### **State and Local Assistance**

***FY 2020 Request: \$120.0 million***

***(\$115.2 million below the FY 2019 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 U.S. Code, §112, this activity funds National Guard support for domestic law enforcement under the Governors' State Plans and CD Schools programs. Funding also supports U.S. Northern Command CD support to DLEA under Title 10, U.S.C. The FY 2020 net increase of \$115.2 million from the FY 2019 enacted level includes an inflation adjustment of \$6.9 million, a reduction of \$123.6 to account for FY 2019 congressional enhancements, and a \$1.5 million program increase for the National Guard State Plans program.

### **Defense Security Cooperation Agency**

***FY 2020 Request: \$173.7 million (excluding OCO)***

***(\$5.9 million above the FY 2019 enacted level)***

The DSCA Decision Unit supports the International Drug Control Function. This decision unit funds CD related training and equipping activities in support of Combatant Command efforts to build the capacity of international partners. The FY 2020 net increase of \$5.9 million from the

FY 2019 enacted level includes an inflation adjustment of \$3.3 million and a \$2.6 million program increase.

### **Overseas Contingency Operations**

**FY 2020 Request: \$163.6 million (including DSCA OCO)  
(\$10.5 million above the FY 2019 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 OCO. These activities continue to support U.S. 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 provide support for the operations and maintenance of the Afghanistan Special Mission Wing (SMW). The FY 2020 net increase of \$10.5 million from the FY 2019 enacted level reflects an inflation adjustment of \$3.1 million, and a program increase of \$7.4 million for support of the SMW.

### **Operations Tempo (OPTEMPO)**

**FY 2020 Request: \$112.4 million  
(\$2.2 million above the FY 2019 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 2020 increase from the FY 2019 enacted level reflects an inflation adjustment of \$2.2 million.

### **U.S. Army Corps of Engineers Decision Unit**

**FY 2020 Request: \$540.0 million  
(\$540 million above the FY 2019 enacted level)**

The U.S. Army Corps of Engineers Decision Unit estimates a 15 percent budget score of \$3.6 billion of the FY 2019 DoD military construction appropriation that is anticipated to be directed toward the construction of barriers along the SWB in support of the DHS.

## **PERFORMANCE**

The 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 U.S. 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 counterdrug and counter transnational organized crime budgetary resources during the annual planning, programming, budgeting, and execution process; provide management and oversight of DoD counterdrug and countering transnational

organized crime programs; and facilitate communications and engagements with internal and external stakeholders.

Selected examples of FY 2018 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.

<b>Department of Defense</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
<b>Budget Decision Unit 1 – Drug Interdiction and Counterdrug Activities</b>		
» Percentage of Detected Events handed-off to Interdiction and Apprehension Resources	80%	69%
» DOD military personnel testing positive for drug use	under 2%	0.86%
» DoD civilian personnel testing positive for drug use	under 1%	0.41%
<b>Budget Decision Unit 2 – Overseas Contingency Operations</b>		
» Heroin Removal by Combined Task Force – 150 in Indian Ocean Transit Zone	2,000 kg	3,150 kg
» Afghanistan SMW Counterdrug Missions	*	30
<b>Budget Decision Unit 3 – Counterdrug Operations Tempo</b>		
» Aircraft and ship OPTEMPO hours executed by the U.S. Armed Forces in support of global counterdrug operations	*	21,035

\*Target not established.

**Budget Decision Unit 1: Drug Interdiction and Counterdrug 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 Joint Interagency Task Force South.

DoD contributes to *Strategy* supply reduction goals by acting as the single lead agency for detecting and monitoring aerial and maritime transit of illicit drugs into the United States. JIATF-S facilitates drug interdiction by leveraging cued intelligence and other sources. The task force detects, monitors, and then hands-off potential targets to U.S. and international law enforcement agencies that possess the authorities to conduct the subsequent interdiction and apprehension.

In FY 2018, JIATF-S logged 8,522 Critical Movement Alerts comprising initial intelligence submissions, of which 8,172 were Drug Movement Alerts, a subset of Critical Movement Alerts that capture an impending or ongoing illicit drug movement. During the quarterly Consolidated Counterdrug Data Base (CCDB) vetting conferences, each interagency submitted event is examined to ascertain its strict adherence to interagency agreed-upon criteria as defined in the CCDB User’s Manual. This refinement process led to the designation of 3,854 JIATF-S CCDB validated events for FY 2018.

Of the 3,854 JIATF-S CCDB events, JIATF-S was able to target 793 events (21%). Of the targeted events, 357 (45%) were detected – eyes on the illicit conveyance, by U.S. or PN D&M assets. Of the 357 detected cases, 245 were successfully handed-off to U.S. or PN law enforcement interdiction and apprehension assets. This resulted in a FY 2018 success rate of 69 percent for seizures and/or disruptions once the illicit target was detected, falling short of the 80 percent target. Although the ultimate hand-off percentage is driven by many factors, the FY 2018 shortfall can be best attributed to a lack of U.S. and PN air and maritime resources.

JIATF-S is a critical force multiplier for U.S. law enforcement agencies for evidence collection, grand jury proceedings, indictments, and extraditions leading to the interdiction or arrest of key drug trafficking organization (DTO) members, Consolidated Priority Organization Targets, and the disruption of prioritized transnational threat networks. Below are the JIATF-S FY 2018 seizure statistics compared to FY 2017:

- Arrests/Detainees: 809, decreased by 10 percent
- Conveyances (vessels and aircraft): 239, decreased by 5 percent
- Cocaine: 273MT, decreased by 10MT (\$5.5B loss to traffickers)
- Marijuana: 14MT, increased by 17 percent (\$29.8M loss to traffickers)
- Heroin: 25KG, increased by 400 percent (\$2.2M loss to traffickers)

#### **Budget Decision Unit 1: Drug Interdiction and Counterdrug Activities**

MEASURE 2: DoD military personnel testing positive for drug use.

The DoD (DDR) Program was mandated in 1981 and given the mission to deter DoD personnel from abusing illicit drugs or misusing prescription drugs. The program components include compulsory random drug testing with punitive consequences and anti-drug education and outreach programs. The effectiveness of this program is measured by monitoring the prevalence of drug use from drug testing statistics published annually with a 2 percent or less urine drug positive rate for military personnel, and a 1 percent urine drug positive rate for DoD civilians in Testing Designated Positions. These goals were established as Well-Being of the Force Indicators in 2008. An additional source of determining the effectiveness of the DDRP is the DoD Survey of Health Related Behaviors. The DoD survey is conducted every three years as an additional measure of effectiveness because it is independent from the drug testing program. The specific metric from the survey monitored is self-reported use of illicit drugs and misuse of prescription drugs within the past 30 days.

#### **Budget Decision Unit 1: Drug Interdiction and Counterdrug Activities**

MEASURE 3: DoD civilian personnel testing positive for drug use.

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). DoD policy is to ensure 100 percent random urine drug testing of every Service member

annually. Given the success of DoD's civilian drug testing program, the random testing rate for civilians in testing-designated positions will be 50 percent of the workforce per year.

### **Budget Decision Unit 2: Overseas Contingency Operations**

#### **MEASURE 1: Indian Ocean Heroin Removal by Combined Task Force-150**

In FY 2018, the Regional Narcotics Interagency Fusion Cell provided information to Combined Task Force-150 (CTF-150) that resulted in 12 seizures of heroin. Approximately 3,510 kilograms of heroin were confiscated, exploited for intelligence, and destroyed. Chief among the CTF-150 ships was Her Majesty's Australian Ship Warramunga, which accounted for six of the interdictions, including a 915 kilogram seizure from the dhow Al Ameer on 24 January 2018 off the coast of Tanzania. Of the remaining interdictions, four were accomplished by four different French ships. In addition to heroin, CTF-150 ships also confiscated and destroyed almost 50,250 kg of hashish. According to Drug Enforcement Administration (DEA) estimates, the combined heroin and hashish seizures denied DTOs, and their associated insurgent and extremist partners, more than \$61.0 million in revenue.

### **Budget Decision Unit 2: Overseas Contingency Operations**

#### **MEASURE 2: Afghanistan Special Mission Wing (SMW) Counterdrug Missions**

Effective FY 2018, this is a new measure. Afghanistan's SMW is the premier Afghan tactical rotary wing aviation unit. The SMW was created in 2012 from the Afghan Air Interdiction Unit (AIU). In 2005, DASD (CNGT) funded and organized the establishment of the Afghan Ministry of Interior (Mol) AIU to provide aviation support for CD operations in Afghanistan. Until 2012, the AIU was funded almost entirely by DoD CD funds when it became the basis for the SMW. SMW missions are flown in support of the Afghan Special Security Force (ASSF) from the Afghan Mol, Ministry of Defense, and National Defense Directorate special mission units throughout Afghanistan. The SMW maintains its headquarters and two squadrons in Kabul and a squadron each in Mazar-e-Sharif and Kandahar. The U.S. Special Operations Advisory Group (SOAG), Level 1 Train, Advise, and Assist element is collocated and supports the SMW at all three bases. The SMW currently operates 33 Mi-17 helicopters and 18 PC-12 fixed wing aircraft, which provide operational reach and on-demand intelligence, surveillance and reconnaissance to Afghan security forces for conducting CD and counterterrorism missions. SMW crewmembers also provide the Afghan Government with its sole night vision goggle and air assault capable aviation unit.

The number of personnel assigned to SMW increased at a steady rate from FY 2016 (677) to FY 2018 (828). Planned projected growth for SMW personnel will reach 885 by the end of FY 2019. During a slow period for CD missions during the FY 2017, the SOAG focused on aircrew training. This contributed to an increase in mission-qualified aircrew and in the number of instruction, standardization and evaluator aircrew during the first half of FY 2018.

At the end of FY 2018, the SMW had 285 maintenance personnel assigned, with 92.5 percent of aircraft maintenance either jointly, or unilaterally completed, by Afghan maintainers. Also in FY

2018, the SMW flew a total of 299.2 flight hours in support of 30 dedicated CD missions. These missions were flown in support of ASSF CD operations, the most since FY 2012, and an increase of 35 percent from the previous year. The missions resulted in the seizure of 41,500 kilograms of narcotics, 25,500 liters of precursors captured or destroyed, 18 enemy captured, and 9 enemy killed. According to DEA estimates, these results equated to \$33,000,000 in denied revenue to the Taliban.

### **Budget Decision Unit 3: Counterdrug Operations Tempo (OPTEMPO)**

**MEASURE 1:** Aircraft and ship OPTEMPO hours executed by the U.S. Armed Forces in support of global counterdrug operations.

This Budget Decision Unit introduces a baseline measurement for aerial and maritime operating tempo (OPTEMPO) support provided by the U.S. Armed Services in support of counterdrug operations. Unlike the majority of DoD CD activities that are financed via the Drug Interdiction and Counterdrug Activities, Defense appropriation, OPTEMPO support is funded and managed by the individual Military Services. CD operations are supported as a portion of the Services' overall training and operational requirements. In FY 2018, to assist the Office of National Drug Control Policy in obtaining a fuller accounting of total support provided by DoD toward the goals of the *Strategy*, DASD (CNGT) began coordinating with the Services to collect data for aircraft flight hours and ship steaming hours in support of global CD operations.

In addition to DoD radar and space assets, U.S. Navy ships and U.S. Air Force, Army, and Navy aircraft constitute the primary means used by DoD to detect and monitor the aerial and maritime transit of illicit drugs. The Army and Air National Guard provide the majority of DoD CD aviation support to domestic state and local law enforcement. In FY 2018, the military services flew 20,885 hours and supported maritime operations with 150 hours of ship steaming time. Although the OPTEMPO measure is new for FY 2018, a provisional target based on five years of historical data has been established for U.S. Armed Forces assets for FY 2019 to serve as an interim benchmark until a more comprehensive metric can be established. Provided aircraft flying-hour and ship steaming-hour contributions in support of D&M come from a combination of sources (U.S. Armed Forces, USCG, PNs, and DoD contracted aircraft). DASD (CNGT) is working with JIATF-S and relevant Service components to determine the efficacy of measuring and reporting PN and DoD contracted OPTEMPO for FY 2019 and beyond.

It is anticipated that reporting U.S. Service asset OPTEMPO in the context of total OPTEMPO, to include flying and steaming hours contracted by DoD and supported by international partners, will provide a more accurate assessment of total OPTEMPO contributions.

# DEPARTMENT OF DEFENSE

## Defense Health Program

### Resource Summary

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Treatment	\$70.427	\$72.801	\$75.362
Research and Development	\$14.162	28.100	14.290
<b>Total Drug Resources by Function</b>	<b>\$84.589</b>	<b>\$100.901</b>	<b>\$89.654</b>
<b>Drug Resources by Decision Unit</b>			
Defense Health Program	\$84.589	\$100.901	\$89.654
<b>Total Drug Resources by Decision Unit</b>	<b>\$80.589</b>	<b>\$100.901</b>	<b>\$89.654</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$33.5	\$34.4	\$33.0
Drug Resources Percentage	0.3%	0.3%	0.3%

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

### Program Summary

#### MISSION

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

#### 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 (DHA) 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 U.S. 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 U.S. 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 2020, the DHP requests \$89.7 million for drug control activities, a decrease of \$11.2 million from the FY 2019 enacted level.

### **Defense Health Program**

**FY 2020 Request: \$89.7 million**

**(\$11.2 million below the FY 2019 enacted level)**

The program change between FY 2019 and FY 2020 is driven by a \$13.8 million program reduction in research funding offset set by a \$2.6 million increase in treatment costs. The decrease in FY 2020 research is driven by the exclusion of one-time Congressional add funding, such as Alcohol and Substance Abuse Disorders 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.

## **PERFORMANCE**

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

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

In addition to the medical research programs, DHA has a multi-pronged battlefield pain management acquisition program. In FY18, Sufentanil was approved by the FDA to treat acute pain. This near term solution is an opioid product and will be administered by trained healthcare providers following stringent control procedures. This product was developed by DHA to support far forward operations. DHA has also initiated an acquisition program, in response to Combatant Command needs for a rapid, non-opioid drug to treat acute battlefield pain at point of injury. Ketamine, an approved anesthetic with a known safety profile, will be tested in well controlled clinical trials to support FDA approval of this drug for the treatment of pain.

**DEPARTMENT OF EDUCATION**





**DEPARTMENT OF EDUCATION**  
Office of Elementary and Secondary Education

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$60.912	\$54.767	\$55.504
<b>Total Drug Resources by Function</b>	<b>\$60.912</b>	<b>\$54.767</b>	<b>\$55.504</b>
<b>Drug Resources by Decision Unit</b>			
School Safety National Activities	\$60.912	\$54.767	\$55.504
<i>School Climate Transformation Grants</i>	<i>56.026</i>	<i>53.692</i>	<i>53.429</i>
<i>Other Activities</i>	<i>4.886</i>	<i>1.075</i>	<i>2.075</i>
<b>Total Drug Resources by Decision Unit</b>	<b>\$60.912</b>	<b>\$54.767</b>	<b>\$55.504</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget <sup>1</sup> (in Billions)	\$48.1	\$48.6	\$41.5
Drug Resources percentage	0.1%	0.1%	0.1%

<sup>1</sup>The total agency budget reflects discretionary funds only, excluding Pell Grants.

**Program Summary**

**MISSION**

The Department of Education’s mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access. Under the Department of Education Organization Act (Public Law 96-88 of October 1979), the Department’s mission is to: strengthen the Federal commitment to assuring access to equal educational opportunity for every individual; supplement and complement the efforts of States, the local school systems and other instrumentalities of the States, the private sector, public and private nonprofit educational research institutions, community-based organizations, parents, and students to improve the quality of education; encourage the increased involvement of the public, parents, and students in Federal education programs; promote improvements in the quality and usefulness of education through Federally supported research, evaluation, and sharing of information; improve the coordination of Federal education programs; improve the management of Federal education activities; and increase the accountability of Federal education programs to the President, the Congress, and the public.

## **METHODOLOGY**

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

The Department of Education's budget for drug control programs includes all funding under School Safety National Activities, except for amounts corresponding to the following activities that have no clear drug control nexus: (1) Project School Emergency Response to Violence, a crisis response program that provides education-related services to local educational agencies (LEAs) and institutions of higher education (IHEs) in which the learning environment has been disrupted due to a violent or traumatic crisis; (2) Project Prevent, which makes grants to LEAs to help schools in communities with pervasive violence address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence; (3) 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) Mental Health Demonstration Grants, a new activity to begin in FY 2019 that would fund partnerships between IHEs and States or high-need LEAs to train school counselors social workers, psychologists, or other MH professionals in order to address the shortages of such professionals in our schools; and (5) support for the Federal Commission on School Safety, which President Trump established in 2018 to review safety practices and recommend best practices to keep students safe at school. The Department of Education's budget for drug control programs also excludes the \$100 million request in the FY 2020 President's budget for new School Safety State Grants that would be focused on school safety activities, and excludes a small number of other miscellaneous school safety activities.

## **BUDGET SUMMARY**

In FY 2020, the Department of Education requests \$55.5 million for drug control activities, an increase of \$0.7 million from the FY 2019 enacted level.

### **School Climate Transformation Grants**

**FY 2020 Request: \$53.4 million**

**(\$0.3 million below the FY 2019 enacted level)**

The opioid crisis has devastated families and communities across the United States, and the Administration believes that schools can play an important role in both preventing opioid abuse and addressing the MH and other needs of students affected by the epidemic. The request includes \$42.0 million for a new cohort of School Climate Transformation grants to State educational agencies (SEAs) and LEAs and related technical assistance to help school districts

implement multi-tiered, evidence-based strategies to prevent opioid misuse by students and address associated behavioral and academic challenges.

The multi-tiered decision-making framework of these grants guides the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students, while providing differing levels of support and interventions to students based on their needs. In the 2019 LEA School Climate Transformation Grants competition (as in the 2018 SEA School Climate Transformation Grants competition), the Department will include a competitive preference priority for applicants that propose to include opioid abuse prevention and mitigation strategies as part of their projects.

### **Other Safe Schools National Activities**

**FY 2020 Request: \$2.1 million**

**(\$1.0 million above the FY 2019 enacted level)**

The request also includes \$2.1 for other School Safety National Activities, nearly all of which is for the National Center on Safe Supportive Learning Environments. The Center provides technical assistance to SEAs, LEAs, and IHEs to help improve conditions for learning in schools and classrooms and to provide safe and healthy environments to prevent substance use; support student academic success; and prevent violence at the elementary, secondary, and postsecondary levels. Among other things the Center will continue to help SEAs, LEAs, schools, and IHEs respond effectively to the Nation’s opioid epidemic. For example, it has developed and provided opioid abuse prevention resources—such as publications and webinars—that are available to all schools and postsecondary institutions.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of the School Safety National Activities is based on agency Government Performance and Results Modernization Act documents and other information that measures the agency’s contribution to the Strategy. The table and accompanying text represent drug control-related achievements during FY 2018.

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

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

references to drugs and alcohol. 2018 performance exceeded the targets for the numbers (but not the percentages) of schools that met these measures.

<b>Office of Elementary and Secondary Education</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» 2014 cohort - The number of schools annually that are implementing the multi-tiered behavioral framework with fidelity (based on 69 of 70 grantees reporting data)	936	920
» 2014 cohort - The percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity (based on 69 of 70 grantees reporting data)	69%	64%
» 2014 cohort - The number of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol (based on 69 of 70 grantees reporting data)	719	781
» 2014 cohort - The percentage of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol (based on 69 of 70 grantees reporting data)	61%	53%

**FEDERAL JUDICIARY**





# FEDERAL JUDICIARY

## Resource Summary

	Budget Authority (in Millions) <sup>1</sup>		
	FY 2018 Final	FY 2019 Estimate <sup>2</sup>	FY 2020 Request
<b>Drug Resources by Function</b>			
Corrections	\$554.855	\$562.598	\$585.448
Prosecution	401.057	415.309	436.203
Research and Development	6.577	6.525	6.777
Treatment	160.047	162.285	168.877
<b>Total Drug Resources by Function</b>	<b>\$1,122.536</b>	<b>\$1,146.717</b>	<b>\$1,197.305</b>
<b>Drug Resources by Decision Unit</b>			
Administrative Office of the U.S. Courts	2.171	2.225	2.328
Court Security	39.916	41.295	43.607
Defender Services	131.603	141.202	150.618
Federal Judicial Center	.322	.329	.338
Fees of Jurors and Commissioners	12.728	12.965	13.196
Salaries and Expenses	929.251	942.209	980.475
U.S. Sentencing Commission	6.545	6.492	6.743
<b>Total Drug Resources by Decision Unit and Function</b>	<b>\$1,222.536</b>	<b>\$1,146.717</b>	<b>\$1,197.305</b>
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$7.4	\$7.5	\$7.9
Drug Resources Percentage	15.2%	15.2%	15.2%

<sup>1</sup> Includes Mandatory and Discretionary Resources.

<sup>2</sup> Because final appropriations outcomes for FY 2019 are currently unknown, the Judiciary made funding assumptions about FY 2019 in order to construct its FY 2020 budget request. The FY 2019 funding levels assume that Congress will provide a full-year discretionary appropriation for the Salaries and Expenses account that is 1.1 percent above the FY 2018 enacted level and at or near the requested levels for the Defender Services, Court Security and Fees of Jurors and Commissioners accounts.

## Program Summary

### MISSION

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

### METHODOLOGY

The drug portion of the Judiciary's budget is estimated by applying the percentage of drug-related activity experienced in each appropriation to the current appropriation or requested funding. The percentages are developed by analyzing the workload of each component of the

Judiciary's budget; estimating the amount that is attributed to drug-related crime, prosecution, treatment, or corrections; and then rounding to the nearest five percent before application. The percentages are updated each September to reflect the most recent drug workload information available.

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

For FY 2020, the drug control budget request totals \$1,197.3 million, an increase of \$50.6 million above the FY 2019 estimated level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request generally reflects increases to maintain current services.

### **Administrative Office of the United States Courts**

**FY 2020 Request: \$2.3 million**

**(\$0.1 million above the FY 2019 estimated level)**

The Administrative Office of the United States Courts provides professional support, analysis, program management, and oversight for the Judiciary. The drug-related resources in this account are for the necessary expenses of the Administrative Office departments related to the drug case workload in the courts and probation and pretrial services offices.

## **Court Security**

**FY 2019 Request: \$43.6 million**

**(\$2.3 million above the FY 2019 estimated 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 2020 Request: \$43.6 million**

**(\$2.3 million above the FY 2019 estimated 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 2020 Request: \$0.3 million**

**(\$9,000 above the FY 2019 estimated 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 2020 Request: \$13.2 million**

**(\$0.2 million above the FY 2019 estimated level)**

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

## **Salaries and Expenses**

**FY 2020 Request: \$980.5 million**

**(\$38.3 million above the FY 2019 estimated level)**

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

## **United States Sentencing Commission**

**FY 2020 Request: \$6.7 million**

**(\$0.3 million above the FY 2019 estimated level)**

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

### **PERFORMANCE**

Information regarding the activities of the Judiciary is drawn from data collected by the Administrative Office. The information presented here is based on data for the fiscal year ending September 30, 2017, the last full year for which data are available. Of note, while data are available regarding drug related defendants, cases, filings, and other court activities, performance measures, targets, and actuals are not included. The work of the Federal Judiciary is guided by a Strategic Plan developed by the Judicial Conference. However, this branch of the Federal Government is not covered by the requirements of the Government Performance and Results Modernization Act.

Drug crimes remained the offenses prosecuted most frequently in the U.S. district courts, constituting 32 percent of all defendant filings. Filings for defendants charged with crimes related to marijuana decreased 19 percent to 4,181. Filings for non-marijuana defendants rose 4 percent to 20,175. Filings related to the sale, distribution, or dispensing of illegal drugs decreased 17 percent to 2,249 for marijuana and rose 1 percent to 17,560 for all other drugs.

Forty-eight percent of persons under post-conviction supervision had been convicted of drug offenses. Offenders convicted of drug offenses remained unchanged at 48 percent of persons under post-conviction supervision.

Cases in which the major offense charged involved drugs accounted for 28 percent of pretrial services cases (up from 27%).



DEPARTMENT OF HEALTH AND HUMAN SERVICES





**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Administration for Children and Families**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$40.000	\$40.000	\$60.000
<b>Total Drug Resources by Function</b>	<b>\$40.000</b>	<b>\$40.000</b>	<b>\$60.000</b>
<b>Drug Resources by Decision Unit</b>			
Promoting Safe and Stable Families – Regional Partnership Grants	\$40.000	\$40.000	\$60.000
<i>Mandatory Grants</i>	20.000	20.000	60.000
<i>Discretionary Grants</i>	20.000	20.000	0.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$40.000</b>	<b>\$40.000</b>	<b>\$60.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$59.0	\$59.0	\$52.0
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.

**METHODOLOGY**

The *Targeted Grants To Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse within the Promoting Safe and Stable Families* program was established by The Child and Family Services Improvement 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 (Public Law 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 2020, ACF requests \$60.0 million for drug control activities, an increase of \$20.0 million above the FY 2019 level.

### **Regional Partnership Grants**

**FY 2020 Request: \$60.0 million**

**(\$20.0 million above the FY 2019 enacted level)**

For the Promoting Safe and Stable Families program on the mandatory funding side, ACF is requesting \$60.0 million, an increase of \$20.0 million above the total FY 2018 and FY 2019 level, to continue the success of earlier Regional Partnership Grants (RPGs) and will support state efforts to reduce foster care placements due to parental substance use. Adult SUDs, including opioid addiction, 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 OUD, and child welfare involvement.

In the mandatory side there are \$20 million reserved for the RPG Program to provide services and activities to benefit children and families affected by a parent’s or caretaker’s SUD, including OUD, who come to the attention of the child welfare system. In FY 2018 and FY 2019, the RPG Program received an additional \$20.0 million appropriation above the authorized funding level.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of ACF is based on agency Government Performance and Results Modernization Act documents and other agency information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2017, the latest year for which data are available.

<b>Administration for Children and Families</b>		
<b>Selected Measure of Performance</b>	<b>FY 2017 Target</b>	<b>FY 2017 Actual</b>
» 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)	92.2%	92.2%

Since funding for the RPG is part of the larger Promoting Safe and Stable Families program, ACF considers those activities to be part of the larger program performance goals, which includes

the key measure in the table above. In FY 2017, ACF placed 92.2 percent of all children who exited foster care in less than 24 months into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure are to improve by at least 0.2 percentage points over the previous year's actual result to achieve this target.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

### RESOURCE SUMMARY

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$475.579	\$475.579	\$475.579
<b>Total Drug Resources by Function</b>	<b>\$475.579</b>	<b>\$475.579</b>	<b>\$475.579</b>
<b>Drug Resources by Decision Unit</b>			
Opioid Abuse and Overdose Prevention	\$475.579	\$475.579	\$475.579
<b>Total Drug Resources by Decision Unit</b>	<b>\$475.579</b>	<b>\$475.579</b>	<b>\$475.579</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (Direct Only) <sup>1</sup>	51	109	138
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>2, 3</sup>	\$7.6	\$7.3	\$6.5
Drug Resources Percentage	6.2%	6.5%	7.3%

<sup>1</sup> Includes vacancies.

<sup>2</sup> Excludes ATSDR and mandatory programs.

<sup>3</sup> Includes funding from the Prevention and Public Health Fund, PHS Evaluation Fund, and NEF Direct Transfers.

## Program Summary

### MISSION

The Centers for Disease Control and Prevention (CDC) serves as the Nation’s public health agency and exercises its expertise in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. CDC plays a critical role in opioid overdose prevention by strengthening surveillance, helping providers improve prescribing practices, and working to identify and scale up effective interventions. CDC’s funding initiatives equip state health departments with resources to combat the epidemic. CDC uses data to drive action to prevent and address opioid overdoses as well as other negative health effects of this epidemic.

CDC has tailored its response as the epidemic continues to evolve. For example, in response to the rise in deaths attributable to illicit opioids, CDC is strengthening surveillance and response to inform and engage public safety and substance use treatment efforts addressing illicit opioids and polysubstance use and abuse. CDC also has initiated efforts at the community and local levels to empower consumers to make safe choices and as well as efforts to reach vulnerable populations (e.g., Tribes and rural communities).

CDC helps support the *Strategy* through its surveillance activities and by advancing data-driven prevention strategies to address opioid use, misuse, and overdose.

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

1. Conducting surveillance and research
2. Building state, local, and tribal capacity
3. Supporting providers, health systems, and payers
4. Partnering with public safety
5. Empowering consumers to make safe choices

These pillars align with and crosscut HHS' strategies to combat the opioid crisis and work to accomplish the same goals through a public health approach.

## **METHODOLOGY**

The CDC methodology for determining the drug control budget was established 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*, Public Law 115-245.

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

## **BUDGET SUMMARY**

In FY 2020, CDC requests \$475.6 million for drug control activities, level with the FY 2019 enacted level.

### **Opioid Abuse and Overdose Prevention**

**FY 2020 Request: \$475.6 million**

**(No change from the FY 2019 enacted level)**

CDC's funding initiatives equip state health departments with resources to combat the epidemic. CDC uses data to drive action to prevent and address opioid overdoses as well as other negative health effects of this epidemic. To that end, the President's Budget Request outlines activities in four broad categories, which capitalize on CDC's scientific expertise:

1. State, Territorial, Tribal, and Partner Support
2. Communication, Education, and Training
3. Health Systems, Health Information Technology, and Surveillance Improvements

#### 4. Building the Evidence Base through Science

##### **State, Territorial, and Tribal, and Partner Support**

CDC works to strengthen surveillance and prevention activities in all 50 states, territories, tribes and within communities. In FY 2020, CDC will support recipients along the trajectory of moving from data to action. Funded program components focus on two interrelated components: surveillance and prevention. CDC will move science to action by partnering with states, localities, territories, and tribes to implement innovative strategies. Investments will allow funded jurisdictions to build upon promising work already underway. In addition, enhancements will be made to increase surveillance capabilities for polysubstance use and abuse, which will continue to strengthen prevention efforts within high-risk communities and populations.

Funded jurisdictions will also improve their ability to identify and track timely data on key risk factors and substances contributing to drug overdose death trends by:

- Abstracting, analyzing and disseminating data gleaned from a variety of sources (detailed information on toxicology, enhanced surveillance efforts with medical examiner/coroner reporting, death scene investigations, and other circumstances surrounding death)
- Promoting the use of prescription drug monitoring program (PDMP) data to inform action (e.g., provider use of PDMP data at patient level encounters)
- Amplifying messaging within states to educate about the risks associated with opioids
- Strengthening prevention activities at the community level for a more customized response
- Conducting a rigorous evaluation of interventions being implemented in CDC's state programs to help us adjust and scale programs throughout the United States.

Intervention strategies will address both prescription and illicit opioids, and may address drugs to the extent that they are associated with and/or exacerbate the opioid overdose epidemic (e.g., cocaine mixed with fentanyl). Efforts will support integration of state and local prevention and response efforts, provide support for providers and health systems prevention (including use of PDMPs as a clinical decision support tool), enhance partnerships with public safety and first responders, establish and improve linkages to MAT and other supportive services, and empower individuals to make informed choices.

CDC will also expand community-based projects, which enhance partnerships with public safety, including collaborating with ONDCP. CDC has partnered with ONDCP to provide funding for 13 community-based projects as part of the Heroin Response Strategy's Combatting Opioid Overdose through Community-level Intervention. This effort will support implementation of innovative strategies within a targeted geographic area with the aim of building the evidence base for response activities that other communities can employ. Projects include efforts on post-overdose strategies to link people to care using patient navigators and recovery coaches; justice-involved populations and access to MAT; buprenorphine induction in the emergency department; neonatal abstinence syndrome; and Adverse Childhood Experiences (ACE).

Finally, CDC will support upstream prevention programs, capitalizing on the interdependent relationship between ACEs and SUDs. This includes expanding ACEs data collection and working with local public health departments in communities experiencing high rates of drug overdoses or suicide to implement and test a comprehensive community approach for the primary and secondary prevention of ACEs in order to reduce opioid overdoses or suicides.

### **Communication, Education, and Training**

One of CDC's priorities is raising awareness about the risks of prescription opioid misuse. The aim is to implement primary prevention strategies, such that individuals reduce their risk of opioid misuse, abuse, or OUD. To provide individuals with the resources and information they need to make informed choices, CDC's Rx Awareness campaign features testimonials from people recovering from OUD and people who have lost loved ones to opioid overdose. The goal of the campaign is to educate the public about the risks of prescription opioids and the importance of discussing safer and more effective pain management with their healthcare providers. CDC is also promoting 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.

CDC will further enhance the Rx Awareness campaign in three main areas: (1) expanding campaign product development (including messages for special populations and risk groups) and additional focus on polysubstance and illicit use and abuse, (2) increasing dissemination efforts (including through state programs), and (3) evaluation. This will complement the existing communications efforts in which states are currently engaged.

### **Health Systems, Health Information Technology, and Surveillance Improvements**

CDC will continue to encourage uptake and use of CDC's opioid prescribing guideline for chronic pain within and across clinical settings. Examples of proposed activities include expanding quality improvement and coordinated care implementation strategies beyond primary care setting, incorporating the guideline into electronic health records (EHR) through clinical decision support tools, and continued efforts around PDMP and EHR integration. Efforts also include conducting data analysis to advance the science around effective health system strategies. This also will be used to build on previous investments to expand guidance around acute pain and indication specific guidance.

### **Building the Evidence Base through Science**

CDC will support efforts to further develop and/or rigorously evaluate primary or secondary preventive interventions that address prescription and illicit overdose, including polysubstances. Funded research projects may include those that address interventions that integrate public health and public safety approaches, enhance linkage of those with OUD to treatment, improve opioid prescribing behavior, risk and protective factors related to co-use of prescription opioids and heroin, engagement of employers as means for intervention delivery, or social determinants and community barriers to effective prevention or recovery.

Additionally, funding may be used to support research that further examines the link between SUD and ACEs and suicide.

## **PERFORMANCE**

In FY 2019, CDC released a new funding announcement, Data to Action Opioid Overdose Prevention in States, for which all states, territories, and select cities are eligible to compete. Program implementation is anticipated to span three years. Recipients will use this funding to build on previously funded efforts to get high quality, more comprehensive, and timelier data on opioid prescribing, morbidity, and mortality, and to then use those data to inform response and prevention efforts at the state and local level. There are two overall required components of this award – a surveillance component and a prevention component. The FY 2020 budget request will strengthen prevention and surveillance activities across all 50 states, Washington, D.C., localities, territories, and in tribal communities.

All grantees will be required to monitor and evaluate metrics related to the opioid epidemic.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Medicare & Medicaid Services

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Treatment	\$7,500.000	\$7,910.000	\$8,4200.000
<b>Total Drug Resources by Function</b>	<b>\$7,500.000</b>	<b>\$7,910.000</b>	<b>\$8,420.000</b>
<b>Drug Resources by Decision Unit</b>			
Grants to States for Medicaid	\$5,010.000	\$5,250.000	\$5,5540.000
Medicare	2,490.000	2,660.000	2,870.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$7,500.000</b>	<b>\$7,910.000</b>	<b>\$8,420.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$1,073.7	\$1,168.9	\$1,248.2
Drug Resources percentage	0.7%	0.7%	0.7%

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

### Program Summary

#### MISSION

As an effective steward of public funds, the Centers for Medicare & Medicaid Services (CMS) is committed to strengthening and modernizing the nation’s health care system to provide access to high quality care and improved health at a lower cost. Through its coverage of drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of the President’s *Strategy* by providing SUD treatment 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 2017 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.

CMS notes that the baseline estimates are lower than those for the FY 2019 President's Budget, largely because actual FY 2018 Medicaid expenditures were lower than anticipated.

**Medicare:**

The estimates of Medicare spending for the treatment of SUD are based on the FY 2020 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 2017, using the primary diagnosis code<sup>7</sup> included on the claims. The historical trend was used to make projections into the future. These projections are higher than those for the FY 2019 President's Budget, primarily due to the incorporation of International Classification of Diseases (ICD-10) diagnosis codes that went into effect in October of 2015. The prior estimates reflected fee-for-service claims for the period just preceding the implementation of the ICD-10 diagnosis codes.

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**

The total FY 2020 drug control outlay estimate for the CMS is \$8,420.0 million. 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. The remaining growth in Medicare and Medicaid SUD spending compared to FY 2019 is attributable to the use of updated actual data, which was higher than anticipated, and the incorporation of additional ICD-10 diagnosis codes for SUD.

**Grants to States for Medicaid**

**FY 2020 outlay estimate: \$5,550.0 million  
(\$300.0 million above the FY 2019 enacted level)**

Medicaid is a means tested health care 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

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<sup>7</sup> Based on the International Classification of Diseases (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.

treatment services for individuals under age 21 years of age. Additional Medicaid SUD treatment services may be provided as optional services. The recently-enacted *Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act* (the *SUPPORT Act*) discussed further in this chapter also requires states to cover MAT from FY 2020 – FY 2025.

## **Medicare**

**FY 2020 outlay estimate: \$2,870.0 million**  
**(\$210.0 million above the FY 2019 enacted level)**

Medicare provides coverage of hospital, physician, skilled nursing facility, home health care, and other medical care 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. This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

## **PERFORMANCE**

Performance measures are used across the health care delivery system and across federal payers, including Medicare and Medicaid, to improve outcomes, experience of care, population health, and health care affordability. In clinical and behavioral health care, 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. In 2017, the National Quality Forum (NQF) endorsed three new measures to help identify use of opioids at high doses or from multiple providers to persons without cancer.

CMS has a number of mechanisms to help discourage prescribing practices that place beneficiaries at risk of harm. These are employed judiciously to prevent problematic providers who fail to meet Medicare requirements from harming beneficiaries. CMS has continued to monitor Medicare prescribing patterns for potential misuse or abuse. Going forward into 2019, CMS will implement the many Medicare and Medicaid-related provisions of the *SUPPORT Act*. Key provisions include: Medicare coverage of OUD treatment services in Opioid Treatment Programs (OTPs) through a new bundled payment for such services beginning in CY 2020; requiring all state Medicaid programs to cover MAT beginning in FY 2020; eliminating barriers to telehealth for the provision of SUD services to Medicare beneficiaries; and requiring a new Medicare demonstration to test bundled payments for comprehensive OUD treatment, among others. 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 released the CMS Roadmap to Address the Opioid Crisis<sup>8</sup> in 2018, focusing on three

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<sup>8</sup> Found at: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

primary strategies to address this national challenge. These strategies include:

1. Prevention - Managing pain using a safe and effective range of treatment options that rely less on prescription opioids;
2. Treatment - Expanding access to treatment for OUDs; and
3. 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 to *Reduce Opioid Misuse*, and CMS is a supporting partner in that effort. Additional information can be found on [Performance.gov](https://www.performance.gov).

## Medicaid

In FY 2019, states will continue voluntary reporting on a core set of health care quality measures for adults and children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The 2019 Adult Core Set includes 12 measures focused on behavioral health<sup>9</sup>; these, along with 5 measures from the Child Core Set, have been identified as a Behavioral Health Core Set.<sup>10</sup> CMS publicly reports state-specific data in its Annual Reporting<sup>11</sup> from the Adult Core Set on [Medicaid.gov](https://www.Medicaid.gov) and in the Medicaid and CHIP Scorecard, released June 2018.<sup>12</sup> As of FY 2018, 42 CFR 438.3(s)(4) and (5) requires that each Medicaid managed care organization must operate a drug utilization review (DUR) program that complies with the requirements described in Section 1927 (g) of the *Social Security Act* (the Act) and submit an annual report on the operation of its DUR program activities.

CMS allows states to utilize the section 1115 demonstration authority, as needed, to receive federal financial participation 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 institution for mental diseases (IMDs). 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 in IMDs. A State Medicaid Directors 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 have access to community-based care as well. Participating states report on relevant Adult Core Measures as well as a number of other measures to help monitor program performance. As of January 31, 2019, 21 states have been approved to implement the 1115 SUD demonstrations.

In addition, the Medicaid Innovation Accelerator Program (IAP) supports states' ongoing payment and delivery system reforms with the end goal of improving the health and health care of Medicaid beneficiaries. IAP's SUD program area offers states a variety of technical

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<sup>9</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf>

<sup>10</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-bh-core-set.pdf>

<sup>11</sup> <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>

<sup>12</sup> <https://www.medicaid.gov/state-overviews/scorecard/index.html>

assistance opportunities as they seek to improve care for individuals with a SUD, expand coverage for effective SUD treatment, and enhance SUD practices delivered to beneficiaries.<sup>13</sup>

## **Medicare**

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 professionals” by tying payment adjustments to reporting criteria. The QPP has two tracks: 1) MIPS and 2) Advanced Alternative Payment Models. Clinicians can choose how they want to participate based on their practice size, specialty, location, or Medicare patient population. There are four MIPS categories: Quality, Promoting Interoperability (formerly Advancing Care Information), Improvement Activities, and Cost. The current program portfolio includes two Improvement Activities, and four Quality measures that address opioid use. The MIPS Promoting Interoperability performance category includes two new opioid measures from the 2019 Physician Fee Schedule final rule and two new opioid measures finalized as part of the Promoting Interoperability Program in the FY 2019 Medicare Hospital Inpatient Prospective Payment System final rule. CMS continues to modify the measures, as needed, based on Office of the National Coordinator for Health Information Technology (ONC) and stakeholder feedback to promote interoperability and to reduce burden and implementation challenges.

The CMS Quality Innovation Network Quality Improvement Organization Program (QIN-QIO) is working with over 5,000 outpatient settings including pharmacies, nursing homes, and clinical practices and with community coalitions and state-based efforts across the nation to improve safe management of opioid medications while addressing appropriate treatment of pain. The program is currently working toward 2019 goals to achieve a hospital utilization reduction of over 77,000 opioid admissions, observation stays and emergency department visits for the “high risk” opioid Medicare population, and a reduction in over 6,000 readmissions for the “high risk” opioid Medicare population. To reach these goals, QIN-QIOs implement interventions in partnership with clinicians, use data analytics to support local innovation and change, and support local efforts such as improving communication across settings and communities. CMS QIN-QIOs have established a methodology using CMS data to identify adverse events for high risk Medicare beneficiaries using opioid medications. QIN-QIOs provide aggregated reports to recruited providers and community coalitions to support local and national efforts to address the opioid epidemic and increase surveillance of adverse events. QIN-QIOs also use advance analytics to support clinicians in prescribing and understanding how they compare to their state or community.<sup>14</sup>

CMS updated its interactive online Medicare Part D Opioid Drug Mapping Tool that allows the

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<sup>13</sup> Additional information is available here: <https://www.medicare.gov/state-resource-center/innovation-accelerator-program/program-areas/reducing-substance-use-disorders/index.html>

<sup>14</sup> 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>.

public to search Medicare Part D opioid prescription claims data at the state, county, and ZIP code levels.<sup>15</sup> The tool allows the user to see both the number and percentage of opioid claims at the local level, and allows a better understanding of variability in provider prescribing behaviors within and across regions, and how this critical issue impacts communities nationwide. The updated tool includes the addition of extended-release opioid prescribing rates and county-level hot spots.

### **Medicare Part D Drug Management Program**

CMS published a final rule, “Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program,” on April 16, 2018 in the Federal Register, which contained plans to implement certain provisions of the *Comprehensive Addiction and Recovery Act of 2016*. Specifically, in the final rule, CMS established the framework under which sponsors of Medicare Part D prescription drug benefit plans may voluntarily establish a drug management program (DMP) for "at-risk beneficiaries" (ARBs). The majority of Part D sponsors have established DMPs for 2019. Under such a program, sponsors may restrict ARBs’ access to coverage for opioids and benzodiazepines to a selected prescriber(s) and/or network pharmacy(ies) (more commonly known as a "lock-in" approach in Medicaid and some commercial plans) after case management with the prescribers and notice to the ARBs.

The final rule incorporated many aspects of the pre-2019 Part D Opioid DUR Policy/Overutilization Monitoring System, which was based on retrospective DUR and case management by Part D sponsors to reduce opioid utilization in Part D. Through the Final CY 2019 Medicare Advantage and Part D Rate Notice and Call Letter, CMS also finalized a number of updates to Part D policies that address opioid overutilization prospectively for 2019. These prospective policies work in conjunction with Part D DMPs, so that Part D sponsors take a comprehensive approach to continuing to prevent and address prescription opioid misuse and abuse and reduce high-risk opioid overutilization in the Medicare Part D program.

The *SUPPORT Act* requires all Part D sponsors to have a DMP for plan years beginning on or after January 1, 2022. CMS is currently evaluating the Act’s provisions and planning the steps necessary to implement it.

### **Clinical Quality Measure Reporting**

CMS has included OUDs as a meaningful measure area in the Meaningful Measures 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, CMS has updated the definition of high priority measures to include opioid-related measures in the CY 2019 Physician Fee Schedule final rule. CMS is also working in partnership with ONC to incorporate clinical quality measures into electronic health records to assist in implementing healthcare delivery and payment. Finally, CMS included opioid-related quality measure concepts in the “Measures

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<sup>15</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html>

Under Consideration (MUC) List” published each year to inform the public about measures being considered for use in Medicare. The 2017 MUC list included “Continuity of Pharmacotherapy for Opioid Use Disorder” which was approved by the MUC technical expert panel and proposed and finalized for the 2019 MIPS.<sup>16</sup> CMS continues to consider additional opioid related measures for use in the Medicare quality programs through its annual rulemaking processes.

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<sup>16</sup> <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Health Resources and Services Administration**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$104.000	\$111.000	\$111.000
Treatment	\$540.000	\$553.000	\$553.000
<b>Total Drug Resources by Function</b>	<b>\$644.000</b>	<b>\$664.000</b>	<b>\$664.000</b>
<b>Drug Resources by Decision Unit</b>			
Bureau of Primary Health Care	\$544.000	\$544.000	\$544.000
Federal Office of Rural Health Policy	100.000	120.000	120.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$644.000</b>	<b>\$664.000</b>	<b>\$664.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	--	--	--
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$11.4	\$11.7	\$10.7
Drug Resources percentage	5.6%	5.7%	6.2%

**Program Summary**

**MISSION**

The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to health care for people who are geographically isolated, and economically or medically challenged.

**BPHC**

HRSA is the principal Federal agency charged with increasing access to primary health care for those who are medically underserved. For more than 50 years, HRSA-funded health centers have delivered affordable, accessible, comprehensive, high quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country. Health centers advance a model of coordinated, comprehensive, and patient-centered primary health care, services by coordinating and integrating a wide range of medical, dental, MH, SUD, and patient support services. Today, approximately nearly 1,400 health centers operate nearly more than 121,000 service delivery sites that provide care in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

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.

#### **FORHP**

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 health care delivery in rural communities. FORHP is statutorily charged with coordinating the activities within HHS that relate to rural health care and providing information to the Secretary and others in HHS with respect to the activities of other Federal departments and agencies that relate to rural health care. In addition to its policy roles, FORHP also administers a range of grant programs focusing on capacity building and enhancing health care delivery at the community and state levels as well as programs aimed at leveraging the use of health information technology and telehealth to enhance access to and the quality of health care 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 is developing performance measures to support this new large-scale initiative.

### **METHODOLOGY**

#### **BPHC**

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 fiscal years. All of this targeted supplemental funding is scored as drug control funding.

#### **FORHP**

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

## **BUDGET SUMMARY**

The drug control budget for HRSA for FY 2020 is \$664.0 million, the same as the FY 2019 enacted level.

### **Bureau of Primary Health Care**

**FY 2020 Request: \$544.0 million**

**(No change from the FY 2019 enacted level)**

In FY 2020, the Health Center program plans to support nearly 1,400 grantees and provide primary health care services to over 27 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 fiscal years, contingent upon sufficient Health Center Program appropriations.

In The FY 2019, the Health Center Program projects awarding \$200 million in new SUD/MH ongoing annual awards, and the FY 2020 President's Budget includes no additional drug resources. As a result, the reported amount of drug resources for FY 2018, and those projected for FY 2019 and FY 2020, reflect the ongoing annual SUD/MH awards initiated in FY 2016 through FY 2018, and those projected in the FY 2019 and FY 2020 President's Budget.

### **Federal Office of Rural Health Policy**

**FY 2020 Request: \$120.0 million**

**(No change from the FY 2019 enacted level)**

In FY 2020, FORHP will continue to invest in initiatives and support evidence-based strategies that address the specific SUD issues and MH services needs in rural communities. The FY 2020 Budget request will fund additional grants and cooperative agreements for RCORP to strengthen the infrastructure and capacity within rural communities at high risk for SUDs and provide needed prevention, treatment, and recovery services to rural residents.

The RCORP initiative is currently composed of two competitive grant programs and two cooperative agreements that provide technical assistance coordination and program evaluation.

- 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.
- 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.

In FY 2019, HRSA will make 188 grants and cooperative agreements to support the treatment for and prevention of SUD in rural communities. HRSA will also develop a Rural Centers of Excellence on SUDs program in FY 2019 that will 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. Finally, HRSA will develop a program in FY 2019 to support rural and Critical Access Hospitals, as well as Medicare-certified Rural Health Clinics, in their effort to expand access to MAT services in rural communities.

## **PERFORMANCE**

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

<b>Health Resources and Services Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2017 Target</b>	<b>FY 2017 Achieved</b>
» Number of Health Center Program grantees providing SBIRT services	525	548
» Number of Health Center Program grantees providing substance abuse counseling and treatment services	425	491

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 health information technology (HIT) and the transformation of health centers to patient-centered medical homes (PCMH). PCMH and the meaningful use of HIT will enable enhanced access to care, better care coordination, and improved patient engagement. Transformed health centers are better positioned to partner with other addiction-related services in the community including inpatient and outpatient 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 primary care providers in health centers to detect and treat addiction effectively. Because many communities served by health centers have a high burden of SUDs, 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 42 percent since 2016 with the number of patients receiving SBIRT increasing from 716,677 in 2016 to 1,017,249 in 2017. From 2016–2017, the number of

health center providers eligible to prescribe MAT increased 75 percent (from 1,700 in 2016 to 2,973 in 2017) and the number of patients receiving MAT increased 64 percent (from 39,375 in 2016 to 64,597 in 2017).

In 2017, 491 health centers provided SUD counseling and treatment services, exceeding the program 2017 target. Also in 2017, 548 health centers provided SBIRT services, exceeding the program FY 2017 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 is developing performance measures to support this new large-scale initiative.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Indian Health Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$24.540	\$24.771	\$25.837
Treatment	88.516	89.963	96.878
<b>Total Drug Resources by Function</b>	<b>\$113.056</b>	<b>\$114.734</b>	<b>\$122.715</b>
<b>Drug Resources by Decision Unit</b>			
Alcohol and Substance Abuse Prevention and Treatment	\$109.481	\$111.130	\$118.715
Urban Indian Health Program	3.575	3.604	4.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$113.056</b>	<b>\$114.734</b>	<b>\$122.715</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	171	171	171
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.9	\$6.9	\$7.3
Drug Resources percentage	1.6%	1.6%	1.7%

### Program Summary

#### MISSION

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

#### METHODOLOGY

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

#### BUDGET SUMMARY

In FY 2020, IHS requests \$122.7 million for drug control activities, an increase of \$8.0 million above the FY 2019 annualized CR level.

## **Alcohol and Substance Abuse Prevention and Treatment**

**FY 2020 Request: \$118.7 million**

**(\$7.6 million above the FY 2019 CR level)**

In FY 2020, the IHS budget request for its drug control activities supports the implementation of the *Strategy* and the *President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand*. The *Strategy* emphasizes the partnership between Federal agencies and their state, local, tribal, and international counterparts and addresses public health and public safety challenges.

Implementation of these strategic frameworks 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 2020, IHS will continue to serve AI/ANs impacted by SUDs and dependence through its Youth Regional Treatment Centers and other IHS, tribal, and Urban Indian operated SUD treatment and prevention programs. In addition to those direct services, the IHS Substance Abuse and Suicide Prevention (SASP), a nationally-coordinated grant program, focuses on providing targeted methamphetamine and suicide prevention and intervention resources to communities in AI/AN communities with the greatest need for these programs. There is mutual development and implementation of the SASP project with Tribes, tribal programs, and other Federal agencies, which now provides support to 175 IHS, tribal, and Urban Indian health programs nationally. The strategic goal is to support Tribal programs in their continued substance use prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with IHS to deliver services developed by the communities themselves, with a national support network for ongoing program development and evaluation.

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

In December 2017, IHS established a pilot project to fill this gap in services and provide a continuum of care for AI/AN youth after they are discharged home from YRTCs. The goal of the pilot project is to promote integration of cultural practices with evidence-based treatment in aftercare services for AI/AN youth. IHS funds two YRTCs, Desert Sage and the Healing Lodge of the 7 Nations, to participate in the pilot project over the next three years.

SUDs continue to rank high on the concern list of the tribal partners. IHS believes that a shift in emphasis to earlier intervention is required to be successful in reducing the consequences of SUDs. IHS proposes focusing on early intervention with adolescents and young adults and

preventing further progression by recognizing and responding to the cycle of the abuse. IHS promotes expanded health care services, such as mental and behavioral health treatment and prevention, by providing training on SUDs to IHS, tribal, and Urban Indian health programs at annual conferences, meetings, and webinars. Continuing medical education and continuing education units are offered in these training opportunities provided to primary care providers.

IHS continues to support the integration of SUD treatment into primary care and emergency services through its activities to implement the *Strategy*. Integrating treatment into healthcare offers opportunities for healthcare providers to identify patients with 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. 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 established a multi-disciplinary workgroup to focus on Prescription Drug Abuse in Indian Country in 2012. In March 2017, IHS chartered this workgroup to form the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE). The HOPE Committee comprises multidisciplinary membership to include clinical representation from family medicine, pharmacy, behavioral health, nursing, pediatrics, physical therapy, 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 services; 3) increasing availability and distribution of opioid overdose reversing drugs; and 4) improved public health data reporting and surveillance.

IHS implemented the “Chronic Non-Cancer Pain Management Policy” to promote appropriate pain management as a primary prevention tool. This revised policy adopts the 2016 “Guideline for Prescribing Opioids for Chronic Pain” developed by the Centers for Disease Control and Prevention (CDC) 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.

IHS has also implemented IHM Chapter 32 “State Prescription Drug Monitoring Programs” that establishes a policy requirement for Federal facilities to participate with state-based Prescription Drug Monitoring Programs (PDMP). Controlled substance prescribers working in IHS federally-operated facilities must query state PDMPs databases prior to prescribing opioids for pain treatment longer than seven days and periodically throughout chronic pain treatment. The policy also establishes requirements for Federal pharmacists to query PDMPs prior to dispensing controlled substance prescriptions ordered by external prescribers and for Federal pharmacies to report controlled substance dispensing data to state PDMPs. IHS will create an automated process to ensure compliance with PDMP reporting requirements in FY 2019.

Additionally, IHS will improve pain management through the creation and release of an IHS guideline on appropriate management of acute dental pain.

IHS developed a robust training requirement to support opioid policy implementation. The “IHS Essential Training in Pain and Addictions” is a mandatory training course for all Federal prescribers, contractors, residents and trainees who prescribe controlled substances and spend at least 50 percent of their time in a clinical setting. The purpose of this training is to assure that providers have the knowledge needed to appropriately and effectively prescribe controlled substance medications. IHS has reformatted this training to include on-demand content for new IHS prescribers entering the healthcare system and has created a refresher training course to update prescribers on emerging chronic pain treatments as well as highlight key agency policies and requirements.

In FY 2019, IHS will conduct a national evaluation of the “IHS Essential Training in Pain and Addictions” to determine changes and outcomes associated with the mandatory trainings. Findings from this evaluation are expected to guide efforts to revise and update trainings. IHS will continue to revise and improve these trainings as well as develop mechanisms to track training completion by discipline. IHS created and delivered a 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 has been offered in three IHS Areas with additional sessions planned in FY 2019. IHS is committed to increasing general health system employee knowledge surrounding opioids and plans to create 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.

IHS is committed to workforce development and hosts weekly continuing education on pain and addiction as well as consultation on complex cases to further train primary care clinicians to provide these specialty services. Consultation is offered through virtual clinics hosted by the University of New Mexico to connect primary care clinicians with expert teams to share knowledge and elevate the level of specialty care available to patients. IHS collaborated in FY 2018 with 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 its expanded internet presence. IHS released a combined website for opioids in FY 2018.

IHS is supporting improved access to prevention, treatment, and recovery support services. For example, IHS has increased workforce capacity in treatment and recovery and has trained IHS providers to obtain DATA waivers to treat OUD. IHS has also developed an intensive Trauma Informed Care curriculum for health systems to create trauma responsive organizations that incorporate a holistic approach to recovery and healing. Additionally, IHS has developed and released a comprehensive MAT resource that includes best and promising practices to support a holistic approach to recovery for patients diagnosed with OUD. To address access to

telemedicine for MAT services in remote IHS locations and villages, IHS developed an Internet Eligible Controlled Substance Prescriber Designation policy that is now available on its website.<sup>17</sup> In FY 2018 IHS collaborated with the American College of Obstetrics and Gynecology and the American Academy of Pediatrics to develop and release two guidelines focused on the prevention and management of Neonatal Opioid Withdrawal Syndrome. The key features of these guidelines are to improve screening of women of childbearing age for SUDs, improve referral to MAT, and early engagement of women in prenatal care as well as specific recommendations for the medical management of infants born with gestational exposure to opioids. Finally, IHS will evaluate mechanisms to increase access to controlled substance disposal services for unused and unwanted medications in FY 2018.

IHS is increasing access to naloxone for trained first responders in tribal communities. IHS signed a memorandum of agreement with the Bureau of Indian Affairs (BIA). The agreement allows IHS to provide BIA officers with training and naloxone rescue kits for responding to incidents of opioid overdose. This partnership has put naloxone in the hands of law enforcement officers, who are often the first responders to incidents of opioid overdose in tribal communities. IHS trained 321 BIA law enforcement officers as well as certified 48 BIA officers as naloxone trainers. IHS also supports naloxone co-prescribing and has created sample collaborative practice agreements to engage pharmacists in naloxone distribution efforts. IHS also hosted an IHS “Grand Rounds” on naloxone co-prescribing to increase provider awareness of this life-saving procedure. A “First Responder Toolkit” that includes a training video, a law enforcement testimonial video, customizable forms, and a train-the-trainer curriculum was created to support naloxone deployment in tribal communities. IHS anticipates release of the agency policy surrounding prescribing and dispensing of naloxone to first responders to require IHS Federal pharmacies to provide naloxone to tribal law enforcement agencies and other trained first responders in FY 2018. These efforts have resulted in a 143 percent increase in naloxone procurement across IHS facilities that utilize the Prime Vendor.

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, regional, and local 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. IHS will evaluate expanded partnerships and data-related resources with other Federal partners and Tribal Epidemiology Centers in FY 2019.

### **Urban Indian Health Program**

**FY 2020 Request: \$4.0 million  
(\$0.4 million above the FY 2019 CR level)**

Urban Indian Organizations (UIO) are resources to both tribal and urban communities. UIOs that offer inpatient and outpatient SUD treatment have become reliable referral sites for tribes. In FY 2020, IHS is proposing \$4.0 million to support these activities.

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<sup>17</sup> Found at <https://www.ihs.gov/ihtm/pc/part-3/chapter-38-internet-eligible-controlled-substance-provider-designation/>

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<sup>18</sup>:

- Alcohol-induced death rates are 2.8 times greater for urban AI/AN people when compared to all races in urban settings.
- Chronic liver disease death rates are 2.1 times greater for urban AI/AN people when compared to all races in urban settings.
- Accidents and external causes of death rates are 1.4 times greater for urban AI/AN people when compared to all races in urban settings.

Alcohol and drug-related deaths continue to plague urban AI/ANs. Alcohol-induced mortality rates for urban AI/ANs are markedly higher than for all races in urban settings. All regions, with the exception of eastern seaboard cities in the Nashville Area, show dramatically higher rates of alcohol-induced mortality for urban AI/ANs than for urban all races who live in the same communities: the Billings Area is 4 times greater, the Phoenix Area is 6 times greater, the Tucson Area is 6.7 times greater, and the Aberdeen Area has a 13.4 times greater rate of alcohol-induced mortality.<sup>19</sup>

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

UIO's emphasis on integrating behavioral health, health education, health promotion and disease prevention into primary care offered within a culturally appropriate framework, leads to positive outcomes for urban AI/ANs. Urban AI/ANs in need of SUD treatment commonly exhibit co-occurring disorders, and UIO programs have recognized the need for more MH and SUD counselors to adequately address these needs. Stakeholders have reported the need for more age- and gender-appropriate resources for AI/AN SUD treatment. While male 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 best AI/ANs treatment programs for youth, women, and women with children are administered by UIOs. Effecting lifestyle changes among urban AI/AN families requires a culturally sensitive approach to reducing health risk factors, something existing UIOs have been able to execute. UIOs'

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<sup>18</sup> Indian Health Service, Report to Congress: New Needs Assessment of the Urban Indian Health Program and the Communities it Serves at 10 (Mar. 31, 2016) (hereinafter New Needs Assessment), available at [https://www.ihs.gov/urban/includes/themes/newihstheme/display\\_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf](https://www.ihs.gov/urban/includes/themes/newihstheme/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf).

<sup>19</sup> Ibid.

continued efforts to target behavioral or lifestyle changes offer the best hope for impacting the major health challenges of the urban AI/AN population.

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

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of IHS are based on agency Government Performance and Results Modernization Act documents and other information that measures the agency’s contribution to the *Strategy*.

In FY 2020, IHS will begin to track the number of unique patients receiving office-based MAT (buprenorphine and naltrexone) within the Indian Healthcare System. IHS will continue to track the number of naloxone prescriptions as part of efforts to increase access to naloxone.

FY 2019 Changes (no change): IHS will continue to serve AI/ANs impacted by substance use and dependence through its YRTC and other IHS, tribal, and Urban Indian operated SUD treatment and prevention programs.

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 2018 Target	FY 2018 Achieved
» Universal Alcohol- Screening: all patients 12 through 75 years of age	37%	40.9%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	100%
» Report on number of emergency department patients who receive SUD intervention	39,658	38,262
» Report on number of SUD services in primary care clinics	113,497	133,210

To provide more comprehensive routine screening, IHS retired the alcohol screening measure for female patients and expanded the new alcohol screening measure to include all patients 12 through 75 years of age. The final FY 2018 new universal alcohol screening target of 37 percent was met with final results achieving 40 percent screened.

In FY 2017, IHS implemented the SBIRT measure. SBIRT is an effective screening tool in identifying risky alcohol use and will have a far-reaching positive impact on the overall health of AI/AN communities. The FY 2018 target for the SBIRT screening of 8.9 percent was exceeded with the final result of 11.8 percent of patients 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 Accreditation of Rehabilitation Facilities (CARF), state certification, or regional tribal health authority certification. For youth with SUDs, the YRTCs provide invaluable treatment services. The accreditation measure for YRTCs reflects an evaluation of the quality of care by either the Joint Commission, CARF, State licensure, or State certification. In FY 2018, all YRTCs in operation 18 months or longer achieved accreditation status.

IHS monitors two program measures on the number of SUD encounters provided in emergency departments and primary care clinics. The final results for FY 2018 number of SUD encounters provided in emergency department was 38,262 while SUD encounters provided in primary care clinics totaled 133,210. 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 2018 SUD intervention services provided across all IHS clinics was 703,669 encounters.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final*	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Research and Development: Prevention	\$582.380	\$601.683	\$546.714
Research and Development: Treatment	847.885	875.941	799.402
<b>Total, Drug Resources by Function</b>	<b>\$1,430.265</b>	<b>\$1,477.624</b>	<b>\$1,346.116</b>
<b>Drug Resources by Decision Unit</b>			
National Institute on Alcohol Abuse and Alcoholism	\$55.891	\$57.780	\$49.737
National Institute on Drug Abuse	1,374.374	1,419.844	1,296.379
<b>Total, Drug Resources by Decision Unit</b>	<b>\$1,430.265</b>	<b>\$1,477.624</b>	<b>\$1,346.116</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	355	382	382
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$36.2	\$38.0	\$33.5
Drug Resources percentage	4.0%	3.9%	4.0%

\* Total for NIDA includes \$213.124 million of opioid funding not obligated in FY 2018, and carried over into FY 2019.

### Program Summary

#### MISSION

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), two 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. NIAAA supports research on the prevention and treatment of underage drinking and its harmful consequences.

The societal impact of the misuse of illicit drugs in 2007 was estimated at \$193 billion in health care, crime-related, and productivity losses.<sup>20</sup> Knowledge is the foundation of the transformative agenda needed to strike at the heart of this stubborn and costly challenge. To provide a comprehensive public health response, NIH-supported research will continue to build on scientific advances from previous and ongoing investments in basic, translational, and

<sup>20</sup> U.S. DOJ National Drug Intelligence Center. The Economic Impact of Drug Use in American Society. April 2011.

clinical research that have led to innovative strategies for preventing and treating substance misuse and SUDs in this country and worldwide.

Studying substance misuse, SUDs, and their causes is a complex challenge compounded by societal stigma and misunderstanding that most other illnesses do not face. The landscape of drug addiction in America evolves from year to year; a decades-long prescription drug misuse epidemic has led to a rise in heroin use, and now the use of synthetic opioids such as fentanyl and carfentanil is becoming more widespread. 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 HIV and Hepatitis C outbreaks arise as a byproduct of intravenous drug use. In addition, the growing number of states that are legalizing marijuana for recreational and medical use present 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 HHS Secretary in responding to opioid misuse, addiction, and overdose; spearheading a landmark longitudinal study of adolescent substance use 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 landscape; and contributing to scientific and public understanding of the brain mechanisms underlying addiction. These projects represent a significant contribution to the *President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand*.

Opioid misuse, addiction, and overdose is an ongoing and rapidly evolving public health crisis. Millions of Americans suffer from OUD, and millions more suffer from chronic pain. The urgency and scale of this crisis calls for innovative scientific solutions. As part of a government-wide effort to address this crisis, the NIH launched the Helping to End Addiction Long-term (HEAL) Initiative in April 2018. HEAL 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, and costs the United States \$249 billion per year.<sup>21</sup> Since its creation, NIAAA has supported a diverse portfolio of research to elucidate the effects of alcohol on health and reduce the burden of alcohol misuse for individuals at all stages of life. This research encompasses studies on: the biological and behavioral mechanisms underlying alcohol misuse and alcohol use disorder (AUD), epidemiological research to track patterns of alcohol use, and the development of interventions to diagnose, prevent, and treat alcohol misuse and its consequences, including among youth. NIAAA also supports efforts to translate and implement research findings into improved health care for individuals with AUD and co-occurring conditions, as well as to disseminate evidence-based information to health care providers,

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<sup>21</sup> Sacks, J.J.; Gonzales, K.R.; Bouchery, E.E.; et al. 2010 national and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine* 49(5):e73–e79, 2015.

researchers, policy makers, and the public. This work has significantly broadened our understanding of AUD, helping to reduce the stigma associated with it and providing support for integrating alcohol prevention and treatment services into mainstream health care.

## **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, impact on adolescent development including on the developing brain, and risk for AUD). It 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 project as relevant to prevention or treatment.

## **BUDGET SUMMARY**

In FY 2020, NIH requests \$1,346.1 million for drug control activities (\$1,296.4 million for NIDA and \$49.7 million for NIAAA), a decrease of \$131.5 million from the FY 2019 enacted level.

NIH-supported research has provided and will continue to provide the scientific basis for budget policy. For example, NIH continues to explore the many biological, behavioral, and environmental influences on 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 MH problems.

Another top priority continues to be the development and deployment of therapeutic interventions to treat SUDs, 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 SUDs. 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 MAT for OUD, 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 SUDs and co-occurring conditions such as HIV and psychiatric disorders, thereby enhancing the public health impact of NIH-supported research.

The NIH HEAL Initiative is 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 medications for OUD.

As part of the NIH HEAL Initiative, NIDA (and to a lesser extent, NIAAA) support 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 to (1) develop new and reformulated medications to treat OUD; (2) determine strategies to reduce opioid overdose in communities hardest hit by the opioid crisis; (3) conduct clinical trials to enhance widespread implementation of evidence-based interventions; and (4) determine ways to improve the effectiveness and adoption of interventions within justice systems.

### **National Institute on Drug Abuse**

**FY 2020 Request: \$1,296.4 million**

**(\$123.5 million below the FY 2019 enacted level)**

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

#### **Neuroscience and Behavior Research**

**FY 2020 Request: \$423.4 million**

**(\$50.4 million below the FY 2019 enacted level)**

The Neuroscience and Behavior research portfolio seeks to advance knowledge of the fundamental molecular, cellular, genetic/epigenetic, neurological, and behavioral processes that underlie SUDs. Additionally, a goal of this research is to elucidate the effects of drugs of abuse on brain structure and function. Central to these goals are efforts to delineate the multiple neurobiological factors that contribute to drug abuse, physical dependence and addiction risk, with particular emphasis on determining the bases for individual differences in vulnerability and drug sensitivity. NIDA supports research to develop advanced technologies that improve our ability to study the organization of the living brain from cells to networks and elucidate the interactions of complex neural circuits and how they encode reward, craving, compulsive behavior, and related decision making that drive substance use. Ongoing pharmacological research is discovering, developing, and testing new compounds for the treatment of SUDs. NIDA pharmacological research is also involved in the discovery of molecules and mechanisms that can relieve pain without producing adverse effects, including

tolerance, dependence, and addiction. NIDA also supports research on the development of novel non-pharmacological strategies such as transcranial magnetic stimulation, transcranial direct current stimulation, deep brain stimulation, and neurofeedback. Notable projects are investigating the effects of drugs on gene expression and brain development and function; how an individual's genes interact with environmental conditions, such as stress and early exposure to drugs to influence risk for addiction; basic processes underlying resilience against SUDs in childhood and adolescence; and gender-related differences in these effects. NIDA also supports research on the interactions between HIV infection and addiction to understand how this comorbidity influences outcomes for both illnesses. Finally, NIDA is working to support big data science to promote efficient analysis of large, diverse data sets on a scale not previously possible. Collectively, this research will provide new perspectives on the effects of drugs on multiple biological systems and improve our understanding of the basic neural and genetic mechanisms that underlie drug use and addiction, thus guiding the development of novel therapies for treating addiction.

In addition, under the Collaborative Research on Addiction at the NIH initiative, NIDA and NIAAA, along with nine other components of the NIH and the CDC, are supporting a longitudinal study that will not only examine how substance use affects neural development, but also identify risk factors and biomarkers that make adolescents vulnerable to SUD.

The Adolescent Brain Cognitive Development (ABCD) study will follow the biological and behavioral development of more than 10,000 children beginning at ages 9-10 through adolescence into early adulthood. Over the course of the next decade, scientists will use advanced brain imaging, interviews, and behavioral testing to determine how childhood experiences interact with each other and with a child's changing biology to affect brain development and—ultimately—social, behavioral, academic, health and other outcomes, including both substance use and broader health outcomes. Understanding these relationships may help reveal the biological and environmental building blocks that contribute to successful and resilient young adults. This enhanced knowledge also may lead to ways to predict potential developmental problems including mental illness and SUD so that they can be prevented or reversed. Families that volunteer will be part of groundbreaking research that promises to inform future substance use prevention strategies, educational priorities, child development innovations, research priorities, and public health interventions. The ABCD study has enrolled more than 11,000 participants and released curated data on the first approximately 4,500 participants to the scientific community in February 2018. Curated baseline data on the full ABCD cohort will be released in early 2019.

### **Epidemiology, Services, and Prevention Research**

*FY 2020 Request: \$289.5 million*

*(\$34.5 million below the FY 2019 enacted level)*

NIDA's Division of Epidemiology, Services, and Prevention Research (DESPR) supports integrated approaches to understanding and developing strategies to address the interactions between individuals and environments that contribute to drug use, addiction, and related health problems. The Division supports the annual Monitoring the Future survey, which tracks

drug use and related attitudes among adolescent students nationwide, and the National Drug Early Warning System, a surveillance network that monitors emerging trends related to illicit drug use around the country so that rapid, informed, and effective public health responses can be developed and implemented when and where they are needed. DESPR also supports research on integrating prevention and treatment services into healthcare and community systems to reduce the burden of drug problems across the lifespan. For example, ongoing research is exploring SUD treatment in the criminal justice system, including studies on implementation of MAT and seek, test, treat, and retain (STTR) strategies for people with SUDs who are also at risk for HIV. NIDA also funds research into the efficacy of SBIRT in primary care settings for reducing drug use and SUD. Program efforts also focus on research to optimize implementation of evidence-based prevention interventions and treatment services in real-world settings. For instance, NIDA is funding researchers to partner with states as they use the State Targeted Response funding from the *21st Century Cures Act* to test approaches for expanding access to MAT for OUD and naloxone for the reversal of overdose.

NIDA recently partnered with the Appalachian Regional Commission, CDC, and the Substance Abuse and Mental Health Services Administration (SAMHSA) and have issued nine grants to help communities develop comprehensive approaches to prevent and treat consequences of opioid injection, including SUD, overdose, HIV, hepatitis B and C virus infections, as well as sexually transmitted diseases. Once developed, these projects will 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 2020 Request: \$146.6 million***

***(\$17.5 million below the FY 2019 enacted level)***

NIDA's Division of Therapeutics and Medical Consequences is focused on developing therapeutics for the treatment of SUDs. Since the pharmaceutical industry has traditionally made limited investment in the development of medications to treat SUDs, the responsibility for supporting their development has rested largely with NIDA. To most effectively leverage NIDA resources, this program encourages the formation of alliances between strategic partners (pharmaceutical and biotechnology companies, as well as academic institutions) with the common goal of advancing medications through the development pipeline toward FDA approval in a timely manner. NIDA supports and conducts pre-clinical and clinical research with new or repurposed compounds with the goal of advancing their development towards FDA approval. This research also supports efforts 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. NIDA also invests in research supporting the development of vaccines and monoclonal antibodies for the treatment of SUDs.

### **Clinical Trials Network**

***FY 2020 Request: \$37.2 million***

***(\$4.4 million below the FY 2019 enacted level)***

The Clinical Trials Network (CTN) comprises 13 research nodes with 25 principal investigators affiliated with academic medical centers and large health care networks, two research coordinating centers, and more than 240 community anchored treatment programs and/or medical settings in over 40 states plus the District of Columbia and Puerto Rico. The overarching mission of the CTN is to allow medical and specialty treatment providers, treatment researchers, participating patients, and NIDA to cooperatively develop, validate, refine, and deliver new treatment options to patients. This unique partnership enables the CTN to conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatment interventions in rigorous, multisite clinical trials to determine effectiveness across a broad range of community-based treatment settings and diversified 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 SUDs and related disorders, such as co-occurring MH disorders and HIV, in randomized controlled trials and other clinical studies that are conducted in diverse treatment settings and patient populations.

The CTN is conducting studies to evaluate strategies for integrating OUD screening and treatment into emergency departments, pharmacies, primary care clinics, and American Indian communities. The CTN has also supported studies to integrate OUD care into electronic health record (EHR) systems, to capture important data for research on SUD in EHR systems for primary care and emergency departments, and is currently developing and testing a clinical decision support tool for OUD care for use in EHR systems. 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 currently developing a variety of studies, including examining the effects of medications for OUD in pregnant women and studying the effects of medical cannabis use via EHRs.

### **Responding to the Opioid Crisis**

***FY 2020 Request: \$250.0 million***

***(No change from the FY 2019 enacted level)***

As part of the NIH HEAL Initiative, NIDA will continue to expand its support for new research efforts to combat OUD, with several major projects beginning or ramping up in FY 2019 with continued support into FY 2020. Initiatives under consideration include studies to determine the optimal length of medication treatment for OUD; management of subsyndromal and low-severity OUD; preventing OUD in older adolescents and young adults; and understanding consequences of prenatal opioid exposure on brain and behavioral development.

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. HEAL also includes focused development efforts for OUD treatment, such as:

- Repurposing already-approved medications to treat OUD
- Evaluating medications already in use internationally but not in the United States
- Discovering and validating novel biological targets
- Developing novel immunotherapies for OUD and overdose
- Reducing drug craving and harm in people with OUD
- Developing devices to prevent and treat OUD and overdose

NIDA also plans to expand the size and scope of research conducted by the CTN to address emergent needs presented by the opioid crisis. The CTN has already generated important findings on the effectiveness and safety of medications to treat OUD and the utility of behavioral interventions for OUD management. By incorporating new research sites and investigators into existing research nodes and centers, the CTN will incorporate OUD-related research questions into studies currently underway, expedite new studies of OUD treatment in general medical and other settings, and enhance clinical and research training opportunities. While MAT is known to be effective to OUD, there is significantly less evidence about how long individuals should remain in treatment, or what the minimum length of MAT should be, given that most patients do not want to take medication for longer than necessary. Starting with buprenorphine, the NIDA CTN will be studying the optimal length of treatment in order to better understand how best to deploy this highly effective, evidence-based intervention. NIDA is also in the planning stages of using the CTN to build the evidence base for early detection and intervention in individuals with opioid misuse who do not meet diagnostic criteria for severe OUD.

While misuse of prescription opioids like Vicodin™ and OxyContin™ and use of heroin are at record low levels among middle and high school students, the prevalence of opioid misuse has risen dramatically among older adolescents and young adults. As part of its efforts to address the opioid crisis, NIDA will focus on preventing OUD during this vulnerable time of transition. The goal of this prevention initiative is to develop and disseminate evidence-based prevention interventions targeting adolescents and young adults ages 16-30 residing in areas that are affected by the opioid crisis. Studies will be conducted to improve our understanding of risk factors to opioid misuse, transition to OUD, and opioid overdose as well as other adverse health consequences. Research grants in this initiative will also support studies to test interventions in a variety of settings in the healthcare, community, and justice systems. Settings selected will encompass those most likely to reach the targeted audience including primary care centers, emergency departments, urgent care centers, HIV/sexually transmitted infection clinics, school-based and community college health centers, the workplace, and the justice system.

It is well established that the first few years of life are a period of exponential brain growth and development. However, there is much to be learned about typical brain development beginning prenatally through early childhood, its variability, 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. This knowledge is critical to help predict and prevent some of the known impacts of pre-/postnatal exposure to certain drugs or adverse environments, including risk for substance use, mental disorders, and other behavioral and developmental problems. Currently, no large prospective cohort study has been conducted to comprehensively assess brain development or the long-term consequences of early adverse experiences or exposure to opioids, other drugs (including prescribed medication), or other substances (e.g., tobacco, alcohol, cannabis).

Furthermore, establishing a causal link between substance exposures and specific outcomes is very difficult due to confounding factors such as socioeconomic, environmental, cultural, and genetic influences. To disentangle these factors, the HEALTHY Brain and Cognitive Development 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 offspring into early childhood, collecting data in the following domains: pregnancy/fetal development measures; infant and early childhood structural and functional brain imaging; medical history; family history; biospecimens; and social, emotional, and cognitive development. This prospective approach will allow for the investigation of pre-symptomatic changes in brain and behavioral development resulting from early exposure to opioids and other substances, as well as associated adverse conditions that might predict emergence of SUD and other mental illness. It will also identify protective and resiliency factors that may ameliorate the effects of these exposures and inform the development of early interventions.

Opioid misuse and OUD is an ongoing and rapidly evolving public health crisis that affects millions of Americans and requires innovative scientific solutions. A great tragedy of the opioid crisis is that so many effective tools already exist but are not being deployed effectively in communities that need them. Only a fraction of people with OUD receive any treatment, and of those, less than half receive the medications that are universally acknowledged to be the standard of care, or they receive treatment for too short a duration. In partnership with the SAMHSA, and as part of the broader NIH HEAL Initiative, NIDA is leading a multisite research effort called the HEALing Communities Study.

This study will develop and test strategies to help communities respond rapidly and effectively to their opioid crisis with a focus on significantly reducing opioid-related overdose fatalities by 40 percent in 3 years and improving other outcomes. More specifically, the funding opportunities released in September 2018, (RFA-DA-19-0164 and its companion RFA-DA-19-0175), call for cooperative agreement applications for a data coordinating center and up to three research sites to measure the impact of integrating evidence-based prevention, treatment, and recovery interventions for opioid misuse, OUD, opioid-related overdose events

and fatalities across multiple settings including healthcare, behavioral health, and justice. Each research site will be made up of several counties, towns, or cities within a single state, and will involve community resources such as police departments, faith-based organizations, and schools, with a focus on strong partnerships with state and local governments. The study also aims to decrease the incidence of OUD; increase the number of individuals receiving medications for OUD, staying in treatment beyond six months, and receiving recovery support services; and expand the distribution of naloxone. The lessons learned from this study will allow us to parlay the power of science to tackle one of the worst drug crises the country has ever seen.

### **Intramural Research Program**

***FY 2020 Request: \$86.6 million***

***(\$9.6 million below the FY 2019 enacted level)***

In addition to funding extramural scientists, NIDA conducts research in high priority areas through its Intramural Research Program (IRP). Intramural research at NIDA focuses on conducting multidisciplinary cutting-edge research to: 1) elucidate the mechanisms underlying the development of addiction; 2) evaluate the potential of emerging new therapies for SUDs, including pharmacological and non-pharmacological interventions (e.g. psychosocial, biofeedback, brain stimulation technologies); 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 street drugs. Two specific examples of current and translational IRP research are described below.

First, a group of IRP investigators has begun a large translational study of a novel biased *mu* opioid receptor agonist to treat OUD. They have designed cross-species translational studies to test the efficacy of chronic delivery of a proprietary lead compound on oxycodone self-administration and relapse to drug seeking induced by acute exposure to the self-administered drug and drug-associated cues, in rat and monkey models, developed at the IRP. A human lab study is also planned with prescription opioid addicts on the effect of chronic delivery of the compound on opioid craving induced by acute exposure to the prescription opioid or cues associated with the drug. In both the animal studies and the human study, the efficacy of this novel drug relative to buprenorphine will be compared. The long-term goal is to provide preclinical and clinical evidence to support the use of a biased *mu* opioid agonist as a novel opioid agonist maintenance treatment for treatment of OUD.

Second, the IRP is furthering OUD research, in partnership with a pharmaceutical company that has recently licensed NIH patents. The lead compounds are dopamine D3 receptor antagonist/partial agonists that show promise in reducing opioid self-administration, reinstatement to drug seeking, and acquisition to drug taking, while having no effect on opioid antinociception, in rodents and nonhuman primates. These novel drugs may prevent the development of dependence in patients who require long-term prescription opioids for the treatment of pain, but also have therapeutic potential for the treatment of OUD.

### **Research Management and Support**

***FY 2020 Request: \$63.0 million***

***(\$7.0 million below the FY 2019 enacted level)***

Research Management and Support (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 are also helping to coordinate NIDA's involvement in the HEAL Initiative, spearheading NIH's response to the opioid overdose epidemic. NIDA currently oversees more than 1,700 research grants and more than 80 research and development contracts. In addition to the infrastructure required to support research and training, NIDA also strives to provide evidence-based resources and educational materials about SUDs and to raise awareness of the science relating to cutting-edge issues such as opioid overdose prevention, marijuana research, synthetic drug trends, and MAT for opioid use and addiction.

The RMS portfolio also incorporates education and outreach activities to inform public health policy and practice by ensuring the institute is the primary trusted source for scientific information on drug use and addiction. NIDA is also committed to being at the forefront of training the next generation of innovative researchers by supporting both pre-doctoral and postdoctoral-level scientists interested in drug use and addiction research. NIDA leads the NIH Pain Consortium Centers of Excellence in Pain Education (CoEPEs); these twelve centers work to enhance patient outcomes by improving the education of healthcare professionals about pain and its treatment. The CoEPEs act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing and pharmacy schools to improve how health care professionals are taught about pain and its treatment.

### **National Institute on Alcohol Abuse and Alcoholism**

***FY 2020 Request: \$49.7 million***

***(\$8.0 million below the FY 2019 enacted level)***

NIH's underage drinking portfolio encompasses a broad range of research on the effectiveness and implementation of interventions designed to prevent and treat alcohol use, misuse, and addiction. These include both individual-, family-, school-, community-, and policy-level interventions for underage individuals at large, as well as those designed or adapted for specific populations and 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. Yet research indicates that adolescents are not routinely asked about drinking when they interface with the health care system. NIAAA supports research on the implementation of alcohol screening and brief intervention among youth and young adult populations, including those disproportionately affected by alcohol misuse. NIAAA also supports efforts to encourage the adoption of alcohol screening and brief intervention in healthcare and other appropriate settings.

Reducing alcohol misuse among college students, many of whom are underage, continues to be a high priority for NIAAA. Binge drinking<sup>22</sup> and high-intensity drinking (i.e., two or more times the gender-specific binge thresholds) among young people remain a significant concern; these practices are particularly troubling as they increase risks for alcohol-related blackouts, alcohol overdoses, sexual assault, sexually transmitted diseases, AUD, and other detrimental consequences. To assist college and university officials in addressing alcohol misuse on their campuses, NIAAA developed the College Alcohol Intervention Matrix (CollegeAIM), a user-friendly guide and website that rates nearly 60 evidence-based alcohol interventions in terms of effectiveness, costs, and other factors. With this tool, school officials can use research-based information to choose wisely among the many potential interventions, including individual- and environmental-level strategies (e.g., policies related to alcohol sales, taxes, and advertising), to address harmful and underage student drinking.

NIAAA's investment in underage drinking research also includes studies to understand how alcohol affects the developing brain. For example, NIAAA supports the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), an accelerated longitudinal study of more than 800 youth ages 12-21 to assess the vulnerability of the adolescent brain to alcohol exposure. NCANDA has laid the methodological foundation for the NIH ABCD study, the largest long-term study of brain development and child health in the United States. The ABCD study will use brain imaging and neuropsychological and behavioral assessments to track the development of 11,874 enrolled youth, ages 9-10, before and after they start to use alcohol and/or other addictive substances. These two studies are expected to illuminate the neurobiological, cognitive, and behavioral precursors of alcohol and other drug misuse and ultimately inform preventive and treatment strategies. Complementing NCANDA and ABCD, NIAAA's Neurobiology of Adolescent Drinking in Adulthood initiative is enabling investigators to examine, in animal models, the molecular, cellular, and circuit-level mechanisms by which adolescent drinking affects brain structure and function in the short and long term, and how the changes observed during this critical period persist into adulthood.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of NIH is based on agency documents related to the Government Performance and Results Modernization Act 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.

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<sup>22</sup> 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.

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 NIDA’s and NIAAA’s efforts to support research to foster the development and implementation of prevention-based strategies for reducing substance misuse and addiction. NIH’s prevention portfolio encompasses a broad range of research on the efficacy and cost effectiveness of primary prevention programs—designed to prevent substance use before it starts, or prevent escalation to misuse or addiction—and how these programs can be enhanced by targeting prevention efforts toward populations with specific vulnerabilities (genetic, psychosocial, or environmental) that affect their likelihood of substance use or SUDs.

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

In addition to developing and leading SRO-5.15, NIAAA contributed to SRO-8.7: “By 2018, identify three effective system interventions generating the implementation, sustainability, and ongoing improvement of research-tested interventions across health care systems.” This measure, which began in FY 2008 and was updated over time, reflected NIH’s ongoing commitment to supporting research on the implementation of preventive and treatment interventions and improving the translation of research into practice. NIAAA’s contribution to SRO-8.7 ended in FY 2018, and a replacement measure—SRO: 4.15: “By 2021, evaluate three interventions for facilitating treatment of alcohol misuse in underage populations”—has been developed for future reporting.

National Institute on Drug Abuse		
Selected Measures of Performance	FY 2018 Target	FY 2018 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.	Assess the efficacy or effectiveness of at least two strategies or interventions to prevent prescription drug abuse in youth and young adult populations.	The effect of an intervention to prevent prescription drug abuse in youth and young adult populations was tested, and several ongoing studies are assessing the efficacy or effectiveness of strategies to prevent prescription drug abuse in this target population.
» Scientific Research Outcome-7.3: By 2020, develop and/or evaluate two treatment interventions using health information technology (HIT) to improve patient identification, treatment delivery and adherence for SUDs and related health consequences.	Develop and/or test 1-2 technology-based treatments for SUDs and common comorbidities.	Research testing the feasibility and efficacy of 2 technology-based strategies to improve SUD treatments and adherence was conducted, including (1) reSET-O which is under expedited review by FDA and (2) a web-delivered cognitive behavior therapy for veterans who screen positive for PTSD and SUD.

### Prevention – Scientific Research Outcome-5.15

The FY 2018 target was partially achieved. NIDA tested the effect of one intervention to prevent prescription drug abuse in youth and young adult populations as part of its ongoing portfolio of research. NIDA funds research to assess the Partnership Model for Diffusion of Proven Prevention (PROSPER), which is a partnership-based delivery system to support the implementation of effective universal family and youth preventive interventions (e.g., Strengthening Families Program, Life Skills Training, Project ALERT, All Stars) in communities targeting known risk and protective factors. Substance misuse, antisocial behavior and health-risk taking sexual behavior are increasingly prevalent in young adulthood. The environments in which adolescents socialize (e.g., school, family, peers) can exert substantial influence on both risk and protective factors for substance use and progression to misuse. As such, universal prevention interventions have been developed and tested to influence the family-, school-, and peer related risk and protective factors.

With a family-based prevention intervention delivered in 6<sup>th</sup> grade and school-based prevention intervention in 7<sup>th</sup> grade, NIDA-funded studies of PROSPER have demonstrated the model’s sustained impact on substance use outcomes, including prescription drug use. A paper

published in FY 2018<sup>23</sup> reported the long-term impact of PROSPER on a “Prescription Drug Misuse Index” which measured overall prescription drug misuse and included three items addressing lifetime non-prescribed use of narcotics (e.g., Vicodin, OxyContin, Percocet) and barbiturates. When study participants were re-assessed at age 19, they were 20 percent less likely to report having misused prescription narcotics. These and other related findings provide support for the potential public health impact of the PROSPER delivery system on reducing the initiation of substance use into emerging adulthood.

NIDA’s portfolio of prescription drug abuse prevention is in the early stages of expansion, in response to the Nation’s opioid crisis. As part of this expansion, several ongoing studies testing strategies and interventions are underway, but have yet to publish findings on effectiveness, though there have been qualitative reports of the possible impact of novel approaches to prevent prescription drug abuse. One such report, Young et al.,<sup>24</sup> demonstrated both the acceptability and potential benefit of an online social media intervention, Harnessing Online Peer Education, to prevent addiction and overdose among individuals receiving opioid therapy for chronic non-cancer pain. Now that acceptability and potential benefit have been demonstrated, the researchers are moving forward with additional testing.

NIDA believes that as its prevention portfolio continues to make progress, the FY 2018 target will be fully met in FY 2019 as studies are completed and their findings published.

### **Treatment – Scientific Research Outcome-7.3**

The FY 2018 target was met. Research testing the feasibility and efficacy of two technology-based strategies to improve SUD treatments and adherence was conducted in FY 2018. An additional byproduct of ongoing efforts in this area is a funding opportunity announcement designed to test technology-based treatments to increase adherence to FDA-approved pharmacotherapies for SUD.<sup>25</sup> Funding has been allocated to support 3-4 technology-based treatments.

The research findings leveraging technology-based treatments to address NIDA’s research priority areas and the FY 2018 target are summarized below.

- *Approval of the ReSET and ReSET-O mobile application for SUD Treatment* – A major development in mHealth (mobile health) was the 2017 FDA approval of the reSET mobile app. ReSET – previously known as the Therapeutic Education System (TES) – is a mobile app that is approved for use in outpatient treatment for SUD related to cocaine, other stimulants, cannabis, and alcohol. This treatment tool was created through NIDA’s behavior-therapy development program and validated through a major nationwide multi-site trial conducted in the NIDA CTN program. In the clinical trial, the 12-week abstinence

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<sup>23</sup> Spoth R, Redmond C, Shin C, Greenberg MT, Feinberg ME, Trudeau L. PROSPER delivery of universal preventive interventions with young adolescents: long-term effects on emerging adult substance misuse and associated risk behaviors. *Psychol Med.* 2017;47(13):2246-2259. doi: 10.1017/S0033291717000691.

<sup>24</sup> Young SD, Heinzerling K. The Harnessing Online Peer Education (HOPE) Intervention for Reducing Prescription Drug Abuse: A Qualitative Study. *J Subst Use.* 2017;22(6):592-596. doi: 10.1080/14659891.2016.1271039. Epub 2017 Jan 31.

<sup>25</sup> <https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-015.html>

rate from drugs and alcohol for users of the app was 40 percent, more than twice the abstinence rate for individuals who received standard care such as MAT with buprenorphine (18%). Pear Therapeutics, Inc. acquired the right to rebrand TES as reSET and used the CTN trial results as pivotal evidence to gain approval from the FDA as the first prescription digital therapeutic to improve clinical outcomes in a disease.

The reSET app was not approved for treating OUD, but with a Small Business Innovation Research grant from NIDA in FY 2018, a new version of the app called reSET-O was developed and tested for use as an adjunct to buprenorphine and standard treatment for patients with OUD. reSET-O, along with the evidence from the earlier CTN studies, was reviewed by FDA under a process known as Breakthrough Therapy Designation, which is designed to expedite the development and review of products that are intended to treat a serious condition and preliminary clinical evidence indicates that the products may demonstrate substantial improvement over available therapy. reSET-O was approved by the FDA on December 10, 2018.

reSET-O delivers cognitive behavioral therapy, which aims to change behavior by changing an individual's cognitive processes. The app is composed of digital multimedia modules delivering validated cognitive behavioral therapy and contingency management to promote recovery from OUD. The app rewards users for continuing with therapy with various incentives, which can improve adherence. When adopted widely, evidence-based advances in digital therapeutics will broaden the spectrum of SUD treatment options, particularly in rural and underserved communities.

- *Web-Delivered CBT in Veterans with SUD and PTSD* – The primary aim of this study was to test a web-based self-management intervention based on cognitive behavioral therapy (CBT), targeting post-traumatic stress disorder (PTSD) symptoms and hazardous substance use in a group of symptomatic combat veterans enrolled in VA primary care. Veterans with PTSD/subthreshold PTSD and hazardous substance use were randomized to primary care treatment as usual (TAU;  $n = 81$ ) or to TAU plus a web-based CBT intervention called Thinking Forward ( $n = 81$ ). Thinking Forward consisted of 24 sections (approximately 20 minutes each), accessible over 12 weeks. Participants completed baseline and 4-, 8-, 12-, 16-, and 24-week follow-up assessments. Three primary outcomes of PTSD, alcohol and other drug use, and quality of life were examined. Significant treatment effects were found for heavy drinking, but not for PTSD symptoms or quality of life. The effect of the intervention on heavy drinking was mediated by intervening increases in coping, social support, self-efficacy, and hope for the future. These results demonstrate the promise of a web-based, self-management intervention for difficult-to-engage Operation Enduring Freedom and Operation Iraqi Freedom veterans with behavioral health and substance use concerns.<sup>26</sup>

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<sup>26</sup> Acosta et al. (2017). Web-Delivered CBT Reduces Heavy Drinking in OEF-OIF Veterans in Primary Care with Symptomatic Substance Use and PTSD. *Behavior Therapy*, 42(2), 262-276.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2018 Target	FY 2018 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 and/or implement additional preventive interventions to address underage alcohol use among specific underserved populations (i.e., American Indian/Alaska Native).	Researchers developed and evaluated the effects of combined individual- and community-level interventions to reduce underage drinking by Native American youth on rural California Indian reservations.
» Scientific Research Outcome-8.7: By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.	Disseminate findings from studies evaluating the effectiveness of alcohol screening and brief intervention.	Investigators published research findings from an evaluation of NIAAA’s Youth Guide, and NIAAA staff disseminated information about studies evaluating the effectiveness of alcohol screening and brief intervention.

**Prevention – Scientific Research Outcome-5.15**

The FY 2018 target was met. Researchers supported by NIAAA developed and evaluated the effects of combining individual- and community-level interventions to reduce underage drinking by American Indian youth living on rural California reservations.

In the individual-level intervention, eligible youth aged 13-20 years were assigned to receive either a culturally-tailored brief motivational interviewing intervention (a type of therapist-delivered counseling strategy for changing behavior) or an educational intervention that provided information about the consequences of drinking. Participation in either the motivational interviewing or educational intervention was associated with significant reductions in drinking and problem behaviors when assessed at a six-month follow up appointment.

The community-level intervention included a “recognition and reminder” program wherein shoppers aged 21 or older who posed as minors attempted to purchase alcoholic beverages from convenience stores on or near the reservations assigned to the intervention. Clerks who asked for identification were rewarded with gift cards and congratulatory letters; those who did not were reminded of the law regarding sales to minors. The community intervention also included outreach activities to raise awareness about the risks of underage drinking and to mobilize community support for the interventions.

To evaluate the impact of the overall intervention program, the researchers analyzed data from the California Healthy Kids Survey, specifically data that was collected from ninth- and eleventh-grade American Indian and non-American-Indian students who attended schools in the intervention area. This data was compared to survey data collected from American Indian students living outside the intervention area. Among current drinkers, researchers found significant reductions in the frequency of past-month alcohol use and heavy alcohol use (defined as drinking five or more drinks on an occasion within the past 30 days) in American Indian youth exposed to the combined interventions relative to the comparison groups.<sup>27</sup>

#### **Treatment – Scientific Research Outcome-8.7**

The FY 2018 target was met. NIAAA-supported investigators published the results of a study to evaluate NIAAA's *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*. The study, one of six NIAAA-funded studies to evaluate the *Guide* independently, validated the *Guide's* utility in appropriately identifying youth at risk for AUD in primary care clinics serving racially and ethnically diverse patients. In the study, the researchers performed alcohol screening of youth aged 12-18 years and used statistical analyses to determine the optimal drinking threshold (number of reported days of drinking in the past year) for identifying those with AUD. The thresholds found varied by age and grade in school and were consistent with the risk thresholds presented in the *Guide*, with the exception of 18-year-olds for whom a lower drinking threshold was recommended.<sup>28</sup>

In FY 2018, NIAAA staff disseminated information about studies evaluating the effectiveness of alcohol screening and brief intervention to the public. For example, findings from youth alcohol screening and brief intervention studies were disseminated in presentations to the Community Anti-Drug Coalitions of America's National Leadership Forum and its Mid-Year Training Institute and to the Institute for Public Strategies.

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<sup>27</sup> Moore RS, Gilder DA, Grube JW, Lee JP, Geisler JA, Friese B, Calac DJ, Finan LJ, Ehlers CL. Prevention of Underage Drinking on California Indian Reservations Using Individual- and Community-Level Approaches. *Am J Public Health*. 2018 Aug;108(8):1035-1041. Epub 2018 Jun 21.

<sup>28</sup> Parast L, Meredith LS, Stein BD, Shadel WG, D'Amico EJ. Identifying adolescents with alcohol use disorder: Optimal screening using the National Institute on Alcohol Abuse and Alcoholism screening guide. *Psychol Addict Behav*. 2018 Aug;32(5):508-516.

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

**RESOURCE SUMMARY**

	Budget Authority ( <i>dollars in millions</i> )		
	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
<b>Drug Resources by Function</b>			
Prevention	\$643.272	\$600.294	\$636.144
Treatment	3,479.302	3,539.977	3,498.105
<b>Total Drug Resources by Function</b>	<b>\$4,122.574</b>	<b>\$4,140.271</b>	<b>\$4,134.249</b>
<b>Drug Resources by Decision Unit</b>			
Programs of Regional and National Significance – Prevention	\$248.219	\$205.469	\$144.090
Programs of Regional and National Significance – Treatment	399.091	460.677	429.888
Substance Abuse Prevention and Treatment Block Grant <sup>1</sup>	1,858.079	1,858.079	1,858.079
State Targeted Response to the Opioid Crisis Grants	500.000	-	-
State Opioid Response Grants	1,000.000	1,500.000	1,500.000
Drug Free Communities	-	-	100.000
Health Surveillance and Program Support <sup>2</sup>	117.185	116.046	102.192
<b>Total Drug Resources by Decision Unit</b>	<b>\$4,122.574</b>	<b>\$4,140.271</b>	<b>\$4,134.249</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	409	440	441
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in billions)	\$5.7	\$5.7	\$5.7
Drug Resources Percentage	73.0%	72.1%	73.0%

<sup>1</sup>The Substance Abuse Prevention and Treatment Block Grant is split 20% to the Prevention function and 80% to the Treatment function.

<sup>2</sup>The Health Surveillance and Program Support 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 MH 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% to drug control activities. The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%).

## PROGRAM SUMMARY

### MISSION

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA supports the President's *Strategy* through a broad range of programs focusing on prevention, treatment, and recovery from SUD. Major programs for FY 2020 will include the Substance Abuse Prevention and Treatment Block Grant, Drug Free Communities, State Opioid Response Grants, competitive grant programs reflecting Programs of Regional and National Significance (PRNS), and Health Surveillance and Program Support (HSPS). SAMHSA's Centers for Substance Abuse Prevention (CSAP) and Substance Abuse Treatment (CSAT)—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.

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

- The Drug Abuse Warning Network (DAWN) is allocated fully to substance abuse.
- The Health Surveillance, Program Support, and Performance and Quality Information Systems (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 split 20 percent/80 percent into the two functions, prevention and treatment, respectively for that display.
- 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 split 20 percent/80 percent into the two functions, prevention and treatment, respectively for that display.

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

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

## **BUDGET SUMMARY**

In FY 2020, SAMHSA requests a total of \$4.1 billion for drug control activities, a decrease of \$6.0 million from the FY 2019 enacted level.

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

### **Drug Free Communities**

**FY 2020 Request: \$100.0 million**

**(\$100.0 million above the FY 2019 enacted level)**

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

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

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

In prior years, the Office of National Drug Control Policy requested and received appropriations for this program. This request represents the Administration's desire to transfer responsibility for the program to SAMHSA.

### **Programs of Regional and National Significance – Prevention**

**FY 2020 Request: \$144.1 million**

**(\$61.4 million below the FY 2019 enacted level)**

#### **Strategic Prevention Framework**

**FY 2020 Request: \$48.4 million**

**(\$61.1 million below the FY 2019 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 use prevention services and reducing SUDs. The Strategic Prevention Framework–Partnerships for

Success program addresses underage drinking among youth and young adults age 12 to 20 and allows states to prioritize State-identified top data driven substance use target areas.

### **Strategic Prevention Framework for Prescription Drugs**

***FY 2020 Request (within SPF): \$10.0 million***

***(No change from the FY 2019 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 Program (PDMP) data into needs assessments and strategic plans as indicators of program success.

### **Federal Drug-Free Workplace**

***FY 2020 Request: \$4.9 million***

***(No change from the FY 2019 enacted level)***

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

In FY 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 the Department of Health and Human Services (HHS) certified laboratories.

### **Sober Truth on Preventing Underage Drinking**

***FY 2020 Request: \$7.0 million***

***(No change from the FY 2019 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 *21<sup>st</sup> Century Cures Act*. In FY 2020, SAMHSA will support 97 *STOP Act* grant continuations. This funding will continue to strengthen SAMHSA's commitment to reduce and prevent underage drinking.

### **Centers for the Application of Prevention Technologies**

***FY 2020 Request: \$7.5 million***

***(No change from the FY 2019 enacted level)***

The Center for the Application of Prevention Technologies (CAPT) program provides state-of-the-art training and technical assistance to build the capacity of SAMHSA grantees and develop the skills, knowledge, and expertise of the prevention workforce. The program builds capacity and promotes the development of substance use prevention professionals in the behavioral health field through three core strategies: 1) establishing technical assistance networks using local experts; 2) developing and delivering targeted training and technical assistance (T/TA) activities; and 3) using communication media such as teleconference and video conferencing, online events, and web-based support. These activities help ensure the delivery of effective prevention programs and practices and the development of accountability systems for performance measurement and management, and supported knowledge sharing and collaboration among SAMHSA grantees. In FY 2017 and FY 2018, funding continued to support the delivery of technical assistance and workforce development to the prevention field, including T/TA for State Targeted Response grants, Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and First Responders. The CAPT continued to provide effective wide-ranging T/TA to the prevention field through its five regional T/TA centers. The CAPT services ended in October 2018. Future prevention T/TA services are being provided by the SAMHSA Prevention Technology Transfer Centers (PTTCs).

### **Science and Service Program Coordination**

***FY 2020 Request: \$4.1 million***

***(No change from the FY 2019 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 use prevention. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI). In FY 2020, these funds will support SAMHSA's substance use prevention efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native (AI/AN) communities.

### **Tribal Behavioral Health Grants (Prevention Portion)**

***FY 2020 Request: \$20.0 million***

***(No change from the FY 2019 enacted level)***

SAMHSA's Tribal Behavioral Health Grants program addresses the high incidence of SUD 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 use, trauma, and suicide and by promoting the mental health of AI/AN young people. The FY 2020 request, combined with \$20.0 million in the request for the Center for Mental

Health Services, will continue to support approximately 179 grants that promote mental health and prevent substance use among high-risk AI/AN youth and their families.

### **Substance Abuse Prevention and Treatment Block Grant**

**FY 2020 Request: \$1.9 billion**

**(No change from the FY 2019 enacted level)**

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

In FY 2020, SABG funds will continue to serve as a source of safety net funding, including assistance to states in addressing the opioid epidemic, and will continue to support certain services (e.g., recovery support services) not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance use prevention and treatment service systems.

### **State Opioid Response Grants**

**FY 2020 Request: \$1,500.0 million**

**(No change from the FY 2019 enacted level)**

SAMHSA established the State Opioid Response Grants (SOR) program. This program aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three U.S. Food and Drug Administration-approved medications for the treatment of opioid use disorder (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 discretionary grants. These grants will be 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. In FY 2020, SAMHSA intends to continue to support the Secretary's five-prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

### **Programs of Regional and National Significance – Treatment**

**FY 2020 Request: \$429.9 million**

**(\$30.8 million below the FY 2019 enacted level)**

### **Grants to Develop Curricula for DATA Act Waivers**

**FY 2020 Request: \$4.0 million**

**(\$4.0 million above the FY 2019 enacted level)**

The purpose of this new program, which is authorized by section 3203 of the *SUPPORT for Patients and Communities Act*, is to provide grants to enhance access to SUD treatment. This is done by giving 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 from an accredited school of allopathic medicine or osteopathic medicine in the United States.

### **Targeted Capacity Expansion**

***FY 2020 Request: \$100.2 million***

***(No change from the FY 2019 enacted level)***

The Targeted Capacity Expansion 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 health information technologies (HIT) in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process. In FY 2020, SAMHSA intends to fund 3 continuation grants and 17 new grants.

### **Opioid Treatment Programs/Regulatory Activities**

***FY 2020 Request: \$8.7 million***

***(No change from the FY 2019 enacted level)***

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs (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 Drug Enforcement Administration, 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. In FY 2020, SAMHSA intends to continue to support the Secretary's five-prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

### **Screening, Brief Intervention, and Referral to Treatment**

***FY 2020 Request: \$0.0 million***

***(\$30.0 million below the FY 2019 enacted level)***

The Screening, Brief Intervention, and Referral to Treatment (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 2020 Request: \$36.4 million***

***(No change from the FY 2019 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. SAMHSA intends to fund 71 Grants for the Benefit of Homeless Individuals (GBHI) continuation grants with grant supplements for direct technical assistance. SAMHSA also plans to award 21 new GBHI grants and one contract for technical assistance.

### **Pregnant and Postpartum Women**

***FY 2020 Request: \$29.9 million***

***(No change from the FY 2019 enacted level)***

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

Under CARA, a new Pregnant and Postpartum Women Pilot program was authorized to address substance use and addiction across the country through the implementation of prevention, treatment, and recovery programs. In FY 2017, SAMHSA funded three new state PPW pilot grants to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a SUD, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot. In FY 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 intends to fund 42 residential treatment grant continuations and

three new PPW Pilot grants to provide an array of services and supports to pregnant women and their children.

### **Building Communities of Recovery**

***FY 2020 Request: \$6.0 million***

***(No change from the FY 2019 enacted level)***

In FY 2017, SAMHSA funded a new cohort of grants through the Building Communities of Recovery program authorized under the *Comprehensive Addiction and Recovery Act of 2016*. The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services, as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from 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 2020, these funds will support six new grants and 15 continuation grants the Building Communities of Recovery Program to develop, expand, and enhance recovery support services.

### **Criminal Justice Activities**

***FY 2020 Request: \$89.0 million***

***(No change from the FY 2019 enacted level)***

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and reentry 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 2020 Request: \$70.0 million***

***(No change from the FY 2019 Enacted)***

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 2020, SAMHSA intends to support 34 new drug court grants, 135 drug court continuation grants, and one contract.

### Ex-Offender Re-Entry Program

FY 2020 Request: \$19.0 million

(No change from the FY 2019 enacted level)

Offender Reentry Program grants and other criminal justice activities, such as evaluation and behavioral health contracts will fund three new and 21 continuation grants in FY 2020. 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.

### First Responder Training

FY 2020 Request: \$36.0 million

(No change from the FY 2019 enacted level)

Under the First Responder Training program, SAMHSA is authorized to provide grants to prevent opioid overdose-related deaths by providing grants to train first responders. In FY 2017, SAMHSA funded 21 grants for the First Responder grant program. The purpose of this program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees will train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering these drugs and devices. Grantees will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. In FY 2018, funding supported 21 continuation grants and an additional 28 new grants to address the opioid crisis in this country. In FY 2019, Congress appropriated funding for this program under Substance Abuse Treatment to continue to support the continuation grants. In FY 2020, SAMHSA funding will provide 49 continuations grants and approximately 25 new awards to support the continuation of training, technical assistance and evaluation activities to address the opioid crisis in this country.

### Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

FY 2020 Request: \$12.0 million

(No change from the FY 2019 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 helps states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other overdose death prevention strategies, support education on these strategies, provide materials to assemble and disseminate overdose kits. In FY 2019, Congress appropriated funding for this program under Substance Abuse Treatment to continue support of the 12 grants.

### **Other PRNS Treatment Programs**

***FY 2020 Request: \$42.1 million***

***(No change from the FY 2019 enacted level)***

The FY 2020 budget includes resources of \$42.1 million for several other Treatment Capacity programs including: Recovery Community Services Program (\$2.4 million); Children and Families (\$29.6 million); Improving Access to Overdose Treatment (\$1.0 million); and Addiction Technology Transfer Centers (\$9.0 million). The FY 2020 Budget 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 detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods.

### **Health Surveillance and Program Support Appropriation**

The FY 2020 Budget Request across the below programs is \$102.2 million, a decrease of \$13.9 million from the FY 2019 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 2020 Request: \$77.8 million***

***(\$13.2 million below the FY 2019 enacted level)***

Health Surveillance and Program Support (HSPS) provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the Center for Disease Control and Prevention's National Health Information Survey, and the data archive. This request represents the total funding available for these activities first divided between Mental Health and Substance Abuse using the same percentages splits that exist between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. In FY 2020, Health Surveillance funding will support the continuation of the National Survey on Drug Use and Health, the Behavioral Health Services Information System, and the Analytic Support Center contracts as well as operations and payroll. Program Support funding will continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

### **Public Awareness and Support**

***FY 2020 Request: \$5.8 million***

***(\$0.7 million below the FY 2019 enacted level)***

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders and SUD issues. This represents the total funding available 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.

In FY 2020, funding for Public Awareness and Support will allow SAMHSA to continue to manage media relationships, maintain its web and social media presence, manage critical helplines, deliver publications, and provide other critical resources to support behavioral health and other health.

### **Performance and Quality Information Systems**

***FY 2020 Request: \$7.2 million***

***(No change from the FY 2019 enacted level)***

PQIS 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 T/TA on use of the data to enhance grantee performance monitoring and improve quality of service delivery. This request represents the total funding available for these activities after the application of the drug control funding methodology. In FY 2020, SAMHSA will use these funds to continue its performance management, quality improvement, and program evaluation 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 2020 Request: \$10.0 million***

***(No change from the FY 2019 enacted level)***

SAMHSA will re-establish DAWN as 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. DAWN funding is allocated fully to substance abuse. In FY 2020, SAMHSA will support the continuation of a contract awarded in 2018.

### **Data Request and Publication User Fees**

***FY 2020 Request: \$0.8 million***

***(No change from the FY 2019 enacted level)***

SAMHSA will collect and retain fees for extraordinary data and publications requests. This represents the total funding estimated for these activities after the application of the drug control funding methodology.

## **PERFORMANCE**

### **Substance Abuse Prevention**

Consistent with the Government Performance and Results Modernization Act of 2010 (GPRMA), the SAMHSA continues to refine its use of performance and evaluation data to measure impact and mitigate risk. Data-driven performance reviews help SAMHSA leadership analyze outcome data and learn the extent to which strategies work or need improvement.

As impact is measured and reported, SAMHSA seeks to identify the conditions that foster success, address barriers, enable collaboration across programs, and promote overall efficiency. SAMHSA collects critical performance data on both output and outcome measures. Data on services programs include: diagnoses, abstinence from substance use, mental health functioning, overall physical health, criminal justice involvement, stable housing, social connectedness, and employment. Additionally, SAMHSA collects data on the numbers of people served, the numbers trained, and the number of training events held.

<b>Prevention: Selected Measures of Performance</b>		
<b>Program</b>	<b>FY 2016 Target</b>	<b>FY 2016 Achieved</b>
<b>Strategic Prevention Framework: Partnerships for Success</b>		
» Increase the number of sub-recipient communities that improved one or more targeted NOMs indicators	142	552
» Increase the number of EBPs implemented by sub-recipient communities	650	531
	<b>FY 2017 Target</b>	<b>FY 2017 Achieved</b>
<b>Strategic Prevention Framework for Prescription Drugs : Rx</b>		
» Increase the percent of funded states reporting reductions in opioid overdoses	55%	69%
	<b>FY 2017 Target</b>	<b>FY 2017 Achieved</b>
<b>STOP Act</b>		
» 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	70.0%	75.0%

	FY 2017 Target	FY 2017 Achieved
<b>Center for the Application of Prevention Technologies</b>		
» Increase the percent of participants who agree or strongly agree that the training or TA provided increased their capacity to do substance abuse prevention work	90%	95%
» Increase the percent of participants who agree or strongly agree that the training or TA provided increased their organization's capacity to do substance abuse prevention work	92%	99%
» Increase the number of individuals trained by the CAPT	9,000	14,021
<b>Tribal Behavioral Health Grants</b>		
» Increase the number of programs/organizations that implemented specific mental health-related practices/activities as a result of the grant	296	5,749

**Substance Abuse Prevention and Treatment Block Grant**

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 SUD treatment data systems), ensures consistency in the use of measures, and provides a more complete perspective of the delivery of mental illness and SUD treatment services.

An independent evaluation of the SABG demonstrated how states have leveraged the statutory requirements of this Block Grant program to expand existing or establish new treatment capacity in underserved areas of states and territories and to improve coordination of services with other state systems.<sup>29</sup> SAMHSA data show that the SABG has been successful in expanding treatment capacity by supporting approximately two million<sup>30</sup> 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 CBHSQ. In FY 2015, at discharge, clients demonstrated high abstinence rates from both illegal drug (70%) and alcohol (83%) use.

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

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

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

- For the 50<sup>31</sup> states and the District of Columbia that reported data concerning abstinence from alcohol use, all 51 identified improvements in client abstinence;
- Similarly, for the 50 states and D.C. that reported data concerning the abstinence from drug use, 50 of 51 identified improvements in client abstinence;
- For the 50 states and D.C. that reported employments data, 45 of 50 identified improvements in client employment;
- For the 50 states and D.C. that reported criminal justice data, 47 of 51 reported an increase in clients with no arrests based on data reported to TEDS;
- For the 50 states and D.C. that reported housing data, 48 of 51 identified improvements in stable housing for clients based on data reported to TEDS; and
- For the 50 states and D.C. that reported recovery support data, 51 states out of 51 identified improvements in client engagement in recovery support programs. At intake clients who were engaged in recovery support programs increased from 29 percent to 44.8 percent at discharge.

### **20 Percent Prevention Set-Aside**

SAMHSA is responsible for managing the 20 percent prevention set-aside of the SABG. The 20 percent set-aside requires SABG grantees to spend at least 20 percent of their SABG award to develop and implement a comprehensive prevention program, which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The prevention set-aside is one of SAMHSA's main vehicles for supporting SAMHSA's Strategic Initiative for the Prevention of Substance Abuse and Mental Illness. The 20 percent set-aside is focused only on substance use prevention. States use these funds to develop infrastructure and capacity and to fund programs specific to primary substance use prevention. Some states rely solely on the 20 percent set-aside to fund their prevention systems while others use the funds to target gaps and enhance existing program efforts.

States are encouraged to make prevention a top priority, taking advantage of recent science, best practices in community coordination, proven planning processes, and the findings articulated by the Institute of Medicine report, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People." SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capacities.

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<sup>31</sup> Source: West Virginia numbers have been included in the text, but they appear lower than expected.

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

### State Opioid Response Grants

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

### Substance Abuse Treatment

In the table below are selected measures of performance related to Treatment Programs of Regional and National Significance. The Treatment for Prescription Drug and Opioid Addiction exceeded its target outcome for reducing illicit drug use, but also surpassed its goals of increasing the number of clients receiving integrated care and the number of admissions for medication-assisted treatment. Though the target for the SBIRT outcome was not met, the program's performance has improved. The drug court program not only exceeded its outcome goals, including for a reduction in past month drug use, but also exceeded its goals for the number of clients served. In FY 2017, more than 8,500 adult clients were served by the adult drug court grant.

<b>Treatment: Selected Measures of Performance</b>		
<b>Treatment: Prescription Drug and Opioid Addiction</b>	<b>FY 2017 Target</b>	<b>FY 2017 Achieved</b>
» Decrease illicit drug use at 6-month follow-up	60.0%	62.0%
<b>Screening, Brief Intervention and Referral to Treatment</b>	<b>FY 2017 Target</b>	<b>FY 2017 Achieved</b>
» Increase the percentage of clients receiving services who had no past-month substance use	36.0%	34.8%
<b>Criminal Justice</b>	<b>FY 2017 Target</b>	<b>FY 2017 Achieved</b>
» Drug Courts: Increase the percentage of adult clients receiving services who had no past month substance use	71.0%	86.1%
» Offender Reentry: Increase the percentage of adult clients receiving services who had no past month substance use	74.0%	70.0%

### **Health Surveillance and Program Support**

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

DEPARTMENT OF HOMELAND SECURITY





**DEPARTMENT OF HOMELAND SECURITY**  
**Customs and Border Protection**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Enacted	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Intelligence	\$537.928	\$468.324	\$477.383
Interdiction	2,558.470	2,635.726	3,284.086
<b>Total Drug Resources by Function</b>	<b>\$3,096.398</b>	<b>\$3,104.050</b>	<b>\$3,761.469</b>
<b>Drug Resources by Decision Unit</b>			
Operations and Support	\$2,591.416	\$2,684.527	\$2,849.921
<i>Border Security Operations</i>	601.958	648.122	683.357
<i>Trade and Travel Operations</i>	1,315.372	1,304.996	1,411.442
<i>Integrated Operations</i>	612.000	667.375	677.973
<i>Mission Support</i>	61.730	64.034	77.149
Procurement, Construction, and Improvements	505.338	419.523	911.548
<i>Border Security Assets and Infrastructure</i>	267.834	283.874	762.567
<i>Trade and Travel Assets and Infrastructure</i>	172.973	34.063	39.366
<i>Integrated Operations Assets and Infrastructure</i>	64.531	101.586	109.615
<b>Total Drug Resources by Decision Unit</b>	<b>\$3,096.398</b>	<b>\$3,104.050</b>	<b>\$3,761.469</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	13,352	13,808	13,952
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$13.8	\$13.7	\$17.9
Drug Resources Percentage	22.8%	22.7%	21.0%

**MISSION**

Titles 8 U.S.C. and 19 U.S.C. authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this statutory authority that CBP plays a key role in the overall anti-drug effort at the border. CBP's jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the *Bank Secrecy Act* (Public Law 99-570), "*USA PATRIOT Act*" (Public Law 107-56), *Money Laundering Control Act* (Public Law 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], U.S. 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 2020 there will be 3,333 CBP officer positions related to drug control efforts on enforcement teams. These enforcement teams work closely with the Passenger Enforcement Rover Team and Passenger Analytical Unit teams to coordinate all enforcement activities. CBP estimates that 69 percent of the enforcement teams' time is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities.

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

### **U.S. Border Patrol**

USBP is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2,700 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. In the FY 2020 Budget, USBP includes 24,674 Border Patrol agents (funded by 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, thus preventing their illegal entry. It has been determined that 15 percent of the total agent time nationwide is related to counterdrug activities, which equates to 22,062 Border Patrol Agent full-time equivalent (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 35 permanent border traffic checkpoints nationwide, 34 permanent checkpoints on the

Southern border, 1 permanent checkpoint on the Northern border, and 182 tactical immigration checkpoints including 966 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.

In addition to staffing and canine units, USBP manages several programs focused on the acquisition and deployment of technology and tactical infrastructure to secure the Southern and Northern borders of the United States. Some examples of technology programs include the Remote Video Surveillance System program, Mobile 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. USBP's 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 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 2020, CBP requested \$1.8 billion of PC&I funding for the Border Wall Construction.

### **Office of Training Development**

OTD calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed, and subject matter experts determine course hours delivered related to drug enforcement activities under interdiction and intelligence efforts for this tasking. 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 initially projected at 32.66 percent for interdiction and 1.14 percent for intelligence during FY 2020. 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 counterdrug mission.

### **Air and Marine Operations**

AMO's core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit, and Arrival Zones. In FY 2018, AMO P-3 aircraft flew 6,124 hours in drug control efforts, which represent 79 percent of all AMO P-3 hours. These hours were in support of JIATF-S in the Source and Transit zones. AMO P-3's participated in the interdiction of 254,144 pounds of cocaine in the Source and Transit zones. This equates to 41.5 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.

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 DoD. TARS consists of fixed site, aerostat-based radar systems that provide air surveillance across the entire U.S.-Mexico border (approximately 2,000 nautical miles). The systems are designed to detect compliant low-altitude aircraft and non-compliant low-altitude aircraft attempting to smuggle narcotics or other contraband into the United States.

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 GAO and OIG reviews, which provides reliable source data for the drug methodology described above.

## **BUDGET SUMMARY**

The total drug control budget for CBP for FY 2020 is \$3,761.5 million, an increase of \$657.4 million above the FY 2019 CR level.

### **Operations and Support**

**FY 2020 Request: \$2,849.9**

**(\$165.4 million above the FY 2019 the CR level)**

Operations and Support funds CBP's primary field activities, including CBP Officers, Border Patrol Agents, Air and Marine Interdiction Agents, Aviation Enforcement Agents, Detection

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

### **Border Security Operations**

***Total FY 2020 President's Budget: \$683.4 million  
(\$35.3 million above the FY 2019 the CR level)***

The President's Budget provides funding for border security and control between the POEs. The Border Patrol has primary responsibility for drug interdiction between the land ports of entry. 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, 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 operational component'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 Law Enforcement Agencies (LEAs) through Operation Alliance along the southern border. The Border Patrol is also an active participant in the Southwest Border High Intensity Drug Trafficking Area 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 2020 Request: \$1,411.4 million  
(\$106.4 million above the FY 2019 CR level)***

The FY 2020 President's Budget is \$106.4 million above the FY 2019 President's Budget 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.

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

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

### **Southwest Border Efforts**

On the Southwest border, CBP employs a risk-based strategy for outbound operations which are normally short, periodic inspections followed by periods without inspections. This allows for the immediate stand-down of outbound inspections to manage traffic flow departing the POE.

### **Northern Border Efforts**

The Northern border counter-smuggling approach focuses on bi-national, Federal, state, local, and tribal law enforcement partnerships, information sharing agreements, joint integrated

operations, and community outreach in order to maximize efforts and resources. This approach has proven successful along the Northern border.

### **Integrated Operations**

***FY 2020 Request: \$678 million***

***(\$10.6 million below the FY 2019 CR level)***

AMO secures the borders against terrorists, acts of terrorism, drug smuggling, and other illegal activity by operating air and marine branches at strategic locations along the borders. The FY 2020 President's Budget includes a \$13.4 million increase in the drug-related resources associated with AMO's portion of CBP's Operations and Support account.

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

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

### **Mission Support**

***FY 2020 Request: \$77.1 million***

***(\$13.1 million above the FY 2019 CR level)***

The FY 2020 President's Budget of \$77.1 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 2020 Request: \$911.5 million

(\$492 million above the FY 2019 CR 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 Assets and Infrastructure

FY 2020 Request: \$762.6 million

(\$478.7 million above the FY 2019 CR level)

The President's Budget includes \$762.6 million for PC&I Border Security Assets and Infrastructure aligned to the drug control mission. This account will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for USBP's frontline agents and officers.

## Trade and Travel Assets and Infrastructure

FY 2020 Request: \$39.4 million

(\$5.3 million above the FY 2019 CR level)

The PC&I budget for Trade and Travel Operations comprises the drug control portion of Non-Intrusive Inspection (NII) equipment procurement, such as large-scale x-rays and radiation portal monitors. The increase is due to the additional planned acquisition of NII equipment.

## Integrated Operations Assets and Infrastructure

FY 2020 Request: \$109.6 million

(\$8.0 million increase above the FY 2019 CR level)

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

## PERFORMANCE

Information regarding the performance of the drug control efforts of CBP is based on agency Government Performance and Results Modernization Act documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent CBP drug-related achievements through September 30, 2016.

Customs and Border Protection		
Selected Measures of Performance	FY 2016 Target	FY 2016 Achieved
» Amount of currency seized on exit from the United States	\$30.0 M	\$28.9 M
» Percentage of JIATF-South annual mission hour objective achieved	100%	100%
» Interdiction Effectiveness Rate on the Southwest border between the ports of entry	81.0%	79.7%
» Percent of time TECS is available to end users	99.0%	100.0%

The performance measure “Amount of currency seized on exit from the United States” provides the total dollar amount of all currency, in millions, seized during outbound inspection of exiting passengers and vehicles, both privately-owned and commercial. The scope of this measure covers all POEs on both the Southwest and Northern borders and includes all modes of transportation (land, air, and sea). This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking at the land border POEs. This measure is based upon the seizure-related enforcement outcomes of CBP’s Outbound Enforcement Program, which provides an indicator of the success that CBP has in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to criminal or transnational groups.

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

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

The measure “Percent of time TECS is available to end users” quantifies the availability of the TECS service to all end-users based on a service level of 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 Federal Bureau of Investigation’s (FBI) National Crime

Information Center, and the National Law Enforcement Telecommunication Systems. National Law Enforcement Telecommunication Systems provide direct access to state motor vehicle departments. This measure assists in evaluating CBP's success in improving information systems for Analysis, Assessment, and Local Management.

### **Opioids**

Establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis expects the Federal Government to act to combat the opioid epidemic. The INTERDICT Act, signed into law in January 2018, requires CBP to increase its ability to interdict fentanyl, other synthetic opioids, and other narcotics and psychoactive substances with screening devices, and to dedicate appropriate resources to interpret data collected by such screening devices during all operational hours.

- \$8.9M will fund additional presumptive testing devices and related training; naloxone countermeasure units and related training; personal protective equipment like gloves, masks, sleeves; decontamination solutions for 130 plus POE (200+ crossings), and OFO program management expenses (travel, miscellaneous supplies, etc.). The additional presumptive testing devices and safety equipment are needed to protect frontline officers and to address the increasing threat of synthetic opioids.
- \$7.1M will fund the following:
  - \$0.8 million for chemical analysis software and equipment for the narcotics reachback cell located within the CBP Laboratories and Scientific Services (LSS) Teleforensic Center at the National Targeting Center (NTC),
  - \$0.9 million for high-grade laboratory instrumentation to develop and build a new synthetic opioids and emerging psychoactive substances library for the handheld detectors deployed for use by CBP's frontline officers,
  - \$2.5 million for expansion of LSS satellite border laboratory locations with equipment and supplies,
  - \$2.0 million to expand LSS digital forensics workspace and equipment, and
  - \$0.9 million for operations and maintenance expenses for program management, travel, training, supplies and services.

Deploying additional presumptive testing equipment to the Southern Border Field Offices will not only ensure greater enforcement actions and safety for CBP frontline personnel, but will assist the Office of Intelligence and Homeland Security Investigations with their efforts to:

1. Broaden the understanding of Drug Trafficking Organization's (DTO) tactics, techniques and procedures related to the smuggling of fentanyl, fentanyl analogues and fentanyl mixed with other drugs such as heroin;
2. Answer Priority Intelligence and Investigative Requirements related to DTOs; and
3. Reinforce training on utilization of presumptive testing devices, safe handling and the proper utilization of safety equipment being procured.

This funding will also allow CBP to appropriately resource the NTC's 24/7 narcotics reachback cell, which provides scientific and technical support to CBP's frontline officers. Additionally, it will allow CBP to increase its level of awareness of the opioid threat with immediate and first-hand knowledge of new psychoactive substances interdicted at and between POE through the LSS work on new discoveries. Field operational effectiveness will be enhanced with the continued addition of LSS satellite laboratories at our borders. Forward-deployed scientists provide immediate forensics and scientific support to operations allowing for expedited enforcement actions such as controlled deliveries.

**DEPARTMENT OF HOMELAND SECURITY**  
**Federal Emergency Management Agency**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Enacted	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
State and Local Assistance	\$12.750	\$12.750	\$8.250
<b>Total Drug Resources by Function</b>	<b>\$12.750</b>	<b>\$12.750</b>	<b>\$8.250</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$12.750	\$12.750	\$8.250
<b>Total Drug Resources by Decision Unit</b>	<b>\$12.750</b>	<b>\$12.750</b>	<b>\$8.250</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$5.0	\$5.0	\$3.9
Drug Resources percentage	<0.1%	<0.1%	<0.1%

**Program Summary**

**MISSION**

The Federal Emergency Management Agency’s (FEMA) mission is to reduce the loss of life and property and protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other man-made disasters. FEMA leads and supports the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation.

**METHODOLOGY**

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

OPSG contributes to efforts to secure the United States borders along routes of ingress from international borders. OPSG supports a broad spectrum of border security activities performed by State, local and tribal law enforcement agencies (LEAs) through increased material, manpower readiness, and the number of “boots on the ground” to better secure our Nation’s borders. The funds awarded are used in intelligence informed operations, which may assist with counterdrug efforts. Due to the intricate nature of these operations, CBP is unable to delimit the amount applied toward counterdrug operations; however, they estimate no more than 15 percent of OPSG funding and activity supports counter drug activities.

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

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

## **BUDGET SUMMARY**

In FY 2020, FEMA requests \$8.3 million for drug control activities, a decrease of \$4.5 million from the FY 2019 CR level.

### **Operation Stonegarden**

**FY 2020 Request: \$8.3 million<sup>32</sup>**

**(\$4.5 million below the FY 2019 CR level)**

FEMA's FY 2020 request includes \$55.0 million for OPSG. Using the 15 percent estimation methodology, FEMA requests \$8.3 million for drug-related activities in FY 2020.

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

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

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

# DEPARTMENT OF HOMELAND SECURITY

## Federal Law Enforcement Training Centers

### Resource Summary

	Budget Authority (in Millions)		
	FY 2018 Enacted	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Investigations	\$47.333	\$51.309	\$54.841
State & Local Assistance	1.479	1.603	1.714
International	0.493	0.534	0.571
<b>Total Drug Resources by Function</b>	<b>\$49.305</b>	<b>\$53.446</b>	<b>\$57.126</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$49.305	\$53.446	\$57.126
<b>Total Drug Resources by Decision Unit</b>	<b>\$49.305</b>	<b>\$53.446</b>	<b>\$57.126</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	224	237	237
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$.3	\$.4	\$.3
Drug Resources Percentage	18.2%	14.0%	16.3%

### Program Summary

#### MISSION

The Federal Law Enforcement Training Centers (FLETC) is an interagency law enforcement training institution that serves a leadership role as the Federal Government's principal provider of world-class, interagency law enforcement training to more than 95 Federal Partner Organizations, as well as training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills of investigation. FLETC supports the *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 and local training programs with a drug nexus are also considered to provide 100 percent support. All international training has a drug nexus and is also considered to provide 100 percent support. FLETC drug enforcement training support is in the following three training functions:

Investigations, 96 percent; State and Local Training and Assistance, 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**

The FY 2020 FLETC request is \$57.0 million for drug control activities, an increase of \$3.7 million over the FY 2019 CR level.

### **Operations and Support**

**FY 2020 Budget Request: \$57.0 million  
(\$3.7 above the FY 2019 CR level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly used illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The FY 2020 request reflects an increase in the total drug resources funding available due to increased FLETC training funds associated with the President’s Executive Orders.

## **PERFORMANCE**

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

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

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

The officers and agents who receive FLETC training in drug investigation activities are employed primarily by Federal agencies with a law enforcement role. These Federal agencies, which have formalized their relationship with FLETC as their trainer of choice through memoranda of

understanding, are substantively involved in the strategic direction of FLETC and are referred to as Partner Organizations. FLETC measures its success by assessing the satisfaction of its Partner Organizations with the requested training that FLETC provided.

In FY 2018, FLETC trained 73,816 students, equating to 157,234 student-weeks of training. The curriculum for about 20 percent of these students includes training in drug investigation activities.

In FY 2012, FLETC established a new metric to more accurately reflect the satisfaction of Partner Organizations with the counterdrug-related training provided by FLETC to their officers and agents starting in FY 2013. 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 Partner Organizations to gauge their satisfaction with FLETC's drug control-related training to date. For FY 2018 the target was set to 90 percent. Results of the 2018 Partner Organization Satisfaction Survey that FLETC conducted indicate that 89 percent of Partner Organizations are satisfied with FLETC counterdrug-related training. Due to the survey results, FLETC will reach out to its Partner Organizations regarding counterdrug related training content, and make revisions as necessary.



**DEPARTMENT OF HOMELAND SECURITY**  
**Immigration and Customs Enforcement**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Intelligence	\$25.179	\$26.940	\$30.423
Investigations	593.914	522.730	549.062
International	10.753	11.127	11.736
<b>Total Drug Resources by Function</b>	<b>\$631.846</b>	<b>\$560.797</b>	<b>\$591.221</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$631.846	\$560.797	\$591.221
<i>Intelligence (non-add)</i>	27.179	26.940	30.423
<i>Investigations: Domestic (non-add)</i>	593.914	522.730	549.062
<i>Investigations: International (non-add)</i>	10.753	11.127	11.736
<b>Total Drug Resources by Decision Unit</b>	<b>\$631.846</b>	<b>\$560.797</b>	<b>\$591.221</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,584	2,619	2,492
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$7.4	\$7.0	\$9.3
Drug Resources percentage	8.5%	7.1%	6.4%

**Program Summary**

**MISSION**

U.S. Immigration and Customs Enforcement (ICE), a multi-mission law enforcement agency, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and ill-gotten gains across the Nation’s borders and dismantle related smuggling organizations. 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 U.S. 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 (ICM). ICE agents record the hours they work, categorized by the type of investigation, in ICM. Following the close of the fiscal year, a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, showing all investigative case hours logged. Counternarcotics activity percentages are determined separately for each ICE HSI program responsible for counter narcotics enforcement. The percentages for Domestic Investigations, International Investigations, and Intelligence programs are determined by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours logged by each program. In FY 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 Consolidated Priority Organization Targets; or investigations of Regional Priority Organization subjects.

## **BUDGET SUMMARY**

In FY 2020, ICE requests \$591.2 million for drug control activities, an increase of \$30.4 million above the FY 2019 CR. To allow for consistent reporting, overhead funds which were shifted from HSI to M&A are included as part of ICE's algorithm for drug control reporting.

### **Operations and Support**

**FY 2020 Budget Request: \$591.2 million  
(\$30.4 million above from FY 2019 CR 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, transnational criminal organizations, and disruption of criminal trade and money laundering associated with illicit drugs. ICE investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the goals and objectives of the President's *Strategy* to disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

### **Intelligence**

**FY 2020 Request: \$30.4 million  
(\$3.5 million above the FY 2019 CR level)**

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

### **Investigations**

**FY 2020 Request: \$560.8 million  
(\$26.9 million above the FY 2019 Enacted Budget)**

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

### **Domestic Investigations**

**FY 2020 Request: \$549.1 million  
(\$26.3 million above the FY 2019 CR level)**

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

In FY 2020, ICE will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). ICE has expanded the BEST program to 63 locations throughout the United States. BEST now leverages more than 1,200 Federal, State, local, tribal and foreign law enforcement agents and officers representing over 100 law enforcement agencies.

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

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

Implemented in FY 2006, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. The BEST teams incorporate personnel from ICE; CBP; DEA, the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF); FBI; USCG; and the U.S. Attorney's Office (USAO); along with other key Federal, state, local, and foreign law enforcement agencies. 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 Bulk Cash Smuggling Center, which targets bulk cash smuggling both domestically and internationally. Bulk cash smuggling is a preferred method of operations for transnational criminal organizations to smuggle funds into or out of the United States. The Bulk Cash Smuggling Center is focused on disrupting facilitation pipelines used to move currency derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption. HSI has refined its ability to target money laundering and financial violations through the National Bulk Cash Smuggling Center which generates long-term, multi-jurisdictional bulk cash investigations.

Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center 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 2020 Request: \$11.7 million***

***(\$0.6 million above the FY 2019 CR level)***

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

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

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

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

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 partner nations 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 U.S. Government databases. HSI currently conducts dedicated BITMAP operations in nine countries.

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

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

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

ICE supports the *Strategy* by attacking the vulnerabilities of drug trafficking organizations and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the 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 U.S. Code to investigate transnational crimes. These statutes address general smuggling issues as well as customs violations. ICE also enforces Title 21, which covers the importation, distribution, manufacture, and possession of illegal narcotics.

## **PERFORMANCE**

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

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2017 Target	FY 2018 Achieved
» Percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals	15%	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 drug trafficking organizations or individuals. Cases are deemed high impact or high risk based on a pre-defined set of criteria and are reviewed monthly by a case panel. A disruption is defined as actions taken in furtherance of the investigation that impede the normal and effective operation of the target organization or targeted criminal activity. Dismantlement is defined as destroying the target organization's leadership, network, and financial base to the point that the organization is incapable of reconstituting itself. Agents submit enforcement actions that meet the definition of either a disruption or dismantlement, which are cases deemed high-impact or high-risk based on a pre-defined set of criteria and are reviewed by an SCR panel. The SCR panel reviews enforcement actions and examines each submission to ensure it meets the requirement of a disruption or dismantlement.

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

- ICE's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. ICE tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. In FY 2017, ICE seized \$434.6 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals

## Opioids

In the FY 2020 budget submission, ICE requested enhancement funding to support Executive Orders that are inclusive of opioids. Summary of the enhancement below:

HSI (\$37.9M and 256 FTP): HSI plays a critical role in immigration enforcement and has prioritized worksite enforcement, gang investigations, and opioid misuse in accordance with EOs 13773, 13767, 13768, 13769, and 13776. Once trained, new HSI LEOs will expand efforts to combat the TCOs that attempt to illegally exploit America's trade, travel, and financial systems. HSI Intelligence EO hires (150 CIs and 106 support staff) will serve as a force multiplier; special agents can cover 24 percent more cases with investigative support and produce more criminal arrests. For example, investigative support for gang investigations increases the likelihood of a criminal arrest from 25 percent to 57 percent.

HSI Investigations seizures of illicit fentanyl and other opioids IMFs and ECC facilities have significantly increased over the last two years. Though fentanyl seizures made at land border POEs along the Southern border are higher in number and larger in volume, the fentanyl seizures from mail and ECC facilities are much higher in purity and are therefore much deadlier. Laboratory results of tested fentanyl has identified that the majority of illicit fentanyl seized in the international mail and ECC environments is shipped in concentrations of over 9 percent, whereas the majority of fentanyl in the land border port of entry environment is seized in concentrations of less than 10 percent. Purchasers can also access open source and Dark Web marketplaces directly for fentanyl and other illicit opioids, where they can be easily purchased.

HSI BEST has been the primary vehicle used to carry out part of HSI's comprehensive, multi-layered strategy to address the national opioid epidemic. HSI has increased the number of BEST at Memphis, JFK and LAX airports, and Northern Kentucky IMFs and ECC facilities as part of HSI's comprehensive and multi-layered strategy to combat the opioid epidemic. This strategy facilitates the immediate application of investigative techniques on seized parcels, which aid in establishing probable cause needed to effect enforcement actions on individuals associated with fentanyl laden parcels. Consequentially, these seizures and arrests disrupt the movement of illicit opioids and opioid precursors transiting through the mail and express consignment shipments, and aid in the dismantling of distribution networks.

Recognizing that transactions conducted on the Dark Web often involve the utilization of cryptocurrency, in FY 2017, to combat the fentanyl crisis and related financial crimes, the ICE HSI Illicit Finance and Proceeds of Crime Unit and Computer Crimes Unit instituted the Illicit Digital Economy Program (IDEP). IDEP is a concerted effort in cryptocurrency and Dark Web training and outreach for our own internal investigators and analysts as well as federal, state, local, and international law enforcement partners to strengthen the global awareness and knowledge needed to combat the emerging threat. In FY 2018, IDEP conducted 87 presentations and trainings reaching approximately 5,166 law enforcement, government, and non-governmental attendees, and contributed to the initiation of approximately 268 ICE HSI led

investigations, 246 arrests, 55 convictions, 145 indictments and seizure of \$23 million in cryptocurrency.

The Executive Order enhancement includes opioids among several other major investigative case categories including worksite enforcement and gang investigations. In the event ICE received this EO enhancement, then ICE would continue to report on the drug budget using the current methodology.

**DEPARTMENT OF HOMELAND SECURITY**  
**United States Coast Guard**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Interdiction	\$1,918.848	\$1,387.675	\$1,643.785
Research, & Development	4.052	1.947	0.676
<b>Total Drug Resources by Function</b>	<b>\$1,922.900</b>	<b>\$1,389.622</b>	<b>\$1,644.461</b>
<b>Drug Resources by Proposed Decision Unit</b>			
Operations & Support	\$1,013.389	\$966.671	\$1,248.179
Procurement, Construction, & Improvements	905.459	391.004	395.606
Research, Development, Test, and Evaluation	4.052	1.947	0.676
<b>Total Drug Resources by Proposed Decision Unit</b>	<b>\$1,922.900</b>	<b>\$1,389.622</b>	<b>\$1,644.461</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	6,878	6,137	7,464
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$12.2	\$11.7	\$11.4
Drug Resources percentage	15.8%	11.9%	14.5%

**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 U.S. citizens, and destabilize our Western Hemisphere neighbors. This goal is accomplished through projection of an effective law enforcement presence over the six-million-square-mile transit zone of the Caribbean Sea, the Gulf of Mexico, and the Eastern Pacific Ocean.

The USCG has a comprehensive approach to maritime counterdrug 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 Maritime Patrol Aircraft [MPA]). Established baselines of operational activity are used to further allocate those costs to the various missions.

### **Operations and Support**

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 Procurement, Construction, and Improvements (PC&I) projects based on the typical employment of assets germane to the project. For example, if a new asset is being proposed for commissioning through a PC&I project, costs would be applied to missions using the operational profile of a comparable existing asset. The 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 (R&D)**

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed 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**

The USCG's FY 2020 President's Budget provides \$1,644.461 million for drug control activities, \$254.839 million above the FY 2019 CR level. The primary driver for the increase from FY 2019 to FY 2020 was the addition of O&S for five new FRCs, one additional NSC, and crew for the first Offshore Patrol Cutter (OPC), as well as support for increased biometrics collection infrastructure, increased prosecution teams, expanded operational intelligence analytic capabilities, added document and media exploitation (DOMEX) analysts, and increased international training teams to engage and support capacity building with critical partner nations.

### **Operations and Support**

**FY 2020 Budget: \$395.6 million**

**(\$4.6 million above the FY 2019 CR level)**

The FY 2020 President's 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 2020 investments will provide the USCG with assets that will be in service for decades. These assets will enhance the USCG's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve our economic resources and vitality, and protect the environment.

The FY 2020 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 2020 budget:

- Continues to support the OPC project as part of the recapitalization of the USCG fleet. This funding will support construction of the third OPC and the long lead time materials for the fourth and fifth. The OPC acquisition will bridge the capabilities of the NSC and FRC, while replacing the USCG's fleet of Medium Endurance Cutters.
- Supports funding for two FRCs. The FRC is the replacement for the 110-foot Island Class patrol boat that is past its designed service life. The FRC, with advanced electronics and enhanced operational capabilities, is more capable than the 110-foot patrol boat. In FY

2015, FRCs removed 4,897 kilograms of cocaine and 7,378 pounds of marijuana in the approaches to the United States.

- Provides sufficient funding to continue with C-27 Asset Project Office activities; continue aircraft missionization and purchase initial spare parts; conduct contractor logistics support and training; and coordinate airworthiness evaluation with Naval Air Systems Command. The C-27J is a medium-range surveillance and transport aircraft and will provide additional detection and monitoring support in the Western Hemisphere Drug Transit Zone. The two-engine high-efficiency turboprop design allows extended surveillance and quick response capability at a lower cost per flight hour than the HC-130H/J.
- Continues funding to retrofit the HC-130J and the HC-144A aircraft with the new USCG variant of the Minotaur mission system. The Minotaur upgrade will improve performance and address obsolescence issues, ensuring continued detection and monitoring capabilities provided by the HC-130J and HC-144A fleets.
- Continues Post Delivery Activities on the seventh through eleventh NSCs to ensure operational readiness following delivery.
- Supports funding for the 270-foot Medium Endurance Cutter Service Life Extension, enabling legacy assets to continue to conduct counterdrug interdiction.

### **Procurement, Construction & Improvements**

**FY 2020 Budget: \$1,248.2 million**

**(\$251.5 million above from the FY 2019 CR level)**

In the FY 2020 Budget, O&S will fund both new assets coming online and increased 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 2020 Budget supports the USCG workforce, including personnel pay and allowances; training and recruiting; operations and support for an additional five FRCs; and the crew for one NSC and the first OPC. This request also supports increased biometrics collection infrastructure, increased prosecution teams, expanded operational intelligence analytic capabilities, added document and media exploitation (DOMEX) analysts, and increased international training teams to engage and support capacity building with critical partner nations.

### **Research, Development, Test, and Evaluation**

**FY 2019 Budget: \$0.7 million**

**(\$1.3 million below the FY 2019 CR level)**

R&D funding allows the USCG to sustain critical missions for DHS. The requested R&D funding supports all 11 statutorily mandated USCG mission programs. These mission programs, in turn, directly support the USCG's role as the principal Federal agency for ensuring maritime safety, security, and stewardship.

FY 2020 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 Government Performance and Results Modernization Act documents and USCG data. The table and accompanying text represent highlights of their achievements in FY 2018.

United States Coast Guard		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
» Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	10.0%	7.4%
» Metric Tons (MT) of Cocaine Removed	100	209
» Percent Non-Commercial Maritime Conveyance	<90.0%	98%

USCG continues to use the CCDB as its source for tracking cocaine movement estimates. The CCDB quarterly event-based estimates are the best available authoritative source for estimating illicit drug flow through the Transit Zone. These estimates permit the USCG to objectively evaluate its performance on a quarterly basis.

In FY 2018, the USCG dedicated focus and assets to transit zone interdiction operations above historical levels and exceeded its target of 2,160 major cutter days to the transit zone by over 300 cutter days.

### FY 2018 Performance Highlights

- In July of 2018, during a routine patrol of the Eastern Pacific, the USCG Cutter Steadfast, a 210-foot Medium Endurance Cutter, launched the over-the-horizon rigid hull inflatable to interdict a go-fast vessel approximately 100 nautical miles west of Mexico. Despite the go-fast vessel operators detecting the USCG boat and jettisoning bales of cocaine, the total amount of recovered contraband was over 5,240 kilograms, the single largest interdiction total since 2005.
- In May of 2018, a Medium Endurance Cutter with an embarked armed helicopter utilized warning shots and disabling fire to stop two separate vessels observed jettisoning packages 547 miles southwest of the Mexico/Guatemala Border. These interdictions yielded approximately 2,100 kilograms of cocaine removed from international waters.
- In April of 2018, a NSC interdicted a Costa-Rican flagged fishing vessel approximately 100 miles north of Cocos Island, Costa Rica. This interdiction removed approximately 1,250 kilograms of cocaine.

### Opioids

While individual cutters target contraband of all types, and the USCG has interdicted heroin in the maritime environment in 2017 and 2018, the mission cost model does not separate individual funds used to target individual substances. However, the USCG is pursuing pilot

testing of opioid detection technology to improve the chances of interdicting the spectrum of illicit substances.



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 2018 Enacted	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Treatment	\$554.975	\$554.975	\$576.221
<b>Total Drug Resources by Function</b>	<b>\$554.975</b>	<b>\$554.975</b>	<b>\$576.221</b>
<b>Drug Resources by Decision Unit</b>			
Continuum of Care: Homeless Assistance Grants	\$554.975	\$554.975	\$576.221
<b>Total Drug Resources by Function</b>	<b>\$554.975</b>	<b>\$554.975</b>	<b>\$576.221</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$52.7	\$52.7	\$44.0
Drug Resources percentage	1.1%	1.1%	1.3%

## 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 substances and presents a barrier to maintaining recovery. Stable and affordable housing is often identified as the most difficult barrier for individuals released from prison or jail to overcome. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. Among the aims of the President's *Strategy* is an increase in the number of individuals who successfully achieve sustained recovery. The safe, stable housing provided by programs at HUD can help people in recovery achieve their full potential, and ensure that the significant public investment in treatment pays off in terms of long-term recovery.

### 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 MH or substance use issues, persons living with HIV/AIDS, and formerly incarcerated individuals. Project recipients report to HUD annually how many people they intend to serve through the Continuum of Care (CoC) Program funding. The most recent CoC Competition data (from FY 2016) shows that 24.86 percent of clients served are people with substance use disorders.

## **BUDGET SUMMARY**

In FY 2020, HUD requests \$576.2 million for drug control activities, an increase of \$21.2 million above the FY 2019 CR level.

### **Continuum of Care Homeless Assistance Grants**

**FY 2020 Request: \$576.2 million**

**(\$21.2 million above the FY 2019 CR level)**

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

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of HUD is based on data collected from programs receiving funding through the annual CoC Program competition. The table and accompanying text below highlight HUD's achievements during FY 2017.

<b>Office of Special Needs Assistance Programs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2016 Achieved</b>	<b>FY 2017 Achieved</b>
» Percentage of participants exiting CoC-funded transitional housing, rapid rehousing, and supportive services only projects that move into permanent housing.*	47.3%	49.3%
» Percentage of participants in CoC-funded permanent supportive housing remaining in or exiting to permanent housing.*	93.3%	93.3%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	73,755	71,748

\*The data for exits and retention of permanent housing have a 1-year time lag. In each CoC Program Competition, communities report on the performance from the last fiscal year. Thus, in the FY 2016 CoC Program Competition, communities reported on their outcomes from FY 2015. Data from the FY 2017 CoC Program Competition is not yet available.

In the first performance measure – exits from transitional housing, rapid rehousing, and supportive services only projects to permanent housing destinations – there was a two-percentage point increase between 2016 and 2017 from 47.3 percent to 49.3 percent. There was no change during the same time period for the second measure, 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 SUD issues. There was a decrease of 2,007 persons projected to be served between 2016 and 2017.



# DEPARTMENT OF THE INTERIOR





**DEPARTMENT OF THE INTERIOR**  
**Bureau of Indian Affairs**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	15.716	15.716	18.262
Prevention	1.000	1.000	1.000
<b>Total Drug Resources by Function</b>	<b>\$17.216</b>	<b>\$17.216</b>	<b>\$19.762</b>
<b>Drug Resources by Decision Unit</b>			
Drug Initiative	\$17.216	\$17.216	\$19.762
<b>Total Drug Resources by Decision Unit</b>	<b>\$17.216</b>	<b>\$17.216</b>	<b>\$19.762</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	78	78	88
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)*	\$3.1	\$3.1	\$1.9
Drug Resources Percentage	0.6%	0.6%	1.1%

\* In 2020, the BIA agency baseline budget changed due to the proposed transfer of Indian Education activities to a separate Bureau of Indian Education request.

**Program Summary**

**MISSION**

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

**METHODOLOGY**

The Drug Initiative 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 2020, BIA requests \$19.8 million for drug control activities, an increase of \$2.5 million above the FY 2019 CR level.

## **Drug Initiative**

**FY 2020 Request: \$19.8 million**

**(\$2.5 million above the FY 2019 CR level)**

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

In FY 2020, \$17.2 million in requested funding will support drug enforcement efforts that allow BIA Drug Enforcement Officers (DEOs) to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by DEOs include eradicating illegal marijuana cultivations; conducting criminal investigations; surveilling criminals; infiltrating drug trafficking networks; confiscating illegal drug supplies and establishing and maintaining cooperative relationships with other Federal, state, local, and tribal law enforcement organizations in the efforts against drug-related activity.

In FY 2020, \$1.0 million is requested to continue support for the School Resource Officer (SRO) program. The SRO program has proven to be an important part of the OJS drug initiative allowing interaction of officers and students in the students' environment. SROs provide instruction in drug awareness and gang resistance using nationally recognized and adopted 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.

The Victim/Witness Services (VWS) program funded at \$0.5 million provides needed support to cooperative witnesses and victims of violent and drug crimes. The protection of witnesses and victims is essential during drug investigations, and VWS can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, VWS staff provides guidance to tribes in developing their own VWS programs. VWS also includes assessments of existing victim/witness programs for potential expansion to all BIA law enforcement districts.

The budget request also provides \$0.5 million to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

Approximately \$0.5 million of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts as well. Through the academy, BIA provides advanced training courses with content specific to drug enforcement to law enforcement officers that assist in drug investigations throughout the nation. Also, students that graduate from Basic Police and/or Criminal Investigator Training have completed an introduction to drug awareness and

investigations component. The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of BIA is based on agency 2010 Government Performance Results Modernization Act (GPRMA) documents and other information that measure the agency’s contribution to the *Strategy*. The BIA Division of Drug Enforcement (DDE) 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.

<b>Bureau of Indian Affairs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Number of patrol officers receiving drug training	425	489
» Number of drug cases worked*	5,675	8,821
» Amount of drugs seized: Meth (ICE)**	70.00 lbs.	248.21 lbs.
» Amount of drugs seized: Meth (Powder)**	25.00 lbs.	264.46 lbs.
» Amount of drugs seized: Cocaine (Crack)**	.70 lbs.	110.56 lbs.
» Amount of drugs seized: Cocaine (Powder)**	24.00 lbs.	34.19 lbs.
» Amount of drugs seized: Prescription drugs**	90.00 lbs.	53.66 lbs.
» Amount of drugs seized: Heroin**	20.00 lbs.	47.89 lbs.
» Amount of drugs seized: Marijuana (processed)**	6,200 lbs.	19,413.62 lbs.
» Amount of drugs seized: Marijuana (plants)**	20,000 lbs.	42,201 lbs.
» Amount of drugs seized: MDMA (Ecstasy)**	1.00 lbs.	0.33 lbs.

\* Includes cases reported by tribes.

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

In FY 2018, 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 (known as RICO) cases, High Intensity Drug Trafficking Area (HIDTA) cases, synthetic marijuana cases, and multi-jurisdictional cases involving the Indian Brotherhood Gang. BIA DEO’s continued to provide technical assistance and training to tribal law enforcement agencies throughout the nation. As a result, Indian Country drug cases worked in FY 2018 increased 47 percent above the FY 2017 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 2018, BIA DDE, BIA, and Tribal officers worked 8,821 cases in Indian country, an overall increase of approximately 47 percent over the number of cases worked during FY 2017. 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 363 cases in FY 2018, 270 of which were closed by arrest, indictment, or referral to another agency for a 74 percent closure rate. 93 cases remain open and under active investigation. Of 363 cases opened, 332 investigations, or 91 percent of DDE investigations, occurred within reservation boundaries or upon trust/allotted lands. The remaining 9 percent of investigations held a direct nexus to Indian country.

In FY 2018, 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 2018, BIA DDE also witnessed a rapid growth of Heroin availability in Indian Country Communities. As a result, DEOs focused heavily on efforts to identify and disrupt heroin trafficking organizations.

In 2018, a total of 489 law enforcement officers received drug training from BIA OJS, according to the BIA Indian Police Academy. This was a 20 percent increase over FY 2017 figures. One Hundred fifty eight (158) 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. Seven students graduated the Federal Law Enforcement Training Center's (FLETC) Advanced Drug Training Programs and 17 students graduated from FLETC's Criminal Investigator Training Program and the DOI Investigator Training Program, which also included an introduction to drug awareness and investigations. An additional 314 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 1,087 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 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
<b>Total, Drug Resources by Function</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources by Decision Unit</b>			
Resource Protection and Law Enforcement	\$5.100	\$5.100	\$5.100
<b>Total, Decision Unit</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	20	20	20
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.3	\$1.3	\$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

BLM scores the drug control efforts in its Resource Protection and Law Enforcement subactivity as contributing to the national drug control program. The primary focus of these funds is the identification, investigation, and eradication of marijuana cultivation on public lands and rehabilitation of the cultivation sites. Bureau costs associated with identifying, investigating, and eradicating marijuana cultivation; interdicting marijuana smuggling; and rehabilitating the public lands damage caused by these activities are scored as drug control. Under its Government Performance and Results Modernization Act 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 2020, the BLM requests \$5.1 million for drug control activities, no change from the FY 2019 CR level. The budget directs resources to the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

### **Resource Protection and Law Enforcement**

**Total FY 2020 Request: \$5.1 million**

**(No change from the FY 2019 CR 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 drug trafficking organizations on BLM-managed public lands in California; 2) directing funding to public lands in Idaho, Oregon, Nevada, Utah and other States as needed to combat the expansion of marijuana cultivation activities into those areas; and 3) directing funding to public lands in Arizona and New Mexico to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest border.

Associated activities include:

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

## **PERFORMANCE**

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 six years, and the number of variables believed to affect large scale public lands cultivation operations, the BLM currently bases its out-year plant seizure target on the preceding fiscal year’s seizure level. Beginning in FY 2015, the Bureau has adjusted its out-year target to achieve a 2 percent improvement over the prior fiscal year’s seizure level.

Information regarding the performance of the Bureau’s drug control mission is based on law enforcement statistics extracted from the Department’s Incident Management Analysis and Reporting System (IMARS) database, and other agency information. The below table and associated text present activities and achievements during FY 2018.

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 <sup>1</sup>	254,010	259,090 <sup>2</sup>	TBD <sup>3</sup>

<sup>1</sup>Target based on FY 2017 seizure level.

<sup>2</sup>Target based on 2% increase over FY 2018 seizure level.

<sup>3</sup>Target will be based on 2% increase over FY 2019 seizure level.

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

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Active participation of BLM law enforcement personnel in Federal, State, and local task forces, including California and Oregon High Intensity Drug Trafficking Areas task forces, DEA-led OCDETF, and a number of State and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations.
- Prosecution of individuals at all levels of multi-State drug trafficking organizations is disrupting organizational structures, and reducing their cultivation and distribution capabilities.
- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.
- Several State medical marijuana laws provide for the lawful cultivation of marijuana on private lands. Quantities of this lawfully cultivated marijuana are known to be diverted to sale for non-medical use. This unlawful sale of legally cultivated marijuana, combined with the public’s ability to lawfully cultivate marijuana for personal recreation and medicinal purposes, may be altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on public lands.

# DEPARTMENT OF THE INTERIOR

## National Park Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Investigations	\$3.300	\$3.300	\$3.160
<b>Total Drug Resources by Function</b>	<b>\$3.300</b>	<b>\$3.300</b>	<b>\$3.160</b>
<b>Drug Resources by Decision Unit</b>			
National Park Protection Subactivity	\$3.300	\$3.300	\$3.160
<b>Total Drug Resources by Decision Unit</b>	<b>\$3.300</b>	<b>\$3.300</b>	<b>\$3.160</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	27	27	26
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.2	\$3.2	\$2.7
Drug Resources percentage	0.1%	0.1%	0.1%

### Program Summary

#### MISSION

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

#### METHODOLOGY

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

#### BUDGET SUMMARY

In FY 2020, NPS requests \$3.2 million for drug control activities, a decrease of \$0.1 million from the FY 2019 CR level.

## National Park Protection Subactivity

FY 2020 Request: \$3.2 million

(\$0.1 million below the FY 2019 CR level)

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

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

Additionally, the NPS in concert with the U.S. 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 outlining of the comprehensive and integrated approach involving long-term investigations, prevention, detection, eradication, interdiction, and other actions to disrupt cultivation and dismantle drug trafficking organizations. Through these efforts, the NPS supports Federal drug control priorities by reducing domestic drug production and availability.

## PERFORMANCE

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

National Park Service Visitor and Resource Protection Program		
Selected Measure of Performance	FY 2018 Target	FY 2018 Achieved
» Number of marijuana plants seized in the Pacific West region	18,000	8,412

In FY 2018, the NPS continued conducting targeted eradication and seizure operations. Law enforcement personnel saw an increase in marijuana plants eradicated from NPS lands from 3,393 marijuana plants in FY 2017 to 8,412 plants in FY 2018. In addition to efforts to deter illicit cultivation activities, road interdiction activities have resulted in significant seizures of illegal

drugs, firearms, and other contraband while also deterring illegal activities such as wildlife poaching, vandalism, and resource theft.

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

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

DEPARTMENT OF JUSTICE





## DEPARTMENT OF JUSTICE

### Asset Forfeiture Program

### Resource Summary

	Budget Authority (in Millions)		
	FY 2018	FY 2019	FY 2020
	Final	CR	Request
<b>Drug Resources by Budget Function</b>			
Investigations	\$149.882	\$143.913	\$143.913
State and Local Assistance	\$75.772	\$82.400	\$78.400
<b>Total Drug Resources by Function</b>	<b>\$225.654</b>	<b>\$226.313</b>	<b>\$222.313</b>
<b>Drug Resources by Decision Unit</b>			
Asset Forfeiture	\$225.654	\$226.313	\$222.313
<b>Total Drug Resources by Decision Unit</b>	<b>\$225.654</b>	<b>\$226.313</b>	<b>\$222.313</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.560	\$1.258	\$1.250
Drug Resources Percentage	14.5%	18.0%	17.8%

### Program Summary

#### MISSION

The mission of DOJ'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 law enforcement agencies.
- 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 Assets Forfeiture Fund (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 (the DEA and OCDEF). All AFF-funded drug investigative monies for DEA and OCDEF are allocated in the following Program Operations Expenses: Investigative Costs Leading to Seizure, Awards Based on Forfeiture, Contracts to Identify Assets, Special Contract Services, Joint Law Enforcement Operations, and Case-Related Expenses.

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

## **BUDGET SUMMARY**

In FY 2020, the AFP requests \$222.3 million for drug control activities, \$4.0 million below the FY 2019 CR level.

### **Asset Forfeiture Program**

**FY 2020 Request: \$222.3 million**

**(\$4.0 million below the FY 2019 CR level)**

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

The request for DEA and OCDEF investigative activities is \$143.9 million, equal to the FY 2019 level. Additionally, DEA and OCDEF state and local assistance funding is approximately \$78.4

million, \$4.0 million below the FY 2019 CR level. The FY 2020 request will support the following:

- **Case-Related Expenses:** These are expenses associated with the prosecution of a forfeiture case or execution of a forfeiture judgment, such as court and deposition reporting, courtroom exhibit services, and expert witness costs.
- **Special Contract Services:** The AFP uses contract personnel to manage data entry, data analysis, word processing, file control, file review, quality control, case file preparation, and other process support functions for asset forfeiture cases. Without this contract support, it would be impossible to maintain the automated databases, process equitable sharing requests and maintain forfeiture case files.
- **Investigative Costs Leading to Seizure:** Investigative costs are those incurred in the identification, location, and seizure of property subject to forfeiture. These include payments to reimburse any Federal agency participating in the AFP for investigative costs leading to seizures.
- **Contracts to Identify Assets:** Investigative agencies use these funds for subscription services to nationwide public record data systems and for acquisition of specialized assistance, such as to reconstruct seized financial records.
- **Awards for Information Leading to Forfeiture:** Section 114 of Public Law 104-208, dated September 30, 1996, amended the Justice Fund statute to treat payments of awards based on the amount of the forfeiture the same as other costs of forfeiture.
- **Joint Federal/State and Local Law Enforcement Operations:** Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the [AFF]." Such cooperative efforts significantly benefit Federal, state, and local law enforcement efforts.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of the AFP is based on data from the Attorney General’s Management Initiatives, the Government Performance and Results Modernization Act, and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent AFP drug-related achievements during FY 2018.

<b>Assets Forfeiture Fund</b>		
<b>Selected Measure of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» 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% 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;
- 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 2018	FY 2019	FY 2020
	Final	CR	Request
<b>Drug Resources by Budget Function</b>			
Corrections	\$3,299.664	\$3,299.664	\$3,246.921
Treatment	117.947	117.947	117.947
<b>Total Drug Resources by Function</b>	<b>\$3,417.611</b>	<b>\$3,417.611</b>	<b>\$3,364.868</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$3,343.127	\$3,343.127	\$3,319.134
<i>Inmate Care and Programs (non-add)</i>	1,298.198	1,298.198	1,269.880
<i>Institution Security and Administration (non-add)</i>	1,494.066	1,494.066	1,524.161
<i>Contract Confinement (non-add)</i>	435.317	435.317	415.744
<i>Management and Administration (non-add)</i>	115.546	115.546	109.349
Buildings and Facilities	\$74.484	\$74.484	\$45.734
<i>New Construction (non-add)</i>	-	-	-
<i>Modernization and Repair (non-add)</i>	74.484	74.484	45.734
<b>Total Drug Resources by Decision Unit</b>	<b>\$3,417.611</b>	<b>\$3,417.611</b>	<b>\$3,364.868</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	18,155	18,155	18,139
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in billions)	\$7.3	\$7.3	\$7.2
Drug Resources Percentage	47.0%	47.0%	47.0%

### Program Summary

#### MISSION

The mission of the Federal 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.

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.

## **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 2020, BOP requests \$3,364.9 million for drug control activities, a decrease of \$52.7 million from the FY 2019 CR level.

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

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

The MAT program for offenders at risk for OUD reintegrating into the community has been a focus of the BOP. The BOP launched an expansion of the MAT program beginning in FY 2019 for approximately 160 offenders releasing to the Boston, Massachusetts area, and requesting an additional \$1 million in FY 2020 for further expansion of this program.

### **Salaries and Expenses**

**FY 2020 Request: \$3,319.1 million**  
**(\$24.0 million below the FY 2019 CR 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 2020 Request: \$1,269.9 million**  
**(\$28.3 million below the FY 2019 CR 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 SUD has on the inmate psychologically, biologically and socially – while also motivating inmates to volunteer for the appropriate drug abuse treatment programs. In FY 2018, 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 SUDs. These offenders do not require the intensive level of treatment needed by individuals with moderate to severe (substance use or SUD) 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 2018, more than 21,000 inmates participated in Nonresidential Drug Abuse Treatment program.

- **Residential Drug Abuse Program (RDAP):** The Violent Crime Control and Law Enforcement Act of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate residential SUD treatment for 100 percent of inmates who have a diagnosis for SUD and who volunteer for treatment. More than half of the BOP's facilities operate RDAPs. RDAPs, based on Cognitive Behavioral Therapy (CBT) wrapped into a modified therapeutic community model of treatment, are located in separate units away from the general population. CBT and therapeutic communities are proven effective treatment models with inmate populations. The BOP was able to provide appropriate SUD treatment to 100 percent of eligible inmates in FY 2018, with over 15,600 inmates participating in RDAP.

In coordination with the National Institute on Drug Abuse, the BOP conducted a rigorous three year outcome study of the RDAP beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition, female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

- **Nonresidential Follow-up Treatment:** If an inmate has time to serve in the institution after completing the RDAP, he or she must participate in follow-up treatment in the institution. Follow-up treatment ensures the inmate remains engaged in the recovery process and is

held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts 12 months or until the inmate is transferred to a Residential Reentry Center (RRC).

### **Institution Security and Administration**

*FY 2020 Request: \$1,524.2 million*

*(\$30.1 million above the FY 2019 CR 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 2020 Request: \$415.7 million*

*(\$19.6 million below the FY 2019 CR 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. The National Institute of Corrections functions, which were included in this Decision Unit, are proposed for transfer to the Office of Justice Programs to consolidate all research functions regarding the criminal justice system. Contract Confinement also supports the Community Treatment Services (CTS) program.

CTS, of the National Reentry Affairs Branch, provides a comprehensive network of 240 contracted community-based treatment providers, screens over 2,300 inmates for services, and provides clinical case management for over 3,000 inmates monthly, 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 resulting in a variety of social and rehabilitative services available throughout the country. In addition to providing drug treatment to RDAP participants, the BOP expanded services to include treatment for inmates with mental illness and sex offending charges, including oversight for the final phase of the Sex Offender Treatment Program. Moreover, crisis intervention counseling for situational anxiety, suicidality, depression, grief/loss, and adjustment issues is also available to inmates placed in Residential Reentry Centers (RRCs) or on home confinement.

CTS also oversees all of the Prison Rape Elimination Act referrals for allegations 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, CTS offers family therapy for the offender and his/her family members. In addition to contract oversight, CTS staff provide extensive clinical oversight of the offenders' progress while in treatment.

### **Management and Administration**

*FY 2020 Request: \$109.3 million*

*(\$6.2 million below the FY 2019 CR 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 2020 Request: \$45.7 million**

**(\$28.8 million below the FY 2019 CR level)**

Buildings and Facilities includes two decision units - New Construction and Modernization and Repair Costs.

### **New Construction**

*FY 2020 Request: \$0.00 million*

*(No change from the FY 2019 CR level)*

The New Construction category 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 2020, the Administration proposes a rescission of \$505.0 million in prior year unobligated new construction balances.

### **Modernization and Repair**

**FY 2020 Request: \$45.7 million**

**(\$28.8 million below the FY 2019 CR 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 Government Performance and Results Modernization Act documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text below represent BOP drug-related achievements during FY 2018.

<b>Bureau of Prisons</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Number of inmates participating in Residential Drug Abuse Treatment	16,400	15,619
» Number of inmates participating in Nonresidential Drug Abuse Treatment	21,000	21,226

The BOP operates 87 RDAPs in 76 Bureau institutions and one contract facility. In FY 2018, the BOP provided RDAP to 15,619 inmates, and 21,266 inmates participated in the Nonresidential Drug Abuse Treatment Program.

# DEPARTMENT OF JUSTICE

## Criminal Division

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Budget Function</b>			
Prosecution	\$37.447	\$37.447	\$39.508
<b>Total Drug Resources by Budget Function</b>	<b>\$37.447</b>	<b>\$37.447</b>	<b>\$39.508</b>
<b>Drug Resources by Decision Unit</b>			
Enforcing Federal Criminal Laws	\$37.447	\$37.447	\$39.508
<b>Total Drug Resources by Decision Unit</b>	<b>\$37.447</b>	<b>\$37.447</b>	<b>\$39.508</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	142	142	150
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources percentage	20.6%	20.0%	20.8%

### Program Summary

#### MISSION

The Criminal Division (CRM) develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 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 law enforcement agencies (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 2020, CRM requests \$39.5 million for drug control activities, an increase of \$2.1 million above the FY 2019 CR level. The increase reflects inflationary adjustments to base and additional base resources being dedicated to CRM's drug-related activities.

### **Enforcing Federal Criminal Laws**

**FY 2020 Request: \$39.5 million**

**(\$2.1 million above the FY 2019 CR level)**

Many of CRM's Sections and Offices contribute to the 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 Consolidated Priority Organization Targets), 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 Government Performance and Results Modernization Act 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 2018.

<b>Criminal Division</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Number of new drug-related investigative matters and cases	30	36
» Number of OCDETF Title III wiretaps reviewed	2,400	2,138
» Number of drug-related Mutual Legal Assistance Treaty requests closed	N/A	313
» Number of drug-related extradition requests closed	N/A	409

In FY 2018, NDDS exceeded its target by 20 percent, opening a combined 36 new drug-related investigative matters and cases. NDDS set its FY 2018 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 activities support the National Drug Control Program efforts to 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 fiscal year.

In FY 2018, OEO reviewed 2,138 OCDETF Title III wiretaps, 10.9 percent fewer than its projected target of 2,400. While OEO anticipated an increase in numbers based on Department directives prioritizing the investigation and prosecution of violent crime and narcotics trafficking, OEO's workload is wholly dependent on the needs of the field. Although CRM has increased resources committed to these areas, it is unclear when the effects of these additional resources will be demonstrable. The field also continues to face challenges associated with new and emerging communications technologies; this may have an impact on the use of Title III in certain investigations. Notwithstanding these uncertainties, OEO has continued to be flexible and responsive to the needs of the field and in FY 2018, it reviewed a significant number of OCDETF Title III wiretaps.<sup>33</sup> Of the total 8,010 facilities<sup>34</sup> reviewed by OEO in FY 2018, 5,739 (72%) were for OCDETF investigations.

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 U.S. criminal investigations, for approving sensitive overseas actions by U.S. LEAs, and for responding to extradition and Mutual Legal Assistance Treaty requests from foreign governments. A single extradition request can include more than one fugitive and be time-consuming to process and obtain. These activities support the National Drug Control Program efforts to disrupt domestic drug trafficking and production and strengthen international partnerships. In FY 2018, OIA was actively involved in executing requests for assistance in drug-related cases and in closing 313 Mutual Legal Assistance Treaties and 409 extradition requests.

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<sup>33</sup> OCDETF Title III wiretaps represent 68% of the total electronic surveillance requests received by OEO in FY 2018.

<sup>34</sup> 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 2018	FY 2019	FY 2020
	Final	CR	Request
<b>Drug Resources by Function</b>			
Intelligence	\$176.107	\$176.161	\$251.289
Interdiction	---	---	20.678
International	447.395	447.395	472.773
Investigations	1,936.976	1,938.551	2,193.517
Prevention	8.475	8.498	11.772
Prosecution	---	---	5.732
Research and Development: Domestic Law Enforcement	---	---	2.700
State and Local Assistance	13.838	13.838	13.925
Treatment	---	---	3.909
<b>Total Drug Resources by Function</b>	<b>\$2,582.791</b>	<b>\$2,584.443</b>	<b>\$2,976.295</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$2,190.326	\$2,190.326	\$2,279.152
<i>Domestic Enforcement</i>	1,706.930	1,706.930	1,769.034
<i>International Enforcement</i>	469.558	469.558	496.193
<i>State and Local Assistance</i>	13.838	13.838	13.925
HIDTA (High Intensity Drug Trafficking Areas)*	---	---	254.000
Diversion Control Fee Account	392.465	394.117	443.143
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,582.791</b>	<b>\$2,584.443</b>	<b>\$2,976.295</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	7,792	7,818	7,865
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in billions)	\$2.6	\$2.6	\$3.0
Drug Resources Percentage	100%	100%	100%

*\* In FY 2020 the HIDTA program is being transferred to the DEA from ONDCP.*

## **Program Summary**

### **MISSION**

The mission of the Drug Enforcement Administration (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**

- In FY 2020, requests \$2,976.3 million for drug control activities, an increase of \$391.9 million above the FY 2019 CR level. The request includes funding for DEA's Salaries and Expenses Account, and Diversion Control Fee Account (DCFA), and the High Intensity Drug Trafficking Areas (HIDTA) Program Account. The additional resources support new enforcement groups to counteract the growing opioid epidemic, increased targeting of the TCOs, and increasing cyber capabilities to combat online criminal enterprises.

#### **Salaries & Expenses**

**FY 2020 Request: \$2,279.2 million**

**(\$88.8 million above the FY 2019 CR level)**

DEA's Salaries and Expenses (S&E) 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 2020 Request: \$1,769.0 million**

**(\$62.1 million above the FY 2019 CR level)**

The Domestic Enforcement Decision Unit comprises the majority of DEA's investigative and support resources. These resources, in conjunction with DEA's foreign offices, create a seamless intelligence and investigative network to pursue drug trafficking organizations ranging from multi-national and poly-drug conglomerates to independent specialty one-function cells.

DEA continues an aggressive and balanced domestic enforcement program with a multi-jurisdictional approach designed to focus Federal resources on the disruption or dismantlement of the drug trafficking organizations that control the illegal drug trade, and on the seizure of proceeds and assets involved in the illegal drug trade. Similar to legitimate businesses, drug trafficking organizations have corporate leaders, employees, chemical suppliers, transporters, financial service providers, communication needs, infrastructure, and assets. A key component of DEA's domestic enforcement efforts are its state and local task forces. At the end of FY 2018,

these task forces consist of an on-board strength of 2,306 DEA Special Agents and 2,742 deputized state and local law enforcement officers with Title 21 authority dedicated full time to addressing the drug trafficking problems in their local communities.

DEA's intelligence program comprises several 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 U.S. Intelligence Community (IC) through the Office of National Security Intelligence, which facilitates intelligence integration, coordination, and information sharing with other members of the IC. DEA's intelligence program also supports the El Paso Intelligence Center (EPIC), a multi-agency facility that serves as a clearinghouse for tactical intelligence and a central point for the collection, analysis, and dissemination of information related to worldwide drug movement and alien smuggling. EPIC provides support for all drug law enforcement interdiction operations and is accessible 24 hours a day, 7 days a week. The Document and Media Exploitation program provides assistance in the collection, analysis, and dissemination of domestic drug-related intelligence resulting from non-drug evidence seized during the course of DEA and other OCEETF member agency investigations. The section currently consists of 13 teams: four teams and a small IT support group in Merrifield; two teams with the Utah National Guard in Salt Lake City; two teams co-located with the OCEETF Strike Forces in Atlanta and Santa Ana; and five teams co-located with the DEA Division Offices in Boston, Chicago, El Paso, Houston, and Phoenix.

The FY 2020 request includes current services funding to support domestic operations and to fund mandatory increases in existing costs, including health insurance premiums and changes in compensable days, and Government Services Administration rent, among others. An additional \$11.1 million and 49 positions (35 agents) is requested for five new enforcement groups, including support personnel and operational funding, to counteract the growing opioid epidemic; as well as \$11.7 million and 44 positions (8 agents) to enhance DEA's ability to combat criminal enterprises operating on or through the Internet.

### **International Enforcement**

***FY 2020 Request: \$496.2 million***

***(\$26.6 million above the FY 2019 CR level)***

As the U.S. Government's single point of contact for coordinating drug investigations in foreign countries, DEA provides interagency leadership in the effort to disrupt and dismantle TCOs. To date, DEA's global footprint is organized into eight DEA foreign regions which include 90 offices located in 69 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 drug trafficking organizations. SIUs are groups of host nation investigators that are polygraphed, trained, equipped, and guided by DEA. At the end of FY 2018, the program supported 14 SIUs, with a combined staffing capacity of approximately 1,250 host nation law enforcement officials. By FY 2020, DEA will manage 15 SIUs with a combined staffing capacity of approximately 1,260 host nation law enforcement officials.

The FY 2020 request reflects mandatory increases in existing costs, including Department of State charges and Government Services Administration rent. Funding also reflects a programmatic increase of \$11.7 million to target TCOs that export significant quantities of heroin, cocaine, methamphetamine, marijuana, and fentanyl into the United States.

### **State & Local Assistance**

***FY 2020 Request: \$13.9 million***

***(\$0.1 million above the FY 2019 CR level)***

DEA has the responsibility to respond to the clandestine laboratory training requirements, hazardous waste cleanup, and cannabis eradication/suppression needs of the U.S. law enforcement community. DEA supports state and local law enforcement with methamphetamine-related assistance and training, which allows state and local agencies to better address the methamphetamine threat in their communities and reduce the impact of methamphetamine on the quality of life for Americans. By providing training in the techniques of clandestine laboratory drug enforcement, hazardous waste cleanup, and cannabis eradication/suppression, DEA is able to expand drug enforcement across the United States in a cost-effective manner. In addition to these DEA-funded programs, the DEA State & Local Assistance efforts administer the Asset Forfeiture Program's domestic cannabis eradication/suppression program. DEA also provides First Responder/Awareness training and a train-the-trainer program that benefits State and Local law enforcement personnel in responding to the opioid epidemic and in the administration of the life-saving drug naloxone (Narcan). Finally, DEA has annually received funding from DOJ'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 S&E appropriation.

### **High Intensity Drug Trafficking Areas (HIDTA) Program Account**

**FY 2020 Request: \$254.0 million**

**(\$254.0 million above the FY 2019 CR level)**

The FY 2020 President's Budget permanently transfers \$254.0 million to DEA from the Office of National Drug Control Policy 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 U.S. 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 drug trafficking organizations; 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 law enforcement agencies; and, investments in technology infrastructure. The FY 2020 request includes current services funding, including grants and other services.

### **Diversion Control Fee Account**

**FY 2020 Request: \$443.1 million**

**(\$49.0 million above the FY 2019 CR level)**

The Diversion Control Program is responsible for enforcing the Controlled Substances Act and its regulations pertaining to pharmaceutical controlled substances and listed chemicals. In doing so, the Diversion Control Program conducts and facilitates domestic investigations; supports international investigations with domestic connections; plans and allocates program resources; promulgates regulations; and conducts liaison with industry as well as Federal, state, and local counterparts. All of the goals, strategies, and initiatives supported by the Diversion Control Program are intended to establish stronger standards of control; aid in preventing the diversion of pharmaceutical controlled substances and listed chemicals; enhance public safety by building greater accountability; and improve qualitative reporting requirements within its network of compliance indicators. The Diversion Control Program actively monitors more than 1.8 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 those who most likely are involved in the illicit distribution of controlled substances, as well as individuals and organizations violating the Controlled Substances Act. One such tool is the expanded use of Tactical Diversion Squads that incorporate the skill sets of DEA Special Agents, Diversion Investigators, other Federal law enforcement, and state and local task force officers. As of end of FY 2018, the Diversion Control Program has 79 fully operational Tactical Diversion Squads dispersed throughout the 23 domestic divisions.

The DEA has taken a comprehensive approach to tackling the cycle of violence and addiction generated by the link between drug cartels, violent gangs, and the rising problem of opioid and heroin abuse through the implementation of its 360 Strategy. This strategy includes coordinating law enforcement efforts to target criminals, empowering the community through outreach and partnership, and engaging registrants within the distribution cycle to increase awareness of the opioid epidemic and to encourage responsible prescribing practices. In 2016, DEA implemented the strategy starting with 14 cities: Louisville, KY; Milwaukee, WI; St. Louis,

MO; Pittsburgh, PA; Dayton, OH; Albuquerque, NM; Charleston, WV; and Manchester, NH; Salt Lake City, UT; Camden, NJ; Newark, NJ; Philadelphia, PA; Knoxville, TN; and Baltimore, MD. DEA plans to add six new cities in 2019: New Orleans, LA; Cleveland/Toledo, OH; Los Angeles, CA; New Bedford/South Boston, MA; Phoenix/Flagstaff, AZ; and Tampa, FL.

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 NTBI and prescription medication abuse, DEA has partnered with organizations including the National Football League and Major League Baseball to advertise take-back events. Since the initiative inception in 2010, DEA has sponsored and partnered with state and local organizations to conduct bi-annual National Take-Back Days removing a cumulative 10 million pounds (5,439.5 tons) of prescribed medication from circulation.

The FY 2020 request includes current services funding, including pay raises, change in compensable days, and Government Services Administration rent. Funding also reflects the restoration of the FY 2018 sequester.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of DEA is based on agency Government Performance and Results Modernization Act 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 2018.

<b>Drug Enforcement Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Number of International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted or dismantled <sup>1</sup>	170	163
» Number of International, Domestic, and Diversion Priority Targets <b>not</b> linked to CPOT targets disrupted or dismantled <sup>1</sup>	1,475	1,384

<sup>1</sup> DEA and ODCETF 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 drug trafficking organizations and related money laundering networks operating internationally and domestically, including those on the Attorney General’s CPOT List – the “Most Wanted” drug trafficking and money laundering organizations believed to be primarily responsible for the Nation’s illicit drug supply.

An organization is considered linked to a CPOT if credible evidence exists of a nexus between the primary investigative target and a CPOT target, verified associate, or component of the CPOT organization. Additionally, “disrupted” means impeding the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership

or changes in methods of operation; and “dismantled” means destroying the organization's leadership, financial base, and supply network such that the organization is incapable of reconstituting itself.

DEA uses data analytics to maximize the allocation of scarce resources and personnel. These initiatives improve the way data drives leadership, management, and operational decisions. In FY 2017, DEA implemented the Threat Enforcement Planning Process (TEPP), a new drug control strategy that shifts agency performance from a quantitative based approach to a more qualitative, results oriented approach that focuses on outcomes that proactively manages enforcement efforts and resources utilization by identifying the biggest threats in each division and ensuring that the field offices have the necessary resources allocated to mitigate those threats. By prioritizing operational activities against high value targets threatening national security and public safety (i.e. CPOT linked to PTOs), DEA has identified PTO dispositions as its primary intermediate outcome to date.

In FY 2018, DEA reported the disruption or dismantlement of 1,547 domestic, foreign, and diversion priority targets including 163 CPOT linked targets. The number of Total and CPOT-linked PTO dispositions fell short of their targets by 98 (6%) and 7 (4%), respectfully. In FY 2018, DEA performance was affected due to a declining number of Special Agents on board, a net decrease of 397 Special Agents or 8.1 percent from FY 2014 through FY 2017. In response to its staffing challenges, DEA leadership has amended 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.

DEA routinely evaluates the performance of its programs as well as their functional capabilities to include its PTO case management and reporting system, PTARRS (Priority Target Activity Resource and Reporting System). In fact, DEA is presently reviewing/reevaluating 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 DOJ’s FY 2018-2022 Strategic Plan which includes evolving constructs and performance measures that address the following threats to our nation:

- Transnational Criminal Organizations (organized crime/drug networks)
- Opioid Threats (e.g. Heroin, Fentanyl, controlled prescription drugs)
- Violent Domestic Drug Gangs (e.g. MS-13)
- Cyber Drug Threats

TEPP increases DEA’s ability to report on the impact of its efforts to balance quantitative metrics (statistics) with qualitative assessments of casework that affects positive outcomes within communities. Moreover, it represents a change by DEA to a more strategic and contextual management and reporting paradigm that is consistent with the transitions already implemented by the Department and its other components.

While acknowledging decreased Special Agent on-board staffing levels and the potential impact of TEPP implementation on performance, it is anticipated that TEPP's amended deployment schedule 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 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Budget Function</b>			
Prevention	\$23.500	\$23.500	\$10.061
State and Local Assistance	150.400	150.400	74.020
Treatment	313.309	313.309	331.595
<b>Total Drug Resources by Function</b>	<b>\$487.209</b>	<b>\$487.209</b>	<b>\$415.676</b>
<b>Drug Resources by Decision Unit</b>			
Byrne Criminal Justice Assistance Grant Program <sup>1</sup>	\$41.550	\$41.550	\$40.520
Byrne Criminal Justice Innovation Program <sup>2</sup>	5.250	5.250	-
Comprehensive Opioid Abuse Program (CARA) COPS DEA Methamphetamine Enforcement and Cleanup <sup>3</sup>	145.000	145.000	145.000
COPS Anti-Heroin Task Forces	-	-	-
COPS Anti-Methamphetamine Task Forces	32.000	32.000	-
Drug Court Program	8.000	8.000	-
Harold Rogers' Prescription Drug Monitoring Program	75.000	75.000	75.000
Forensic Support for Opioid and Synthetic Drug Investigations <sup>4</sup>	30.000	30.000	30.000
Justice and Mental Health Collaboration <sup>5</sup>	17.000	17.000	-
Mentoring for Youth Affected by the Opioid Crisis <sup>4</sup>	\$4.500	\$4.500	\$4.500
National Institute of Corrections <sup>6</sup>	14.000	14.000	-
Opioid-Affected Youth Initiative <sup>4</sup>	-	-	0.115
	8.000	8.000	5.000

Project Hope	4.000	4.000	-
Opportunity Probation with Enforcement			
Regional Information Sharing System <sup>7</sup>	12.600	12.600	3.500
Residential Substance Abuse Treatment	30.000	30.000	30.000
Second Chance Act <sup>8</sup>	25.742	25.742	26.587
Veterans Treatment Courts			
Tribal Set Aside - CTAS	13.067	13.067	30.393
Purpose Area 3: Justice Systems and Alcohol and Substance Abuse <sup>9</sup>			
Tribal Set Aside - CTAS	1.500	1.500	5.061
Purpose Area 9: Tribal Youth Program <sup>9</sup>			
<b>Total Drug Resources by Decision Unit</b>	<b>\$487.209</b>	<b>\$487.209</b>	<b>\$415.676</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	42	42	42
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in billions)	\$2.4	\$2.4	\$1.8
Drug Resources Percentage	20.7%	20.7%	22.6%

<sup>1</sup> Amounts reported for the Byrne Justice Assistance Grant Program reflect 10% of total funding for this program as drug-related.

<sup>2</sup> OJP is proposing to consolidate the activities of the Byrne Criminal Justice Innovation (BCJI) Program into the Department's Project Safe Neighborhoods (PSN) initiative in the FY 2020 budget request, thereby eliminating line item funding for this program. In FY 2018 and 2019, 30% of the funding for the BCJI Program is reported as drug-related consistent with prior years' drug budget submissions.

<sup>3</sup> In FY 2018, the COPS DEA Methamphetamine Enforcement and Lab Cleanup program was transferred to DEA, where the budget increases resources for anti-heroin and anti-methamphetamine programs.

<sup>4</sup> These three programs were created through new funding carve-outs included under existing OJP programs in the Consolidated Appropriations Act, 2018 (Public Law 115-141). None of these funding carve-outs are included in the Department's FY 2020 budget request.

- 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 2018 and 2019, approximately 56.67% 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.

- The Opioid-Affected Youth Initiative is an appropriated carve-out under the Delinquency Prevention Program. In FY 2018 and 2019, Congress provided \$8 million for this program, which is scored as 100% drug related, to support prevention activities.

- The Mentoring for Youth Affected by the Opioid Crisis program is funded as a carve-out of the Youth Mentoring program. In FY 2018 and 2019, approximately 14.89% 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.

<sup>5</sup> Amounts shown for the Justice and Mental Health Collaboration reflect 15% of total funding for this program as drug-related.

<sup>6</sup>The FY 2020 President's Budget transfers the programs and personnel of the National Institute of Corrections (NIC) to OJP. (In previous National Drug Control Budgets, funding for NIC was reported under the BOP.)

<sup>7</sup>Amounts reported for the Regional Information Sharing System reflect 35% of total funding for this program as drug-related.

<sup>8</sup>Funding for the Second Chance Act (SCA) Program is jointly managed by the Bureau of Justice Assistance (BJA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Funding for the Project Hope program, which is typically funded as a carve-out of the SCA Program, is subtracted from this total since it is shown on a separate line in the drug budget.

It is estimated that BJA will manage approximately 86% of total SCA funding and OJJDP will manage the remaining 14% in FY 2018 - FY 2020.

- Of the total SCA funding managed by BJA, 35% of this total is reported as drug-related in support of treatment activities.

- Of the total managed by OJJDP, 12% is reported as drug-related in support of treatment activities.

<sup>9</sup>In FY 2018 and 2019, Congress provided 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 is 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 2020, the amounts shown for the Tribal Set Aside - CTAS Purpose Area 3 and Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program are based on estimates of how much funding the discretionary set aside that funds these programs will generate in each year. OJP estimates how much of the total set aside funding will go to these two purpose areas based on awards data from prior years.

Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 3, 80% is reflected as drug-related in support of treatment activities. Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 9, 30% is reflected as drug-related in support of prevention activities.

In the FY 2020 President's Budget, a total of \$8.0 million is requested to support NIC activities, with \$3 million dedicated to supporting research activities and \$5.0 million dedicated to supporting training and technical assistance activities. Since NIC staff have reported that approximately 2.3% of the Center's work is drug-related, OJP is reporting 2.3% of the \$5 million requested for NIC activities (or \$115,000) as drug-related funding in support of treatment activities in the FY 2020 budget request.

## Program Summary

### MISSION

The Office of Justice Programs (OJP) was established by the Justice Act of 1984. Its mission is to be the best crime-fighting-supporting, law enforcement-supporting, victim-supporting agency possible by effectively deploying and sharing OJP's grant funds and other financial resources, research, statistics, and national criminal justice expertise and leadership with state, local, and tribal criminal justice stakeholders.

### METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the President's *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 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 the three fiscal years included in the FY 2020 submission.

### BUDGET SUMMARY

The total FY 2020 drug control request for OJP is \$415.7 million, a decrease of \$71.5 million from the FY 2019 CR level. The decrease is largely attributable to the elimination of several drug-related programs and funding carve-outs in the FY 2020 President's Budget request.

## **Regional Information Sharing Systems**

**FY 2020 Request: \$3.5 million**

**(\$9.1 million below the FY 2019 CR level)**

The Regional Information Sharing Systems program is a national criminal intelligence system operated by and for state and local law enforcement agencies. Six regional intelligence centers operate in all 50 states, the District of Columbia, and U.S. territories, with some member agencies in Canada, Australia, and England. These regional centers facilitate information sharing and communications to support member agency investigative and prosecution efforts by providing state-of-the-art investigative support and training, analytical services, specialized equipment, secure information-sharing technology, and secure encrypted e-mail and communications capabilities to approximately 9,000 Federal, state, county, and municipal LEAs nationwide.

## **Drug Court Program**

**FY 2020 Request: \$75.0 million**

**(No change from the FY 2019 CR 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 2020 Request: \$4.5 million**

**(No change from the FY 2019 CR 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 2020 Request: \$30.0 million**

**(No change from the FY 2019 CR level)**

The Residential Substance Abuse Treatment (RSAT) program was established to help state governments develop, implement, and improve residential SUD 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 2020 Request: \$30.0 million**

**(No change from the FY 2019 CR level)**

The purpose of the Prescription Drug Monitoring Program (PDMP) is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. In coordination with HHS, the program aims to assist state and local governments in establishing or enhancing PDMP systems. Objectives of the program include building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

### **Second Chance Act**

**FY 2020 Request: \$26.6 million**

**(\$0.8 million above the FY 2019 CR level)**

The Second Chance Act (SCA) 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 2020 Request: \$0.0 million**

**(\$4.0 million below the FY 2019 CR level)**

This program is modeled on a court-based program initiated in 2004 called Hawaii Opportunity Probation with Enforcement (HOPE) program. It assists state, local, and tribal governments in developing and implementing community supervision programs based on the HOPE model and other approaches that emphasize the use of "swift, certain, and fair" (SCF) sanctions for violating conditions of probation. No funding is requested for this program in FY 2020, although state, local, and tribal governments can seek grant funding to implement SCF-based community supervision programs under the SCA Program, provided they meet its requirements.

### **Byrne Criminal Justice Innovation Program**

**FY 2020 Request: \$0.0 million**

**(\$5.3 million below the FY 2019 CR level)**

The Byrne Criminal Justice Innovation (BCJI) Program assists local and tribal communities address priority crime problems by creating place-based, community-oriented strategies. It provides grants and technical assistance to help communities plan and implement initiatives that focus on three major goals: 1) 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 2020; activities currently supported by this program will be consolidated into the Violent Gang and Gun Crime Reduction Program/Project Safe Neighborhoods.

### **Byrne Justice Assistance Grant Program**

**FY 2020 Request: \$40.5 million**  
**(\$1.0 million below the FY 2019 CR level)**

Byrne Justice Assistance Grants (JAG) are the primary source of flexible federal criminal justice funding for state, local, and tribal jurisdictions. This funding supports all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention, courts, corrections, treatment, and justice information sharing initiatives. Projects funded by JAG awards address crime through direct services to individuals and communities and improve the effectiveness and efficiency of state, local, and tribal criminal justice systems.

### **Veterans Treatment Courts**

**FY 2020 Request: \$20.0 million**  
**(No change from the FY 2019 CR level)**

This program provides grants, training, and technical assistance to state, local, and tribal governments to support the creation and development of Veterans Treatment Courts. These courts are a hybrid of existing drug and MH court programs that use the problem-solving courts model to serve veterans struggling with addiction, serious mental illness, and co-occurring disorders. Veterans Treatment Courts are a rapidly growing response to the challenges associated with assisting veterans involved in the criminal justice system.

### **Comprehensive Opioid Abuse Program**

**FY 2020 Request: \$145.0 million**  
**(No change from the FY 2019 CR level)**

The Comprehensive Opioid Abuse Program (COAP) was authorized by the *Comprehensive Addiction and Recovery Act of 2016* and first funded in FY 2017. This program provides grants and technical assistance to support state, local, and tribal governments in effectively responding to the opioid epidemic. Grant programs are designed to strengthen law enforcement and community responses to the opioid epidemic and provide support for diversion and alternatives to incarceration programs for individuals responsible for low-level, non-violent offenses. The FY 2020 President's Budget seeks additional 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 2020 Request: \$30.4 million**  
**(\$17.3 million above the FY 2019 CR level)**

The DOJ Coordinated Tribal Assistance Solicitation (CTAS) allows federally-recognized Indian tribes and Native Alaskan communities to seek funding from most DOJ tribal justice assistance grant programs through a single application. Grantees may choose to request funding in one of nine broad purpose areas. CTAS Purpose Area 3 focuses on helping tribes respond to the threats posed by drug abuse and strengthen and enhance their courts and justice systems. This purpose area supports all of the activities previously funded by OJP's Tribal Courts and Indian Alcohol and Substance Abuse programs. All awards made under this purpose area are funded by an up to seven percent discretionary funding set aside from most OJP grant and payment programs. The funding request shown for this purpose area is estimated based on the appropriations language and overall funding levels included in the FY 2020 President's Budget.

### **Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program**

**FY 2020 Request: \$5.1 million**

**(\$3.6 million above the FY 2019 CR level)**

DOJ's Coordinated Tribal Assistance Solicitation (CTAS) allows federally recognized Indian tribes and Native Alaskan communities to seek funding from most DOJ tribal justice assistance grant programs through a single application. Grantees may choose to request funding in one of nine broad purpose areas. CTAS Purpose Area 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 2020 President's Budget.

### **COPS Anti-Heroin Task Forces**

**FY 2020 Request: \$0.0 million**

**(\$32.0 million below the FY 2019 CR level)**

The COPS Anti-Heroin Task Forces program provides grants to law enforcement agencies in states with high rates of primary treatment admissions for heroin and other opioids. These grants may be used for the investigation of illegal activities related to the distribution of heroin or the illegal diversion of prescription opioids. The FY 2020 President's Budget does not request funding for this program.

### **COPS Anti-Methamphetamine Task Forces**

**FY 2020 Request: \$0.0 million**

**(\$8.0 million below the FY 2019 CR level)**

The COPS Anti-Methamphetamine Task Forces program assists state law enforcement agencies in addressing the persistent threats related to methamphetamine production, distribution and abuse. This program helps state law enforcement agencies, in collaboration with other service providers and stakeholders, to establish or enhance comprehensive methamphetamine reduction efforts; expand the use of community policing strategies to address production, distribution, and abuse of illicit drugs; and improve collaboration in support of drug prevention, investigation, intervention, and treatment efforts. The FY 2020 President's Budget does not request funding for this program.

### **Forensic Support for Opioid and Synthetic Drug Investigations**

**FY 2020 Request: \$0.0 million**

**(\$17.0 million below the FY 2019 CR level)**

This program, funded as a carve-out under the Paul Coverdell Forensic Science Improvement Grants program, was established in FY 2018. The Forensic Support for Opioid and Synthetic Drug Investigations 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 2020 President's Budget does not request funding for this program.

### **Opioid-Affected Youth Initiative**

**FY 2020 Request: \$5.0 million**

**(\$3.0 million below the FY 2019 CR level)**

This program, funded as a carve-out under the Delinquency Prevention Program, was established in FY 2018. The Opioid-Affected Youth Initiative 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 2020 Request: \$0.0 million**

**(\$14.0 million below the FY 2019 CR level)**

This program, funded as a carve-out under the Youth Mentoring program, was established in FY 2018. 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 use). The FY 2020 President's Budget does not request funding for this program.

### **National Institute of Corrections**

**FY 2020 Request: \$0.1 million**

**(\$0.1 million above the FY 2019 CR level)**

The FY 2020 President's Budget transfers activities and personnel of the National Institute of Corrections (NIC) from BOP to OJP. This transfer will help to consolidate the Department's corrections research and evaluation programs and better align efforts to assist state local and tribal corrections professionals with OJP grant programs. According to NIC staff, approximately 2.3 percent of the training and technical assistance requests addressed by NIC over the past several years are drug-related. Therefore, OJP has scored 2.3 percent of the funding allocated for NIC training and technical assistance activities (estimated at \$5 million) as drug-related in the FY 2020 drug budget.

## PERFORMANCE

Information regarding the performance of the drug-control efforts of OJP is based on agency Government Performance and Results Modernization Act documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text represent OJP drug-related achievements during calendar years (CY) 2017 and/or FY 2018.

### Regional Information Sharing Systems (RISS) Program

Regional Information Sharing Systems Program		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
» Percent Increase in RISS Inquiries for the RISS Program	3%	-1%

The FY 2018 target for the number of inquiries to the RISS Program measure was a 3 percent increase over the FY 2017 actual of 5,194,332. The FY 2018 actual number of 5,133,813 fell short of the target by approximately 1 percent. The number of inquiries is influenced by many factors, including the types of crimes under investigation, the complexities of those crimes, regional changes and needs, funding and staffing levels, additions/deletions to investigative databases, and a variety of other factors.

A large increase in inquiries was experienced from FY 2011 to FY 2012 (15%). Immediately following, however, RISS's budget was reduced 40 percent. With mostly flat funding for the years that followed, RISS inquiries have fallen, in part due to RISS' inability to expand certain investigative databases as previously planned.

### Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
» Graduation Rate of Program Participants in the Drug Court Program	51%	52%

The graduation rate for FY 2018 was 52 percent, which was 1 percentage point higher than the target of 51 percent. According to a nationwide survey of drug courts, the average graduation rate was 59 percent.<sup>35</sup> 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 can lead to lower graduation rates.

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<sup>35</sup> 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>

## Residential Substance Abuse Treatment (RSAT) Program

Residential Substance Abuse Treatment Program		
Selected Measures of Performance	CY 2017 Target	CY 2017 Achieved
» Number of participants in the Residential Substance Abuse Treatment program	25,000	19,628

In CY 2016, BJA served 24,029 participants in the RSAT program. The target for CY 2016 was 27,000 participants; however, the goal was not met by 2,971 participants, or an 11 percent decrease from the target. The reduction corresponds with reduced appropriations, from over \$28.0 million in FY 2010 to \$10.3 million in FY 2016. This has resulted in fewer and lower valued sub-awards at the state level. Other factors that contribute to not meeting the goal include the number of eligible offenders, available staff, and treatment providers; security issues; and the state's ability to provide the required 25 percent in matching funds.

## Prescription Drug Monitoring Program

Prescription Drug Monitoring Program		
Selected Measures of Performance	CY 2017 Target	CY 2017 Actual
» Number of interstate solicited reports produced	4,000,000	132,430,898
» Number of interstate unsolicited reports produced	2,500	903,010

Since BJA established the PDMP reporting requirements in January 2010, the number of PDMP system reports produced has increased substantially and is expected to continue to rise. In CY 2017, the number of solicited and unsolicited reports was significantly higher than the targets. PDMPs generated 132,430,898 interstate solicited reports and 903,010 interstate unsolicited reports in CY 2017. The large uptick of reports is due to a number of factors, all centered on the opioid epidemic and the increasing use of PDMPs as a tool to negate prescription drug abuse. The majority of the reports (about 80%) came from New York, Ohio, Wisconsin, and Florida, which are populous states with a documented problem with opioid overdose deaths.

For both solicited and unsolicited reports, it should be noted that these targets are difficult to predict due to a great deal of variance in these measures. Unsolicited reports pose a greater challenge, as each state has different laws on whether or not unsolicited reports can be generated. Additionally, the targets are impacted by the various prescribing practices of doctors, investigative capabilities of states investigative and regulatory agencies, demand for scheduled drugs, and capabilities of various state level PDMPs to generate solicited and unsolicited reports. The increase over time in interstate solicited reporting could also be attributed to the Prescription Monitoring Information Exchange and an increase in registered PDMP users and connected agencies. Through these additional users and connections, PDMP systems are more readily accessible via solicited and unsolicited reports.

## Second Chance Act

Second Chance Act		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
» Number of participants in SCA funded programs	4,356	5,042

In FY 2018, 5,042 individuals were served in SCA co-occurring programs, which exceeds the target by about 16 percent (686 individuals). The FY 2018 target was kept the same as the FY 2017 target, which was conservatively set by assuming a reduction from FY 2016 numbers served, partly due to the SCA Family-Based Prisoner Substance Use Treatment program ceasing grant activity in FY 2017. The SCA Co-occurring Disorder program provided substance use treatment services at levels that exceeded the FY 2016 target, but it is not clear this is in an indicator of an ongoing upward trend for this measure.

## Byrne Justice Assistance Grants

Byrne Memorial Justice Assistance Grants		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
» Completion rate for individuals participating in drug-related JAG programs	57%	47%

The completion rate for individuals participating in drug related Byrne JAG programs for FY 2018 is 47 percent, which is 10 percent lower than the target for successful completion. This lower completion rate is likely due to one grantee who had an extremely low completion rate of 8 percent. For this one grantee, 180 participants unsuccessfully completed the program, while only 16 participants successfully completed. When this one outlier is removed from the analysis, the adjusted completion rate is 54 percent, which is in line with the target and findings from previous years.



## DEPARTMENT OF JUSTICE

### Organized Crime Drug Enforcement Task Forces

#### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Budget Function</b>			
Investigations	\$377.098	\$377.098	\$382.770
Prosecution	165.752	165.752	167.688
<b>Total Drug Resources by Function</b>	<b>\$542.850</b>	<b>\$542.850</b>	<b>550.458</b>
<b>Drug Resources by Decision Unit</b>			
Investigations	\$377.098	\$377.098	\$382.770
Prosecutions	165.752	165.752	167.688
<b>Total Drug Resources by Decision Unit</b>	<b>\$542.850</b>	<b>\$542.850</b>	<b>\$550.458</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,919	2,902	2,854
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in billions)	\$0.5	\$0.5	\$0.6
Drug Resources Percentage	100%	100%	100%

#### Program Summary

##### MISSION

The Interagency Crime and Drug Enforcement appropriation funds the Organized Crime Drug Enforcement Task Forces (OCDETF) Program. The mission of OCDETF is to reduce the supply of illegal drugs in the United States and diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. Additionally, in support of the Attorney General's Organized Crime Council, OCDETF similarly facilitates the disruption and dismantlement of Priority transnational organized crime (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 2020, OCDETF requests \$550.5 million for drug control activities, an increase of \$7.6 million above the FY 2019 CR level. The FY 2020 OCDETF request includes \$2.0 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 Transnational Criminal Organizations and Preventing International Trafficking most impacting the Nation. Resources for these priorities are allocated in the Investigations Decision Unit.

### **Investigations**

**FY 2020 Request: \$382.8 million**

**(\$5.7 million above the FY 2019 CR 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 U.S. illicit drug supply. OCDETF Regional Coordination Groups also target and identify Regional Priority Organization Targets, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

### **Bureau of Alcohol, Tobacco, Firearms, and Explosives**

**FY 2020 Request: \$12.1 million**

**(\$0.3 million above the FY 2019 CR level)**

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, the ATF jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent drug trafficking organizations. The FY 2020 request will continue to support ATF investigative activities as a member of the OCDETF Program.

### **Drug Enforcement Administration**

**FY 2020 Request: \$201.9 million**

**(\$2.5 million above the FY 2019 CR level)**

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 2020 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

### **Federal Bureau of Investigation**

*FY 2020 Request: \$140.2 million*

*(\$2.2 million above the FY 2019 CR level)*

The FBI brings to OCDETF its expertise in the investigation of traditional organized crime and white collar/financial crimes. The FBI also has developed valuable relationships with foreign and state and local law enforcement. The FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. The FBI contributes to the OCDETF Program and to the goal of targeting major drug trafficking organizations and their financial infrastructure. The FY 2020 request will continue to support FBI involvement in OCDETF investigations and create a law enforcement group for the new International Co-Located Strike Force.

### **U.S. Marshals Service**

*FY 2020 Request: \$10.2 million*

*(\$0.2 million above the FY 2019 CR 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 2020 request will continue to support USMS involvement in OCDETF investigations.

### **OCDETF Fusion Center**

*FY 2020 Request: \$14.3 million*

*(\$0.3 million above the FY 2019 CR level)*

The FY 2020 request will support operations at the OCDETF Fusion Center (OFC), a comprehensive data center containing all drug and related financial intelligence information from the 11 OCDETF-member investigative agencies, the Financial Crimes Enforcement Network, and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and Regional Priority Organization Targets. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency SOD to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks. In addition, the OFC creates strategic intelligence products to enhance the threat analysis and support the national strategic efforts against transnational organized crime.

### **International Organized Crime Intelligence and Operations Center**

*FY 2020 Request: \$4.1 million*

*(\$0.1 million above the FY 2019 CR 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 2020 Request: \$167.7 million**

**(\$1.9 million above the FY 2019 CR level)**

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for U.S. Attorneys) and DOJ's CRM.

### **Criminal Division**

**FY 2020 Request: \$2.1 million**

**(\$0.04 million above the FY 2019 CR level)**

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/ 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 Narcotic and Dangerous Drug Section, which prosecutes some of the most significant international narcotics trafficking, narcoterrorism, and transnational money laundering organizations in the world.

### **Threat Response Unit**

**FY 2020 Request: \$1.9 million**

**(\$0.04 million above the FY 2019 CR 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 2020 Request: \$163.7 million**

**(\$1.9 million above the FY 2019 CR level)**

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of OCDETF is based on agency Government Performance and Results Modernization Act 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.

<b>Organized Crime Drug Enforcement Task Force Program</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Percent of OCDETF investigations linked to CPOTs	20%	19%
» Percent of OCDETF investigations with indictments/information resulting in financial convictions	27%	28%
» Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	87%	87%
» Number of CPOT-linked drug trafficking organizations disrupted	102	142
» Number of CPOT-linked drug trafficking organizations dismantled	*	*
» Percent of OCDETF investigations linked to Regional Priority Organization Targets	16%	18%

\* Due to changes in reporting protocols and systems, the entire number for this Performance Measure is not available in FY 2018.

Law enforcement activity targeting CPOTs involved complex and coordinated intelligence-driven investigations, with exceptional cooperation between U.S. law enforcement agencies and international partners. During FY 2018, 19 percent of active OCDETF investigations were linked to CPOT targets.

Eighty-seven percent of OCDETF investigations have resulted in the disruption or dismantlement of the targeted organizations, meeting the target of 87 percent. Despite the complexity and difficulty of achieving financial convictions, 28 percent of OCDETF investigations with indictments/information resulted in financial convictions, which is above the 27 percent target. The percent of OCDETF investigations with indictments/information resulting in assets forfeited is still being reported. In certain instances, offices may be unable to report asset forfeitures until after a case has reached judgment or after a case is closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, adjustments could increase the final percentage of investigations resulting in assets forfeited for the fiscal year.



**DEPARTMENT OF JUSTICE**  
**United States Attorneys**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Prosecution	\$81.353	\$81.353	\$85.693
<b>Total Drug Resources by Function</b>	<b>\$81.353</b>	<b>\$81.353</b>	<b>85.693</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$81.353	\$81.353	85.693
<b>Total Drug Resources by Decision Unit</b>	<b>\$81.353</b>	<b>\$81.353</b>	<b>85.693</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	470	470	480
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.1	\$2.1	\$2.3
Drug Resources Percentage	3.8%	3.8%	3.7%

**Program Summary**

**MISSION**

The Nation’s 94 U.S. Attorneys’ Offices (USAOs) are vital participants in the *Strategy*. The USAOs work in conjunction with law enforcement to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. A core mission of each of the USAOs is to prosecute violations of Federal drug trafficking, controlled substances, money laundering, and related Federal laws in order to deter continued illicit drug distribution and use in the United States. This mission includes utilizing the grand jury process to investigate and uncover criminal conduct and subsequently present evidence in court as part of the prosecution of individuals and organizations that violate Federal law. USAOs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities.

Both the prosecutorial and the preventive aspects of the USAOs' drug control mission are fully consistent with the *Strategy* as both are intended to reduce illicit drug distribution and drug use.

## METHODOLOGY

The USAOs do not have a specific appropriation for drug control activities. The USAOs' drug budget estimates are derived by calculating the costs of attorney and non-attorney FTE dedicated to non-OCEDETF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system.

## BUDGET SUMMARY

In FY 2020, the U.S. Attorney requests \$85.7 million for drug control activities; \$4.3 million above the FY 2019 CR funding level. The increase is due to a requested enhancement of \$4.3 million to hire 38 positions (23 attorneys) in FY 2020.

### **Salaries and Expenses**

**FY 2020 Request: \$85.7 million**

**(\$4.3 million above the FY 2019 CR 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 2020 will be used to support prosecution of violations of federal controlled substance laws, money laundering, and drug trafficking.

## PERFORMANCE

Information regarding the FY 2018 performance of the drug control mission of the USAOs is based on agency Government Performance and Results Modernization Act documents and other agency information. The table below and accompanying text represent highlights of their achievements during FY 2018.

<b>United States Attorneys</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Conviction rate for drug-related defendants	NA	93%
» Percentage of defendants sentenced to prison	NA	90%

Note: The USAOs reports actuals achieved through its case management system, United States Attorney's CaseView (formerly Legal Information Online Network System).

USAOs investigate and prosecute the vast majority of criminal cases brought by the Federal government to include drug related topics. USAOs receive most of their criminal referrals, or "matters," from federal investigative agencies, including FBI; DEA; ATF; ICE; the United States Secret Service; and the United States Postal Inspection Service. The USAOs support the *Strategy* through reducing the threat, trafficking, use, and related violence of illegal drugs. In FY 2018, 93 percent of drug-related defendants were convicted and 90 percent were sentenced to prison.



## DEPARTMENT OF JUSTICE United States Marshals Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2018	FY 2019	FY 2020
	Final	CR	Request
<b>Drug Resources by Budget Function</b>			
Corrections	\$529.415	\$553.853	\$586.709
International	1.490	1.490	1.563
Investigations	147.490	147.490	154.711
Prosecution	110.719	110.719	115.774
<b>Total Drug Resources by Function</b>	<b>\$789.114</b>	<b>\$813.552</b>	<b>\$858.757</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$259.699	\$259.699	\$272.048
<i>Fugitive Apprehension (non-add)</i>	<i>148.980</i>	<i>148.980</i>	<i>156.274</i>
<i>Judicial and Courthouse Security (non-add)</i>	<i>72.642</i>	<i>72.642</i>	<i>75.994</i>
<i>Prisoner Security and Transportation (non-add)</i>	<i>38.077</i>	<i>38.077</i>	<i>39.780</i>
Federal Prisoner Detention	529.415	553.853	586.709
<b>Total Drug Resources by Decision Unit</b>	<b>\$789.114</b>	<b>\$813.552</b>	<b>\$858.757</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	991	991	994
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in billions)	\$2.9	\$2.9	\$3.3
Drug Resources Percentage	27.2%	28.0%	26.4%

### Program Summary

#### MISSION

The U.S. Marshals Service (USMS) is the enforcement arm of the Federal courts and works in concert with other Federal agencies, including DEA; FBI; BOP; ICE; ATF; the Internal Revenue Service; and the USCG. The USMS also works in cooperation with the DOJ CRM, Tax Division,

and the 94 U.S. Attorneys Offices, 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*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and average daily population (ADP) for drug offenses to determine the drug prisoner population cost for detention services decision unit.

Three decision units – Fugitive Apprehension, Judicial and Courthouse Security, and Prisoner Security and Transportation – are calculated using drug-related workload ratios applied to the Salaries and Expenses (S&E) Appropriation. For the Fugitive Apprehension decision unit, the USMS uses drug-related workload ratios based on the number of all warrants cleared, including felony offense classifications for Federal, state, and local warrants such as narcotics possession, manufacturing, and distribution. To calculate the drug-related workload percentage for this decision unit, the USMS divides the number of drug-related warrants cleared by the total number of warrants cleared. For the Judicial and Courthouse Security and Prisoner Security and Transportation decision units, the USMS uses drug-related workload ratios based only on in-custody, drug-related, primary Federal offenses, such as various narcotics possession, manufacturing, and distribution charges. "Primary offense" refers to the crime with which the accused is charged that usually carries the most severe sentence. To calculate the drug-related workload percentage for these two decision units, the USMS divides the number of drug-related offenses in custody by the total number of offenses in custody. The previously discussed drug workload ratios by decision unit are then applied to the total S&E to develop the drug-related obligations.

Detention services obligations are funded through the Federal Prisoner Detention (FPD) Appropriation. The USMS is responsible for Federal detention services relating to the housing and care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The FPD Appropriation funds the housing, transportation, medical care, and medical guard services for the detainees. FPD resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to the BOP. The FPD Appropriation does not include specific resources dedicated to the housing and care of the drug prisoner population. Therefore, the methodology used to determine the cost associated with the drug prisoner population for the Detention Services decision unit

multiplies the average daily population for drug offenses by the per diem rate (housing cost per day), which is then multiplied by the number of days in the year.

## **BUDGET SUMMARY**

In FY 2020, the USMS requests \$858.8 million for drug control activities, an increase of \$45.2 million above the FY 2019 CR level. The USMS does not receive a specific appropriation for drug-related work including housing and care of the drug prisoner population. Therefore, to calculate drug resources, the USMS uses drug-related workload to develop drug control ratios for some of S&E's decision units, and ADP for drug offenses to determine the drug prisoner population cost for the Detention Services decision unit.

### **Salaries and Expenses**

**FY 2020 Request: \$272.0 million**  
**(\$12.3 million above the FY 2019 CR level)**

The FY 2020 request for S&E is \$272.048 million, an increase of \$12.349 million above the FY 2019 level. The USMS request supports the Administration's goals of reducing violent crime and reforming government.

### **Fugitive Apprehension**

**FY 2020 Request: \$156.3 million**  
**(\$7.3 million above the FY 2019 CR level)**

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. The USMS is authorized to locate and apprehend Federal, state, and local fugitives both within and outside of the United States under 28 U.S.C. 566(e)(1)(B). The USMS has a long history of providing assistance and expertise to other law enforcement agencies 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 2020 Request: \$76.0 million**  
**(\$3.4 million above the FY 2019 CR 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 2020 Request: \$39.8 million**  
**(\$1.7 million above the FY 2019 CR 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 2020 Request: \$586.7 million**  
**(\$32.9 million above the FY 2019 CR 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 Government Performance and Results Modernization Act 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 2018.

<b>U.S. Marshals Service</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Percent of warrants cleared for drug-related charges	N/A	28.9%
» Percent of drug-related offenses of Federal detainees in custody	N/A	16.3%
» Per Day Jail Costs (non-Federal)*	\$83.73	\$84.51

\*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 2018, about 28.9 percent of approximately

112,077 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 2018, about 16.3 percent of approximately 118,488 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 (SWB) directly affect the detention population overseen by the USMS. In FY 2019 anticipated law enforcement initiatives on the SWB addressing drug and weapons trafficking are expected to increase the number of prisoners received by the USMS, thereby increasing the detainee population.



# DEPARTMENT OF LABOR





## DEPARTMENT OF LABOR

### Employment and Training Administration

#### RESOURCE SUMMARY

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$6.000	\$6.000	\$6.000
Treatment	*	*	*
<b>Total Drug Resources by Function</b>	<b>\$6.000</b>	<b>\$6.000</b>	<b>\$6.000</b>
<b>Drug Resources by Decision Unit</b>			
Job Corps	\$6.000	\$6.000	\$6.000
<i>Trainee Employee Assistance Program</i>	<i>5.300</i>	<i>5.300</i>	<i>5.300</i>
<i>Drug Testing Support</i>	<i>.700</i>	<i>.700</i>	<i>.700</i>
National Health Emergency Grants	*	*	*
<b>Total Drug Resources by Decision Unit</b>	<b>\$6.000</b>	<b>\$6.000</b>	<b>\$6.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.7	\$1.7	\$1.0
Drug Resources percentage	.4%	.4%	.6%

\*No specific request/appropriation has been made within the reporting period. Please see below for more information on the National Health Emergency Grants.

#### MISSION

The Job Corps program is administered by the U.S. 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's declaration and subsequent renewals of the opioid crisis as a public health emergency permits the U.S. Department of Labor to award Disaster Recovery Dislocated Worker Grants. This appropriation may be used for these grants until HHS's emergency declaration expires.

Non-medical use of opioids impacts both employed and unemployed workers. Research has shown that the number of opioid prescriptions correlates in many areas with a reduction of labor force participation rates,<sup>36</sup> as well as an increase in unemployment rates coincident with increases in opioid-related hospitalizations, although it is unclear whether OUD is a cause of unemployment or an effect of scarce employment opportunities. Additionally, lost workforce productivity in American businesses as a result of non-medical use of opioids—as demonstrated through diminished job performance, absenteeism, incarceration, and even death—has approached \$20 billion annually.<sup>37</sup> Researchers have estimated lost wages due to overdose deaths at \$800,000 per person.<sup>38</sup>

## **METHODOLOGY**

Job Corps' (JC) expenditures for the TEAP program are for counselors to prepare Job Corps program participants for employment, including: education on the dangers of alcohol, drug and tobacco use; abuse and prevention awareness activities; development of programs to prevent alcohol, drug and tobacco use and abuse among the student population; development and coordination of community resources to educate students on substance use and abuse; and identification of students with problematic substance use, provision of counseling services, and arrangement of appropriate treatment. In addition, the budget includes 100 percent of the cost of drug testing each student. Each student is tested upon entry, and those who test positive on the initial test are re-tested within 45 days. If they test negative on the 2<sup>nd</sup> test, they may continue in the program. If they test positive on the 2<sup>nd</sup> test, they are removed from the program.

The Department will award opioid crisis DWGs to applicants that meet the outlined grant requirements until HHS's emergency declaration expires. Available funds for this grant could be depleted by other DWG funding needs, such as significant layoffs or natural disasters that could potentially cause large loss of employment.

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<sup>36</sup> See, e.g., Organization for Economic Cooperation and Development (OECD), OECD Economic Surveys, United States (June 2018), <http://www.oecd.org/eco/surveys/Overview-United-States-2018-OECD.pdf> ("Opioid addiction costs many lives, harms livelihoods, depresses labor market participation, and entails significant public healthcare spending."); Alan B. Krueger, Brookings, *Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate* (Sept. 7, 2017), <https://www.brookings.edu/bpea-articles/where-have-all-theworkers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/>.

<sup>37</sup> Congressional Research Service: "The Opioid Epidemic and the Labor Force", November 28, 2017, <https://www.everycrsreport.com/reports/IN10828.html>.

<sup>38</sup> Altarum, *Economic Toll of Opioid Crisis in U.S. Exceeded \$1 Trillion Since 2001* (Feb. 13, 2018), <https://altarum.org/about/news-and-events/economic-toll-of-opioid-crisis-in-u-s-exceeded-1-trillion-since-2001>.

The National Reserve operates on a program year, and funds appropriated to this account in FY 2018 are available for federal obligation from July 1, 2018 through September 30, 2019. The amount of money that will be obligated for opioid crisis DWGs will depend on the number of states that provide qualified applications and the availability of funds. Because the program year has not concluded, the Department cannot provide an accurate estimate of how much money will be awarded with the FY 2018 appropriation.

## **BUDGET SUMMARY**

In FY 2020, ETA estimates using \$6.0 million for drug control activities in the Job Corps program; no change from the FY 2019 Enacted level.

### **Trainee Employment Assistance Program and Drug Testing Support**

**Total FY 2020 Request: \$6.0 million**

**(No change from the FY 2019 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.

### **Disaster Recovery Dislocated Worker Grants (DWGs)**

**Total FY 2020 Request: To Be Determined**

**(Funding levels have not yet been determined for FY 2019 or FY 2020)**

The Department's FY 2020 budget does not include a specific amount to be used for opioid crisis DWGs. The availability of resources for these grants is subject to continuation of the HHS's emergency declaration and will be affected by other DWG needs, such as natural disasters and large layoffs. The Department will consider and award opioid crisis Disaster Recovery DWGs to applicants that meet the Department's requirements until HHS's emergency declaration expires.

In Program Year 2017, the Department used the demonstration grant authority in ETA's Training and Employment Services, Dislocated Workers National Reserve program to fund National Health Emergency demonstration grant projects. These grants were to enable eligible applicants to serve or retrain workers in communities impacted by the health and economic effects of widespread opioid use, addiction, and overdose. Recipients could use grant funds toward worker upskilling and reskilling for individuals affected by the crisis, as well as training for workers needed to increase availability of addiction treatment services, pain management and therapy services, and MH treatment. These grants required comprehensive partnerships across the spectrum of health, justice, and community organizations, among others, to align and coordinate the form and delivery of employment and related services that best meet the needs of impacted individuals and offer the best opportunities for reemployment.

In Program Year 2018, the Department provided guidance for how states can apply for Disaster Recovery DWGs to respond to the opioid crisis. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees may also use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in MH treatment, addiction treatment, and pain management. Successful opioid Disaster Recovery DWG projects will accomplish the following: facilitate community partnerships that are central to dealing with this complex health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure timely delivery of appropriate, necessary career, training, and support activities; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

In FY 2019 and FY 2020, the Office of National Drug Control Policy will work with the Department to determine an appropriate estimate for these grants as has been done with other agencies where only a portion of funds are available for drug control purposes.

## **PERFORMANCE**

### **Job Corps**

The Job Corps program performance is outcome oriented, primarily focused on ETA’s Government Performance and Results Modernization Act 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.

<b>Job Corps</b>		
<b>Selected Measures of Performance</b>	<b>PY 2018 Target</b>	<b>PY 2018 Achieved</b>
» Percent of students tested for drugs upon entry	100%	100%

Job Corps operates on a Program Year (PY) schedule that runs from July 1 through June 30. Thus, funds appropriated in FY 2018 were available from July 1, 2018 – June 30, 2019. In PY 2018, 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 abuse on employability. Job Corps continues to include this training as part of career readiness training for all students.

Job Corps continues to support its drug prevention and education activities throughout the program. These activities include the numerous group presentations on drug prevention conducted at all centers, and individual interactions with students who initially tested positive

for drug use upon entry. These activities are repeated across all Job Corps centers as a critical component of preparing students for 21<sup>st</sup> century jobs.

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

In addition, Job Corps participates in national drug prevention and treatment campaigns such as Red Ribbon Week and Drug Abuse Resistance Education (DARE) activities, and utilizes anti-drug guest speakers at Job Corps centers nationwide. Job Corps also developed and implemented a system-wide program with accompanying curriculum to promote healthy lifestyle practices for students that included components on the avoidance of drug and alcohol abuse.

**Disaster Recovery Dislocated Worker Grants (DWGs)**

Successful 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 2018 Target	PY 2018 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 2018 money available for federal obligation from July 1, 2018 through September 30, 2019. Outcome measurements are calculated after participants exit from the program, and by definition, are unable to be reported until the conclusion of the services.

**DEPARTMENT OF LABOR**  
**Office of Workers' Compensation Programs**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 Enacted	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$4.180	\$7.769	\$7.769
<b>Total Drug Resources by Function</b>	<b>\$4.180</b>	<b>\$7.769</b>	<b>\$7.769</b>
<b>Drug Resources by Decision Unit</b>			
Prescription Management Unit	\$0.000	\$2.615	\$2.615
Pharmacy Benefit Management Services	0.000	0.974	0.974
Federal Employees Compensation Act and Opioid Control Unit	4.180	4.180	4.180
<b>Total Drug Resources by Decision Unit</b>	<b>\$4.180</b>	<b>\$7.769</b>	<b>\$7.769</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	37	68	68
<b>Drug Resources as a Percent of Budget</b>			
Total Special Benefits Budget (in billions)	\$71.2	\$74.8	\$74.8
Drug Resources Percentage	5.9%	10.4%	10.4%

**MISSION**

The Special Benefits fund, administered by the Office of Workers' Compensation Programs (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 nonappropriated agencies, including the United States Postal Service, 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 across the four agency programs. This, in turn, may improve return-to-work outcomes for the two OWCP programs that have return-to-work responsibilities, the Federal Employees' Compensation Program and the Longshore and Harbor Workers' Compensation programs. Additionally, the drug controls offered by a PBM will reduce the costs of treatment to all federal agencies covered by the FECA, and for other OWCP programs as well.

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 \$20 million per month in 2015 to \$2 million per month as of 2017. However, as new drugs enter the market and as questionable prescribing and billing practices evolve to circumvent controls, new controls will be needed to address the changing environment. PBM services will enable OWCP to design and implement controls that optimize safety, enhance cost containment, and combat fraud.

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 approximately 3,000 claimants receiving 90 MED or higher of prescribed opioids.

## **BUDGET SUMMARY**

In FY 2020, the Office of Workers' Compensation Programs requests \$7.8 million for drug control activities; no change from the FY 2019 enacted level.

### **Prescription Management Unit**

**Total FY 2020 Request: \$2.6 million**

**(No change from the FY 2019 enacted level)**

The requested resources for the FECA Prescription Management Unit (PMU) will 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 that are medically necessary, and have the chance to appropriately ease off high dosages that carry risk of overdose or creating dependence.

### **Pharmacy Benefits Management**

**Total FY 2020 Request: \$1.0 million**

**(No change from the FY 2019 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 medications 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**

**Total FY 2020 Request: \$4.2 million**

**(No change from the FY 2019 enacted level)**

In June 2017, OWCP's Division of Federal Employees' Compensation (DFEC) implemented a policy applicable to newly prescribed opioids. As a result, all new opioid prescriptions lasting more than 60 days require a Letter of Medical Necessity to be completed by the prescribing physician prior to the authorization of continued prescription of opioids. The requested funds will allow OWCP to monitor compliance with this requirement.

**PERFORMANCE**

The Special Benefits program performance will monitor and manage pharmaceutical costs using a prior authorization requirement for new recipients of opioid prescriptions.

<b>Special Benefits</b>		
<b>Selected Measures of Performance</b>	<b>FY 2019 Target</b>	<b>FY 2019 Achieved</b>
» Number of processed Letters of Medical Necessity	100,000	
» Percent decrease of initial opioid prescriptions and duration of new opioid prescriptions for Federal employees with work-related injuries.	6%	



# OFFICE OF NATIONAL DRUG CONTROL POLICY





# OFFICE OF NATIONAL DRUG CONTROL POLICY

## High Intensity Drug Trafficking Areas

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2018 CR	FY 2020 Request <sup>1</sup>
<b>Drug Resources by Function</b>			
Intelligence	\$69.798	\$70.251	---
Interdiction	21.476	21.616	---
Investigations	171.035	172.108	---
Prevention	5.079	3.335	---
Prosecution	6.143	6.221	---
Research and Development	2.700	2.700	---
Treatment	3.769	3.769	---
<b>Total Drug Resources by Function</b>	<b>\$280.000</b>	<b>\$280.000</b>	<b>\$---</b>
<b>Drug Resources by Decision Unit</b>			
High Intensity Drug Trafficking Areas	\$280.000	\$280.000	---
<b>Total Drug Resources by Decision Unit</b>	<b>\$280.000</b>	<b>\$280.000</b>	<b>\$---</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.4	<\$0.1
Drug Resources Percentage	67.4%	67.4%	0.0%

<sup>1</sup>In FY 2020, the High Intensity Drug Trafficking Areas program is being transferred to the DEA. For further information about the program's budget request, please see the section on the DEA in the DOJ chapter.

### Program Summary

#### MISSION

The High Intensity Drug Trafficking Areas (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 in the ONDCP Reauthorization Act of 2006 (Public Law 109-469) 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 drug trafficking organizations in critical drug trafficking regions of the United States.

## **METHODOLOGY**

All HIDTA resources are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

For 2020, 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 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$102.000	\$102.000	\$---
Research and Development	13.093	13.093	12.101
Treatment	2.000	2.000	---
<b>Total Drug Resources by Function</b>	<b>\$117.093</b>	<b>\$117.093</b>	<b>\$12.101</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Free Communities <sup>1</sup>	\$99.000	\$99.000	\$---
Anti-Doping Activities	9.500	9.500	---
World Anti-Doping Agency Dues	2.343	2.343	---
Section 1105 of Public Law 109-469	1.250	1.250	---
Section 103 of Public Law 114-198	3.000	3.000	---
Anti-Doping Activities (including WADA Dues)	---	---	12.101
Drug Court Training and Technical Assistance	2.000	2.000	---
<b>Total Drug Resources by Decision Unit</b>	<b>\$117.093</b>	<b>\$117.093</b>	<b>\$12.101</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1	1	1
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.4	<\$0.1
Drug Resources Percentage	28.2%	28.2%	42.5%

<sup>1</sup> In FY 2020, the Drug-Free Communities support program is being transferred to the Substance Abuse and Mental Health Services Administration (SAMHSA). For more information on Drug-Free Communities activities, please see SAMHSA's 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, as amended, and the ONDCP Reauthorization Act of 1998, as amended through Public Law 115–271. The funds appropriated to the program support high-priority drug control programs and may be transferred to drug control agencies.

## **METHODOLOGY**

All ONDCP Other Federal Drug Control Programs resources are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

In FY 2020, ONDCP requests \$12.1 million for the Other Federal Drug Control Programs, a decrease of \$105.0 million from the FY 2019 CR 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 U.S. dues.

For 2020, 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 begins to utilize models of good governance, including addressing potential conflicts of interest and increasing the role of athletes in agency decision-making. The United States will continue to exert its leadership to support only those dues increases that are linked to budgets that are focused on core anti-doping requirements, fiscally necessary, equitable among WADA's stakeholders, and in support of appropriate governance reforms. ONDCP will continue to support WADA's ongoing investigation into state-sponsored doping schemes and its implementation of a revised World Anti-Doping Code in 2020. For 2020, 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.

For FY 2020, the Budget proposes to transfer the Drug-Free Communities Support Program (DFC) from ONDCP to HHS.

# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Salaries and Expenses

### Resource Summary

	Budget Authority (in millions)		
	FY 2017 Final	FY 2018 CR	FY 2019 Request
<b>Drug Resources by Function</b>			
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
<b>Total Drug Resources by Function</b>	<b>\$18.400</b>	<b>\$18.400</b>	<b>\$16.400</b>
<b>Drug Resources by Decision Unit</b>			
Operations	\$18.400	\$18.400	\$16.400
<b>Total Drug Resources by Decision Unit</b>	<b>\$18.400</b>	<b>\$18.400</b>	<b>\$16.400</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	65	65	60
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.4	<\$0.1
Drug Resources percentage	4.4%	4.4%	57.5%

### Program Summary

#### MISSION

ONDCP, pursuant to the ONDCP Reauthorization Act of 1998, as amended through Public Law 115-271, 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 2020, ONDCP requests \$16.4 million, a decrease of \$2.0 million from the FY 2019 CR level.

### **Operations**

**FY 2019 Request: \$16.4 million**

**(\$2.0 million below the FY 2019 CR level)**

The FY 2019 request will enable ONDCP to carry out its responsibilities of advising the President on national and international drug control policies and strategies and ensure the effective coordination of anti-drug programs among National Drug Control Program agencies.

# DEPARTMENT OF STATE





**DEPARTMENT OF STATE**  
**Bureau of International Narcotics and Law Enforcement Affairs**

**Resource Summary**

	Budget Authority (in millions)		
	FY 2018 Actual	FY 2019 CR <sup>1</sup>	FY 2020 Request
<b>Drug Resources by Function</b>			
International	\$387.454	\$387.454	\$381.595
<b>Total Drug Resources by Function</b>	<b>\$387.454</b>	<b>\$387.454</b>	<b>\$381.595</b>
<b>Drug Resources by Decision Unit</b>			
International Narcotics Control and Law Enforcement (INCLE)	\$387.454	\$387.454	381.595
<b>Total Drug Resources by Decision Unit</b>	<b>\$387.454</b>	<b>\$387.454</b>	<b>\$381.595</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	212	239	300
<b>Drug Resources as a percent of Budget</b>			
Total Department of State Budget (in Billions) <sup>2</sup>	\$37.1	\$35.7	\$26.9
Department of State Drug Resources percentage	1.0%	1.1%	1.4%

<sup>1</sup>The FY 2020 level is an estimate based on FY 2019 CR levels that do not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2019 appropriation.

<sup>2</sup>Total Agency Budget is the entire foreign assistance budget (both State and USAID).

**Program Summary**

**MISSION**

The Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL) is responsible for the Department’s counter drug activities. INL’s mission is to keep Americans safe at home by countering transnational crime, the cultivation, production, and trafficking of illicit drugs, and instability abroad. INL helps countries address these threats by providing assistance to develop and strengthen their counternarcotics, law enforcement and justice institutions. INL’s efforts are directed at reducing the impact of crime and illicit trafficking of drugs, such as coca, opioids, fentanyl and its analogues reaching U.S. shores.

To support its mission, INL publishes the U.S. Government International Narcotics Control Strategy Report (INCSR) and develops, implements, and monitors foreign assistance programs that support the INCSR. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and other illegal drugs. INL commodity, technical assistance, and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering

activities. Training and assistance also supports drug use and demand prevention and treatment programs and projects designed to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. INL's aviation program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.

Projects funded by INL are also directed at improving foreign law enforcement and intelligence gathering capabilities; enhancing the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; effectively investigating, prosecuting, and convicting major narcotics criminals; and breaking up major drug trafficking organizations. INL also provides technical assistance to U.S. Federal law enforcement authorities working overseas in order to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives 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**

For the FY 2020 President's Budget, INCLE requests \$381.6 million in drug control funding, a decrease of \$5.9 million from the FY 2019 CR level.

In support of the President's agenda that prioritizes the well-being of Americans, bolsters U.S. national security, secures our borders, and highlights U.S. economic interests, the FY 2020 INCLE request concentrates resources where they offer the most value and impact to U.S. national security priorities. INCLE resources for counternarcotics will focus on programs that directly deter the flow of illegal drugs, particularly fentanyl and other opioids, to the United States. These programs address national security interests and align with long-term strategic goals to build the capacity of partner nations.

Other INL funding that is not specifically designated for counternarcotics supports and reinforces this mission. Strong criminal law enforcement and justice systems are essential to counternarcotics efforts and in minimizing transnational crime. In addition to traditional counternarcotics activities, such as disrupting the overseas production and trafficking of illicit drugs, INL supports the development of capable police and competent judicial officials. In order for counternarcotics efforts to be sustainable, the United States must support effective partner

state criminal justice systems. Similarly, minimizing transnational crime requires both specialized assistance and the overall development of criminal justice systems.

## **Bilateral and Regional Programs**

### **Western Hemisphere**

#### **Colombia**

*FY 2020 Request: \$171.0 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 2018 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 transnational organized crime, rural security, and efforts to strengthen Colombia's capacity to investigate, prosecute, convict, and incarcerate criminals. FY 2020 INCLE funds will increase support for the Colombian security forces' enhanced manual eradication efforts, including support for institutional capacity building through strategic planning, training, equipment, and operational support. Funds 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 police and military units through support to maritime, land, air, and riverine interdiction operations; investigations and intelligence; and at Colombian ports of entry. Programs will focus on combating drug trafficking to and along Colombia's Pacific and Atlantic coasts from which most of Colombia's U.S.-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 (Area de Aviación – ARAVI) program, which supports a fleet of U.S.- 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 Colombian capacity to investigate and prosecute other crimes, with a nexus centered on drug production and trafficking, illegal mining and logging, and other illicit drug-related issues.

INL will continue to support evidence-based public health approaches designed to reduce drug use among children, adolescents, and other vulnerable communities across Colombia. Funds will expand professional treatment options for those struggling with substance use. Funds may also be used to continue support for Colombia's effort to establish a drug court system.

### **Mexico**

#### ***FY 2020 Request: \$36.0 million***

INL's strategic objective in Mexico is to reduce national security threats to the United States posed by TCOs that traffic illicit drugs, undermine border security, and fuel corruption. The FY 2020 Request for U.S. 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 Transnational Criminal Organizations 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 28,000 overdose deaths in the United States from synthetic opioids, including illicit fentanyl often mixed with heroin or cocaine, a 47 percent rise from 2016 to 2017.

The FY 2020 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 2020 Request complements Mexico's own significant counternarcotics investments and builds on efforts to address national security priorities for the United States. To strengthen security at Mexican borders and ports of entry, the FY 2020 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 U.S. law enforcement agencies 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 2020 Request will also support stronger safety and inspection standards at

Mexican land ports of entry, airports, and seaports to identify and interdict illicit goods, including pre-cursor chemicals.

### **Peru**

***FY 2020 Request: \$32.4 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 combatting the production and sale of illicit narcotics is essential to U.S. national interests, as threats from transnational criminal networks affect U.S. and Peruvian security. INCLE assistance supports the Government of Peru's multi-prong counternarcotics strategy that includes eradication, interdiction, and alternative development, the last of which the U.S. Government also addresses in foreign assistance through various U.S. Agency for International Development (USAID) programs.

Funds will provide operational support for the labor-intensive manual eradication program managed under Peru's Coca Monitoring and Reduction Agency. INCLE funds also cover personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations, including training for pilots, aircrews, and additional personnel needed to operate and maintain a fleet of U.S. Government-owned Huey-II helicopters and fixed-wing aircraft. INCLE funds are essential in curbing transnational criminal activity by enhancing the capacity of Peruvian Customs, Police, Immigration, and others to interdict and deter the smuggling of narcotics, bulk currency, humans, precursor chemicals, and illegally mined gold. Funds will be used for training and field exercises designed to enhance the capabilities and operational effectiveness of these units. Limited support is also provided to the Government of Peru to increase efforts to prevent and reduce drug use among vulnerable populations.

### **State Western Hemisphere Regional – Caribbean Basin Security Initiative (CBSI)**

***FY 2020 Request: \$6.4 million***

The FY 2020 Request for counterdrug activities in the Caribbean includes funds to combat illicit narcotics through the provision of training, equipment, and subject matter expertise, including on maritime and land-based interdiction, vetted units, and investigations. Resources will continue to be used for activities in the Caribbean countries with the highest drug flows. INL programs will address U.S. national security concerns by promoting regional cooperation on the shared threat of transnational organized crime and drug trafficking. Activities will facilitate information sharing, joint operations, and coordination among Caribbean Basin Security Initiative partner nations.

### **State Western Hemisphere Regional – Central America Regional Security Initiative (CARSI)**

***FY 2020 Request: \$19.2 million***

Central America Regional Security Initiative (CARSI) INCLE funding addresses the security-related drivers of migration from Central America and combats drug-trafficking, transnational organized crime, gangs, and human smuggling before it reaches the U.S. border. The FY 2020

Request will provide targeted training and advisors from DEA, FBI, DHS's HSI, other U.S. Government agencies, and INL subject matter experts to build intelligence and interdiction capacity of partner country vetted units and specialized task forces. These units and task forces are comprised of the most highly qualified members of the law enforcement community and they conduct specialized investigations in areas such as counternarcotics, gangs, bulk cash smuggling, human trafficking and smuggling, extortion, corruption, and money laundering. To reduce narcotics usage and narcotics-related crime, assistance will support training, prevention, alternative sentencing, and treatment programs to address growing drug use throughout Central America, in particular among gang members and at-risk youth.

CARSI programming will strengthen the capability of Central American coast guards, border patrols, and police units, as well as support specialized maritime and mobile interdiction units, bolstering coordination regionally. Efforts include training riverine police units and specialized naval interdiction services, providing spare parts and boat maintenance, retrofitting seized boats, providing equipment and logistics support to sea- and land-based interdiction forces, and supporting maritime and land interdiction advisors to strengthen partner country capacity for operations and ensure sustainability through self-maintenance. CARSI expects to continue to provide advisory support for maritime law enforcement and maritime interdiction investigations and prosecutions through a regional USCG program.

## **South and Central Asia**

### **Afghanistan**

***FY 2020 Request: \$42.5 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 as well. According to the 2015 Afghanistan National Drug Use Survey, conducted by the U.S. 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.

In Afghanistan, the vast majority of poppy cultivation and opiate production occurs in areas of insecurity and where the economy, infrastructure, and governance remain weak. A multifaceted approach that balances supply- and demand- side interventions with the broader effort to improve governance, economic development, and security is necessary to effectively reduce the impact of the illicit narcotics trade in Afghanistan.

Narcotics trafficking undermines U.S. and Afghan efforts to promote governance and the rule of law in Afghanistan. Accordingly, INCLE funding in FY 2020 will support holistic counternarcotics programming to reinforce Afghan government effectiveness and increase pressure on the insurgency by denying revenue generated from the illicit narcotics trade. INL partners with the DEA and DoD to build the capacity of the Counter Narcotics Police of Afghanistan, with a special

focus on the specialized units mentored by DEA—the Sensitive Investigative Unit (SIU) and the National Interdiction Unit (NIU). Evidence gathered by the SIU’s wire intercept unit through court-ordered surveillance operations supports hundreds of drug trafficking cases brought to the Counter Narcotics Justice Center each year. Funding will also support Afghan Government efforts to reduce the supply of illicit opium poppy, to promote stabilization, and reduce the insurgency’s profit from the drug trade. In addition to its interdiction program, INL supports ongoing efforts to promote alternatives to poppy production, modest demand reduction and prevention activities, enhancing regional cooperation, research and analysis, and limited Afghan-led eradication and public information efforts. INL aims to maximize return on its funding by leveraging its efforts with interagency partners and other like-minded international donors.

### **Pakistan**

***FY 2020 Request: \$5.0 million***

The FY 2020 Request for counterdrug activities in Pakistan focuses on initiatives that improve regional stability, combat transnational crime, and advances U.S. 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 law enforcement agencies, such as the Anti-Narcotics Force and Customs, to disrupt narcotics trafficking. INCLE assistance will be targeted towards Khyber Pakhtunkhwa, which includes the former Federally Administered Tribal Areas 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 U.S. forces serving in Afghanistan. The FY 2020 Request will primarily support interdiction efforts by providing training, mentorship, equipment, and material support in coordination with the DEA. It will also support bolstering law enforcement agencies’ presence along Pakistan’s porous border and maritime channels to prevent Afghan-sourced opiates from entering global markets. Additionally, resources will be used to enhance Pakistan’s capability to conduct cross-border operations and stem illicit financial flows. In the long-term, INL seeks to improve Pakistan’s capacity to stem large-scale drug trafficking, and increase the number of arrests and successful prosecutions of major traffickers.

### **Central Asia Regional**

***FY 2020 Request: \$1.5 million***

Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Profits from drug trafficking – in part – fund terrorist organizations in the broader region and some regional drug trafficking organizations maintain links to these extremist groups. INL’s counternarcotics programming seeks to deter the illicit narcotics economy through law enforcement cooperation in order to disrupt and dismantle drug trafficking organizations. Funding enables the U.S. DEA to support

and expand highly specialized units, interagency drug task forces, intelligence-led investigations, and regional cooperation such as through the Central Asia Regional Information and Coordination Center, 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 United Nations Office on Drugs and Crime (UNODC)/World Customs Organization Container Control Program.

## **East Asia and the Pacific**

### **Philippines**

***FY 2020 Request: \$1.0 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. Given concerns over these allegations and the need for engagement on the demand side, the United States increased assistance for drug demand reduction. U.S. assistance will support Philippine efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development. This may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and technical assistance to expand treatment capacity, integrate treatment into the public health system, provide community-based rehabilitation resources, strengthen drug prevention education within primary and secondary schools, and support community anti-drug coalitions.

### **Burma**

***FY 2020 Request: \$0.7 million***

Burma is the second largest illicit opium poppy cultivator in the world and is one of the largest producers of amphetamine-type stimulants. U.S. assistance will continue to support the Government of Burma's ability to interdict and investigate drug trafficking, production, and cultivation through training, technical assistance, and non-lethal equipment donations primarily through DEA. U.S. assistance will also continue to support drug demand reduction programs that aim to improve the quality of drug treatment services and curb widespread drug use in Burma.

### **Indonesia**

***FY 2020 Request: \$0.3 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, of which transnational criminal organizations take advantage. The FY 2020 Request will provide specialized technical training and equipment to counternarcotics officers to increase their ability to investigate drug-trafficking cases and to combat narcotics and precursors trafficking. U.S. assistance will also increase the Government of Indonesia's ability to reduce demand and rehabilitate drug users.

## **Africa**

### **Liberia**

***FY 2020 Request: \$1.3 million***

The FY 2020 request for counternarcotics will strengthen the ability of the Liberian Drug Enforcement Agency (LDEA) to interdict and disrupt drug trafficking. Funds will be used to develop and implement counternarcotics training that strengthen LDEA officer investigative skills and a human resources plan that ensures the LDEA has the management structures to run an efficient and effective agency. Funds will also be used to strengthen the capacity of the LDEA to process complex drug trafficking cases, including long-term investigations targeting transnational criminal organizations and distributors of narcotics.

### **State Africa Regional – West Africa Regional Security Initiative (WARS)**

***FY 2020 Request: \$1.0 million***

The FY 2020 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. INCLE 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 U.S. law enforcement agencies like DEA.

### **Kenya**

***FY 2020 Request: \$0.9 million***

The FY 2020 request for counternarcotics will support the Government of Kenya's ability to investigate and prosecute narcotics trafficking crimes. With a vibrant economy and strong infrastructure, Kenya serves as a major transshipment point for Afghan-produced heroin in transit to markets in Europe and the United States. Funds will be used to support continued training and mentorship of the Kenyan National Police Service's anti-narcotics unit by the DEA. Funds will also be used for travel of DEA trainers/mentors to Kenya, to pay for office equipment and basic supplies for the anti-narcotics unit, and to facilitate travel of DEA trainers to locations outside of Nairobi to engage with Kenyan officers in more remote locations. Funds may also be used to promote communication and information sharing among Kenyan, Tanzanian, and Mozambican officials with a view toward promoting a more broad-based regional approach to stemming the illegal flow of narcotics through the region.

## **Centrally Managed INL Programs**

### **Interregional Aviation Support**

***FY 2020 Request: \$25.5 million***

With FY 2020 funds, INL will continue to provide core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL's aviation activities in Peru, Panama, 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. Support will also include INL's Critical Flight Safety Program, which ensures the safety, structural integrity, and functionality of the INL aircraft fleet deployed and operated to provide aviation support to various INL country programs.

### **Demand Reduction**

***FY 2020 Request: \$8.0 million***

With FY 2020 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 U.S. universities, will target opioid addiction and overdose reversal, intravenous heroin use that leads to increased prevalence of HIV/AIDS, cocaine use (especially crack addiction among juveniles), methamphetamine, rising adolescent drug use, drug use within criminal gangs, recovery systems, and unique addiction problems affecting women and children.

INL will support the implementation of the world's first drug treatment and prevention protocols for drug-addicted children (infancy to eight years of age) and adolescents in Central and South America (crack cocaine), South and Southwest Asia (opioids), and Sub-Saharan Africa (heroin/marijuana combinations and crack). A consortium of international experts and medical universities develop and pilot test psycho-social and pharmacological (for detoxification) protocols and related training curricula, and provide follow-up, on-site technical assistance. INL will support effective Drug-Free Communities coalition programs (in Mexico, Latin America, Asia, and Africa) that bring citizens together to prevent and reduce drug use and crime among youth. Coalitions connect multiple sectors of the community (businesses, parents, media, law enforcement, schools, and government) to collaborate and develop plans, policies, and strategies to achieve reductions in the rates of drug use and crime at the community level.

### **Drug Supply Reduction**

***FY 2020 Request: \$10.0 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 U.S. 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.

More specifically, the funds will support UNODC and International Narcotics Control Board (INCB) online information sharing and early warning programs particularly global synthetic drug monitoring and precursor chemical reporting systems. UNODC's online "Toolkit" enables countries to review and implement a menu of best practices to address their unique national drug problems. INCB's systems are the cornerstone of the international precursor chemical monitoring and control system, and its activities result in real-time law enforcement cooperation between governments to track suspicious chemicals, including those used to produce fentanyl.

INL support to the Colombo Plan's toxic adulterant project will work globally to test drugs for multiple toxic cutting agents that can induce and exacerbate numerous serious systemic health effects on a drug user. This project serves as an early warning system for U.S. public health authorities, like HHS, to identify epidemics caused or exacerbated by toxic cutting agents found in illicit drugs.

### **Global Crime and Drugs Policy (previously "International Organizations")**

***FY 2020 Request: \$2.1 million***

This new line item replaces the International Organizations line item contained in prior budget requests, and has been revised to more effectively address U.S. policy priorities. The FY 2020 request for counterdrug programs will continue assistance to the Organization of American States' Inter-American Drug Abuse Control Commission (OAS/CICAD). Broadly, the OAS delivers technical assistance programming that protects U.S. citizens by enabling greater operational cooperation between international law enforcement agencies and strengthens foreign government capacity to dismantle drug trafficking and transnational crime groups and seize their assets. Programming promotes information exchange on trafficking routes and drug sample identification, as well as monitoring the impact of international controls and international cooperation to reduce illegal drug supplies, a critical effort in addressing the U.S. opioid challenge. Programs through the OAS also enhance international cooperation among states to help eliminate safe havens for transnational organized criminal groups, and enable greater burden-sharing through contributions from a wider array of donors.

The OAS/CICAD supports a wide range of multilateral initiatives in the Western Hemisphere to address the most pressing regional drug control challenges, including those related to the opioid crisis. OAS/CICAD works with OAS member states to, inter alia, strengthen capacity to (1) train law enforcement officials to identify and detect the presence of drugs in the Hemisphere, including new psychoactive substances, such as fentanyl analogues; (2) develop or review model legislation for drug-related offenses; (3) enhance data-collection on regional drug use and trafficking trends to support law enforcement efforts.

## **Program Development and Support**

***FY 2020 Request: \$16.9 million***

The FY 2020 Request includes \$16.9 million for INL's Washington-based Program Development and Support (PD&S) funds. Washington PD&S funds INL's domestic administrative and operational costs incurred to carry out policy implementation and oversight, program design, development, monitoring and evaluation, and review of INL programs implemented in fulfilling its mission. These resources provide operational and administrative support for and oversight of INCLE drug control activities.

## **PERFORMANCE**

<b>Bureau of International Narcotics and Law Enforcement Affairs</b>		
<b>Selected Measures of Performance</b>	<b>CY 2018 Target</b>	<b>CY 2018 Achieved</b>
<b>Andean Programs</b>		
» Number of Hectares of coca eradicated in Colombia and Peru	75,000	77,785
<b>Assistance to Rebuilding Countries</b>		
» Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation	28	28
<b>Demand Reduction</b>		
» Percentage of target population that have not used drugs after treatment in Afghanistan	15%	70%

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in U.S. embassy reports for the 2018 International Narcotics Control Strategy Report, annual surveys produced by UNODC, and each U.S. embassy's 2018 Performance Plan and Report, as entered into the Foreign Assistance Coordination and Tracking System.

### **Andean Programs**

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 U.S. Government's counternarcotics strategy in the Andean region and is a metric used by managers to handle day-to-day operations.

The program contributes to the President's *Strategy* by 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 calendar year, allowing managers the flexibility to adjust program operations to meet annual targets.

**CY 2017 Performance Results:** Peru surpassed its amended goal while Colombia exceeded its original goal by 2,001 hectares. Eradication is a critical component of the U.S. Government's counternarcotics strategy in the Andean region, but is not the only metric used in determining success. Eradication is measured by calendar year rather than fiscal year and covers parts of two fiscal years. Initially in the FY 2017 Drug Control Funds and Related Performance Report, the CY 2017 manual eradication targets were set at 50,000 hectares for Colombia and 10,000 hectares for Peru. The total therefore was set at 60,000 combined hectares. By mid-year, the target for Peru was amended to 25,000 hectares. The original combined 60,000 target was therefore amended to 75,000 hectares. In CY 2017, Colombia eradicated 52,001 hectares, a 194 percent increase in eradication over 2016. Peru extended its CY 2017 eradication operations through January 2018, to account for a late start due to devastating flooding and a national emergency response in the early months of 2017. Ultimately, Peru's eradication operations for 2017 went from April 2017 through January 2018 and exceeded the goal by eradicating 25,784 hectares. Combined, the two countries eradicated a total of 77,785 hectares.

**CY 2018 Performance Target:** The overall 2018 manual eradication performance target for Colombia is currently set at 50,000 hectares. Additionally, Colombia expects to eradicate 20,000 via the crop substitution program that originated from the peace agreement between the Colombian government and the FARC. The total eradication goal for Colombia is 70,000 hectares. The 2018 eradication target for Peru remains 25,000 hectares.

With continued increases in coca cultivation levels, Colombia has focused its efforts largely on interdiction, manual eradication, and the crop substitution program.

### **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 during and beyond transition in Afghanistan.

The program contributes to the President's *Strategy* by 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 (PFP) and Provinces Reducing Cultivation (PRC) 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.

CY 2018 Performance Results: 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 PFP 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 PRC. 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 program, representing a decrease of 46 percent compared to 2017, when 750 hectares of poppy were eradicated.

UNODC identifies heavy drought and low and continuously falling opium prices as the two key factors contributing to the decrease in poppy cultivation. Rule of law-related challenges, such as political instability, lack of government control and security, as well as corruption, continue to be key drivers of illicit cultivation. Socio-economic factors, such as scarce employment opportunities, lack of quality education, and limited access to markets and financial services also impact farmers' crop cultivation decisions. Additionally, advances in agriculture, including the use of solar panels for powering irrigation pumps may have made cultivation increasingly profitable, even under unfavorable natural conditions and falling prices.

Demand Reduction: Drug consumption represents a threat to the future of Afghanistan. The country faces a significantly higher rate of domestic illicit narcotic use. Drug consumption drains human capital, placing a burden on civil society and social services. Addressing drug use in Afghanistan also serves a counter-insurgency mission by denying revenue to the insurgents and safeguarding a vulnerable segment of the population that is prone to exploitation. Drug demand reduction programs also rescue the vital human capital that will be needed to build a self-sustained public and private sector for generations to come.

Since 2003, outcome evaluations of INL's treatment training program have consistently shown that the targeted user population that remained drug-free exceeded the goals established in partnership with the Office of National Drug Control Policy. The training programs that were evaluated were highly successful in transferring knowledge to treatment providers and the

techniques learned were implemented with a high degree of fidelity, resulting in efficiently operated treatment centers that delivered high quality services. It has also been hypothesized that treatment is more effective based on time spent in treatment. An independent study of INL-funded treatment programs was released in 2015 by the Government of Afghanistan's Ministry of Counter Narcotics in collaboration with the UNODC. The study interviewed a total of 465 former clients of INL programs in Kabul, Nangarhar, Badakhshan, Balkh, Herat, and Kandahar provinces, 30 days after completing treatment. More than 95 percent of these clients were opiate users. At the 30-day post-treatment period, 70 percent of the clients (i.e. 326 clients) were drug-free, exceeding the target goal of 15 percent.

Although many treatment and recovery facilities established in Afghanistan show great promise, the 2015 Afghanistan National Drug Use Survey conducted by the Department of State and the Afghan Ministry of Health Institutional Review Board found an 11 percent drug positive rate in Afghanistan.

**DEPARTMENT OF STATE**  
**United States Agency for International Development**

**Resource Summary**

Budget Authority (in Millions)			
	FY 2018 Final	FY 2019 CR <sup>1</sup>	FY 2020 Request
<b>Drug Resources by Function</b>			
International	\$104.845	\$104.845	\$70.518
<b>Total Drug Resources by Function</b>	<b>\$104.845</b>	<b>\$104.845</b>	<b>\$70.518</b>
<b>Drug Resources by Decision Unit</b>			
Development Assistance	\$20.500	\$20.500	\$---
Economic Support Fund	84.345	84.345	---
Economic Support and Development Fund <sup>2</sup>	---	---	70.518
<b>Total Drug Resources by Decision Unit</b>	<b>\$104.845</b>	<b>\$104.845</b>	<b>\$70.518</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	16	14	14
Afghanistan	2	---	---
Andean Region (Total)			
Peru	3	3	3
Colombia	11	11	11
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>2</sup>	\$24.4	\$22.7	\$19.2
Drug Resources Percentage	0.4%	0.5%	0.4%

<sup>1</sup> The FY 2019 CR level does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2019 appropriation.

<sup>2</sup> Total Agency Budget is the USAID-managed foreign assistance accounts, including DA, ESF, and ESDF, among others.

**Program Summary**

**MISSION**

The United States Agency for International Development (USAID) is the agency responsible for implementing most of the economic and development foreign assistance provided by the U.S. Government. It receives overall foreign policy guidance from the U.S. Secretary of State. USAID advances U.S. foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's Alternative Development programs support U.S. 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 U.S. partner countries.

## **METHODOLOGY**

USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. Consistent with the FY 2018 and FY 2019 Requests, the FY 2020 Request eliminates the DA account and provides economic and development assistance through a new, consolidated Economic Support and Development Fund (ESDF) account that replaces the ESF account. In preparing the annual foreign assistance budget request, the USAID and the Department of State allocate all funding according to the Foreign Assistance Standardized Program Structure, which contains a Program Area for counter-narcotics. All USAID-managed counternarcotics programming is for alternative development and alternative livelihoods programs, which support economic development that is not reliant on the cultivation, production, and sale of illicit drugs.

## **BUDGET SUMMARY**

The FY 2020 Request level for drug control efforts for USAID is \$70.5 million, a decrease of \$34.3 million from FY 2019 CR level.

### **Economic Support and Development Funds (ESDF) – Andean Region**

#### **Colombia**

***FY 2020 Request: \$50.5 million***

The FY 2020 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**

***FY 2020 Request: \$20.0 million***

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 alternative development (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, and improved local governance). 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 U.S. embassy’s 2018 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 2018.

United States Agency for International Development		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
» Number of full-time equivalent (FTE) jobs created by USG sponsored alternative development or alternative livelihood activities (Peru)	30,900	32,446
» Hectares of alternative crops targeted by USG programs under cultivation (Peru)	72,000	75,620
» Number of rural households benefiting directly from USG interventions (Colombia)	10,000	7,415
Value of smallholder incremental sales of licit agricultural products with USG assistance (Colombia)	\$9,500,000	\$9,665,824
Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)	5,148	5,148
» Number of families benefiting from alternative development (AD) activities in the Andean region (Peru)	40,100	41,439

***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, Huanuco, Ucayali, and Pasco). At the national level, coca cultivation increased between 2016 and 2017 by nearly 5,000 hectares according to the U.S. Government, and nearly 6,000 hectares per UNODC. Both the U.S. 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. U.S. 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 DEVIDA, 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 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Intelligence	\$13.349	\$13.420	\$13.673
Investigations	0.820	0.820	1.190
Prevention	14.632	16.680	17.500
State & Local Assistance	1.679	1.680	1.800
<b>Total Drug Resources by Function</b>	<b>\$30.479</b>	<b>\$32.600</b>	<b>\$34.163</b>
<b>Drug Resources by Decision Unit</b>			
Air Traffic Organization	\$11.670	\$11.740	\$11.873
Aviation Safety/Aerospace Medicine	15.452	17.500	18.690
Security and Hazardous Material Safety	3.357	3.360	3.600
<b>Total Drug Resources by Decision Unit</b>	<b>\$30.479</b>	<b>\$32.600</b>	<b>\$34.163</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	162	171	173
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$18.1	\$18.1	\$17.1
Drug Resources percentage	0.2%	0.2%	0.2%

**Program Summary**

**MISSION**

The mission of the Federal Aviation Administration (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 law enforcement agencies engaged in drug interdiction efforts.

**METHODOLOGY**

There are no single identifiable line items within the Air Traffic Organization, Office of Aerospace Medicine, or Office of Security and Hazardous Materials appropriations that fund

drug control efforts. The Air Traffic Organization drug funding is determined by estimating the costs associated with the time air traffic controllers spend on drug interdiction activities. All Office of Aerospace Medicine operations, capital improvements and acquisitions, and program training activities are funded out of the associated appropriations as part of operation costs. The drug-scored Office of Security and Hazardous Materials funding is an estimate of support provided to law enforcement agencies to assist in the interdiction of dangerous drugs and narcotics into the United States.

## **BUDGET SUMMARY**

In FY 2020, FAA requests \$34.2 million for drug control activities, an increase of \$1.6 million above the annualized FY 2019 CR level.

### **Air Traffic Organization**

**FY 2019 Request: \$11.9 million**

**(\$0.1 million above the FY 2019 CR level)**

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zone to detect possible suspicious aircraft movement. The Air Defense Identification Zone refers to airspace, over land or water, within which aircraft must readily provide their identification and location in the interest of national security. Typically, an aircraft entering the Air Defense Identification Zone is required to radio its planned course, destination, and any additional details about its trip through the Air Defense Identification Zone to the appropriate authorities. Air traffic controllers staffing Air Route Traffic Control Centers, DEA, and USCG all monitor the Air Defense Identification Zone for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, Air Route Traffic Control Center controllers support DEA/USCG interdiction efforts by providing radar vectors to track aircraft of interest time of arrival, traffic advisory information, and last known positions to intercept aircraft. Additionally, Air Route Traffic Control Center staff support DEA and USCG during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real-time basis. The request reflects an increase resulting from adjustment to the calculation of average salaries for air traffic controllers in the air route facility environment. Cost estimates are solely attributed to personnel costs for air traffic controllers at Air Route Traffic Control Center facilities.

### **Aviation Safety/Aerospace Medicine**

**FY 2020 Request: \$18.7 million**

**(\$1.2 million above the FY 2019 CR level)**

The Office of Aerospace Medicine is made up of two units. The Aviation Industry Substance Abuse Program unit is responsible for ensuring that industry implements and maintains drug programs in accordance with 14 CFR §121 and 14 CFR §135 (\$11.9 million). Included in the Drug Abatement Division is the Special Investigations & Enforcement Branch, which investigates complaints about rule violations and allegations of industry employee refusals to test and investigate alcohol or drug rule violations by FAR §67 medical certificate holders (\$1.19 million). The Internal Substance Abuse Program unit's objective is to randomly test FAA employees in

safety and security critical positions (\$5.6 million). No plans are in place to enhance, adjust, or reduce these Office of Aerospace Medicine units.

The Drug Abatement Division mandates the implementation of the FAA's drug testing regulation (14 CFR §120) requiring industry employers (e.g. air carriers, air traffic control towers, and air tour operators) to drug-test employees working directly or by contract (including subcontract at any tier) in a safety-sensitive position. The safety-sensitive positions include flight crew, flight attendants, flight instructors, maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators, and aircraft dispatchers.

Ensuring industry compliance with the drug 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, as well as investigations of airmen or employee violations. Airmen violations include refusal to submit to testing, positive drug test results, or alcohol confirmation tests over 0.04. Requirements are established by the U.S. Department of Transportation's Regulation, 49 CFR §40 and the FAA's regulation, 14 CFR §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 contractors provide services on a per-sample basis (Forensic Drug and Alcohol Testing and ALERE Laboratory). The five categories of drugs the agency tests for are amphetamines, cannabinoids (marijuana), cocaine, opiates, and PCP. The positions and associated funding are required to ensure compliance with drug testing mandated by Executive Order 12564 dated September 15, 1986, and implemented by the Department of Transportation Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

### **Security and Hazardous Materials Safety**

**FY 2020 Request: \$3.6 million  
(\$0.2 million above the FY 2019 CR level)**

In FY 2020, funding will provide for the Office of Security and Hazardous Materials Safety's (ASH) continued support to the DEA, CBP, ICE and other law enforcement agencies (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 LEAP Special Agents will conduct regulatory investigations into airmen who were convicted of drug-related offenses and are in violation of certain United States Code Statutes and Federal Aviation Regulations as a result of information received from 48 states, the District of Columbia, and three territories.

FY 2020 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.

<b>Federal Aviation Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2018 Target</b>	<b>FY 2018 Achieved</b>
» Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs < 0.5% for Alcohol	<1% for Drugs <0.5% for Alcohol
» Schedule and inspect a minimum number of regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,450	1,289
» Initiate regulatory investigations on 95 percent of all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement	95%	95%
» Initiate regulatory investigations on 95 percent of all aircraft involved in illegal activity within 30 days of knowledge of that activity	95%	95%
» The Law Enforcement Assistance Unit will ensure initial response to inquiries from Federal, state, law enforcement, ASH headquarters, and field elements within 24 to 48 hours of requests	95%	95%
» Provide assistance and briefings to other agencies as requested	95%	95%

### **Air Defense Identification Zone**

The Air Defense Identification Zone activity directly supports the *Strategy's* goal of reducing the trafficking of illicit drugs. The agency is working to develop a performance metric in support of this activity.

### **Drug Testing of Safety-Sensitive Employees**

Pursuant to 14 CFR §120.109(b), the FAA Administrator's decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00 percent, the Administrator may continue the minimum random drug testing rate at 25 percent. Similarly, 14 CFR §120.217(c), requires the decision on the minimum annual random alcohol testing rate to be based on the random alcohol test violation rate. If the violation rate remains less than 0.50 percent, the Administrator may continue the minimum random alcohol testing rate at 10 percent. In calendar year 2016, the latest available data, FAA exceeded its target with 0.61 percent of those persons randomly selected testing positive for drugs, while 0.12 percent tested positive for alcohol, much less than their respective one and one-half percent thresholds.

For FY 2017, violation rates for both drugs and alcohol have remained low enough to enable the Administrator to continue the current minimum random testing programs.

### **Law Enforcement Assistance Program**

During FY 2018, FAA LEAP Special Agents responded to 6,476 requests from law enforcement and other agencies for information regarding 9,435 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 2018 accomplishments of FAA support of drug interdiction initiatives undertaken by LEAP Special Agent(s):

- Provided assistance to CBP that led to the discovery of a single-engine Cessna 210 operating in the Eastern Pacific off the coast of Central America. The aircraft was displaying United States registration. During the joint investigation, it was determined the aircraft was a clone, and the aircraft with that U.S. registration is a Cessna P210N operating in Europe. The cloned aircraft was subsequently seized in Mexico, with 310 kilograms of cocaine onboard.
- Provided assistance to HSI in Bogota, Colombia that was vital to the seizure of 907 kilograms of cocaine and a Hawker 70 private aircraft.
- Assisted a local police department in New Mexico with information on an aircraft seized with 95 pounds of marijuana onboard. The airman certificate of the pilot involved in transporting the marijuana had previously been revoked. The airman pled guilty to

possession with the intent to distribute narcotics, and was sentenced to 36 months of imprisonment.

- Traveled to South America, along with Special Agents from DEA and the FAA's Special Emphasis Investigation Team, to satisfy a Mutual Legal Agreement Treaty (MLAT). The MLAT is a treaty that binds the United States Government to provide requested legal assistance to foreign governments who are also parties to the treaty. The FAA received an MLAT request asking that the registration of approximately nine aircraft be identified. These aircraft were previously seized by the foreign government as a result of one of the largest narcotic investigations to date in that country.
- Assisted DEA and HSI in an investigation which resulted in a single-engine Piper Cherokee being seized in New Smyrna Beach, Florida, after it operated from the west coast with more than 100 pounds of marijuana onboard.
- Provided support to the Finney County Sheriff's Office, Garden City, Kansas, in obtaining airman information on a person suspected of flying to Colombia once a month to pick up fruit and cocaine.
- Provided assistance in a DHS/HSI/Kentucky State Police criminal investigation that resulted a Gulfstream G-III jet aircraft being seized for narcotics smuggling. Nine individuals, including four pilots, were arrested.
- Provided technical assistance to law enforcement that resulted in the arrest of five individuals involved in transporting approximately 500 kilograms of cocaine in a Bombardier Global Express aircraft between the United Kingdom and Bogota, Colombia.
- Provided information to the DEA in South Florida that resulted in an aircraft seizure of a Cessna 210. The aircraft was illegally registered to a family member of a known narcotics trafficker operating outside of the United States.
- Assisted DEA in New Mexico with aircraft information resulting in the seizure of a Lancair LC41, which was found to have marijuana, controlled prescription drugs, and large sums of cash onboard.
- Conducted multiple operations in airports located in South Florida and Puerto Rico focused on aviation safety issues. These included aircraft registrations, airman/medical certificate requirements, and airworthiness of aircraft. Agents partnered with DEA, CBP, and HSI, as well as State and local departments. These operations resulted in multiple FAA enforcement investigations, aircraft seizures, and valuable intelligence gathering.
- Engaged multiple state Departments of Corrections concerning contraband being dropped by Unmanned Aircraft Systems (UAS) into prisons. LEAP agents provided guidance for reporting incidents and vital information needed for the FAA to take enforcement action. Several prisons have expressed their desire to install UAS tracking and mitigation systems. The FAA continues to educate public safety entities on the restrictions of using tracking and mitigation systems.

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. Three 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 Federal Law Enforcement Training Center.
- Training on the LEAP and Unmanned Aircraft Systems 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 law enforcement agencies. 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.
- Provided training to New York Police Department (NYPD) officers and the NYPD Counter-Terrorism Bureau covering LEAP assistance in criminal investigations and UAS law enforcement considerations for UAS events, to include illegal uses and threats, response, evidence, FAA regulations, and coordination.
- Numerous national and local law enforcement conferences to include the Airborne Public Safety Association, International Narcotics Investigator's Association, and International Association of Chiefs of Police.

# DEPARTMENT OF TRANSPORTATION

## National Highway Traffic Safety Administration

### Resource Summary

	Budget Authority (in millions)		
	FY 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Prevention	\$6.021	\$1.521	\$5.000
Treatment	0.350	0.500	0.500
Research and Development: Prevention	1.200	1.200	1.200
<b>Total Drug Resources by Function</b>	<b>\$7.571</b>	<b>\$3.221</b>	<b>\$6.700</b>
<b>Drug Resources by Decision Unit</b>			
Drug Impaired Driving Program	\$6.021*	\$1.521	\$5,000
Highway Safety Research	1.200	1.200	1.200
Emergency Medical Services	0.350	0.500	0.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$7.571</b>	<b>\$3.221</b>	<b>\$6.700</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3.0	3.0	3.0
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.9	\$0.9	\$0.9
Drug Resources percentage	0.3%	0.3%	0.3%

\*The Consolidated Appropriations Act of 2018 (Public Law 115-141) provided a one-time appropriation of \$5.000 million to address impaired driving. The funding has a two-year period of availability, and \$4.500 million will be obligated for drug-control prevention and research. \$2.000 million will be obligated in FY 2018 for public awareness and communications efforts, and the remaining \$2.500 million will be obligated during FY 2019 for drug- control program and research activities.

### Program Summary

#### MISSION

The National Highway Traffic Safety Administration (NHTSA) 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 Impaired Driving, Highway Safety Research, and Emergency Medical Services (EMS) 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. Also, NHTSA conducts research to better understand, define and address the drug-impaired driving problem. For example, the agency is now studying the feasibility of

new tools that could assist law enforcement officers in addressing the recent increase in marijuana use by drivers.

### **Opioids**

Around the country, EMS personnel are treating opioid overdose patients daily. Data from NHTSA's National EMS Database indicate that EMS personnel administered naloxone 244,588 times to patients of all ages in 2016. The most recent iteration - Version 3 - of the National EMS Information System (NEMSIS) data standard allows local communities and States to receive EMS data in near real time, including information on fatal and non-fatal opioid overdoses, and then transmit that data into NHTSA's National EMS Database in under 10 minutes from the point-of-care. Version 3 of the NEMSIS data standard also improves data quality and allows for integration of EMS data into health information exchanges whereby EMS records can link with hospital records, prescription drug monitoring programs, 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 authorize all levels of licensed EMS personnel to administer naloxone. Also in 2017, NHTSA began development of a clinical evidence-based guideline (EBG) for administration of naloxone by EMS personnel. When completed in 2019, the EBG 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 they will guide the education of all entry-level EMS personnel on how to administer naloxone according to the EBG. 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 its participation on the Healthcare and Public Health - Government Coordinating Council (HPH-GCC) chaired by the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Critical Infrastructure Protection Program (CIPP). Through its partners on the sector coordinating council, CIPP monitors the national availability of materials such as naloxone.

### **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 2020, NHTSA is requesting \$6.7 million for drug control activities, an increase of \$3.4 million above the FY 2019 annualized CR level. This increased level of funding from FY 2019 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 2020 Request: \$5.0 million**

**(\$3.5 million above the FY 2019 CR level)**

NHTSA's Drug-Impaired Driving Program resources 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 (DECP) and the Advanced Roadside Impaired Driving Enforcement (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 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 2020, 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** – In FY 2020, NHTSA will continue to support and update the national DRE database and the State registries of officers certified as having successfully completed DRE, Advanced Roadside Impaired Driving Enforcement (ARIDE), and SFST training. In FY 2020, NHTSA will 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** – In FY 2020, the agency will continue to refine drug-impaired driving training for law enforcement officers. In FY 2017 and 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.

In FY 2020, NHTSA will promote and facilitate adoption of the ARIDE curriculum as an intermediate level of training to identify potentially drug-impaired drivers. NHTSA will work closely with national associations representing law enforcement, prosecutors and judges in FY 2020 to increase the use of the updated SFST training and provide education for criminal justice professionals.

## **Highway Safety Research**

### **FY 2020 Request: \$1.2 million**

#### **(no change from the FY 2019 annualized CR 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 is underway and will be 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 additional impaired driving funds appropriated in FY 2018 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** – In FY 2020, 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 plans to 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 2020 Request: \$0.5 million**

**(no change from the FY 2019 annualized CR level)**

The National EMS Information System (NEMSIS), part of the Department of Transportation's Emergency Medical Services Program, supports near real-time reporting of EMS naloxone administrations including EMS responses to traffic crashes involving drug-impairment. The FY 2020 request supports and expands 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 (FISMA).

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 July 2018, 32 States, the District of Columbia, the U.S. 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 a local, State, and National level. The goal is for every Emergency Medical Technician (EMT) and paramedic to collect consistent data on every patient encounter and for that record to be compiled with others to analyze and improve quality, benchmark EMS systems, and conduct research. NEMSIS improvements will remove barriers between NEMSIS-compliant data systems and other critical datasets such as health information exchanges, prescription drug monitoring programs, 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.

<b>Drug-Impaired Driving Program</b>		
<b>Selected Measures of Performance</b>	<b>Target FY 2018</b>	<b>Performance FY 2018</b>
» 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.	TBD - NHTSA anticipates publication of the 2018 Fatality Analysis Reporting System data in the fall of 2019.
<b>FY 2019</b>		
» Increase training of law enforcement officers in detecting drug-impaired drivers.	Increase the number of officers trained in ARIDE and DRE by 10 percent.	TBD – NHTSA will provide performance data in FY 2020.
<b>FY 2020</b>		
» Number of States and Territories submitting NEMSIS Version 3 data to the National EMS Database.	Increase to 44 the number of States and Territories submitting NEMSIS Version 3 data to the National EMS Database.	<b>FY 2020 Baseline</b> As of July 2018, 32 States, 2 Territories, and the District of Columbia are submitting NEMSIS Version 3 data to the National EMS Database.

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). By the end of calendar year 2018, NHTSA will complete the study design and site selection, obtain the cooperation of participating hospitals and law enforcement agencies, and be ready to initiate data collection.

In FY 2019, NHTSA will work 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. (In 2016, a total of 70,979 police officers, prosecutors and toxicologists had received ARIDE training and there were 8,277 DREs.)

In FY 2020, NHTSA will continue collaborating with EMS stakeholders to increase to 44 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 2018 Final	FY 2019 CR	FY 2020 Request
<b>Drug Resources by Function</b>			
Investigations	\$63.076	\$60.257	\$60.257
<b>Total Drug Resources by Function</b>	<b>\$63.076</b>	<b>\$60.257</b>	<b>\$60.257</b>
<b>Drug Resources by Decision Unit</b>			
Investigations	\$63.076	\$60.257	\$60.257
<b>Total Drug Resources by Decision Unit</b>	<b>\$63.076</b>	<b>\$60.257</b>	<b>\$60.257</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	329	311	311
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$11.4	\$11.1	\$11.4
Drug Resources percentage	0.6%	0.5%	0.5%

**Program Summary**

**MISSION**

The mission of the Internal Revenue Service (IRS) Criminal Investigation (CI) Division is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law.

IRS CI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: the Legal Income Source, the Illegal Income Source, and the Narcotics Programs. IRS CI focuses its counter-narcotics resources on investigating individuals and Transnational Organized Crime (TOC) groups involved in illegal drug trafficking, cyber-crime, and other financial fraud schemes in order to reduce or eliminate the financial gains (profits) of major narcotics trafficking and money laundering organizations using unique financial investigative expertise and statutory jurisdiction.

The CI Narcotics Program supports the President’s priorities to contribute in joint nationwide efforts to Combat TOC, the *Strategy*, the *National Money Laundering Strategy*, and plays a key role in multiple initiatives that are part of the highly-visible National Southwest Border

Counternarcotics Strategy. IRS CI continues to support multi-agency task forces, including OCDETF, OCDETF Fusion Center (OFC), HIDTAs, and the DEA SOD.

## **METHODOLOGY**

The Narcotics Program's drug control funding is calculated by the share of full-time equivalent (FTE) staff performing counternarcotics efforts against the entire IRS CI budget request.

## **BUDGET SUMMARY**

The IRS CI drug control FY 2020 budget request is \$60.3 million and 311 FTE. This is based on FTE cost estimates and is the same funding level earmarked in the previous fiscal year.

### **Criminal Investigations**

**FY 2020 Request: \$60.3 million**

**(No change from the FY 2019 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 the 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 2018, IRS CI increased the number of completed narcotics-related investigations by about 11 percent, from 693 in FY 2017 to 769. During the same time period, IRS CI's conviction rate increased by 0.6 percent, from 87.4 percent to 88.0 percent.

IRS CI continues to be a leader in narcotics-related financial investigations. In 2018, IRS CI hosted over sixty 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 documents filed by financial institutions at the Financial Crimes Enforcement Network (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 investigation. IRS CI continues to work with partners on strengthening the seizure and ultimate forfeiture of illicit funds associated with narcotics trafficking.

With the globalization of the U.S. economy, and the increasing use of electronic funds transfers, investigations have become more international in scope. IRS CI's international strategy places

special agents in strategic foreign posts to facilitate the development and use of information obtained in host nations in support of its investigations. Such information is especially crucial to the success of high level TOC, narcotics, and money laundering investigations.

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 2018, 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. In addition, agents seized a virtual currency kiosk. IRS CI is committed to dismantling, disrupting, and prosecuting these transnational criminal organizations, in support of the *President’s Initiative to Stop Opioid Abuse and to Reduce Drug Supply and Demand*.

## **PERFORMANCE**

The performance information for the IRS CI Narcotics program is shown below for FY 2014 - 2020.

<b>IRS Criminal Investigation Narcotics</b>				
<b>Selected Measures of Performance</b>	<b>FY 2017 Achieved</b>	<b>FY 2018 Achieved</b>	<b>FY 2019 Target</b>	<b>FY 2020 Target</b>
» Number of investigations completed for the Narcotics Program	693	769	830	824
» Number of Convictions	542	485	581	581
» Conviction Rate	87.4%	88.0%	89.8%	89.6%

Notes:

1. The achieved figures comprise all Narcotics investigations (OCDETF, HIDTA-OCDETF, Terrorism-OCDETF, HIDTA, and Narcotics-other)
2. The FY 2019 Target is determined by taking the average of the performance results achieved from FY 2014 – FY 2018.
3. The FY 2020 Target is determined by taking the average of the performance results achieved from FY 2015 – FY 2018 and the FY 2019 Target amount.
4. The conviction rate is the percent of adjudicated criminal cases that result in convictions.

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 (MSB), business fronts, casinos, smurfing, bulk cash smuggling, cryptocurrency and other illegal activities.

## **FY 2018 Accomplishments**

The various multi-agency narcotics investigations conducted by IRS CI through FY 2018 resulted in the seizure of more than \$41 million in cash and other assets. Below is a sampling of investigations that the IRS conducted in FY 2018 concerning international, narcotics, and related money laundering violations:

- An illegal scheme spanned the world and involved operatives in Canada, India, the United States, and Mexico who laundered drug trafficking proceeds generated from multi-kilogram and multi-pound sales of narcotics in Canada and the United States for, and on behalf of, the Sinaloa Cartel and their affiliated drug trafficking organizations. The laundered money was either transported to the Sinaloa Cartel as profits or reinvested in additional narcotics to be sold and distributed in the United States and Canada.
- The target admitted that he was a repeat money courier in an international “hawala” ring that transferred narcotics proceeds for the Sinaloa drug cartel and other drug trafficking organizations. The target admitted to personally transporting over \$1,800,000 in cash, which he knew was drug trafficking proceeds.
- On August 3, 2018, IRS CI participation in a multi-agency investigation that led to 150 month sentence in federal prison after pleading guilty to distribution and money laundering.
- The target, a narcotics vendor on the dark web and Alpha Bay Marketplaces distributed controlled substances anonymously online and laundered the proceeds through a series of complex Bitcoin transactions. Synthetic opioid pills were purchased from the target and shipped via U.S. mail to undercover mailboxes in Miami, Florida. Based on the target’s online profile 8,641 transactions were conducted involving the sale of synthetic or counterfeit opioid pills and fentanyl.
- On August 16, 2018, due to the efforts of IRS CI and other Federal agencies, a man was sentenced to 108 months in prison after pleading guilty to conspiracy to commit mail or wire fraud and engaging in monetary transactions that were proceeds of mail fraud. The target, who made his residence in Florida, conspired with several individuals to swindle elderly victims, including individuals residing in Colorado into sending nearly \$6 million dollars as “investors” in a company alleged to be producing gloves for several corporations including Wal-Mart and Walgreens. The Colorado victims sent as much as \$5.195 million as investment monies.
- On November 17, 2017, as a result of IRS CI participation in a multi-agency investigation, a target was sentenced to 210 months in prison and 60 months supervised released. The target previously entered a guilty plea to a narcotics and money laundering conspiracy. The investigation into this Southern Iowa drug organization revealed several family members trafficking cocaine and marijuana. The family member and distributor communications were intercepted leading to knowledge of 20 individuals involved in the drug distribution network. The defendant agreed to forfeit monies that were seized from his residences, the balance of his bank accounts, real property at one of his residences, as well as real estate located in Colorado.

- On July 12, 2018, efforts of IRS CI and other federal agencies resulted in the sentencing of a cocaine distributor and money launderer to 57 months in prison. The target and others distributed cocaine by sending packages to both North Carolina and Florida. Several individuals were prosecuted in this investigation, known as Operation White Panther Express. The target agreed to forfeit the narcotics proceeds.

# DEPARTMENT OF VETERANS AFFAIRS





**DEPARTMENT OF VETERANS AFFAIRS**  
**Veterans Health Administration**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2018 Final	FY 2019 Enacted <sup>1</sup>	FY 2020 Request
<b>Drug Resources by Function</b>			
Treatment	\$751.771	\$773.572	\$803.741
Research and Development: Treatment	15.651	20.000	20.000
<b>Total Drug Resources by Function</b>	<b>\$767.422</b>	<b>\$793.572</b>	<b>\$823.741</b>
<b>Drug Resources by Decision Unit</b>			
Medical Care	\$751.771	\$773.572	\$803.741
Research and Development	15.651	20.000	20.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$767.422</b>	<b>\$793.572</b>	<b>\$823.741</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3,299	3,300	3,300
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$81.5	\$77.5	\$86.9
Drug Resources Percentage	1.0%	1.1%	1.0%

<sup>1</sup> Represents VA's estimate of FY 2019 spending, based on the appropriated levels. Medical Centers have the discretion to spend appropriated funds in the manner that best provides quality health care needed by their clients.

**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 health care. The goal of VHA's Mental Health Services is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUDs and mental illness, 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 MH 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 (ARC) develops ARC cost, which is computed by taking the MCA cost and removing the non-patient specific costs, such as Operating costs for Headquarters, 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 2020, VHA requests \$823.7 million for drug control activities, an increase of \$30.2 million above the FY 2019 enacted level.

### **Medical Care**

**FY 2020 Request: \$803.7 million**

**(\$30.2 million above the FY 2019 enacted level)**

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits the 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. In FY 2018, VHA provided services by MH clinicians in a variety of outpatient settings to 211,735 patients with any diagnosis of a drug use disorder. Of these, 31 percent used cocaine, 29 percent used opioids, and 51 percent used cannabis. Nearly 89 percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

VHA continues to improve service delivery and efficiency by integrating services for MH 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 MH staff to identify and address potential MH 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).

Most Veterans with SUDs are treated in outpatient programs. Outpatient detoxification is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Standard outpatient programs typically treat patients one or two hours per session and patients are generally seen once or twice a week. Intensive 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 post-traumatic stress disorder (PTSD), VHA has also assigned an SUD specialist to each of its hospital-level PTSD services or teams. The staff person is an integral member of the PTSD clinical services team and works to integrate SUD care with all other aspects of PTSD-related care. Among the specialists' responsibilities are identification and treatment of Veterans with co-occurring SUD/PTSD. Specialists also promote preventive services for Veterans with PTSD who are at risk for developing an SUD.

VHA provides two types of 24-hour care to patients with particularly severe or acute SUDs. These include care in Residential Rehabilitation Treatment Programs and inpatient withdrawal management and stabilization in numerous medical and general MH units. VHA offers care in Residential Rehabilitation Treatment Programs to Veterans with a range of MH concerns. Although many of these programs are designated as "Substance Abuse Residential Rehabilitation Treatment Programs" and focus primarily on SUD services, in FY 2018, 93.6 percent of all Residential Rehabilitation Treatment Programs patients had an SUD present for the fiscal year during which they received residential treatment.

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 the U.S. Department of HUD – VA Supportive Housing (HUD-VASH) and the Health Care for Homeless Veterans (HCHV) 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.

The Uniform Mental Health Services Handbook affirmed that "Police encounters and pre-trial court proceedings are often missed opportunities to connect Veterans with VA MH services as a negotiated alternative to incarceration or other criminal sanctions." VA medical centers (VAMC) provide outreach to justice-involved Veterans in the communities they serve. All VA medical centers have at least one designated Veterans Justice Outreach (VJO) Specialist.

In communities where justice programs relevant to Veterans exist (Veterans courts, drug courts, MH 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 Veterans Treatment Courts and other Veteran-focused courts, with more planned. Its definition of a Veterans Treatment Court includes linkage to VHA treatment services. In communities without Veterans Treatment Courts, VAMCs 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 MH providers.

### **Opioid Safety Initiative and Treatment**

***FY 2020 Request: \$397.0 million***

***(\$15.0 million above the FY 2019 enacted level)***

The VA FY 2020 request includes \$397.0 million for opioid specific treatment. 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. Based on comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2018, many aspects of the OSI continue to show positive results. Despite an increase of 219,673 Veterans who were dispensed any medication from a VA pharmacy, 234,492 fewer Veterans were on long-term opioids, and 93,586 fewer Veterans received opioid and benzodiazepine medications together. There has been an increase in the percentage of Veterans on opioid therapy who have had at least one urine drug screen completed in the past year from 37 percent to 91 percent. The average dose of selected opioids has continued to decline as 40,584 fewer patients were receiving daily doses greater than or equal to 100 milligrams of morphine equivalent, demonstrating that prescribing and consumption behaviors are changing.

Chronic pain is a national public health problem as outlined in the 2011 study by the Institute of Medicine (IOM). At least 100 million Americans suffer from some form of chronic pain. The IOM study describes in detail many concerns of pain management, including system-wide deficits in the training of our Nation's health care professionals in pain management and SUDs prevention and management, and the problems caused by a fragmented health care system. The over-use and misuse of opioids for pain management in the United States is a consequence of a health care system that until recently was less than fully prepared to respond to these challenges.

The 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 DoD as well. VHA's 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.

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.

These tools, referred to as the Opioid Therapy Risk Report (OTRR) and the Stratification Tool for Opioid Risk Mitigation (STORM), are available to all 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 OTRR 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 primary care providers. The STORM allows VA providers to view information about risk factors for opioid overdose, suicide-related events and other harms along with potential risk mitigation strategies.

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 MH care—and pain management medication therapy—across all VAMCs. As of September 30, 2018, specially trained VA pharmacists had over 32,000 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 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 Opioid Safety Initiative and include:

- Overdose Education and Naloxone Distribution (OEND): As of September 30, 2018, over 204,000 naloxone prescriptions were dispensed to Veterans.
- State Prescription Drug Monitoring Programs (PDMP): 48 States, 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 2018 (ending September 2018), VA providers have documented over 3.8 million queries to State PDMPs to help guide treatment decisions.
- SUD: MAT is available to Veterans receiving care in VA.
- 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, 2018, Veterans have returned over 99 tons (the equivalent of 31 elephants) of unwanted or unneeded medication using these services.

VHA is steadily expanding the availability of MAT for veterans with OUD. VA monitors the percentage of patients with OUD who receive MAT (34.8% during the 4th quarter of FY 2018) as part of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a nationwide psychopharmacology quality improvement (QI) program that supports facility-level QI through quarterly quality metrics, clinical decision support tools, technical assistance for QI strategic implementation, and a virtual learning collaborative.

Compared to FY 2017, during FY 2018, 11 percent more unique Veterans received treatment with buprenorphine (total of 16,313) and the number of prescribers increased by 15 percent (to 1,327). In FY 2018, evidence-based MAT for OUD, 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 630 total sites of service provided at least some MAT. VA operates federally-regulated opioid treatment programs that can provide methadone maintenance on-site at 32 larger urban locations and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing care through community-based licensed opioid treatment programs.

### **Expand Access to Evidence-based Addiction Treatment in Every State**

The Office of Rural Health has expanded access to VA care related to pain, opioid use, and treatment of OUD. The programs include utilizing technology such as telehealth to reach rural Veterans and utilizing care providers in addition to physicians to increase access. (ex., Clinical Pharmacists, Clergy, Licensed Practical Nurses [LPNs], Social Workers)

### **Stepped Care for OUD Train the Trainer (SCOUTT) Conference**

VA hosted interdisciplinary teams (almost 300 providers) to provide training in the Stepped Care Model for OUD. These teams received training on implementing MAT for OUD, strategies for spreading the selected model to the other facilities in their VISN, and providing seamless transitions between clinics. MAT for OUD is being made available throughout the VA. The stepped care model for OUD is fundamental for providing access to life-saving medication for those at highest risk for opioid-related adverse events, in settings where they are receiving care (i.e., Primary Care, Pain Management, MH and SUD specialty care). VA's QualityU

Enhancement Research Initiative partnered with the National Mental Health Program for SUD to launch the Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) to provide facilitation of implementation and evaluation. In FY 2019, eighteen VISN pilot teams are starting to implement one of two evidence-based models for MAT in Primary Care, General Mental Health, or Pain Management clinics.

### **Veterans Justice Programs**

VA services for justice-involved Veterans are provided through two dedicated national programs, both prevention-oriented components of VA's Homeless Programs: Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Known collectively as the Veterans Justice Programs (VJP), HCRV and VJO facilitate access to needed VA health care 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**

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**

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 Veterans Treatment Courts, or VTCs), 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.

#### **VJP: Facilitating Veterans' Access to VA Health Care**

Veterans who are seen by HCRV and VJO Specialists access VA MH and substance use treatment at high rates. Most Veterans seen in the VJO program have a MH (77%) or SUD (71%) diagnosis, or both (58%). Within one year of their VJO outreach visit, 97 percent of Veterans with MH diagnoses had had at least one VHA MH 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 MH 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 MH diagnosis having at least one visit, and 64 percent having at least six visits. For SUD, 57 percent had at least one visit, and 37 percent had at least six. Improving access to treatment and care for this segment of the Veterans population is in direct alignment with the identified agency goals.

## Research and Development

FY 2020 Request: \$20.0 million

(No change from the FY 2019 enacted level)

VHA research supports a generation of new knowledge to improve prevention, diagnosis, and treatment of SUD (e.g., opioids, alcohol, tobacco), as well as the development and testing of innovative approaches for chronic pain management for Veterans. The VA patient population has experienced many of the problems of opiate misuse and addiction that have made this a major clinical and public-health problem in the United States. Opioids are used to treat chronic 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 and responds to the requirements of the *Comprehensive Addiction and Recovery Act of 2016*, VA will maintain efforts in pain-management research through 2020 in two areas started in FY 18:

- 1) expanding the research evidence base for non-pharmaceutical strategies for pain, and
- 2) identifying, testing and confirming safer medications to treat pain.

Building on a successful State of the Art Conference in late 2016 on non-opioid therapies for chronic musculoskeletal pain, VA is testing and implementing complementary and integrative approaches to treating chronic pain, including self-management strategies (e.g., mindfulness or yoga) and interventions administered by a provider (e.g., acupuncture or massage). Much of this work occurs through the VA's continued participation in the National Institutes of Health (NIH) – DoD – VA Pain Management Collaboratory. This \$81 million partnership launched in September 2017, with the VA exclusively funding one of the Collaboratory's 11 large, pragmatic trials in April 2018. This year, VA has actively participated in more than 25 Collaboratory meetings, including its national convening meeting in September 2018. VA-affiliated members of this Collaboratory, including VA's Health Services Research and Development Director, were also invited to speak at a recent workshop held by the National Academies of Sciences, The Role of Nonpharmacological Approaches to Pain Management.

## PERFORMANCE

Information regarding the performance of the drug control efforts of VHA is based on Agency Government Performance and Results Modernization Act 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 reports performance for two separate drug-related initiatives: treatment and research and development. The table and accompanying text represent VHA's drug-related achievements during FY 2018.

Veterans Health Administration		
Selected Measures of Performance	FY 2018 Target	FY 2018 Achieved
<b>Treatment</b>		
» Abstinence from drug use at follow-up in a SUD specialty treatment population	88%	80%
<b>Research and Development</b>		
» Number of research studies related to SUDs	5	28
» Number of research studies specifically related to OUDs*	NA	12
» Number of research studies related to alcohol use disorders	5	51

\*New category for FY18

### Treatment

During FY 2018, 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 2018 (allowing time for follow-up assessment during Quarter 4), VHA SUD specialty outpatient programs assessed self-reported abstinence among 3,337 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, 79.3 percent reported abstinence from drugs during the previous 30 days, a level of performance that is unchanged from the prior year and, despite not reaching VHA’s stretch goal of 88 percent, nonetheless represents a high level of performance success. Over 9,860 veterans were assessed at the beginning of SUD specialty care during the 4<sup>th</sup> quarter of FY 2018.

### Research and Development

The dollars VHA invests in research helps aid efforts to improve SUD prevention, diagnosis, and treatment while improving the effectiveness, efficiency, accessibility, and quality of Veterans’ health care.

In FY 2018, VHA exceeded targets for the numbers of studies relevant to substance use (28) or alcohol use (51) disorders and VA separately now reports OUD research with an FY 2018 baseline of 12 studies in progress. This distinction of a new category for opioid research aligns

with heightened focus activity on management of opioid use and abuse. Multiple publications were released by VHA-funded researchers on these specific topics areas.

## ACRONYMS

<b>ABCD</b>	Adolescent Brain Cognitive Development Study
<b>AC&amp;I</b>	Acquisition, Construction & Improvements
<b>ACE</b>	Adverse Childhood Experience
<b>ACF</b>	Administration for Children and Families
<b>AD</b>	Alternative Development
<b>ADF</b>	Agricultural Development Fund
<b>AFF</b>	Assets Forfeiture Fund
<b>AFP</b>	Asset Forfeiture Program
<b>AI/AN</b>	American Indian and Alaska Native
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>AIU</b>	Air Interdiction Unit
<b>AMO</b>	Air and Marine Operations
<b>ARB</b>	At-risk Beneficiary
<b>ARIDE</b>	Advanced Roadside Impaired Driving Enforcement
<b>ASSF</b>	Afghanistan Special Security Force
<b>ATF</b>	Alcohol, Tobacco, Firearms and Explosives
<b>AUD</b>	Alcohol Use Disorder
<b>BEST</b>	Border Enforcement Task Forces
<b>BIA</b>	Bureau of Indian Affairs
<b>BLM</b>	Bureau of Land Management
<b>BOP</b>	Bureau of Prisons
<b>BSFIT</b>	Border Security Fencing, Infrastructure, and Technology
<b>CAPT</b>	Center for the Application of Prevention Technologies
<b>CARF</b>	Commission on the Accreditation of Rehabilitation Facilities
<b>CARSI</b>	Central America Regional Security Initiative
<b>CBHSQ</b>	Center for Behavioral Health Statistics and Quality
<b>CBP</b>	Customs and Border Protection
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CCDB</b>	Consolidated Counterdrug Database
<b>CD</b>	Counterdrug
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CFR</b>	Code of Federal Regulations
<b>CGC</b>	Coast Guard Cutter
<b>CHIP</b>	Children's Health Insurance Program
<b>CI</b>	Criminal Investigation
<b>CICAD</b>	Inter-American Drug Abuse Control Commission
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CNP</b>	Colombian National Police

<b>Coast Guard</b>	Unites States Coast Guard
<b>CoC</b>	Continuum of Care
<b>CoEPE</b>	Centers of Excellence in Pain Education
<b>CollegeAIM</b>	College Alcohol Intervention Matrix
<b>COPS</b>	Community Oriented Policing Services
<b>CPOT</b>	Consolidated Priority Organization Target
<b>CR</b>	Continuing Resolution
<b>CRM</b>	Criminal Division
<b>CSAP</b>	Center for Substance Abuse Prevention
<b>CSAT</b>	Center for Substance Abuse Treatment
<b>CSOSA</b>	Court Services and Offender Supervision Agency
<b>CSP</b>	Community Supervision Program
<b>CTF-150</b>	Combined Task Force 150
<b>CTN</b>	Clinical Trials Network
<b>CTOC</b>	Counter-transnational Organized Crime
<b>CY</b>	Calendar year
<b>D&amp;M</b>	Detection and Monitoring
<b>DATA</b>	Drug Addiction Treatment Act
<b>DASD (CNGT)</b>	Deputy Assistant Secretary of Defense (Counternarcotics and Global Threats)
<b>DDE</b>	BIA Division of Drug Enforcement
<b>DDR</b>	Drug Demand Reduction
<b>DEA</b>	Drug Enforcement Administration
<b>DESPR</b>	Division of Epidemiology, Services, and Prevention Research
<b>DFC</b>	Drug-Free Communities
<b>DHS</b>	Department of Homeland Security
<b>DHP</b>	Defense Health Program
<b>DLT</b>	Distance Learning and Telemedicine
<b>DMP</b>	Drug Management Program
<b>DoD</b>	Department of Defense
<b>DOJ</b>	Department of Justice
<b>DRE</b>	Drug Recognition Expert
<b>DSCA</b>	Defense Security Cooperation Agency
<b>DTCU</b>	Drug Testing and Compliance Unit
<b>DTO</b>	Drug Trafficking Organization
<b>DUR</b>	Drug Utilization Review
<b>e-cigarette</b>	electronic cigarette
<b>EHR</b>	Electronic Health Record
<b>ET-1</b>	endothelin-1
<b>ETA</b>	Employment and Training Administration
<b>FAA</b>	Federal Aviation Administration

<b>FAR</b>	Federal Acquisition Regulation
<b>FBI</b>	Federal Bureau of Investigation
<b>FEMA</b>	Federal Emergency Management Agency
<b>FLETC</b>	Federal Law Enforcement Training Center
<b>FORHP</b>	Federal Office of Rural Health Programs
<b>FPD</b>	Federal Prisoner Detention
<b>FRC</b>	Fast Response Cutter
<b>FTE</b>	Full-time equivalent (i.e., resources equivalent to one employee working full time)
<b>FY</b>	Fiscal Year
<b>GC/MS</b>	Gas chromatographer/mass spectrometer
<b>GFV</b>	Go-fast vessel
<b>GOM</b>	Government of Mexico
<b>GPRMA</b>	Government Performance and Results Modernization Act
<b>HEAL</b>	Helping to End Addiction Long-Term initiative
<b>HHS</b>	Department of Health and Human Services
<b>HIDTA</b>	High Intensity Drug Trafficking Areas
<b>HIFCA</b>	High-Risk Money Laundering and Financial Crimes Areas
<b>HIT</b>	Health Information Technology
<b>HIV</b>	Human immunodeficiency virus
<b>HRSA</b>	Health Resources and Services Administration
<b>HSI</b>	Homeland Security Investigations
<b>HSPS</b>	Health Surveillance and Program Support
<b>HUD</b>	Department of Housing and Urban Development
<b>IAP</b>	Innovation Accelerator Program
<b>ICD-10</b>	International Classification of Disease (10 <sup>th</sup> rev.)
<b>ICDE</b>	Interagency Crime and Drug Enforcement
<b>ICE</b>	Immigration and Customs Enforcement
<b>IHE</b>	Institution of Higher Education
<b>IHS</b>	Indian Health Service
<b>IMD</b>	Institution of Mental Disease
<b>IOC-2</b>	International Organized Crime Intelligence and Operations Center
<b>INCB</b>	International Narcotics Control Board
<b>INCLE</b>	International Narcotics Control and Law Enforcement [account]
<b>INL</b>	Bureau of International Narcotics and Law Enforcement Affairs
<b>IRP</b>	Intramural Research Program
<b>IRS</b>	Internal Revenue Service
<b>ISC</b>	Investigative Support Center
<b>JAG</b>	Byrne Memorial Justice Assistance Grant Program
<b>JIATF</b>	Joint Interagency Task Force (-South or -West)
<b>Judiciary</b>	Federal Judiciary

<b>LEA</b>	Law Enforcement Agency OR Local Educational Agency
<b>LEI</b>	Law Enforcement and Investigations (USFS)
<b>MAT</b>	Medication-assisted treatment
<b>MAX</b>	Medicaid Analytic eXtract
<b>MDMA</b>	Ecstasy
<b>MDR</b>	Medical Data Repository
<b>MH</b>	Mental Health
<b>MIPS</b>	Merit-based Incentive Payment System
<b>MoD</b>	Ministry of Defense
<b>Moi</b>	Ministry of Interior
<b>MPA</b>	Maritime Patrol Aircraft
<b>MT</b>	Metric Tons
<b>MUC</b>	Measures Under Consideration
<b>NCANDA</b>	National Consortium on Alcohol and Neurodevelopment in Adolescence
<b>NDDS</b>	Narcotic and Dangerous Drug Section
<b>NFS</b>	National Forest System
<b>NGO</b>	Nongovernment Organization
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIDA</b>	National Institute on Drug Abuse
<b>NIH</b>	National Institutes of Health
<b>NPS</b>	National Park Service
<b>NQF</b>	National Quality Forum
<b>NSC</b>	National Security Cutter
<b>OCDETF</b>	Organized Crime Drug Enforcement Task Force
<b>OCME</b>	Office of the Chief Medical Examiner
<b>OCO</b>	Overseas Contingency Operations
<b>OFO</b>	Office of Field Operations
<b>OFTS</b>	Office of Forensic Toxicology Services
<b>OJP</b>	Office of Justice Programs
<b>OJS</b>	Office of Justice Services
<b>ONC</b>	Office of the National Coordinator on Health Information Technology
<b>ONDCP</b>	Office of National Drug Control Policy
<b>OPC</b>	Offshore Patrol Cutter
<b>OPSG</b>	Operation Stonegarden
<b>OPTEMPO</b>	Operations Tempo
<b>ORD</b>	Office of Rural Development
<b>OTP</b>	Opioid Treatment Program
<b>ODU</b>	Opioid Use Disorder
<b>OWCP</b>	Office of Workers' Compensation Programs
<b>PCMH</b>	Patient-Centered Medical Homes

<b>PCP</b>	Phencyclidine
<b>PDMP</b>	Prescription Drug Monitoring Program
<b>PN</b>	Partner Nation
<b>POE</b>	Port of Entry
<b>PQIS</b>	Performance and Quality Information Systems
<b>PRNS</b>	Programs of Regional and National Significance
<b>PROSPER</b>	Partnership Model for Diffusion of Proven Prevention
<b>PSA</b>	Pretrial Services Agency
<b>PTO</b>	Priority Target Organizations
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>PTTC</b>	Prevention Technology Transfer Center
<b>QIN-QIO</b>	Quality Improvement Network – Quality Improvement Organization
<b>QPP</b>	Quality Payment Program
<b>RCORP</b>	Rural Communities Opioid Response Program
<b>RDAP</b>	Residential Drug Abuse Program
<b>RDT&amp;E</b>	Research, Development, Test, and Evaluation
<b>RISS</b>	Regional Information Sharing System
<b>RMS</b>	Research Management and Support
<b>RPG</b>	Regional Partnership Grant
<b>RSC</b>	Reentry and Sanctions Center
<b>S&amp;E</b>	Salaries and Expenses
<b>SABG</b>	Substance Abuse Prevention and Treatment Block Grant
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SASP</b>	Substance Abuse and Suicide Prevention
<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>SC</b>	Synthetic Cannabinoids
<b>SEA</b>	State Educational Institution
<b>SFST</b>	Standardized Field Sobriety Test
<b>SMW</b>	Special Mission Wing
<b>SOAG</b>	Special Operations Advisory Group
<b>SOD</b>	Special Operations Division
<b>SOR</b>	State Opioid Response grants
<b>SPARS</b>	SAMHSA’s Performance Accountability and Reporting System
<b>SPF</b>	Strategic Prevention Framework
<b>SRO</b>	Scientific Research Outcome
<b>Strategy</b>	National Drug Control Strategy
<b>STTR</b>	Seek, test, treat, and retain
<b>SUD</b>	Substance Use Disorder
<b>SWB</b>	Southwest Border
<b>SWM</b>	Solid Waste Management program
<b>TARS</b>	Tethered Aerostat Radar System

<b>TAU</b>	Treatment as usual
<b>TCO</b>	Transnational Criminal Organization
<b>TEDS</b>	Treatment Episode Data Set
<b>TEDODS</b>	TRICARE Encounter Data Operational Data Store
<b>TECS</b>	Treasury Enforcement Communications System
<b>TES</b>	Therapeutic Education System
<b>TOC</b>	Transnational Organized Crime
<b>TTU</b>	Trade Transparency Unit
<b>UDS</b>	Uniform Data System
<b>UIO</b>	Urban Indian Organizations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>U.S.</b>	United States
<b>USAID</b>	United States Agency for International Development
<b>USAO</b>	U.S. Attorney Offices
<b>U.S.C.</b>	United State Code
<b>USFS</b>	U.S. Forest Service
<b>USMS</b>	U.S. Marshals Service
<b>VA</b>	Department of Veterans Affairs
<b>VEO</b>	Violent Extremist Organization
<b>VHA</b>	Veterans Health Administration
<b>YRTC</b>	Youth Regional Treatment Center

## NATIONAL DRUG CONTROL PROGRAM AGENCIES

<b>Department</b>	<b>Agencies (if applicable)</b>
U.S. Department of Agriculture	Office of Rural Development
	U.S. Forest Service
Court Services and Offender Supervision Agency of the District of Columbia	
U.S. Department of Defense	Office of the Secretary of Defense
	Defense Health Program
U.S. Department of Education	Office of Elementary and Secondary Education
Federal Judiciary*	
U.S. Department of Health and Human Services	Administration for Children and Families
	Centers for Disease Control and Prevention
	Centers for Medicare and Medicaid Services
	Health Resources and Services Administration
	Indian Health Service
	National Institute on Alcohol Abuse and Alcoholism
	National Institute on Drug Abuse
	Substance Abuse and Mental Health Services Administration
U.S. Department of Homeland Security	Customs and Border Protection
	Federal Emergency Management Agency
	Federal Law Enforcement Training Centers
	Immigration and Customs Enforcement
	U.S. Coast Guard
U.S. Department of Housing and Urban Development	Office of Community Planning and Development
U.S. Department of the Interior	Bureau of Indian Affairs
	Bureau of Land Management
	National Park Service
U.S. Department of Justice	Asset Forfeiture Program
	Bureau of Prisons
	Criminal Division
	Drug Enforcement Administration
	Office of Justice Programs
	Organized Crime Drug Enforcement Task Force

<b>Department</b>	<b>Agencies (if applicable)</b>
	United States Attorneys
	U.S. Marshals Service
U.S. Department of Labor	Employment and Training Administration
	Office of Workers Compensation Programs
U.S. Department of State	Bureau of International Narcotics and Law Enforcement Affairs
	U.S. Agency for International Development
U.S. Department of Transportation	Federal Aviation Administration
	National Highway Traffic Safety Administration
U.S. Department of the Treasury	Internal Revenue Service
U.S. Department of Veterans Affairs	Veterans Health Administration

\*The Federal Judiciary is an independent branch of government and therefore not subject to ONDCP's oversight.