

**CONGRESSIONAL
BUDGET
SUBMISSION**

OFFICE OF NATIONAL
DRUG CONTROL POLICY

FISCAL YEAR 2024



OFFICE OF NATIONAL DRUG CONTROL POLICY

Fiscal Year 2024 Budget

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY

I. EXECUTIVE SUMMARY

The Office of National Drug Control Policy (ONDCP) advises the Administration on national and international drug control policies and strategies, and works to ensure the effective coordination of drug programs within the National Drug Control Program agencies and with various other governmental, non-profit, and private entities.

For the FY 2024 Budget Submission, the total request is \$461,530,000. This request includes \$22,380,000 for the Salaries and Expenses (S&E) account; \$148,950,000 for the Other Federal Drug Control Programs (OFDCP) account; and \$290,200,000 for the High Intensity Drug Trafficking Areas (HIDTA) account.

The FY 2024 request is \$22,380,000 for Salaries & Expenses – Operations account. This is an increase of \$880,000 from the FY 2023 enacted level of \$21,500,000. The Operations request provides funding for 72 FTE to support our mission and manage our programs, in addition to funding for the Conference of Western Hemisphere Sports Ministers in Washington D.C. in support of anti-doping efforts.

The FY 2024 request is \$148,950,000 for the Other Federal Drug Control Programs (OFDCP) account. This is an increase of \$11,830,000 from the FY 2023 enacted level of \$137,120,000. The request includes the following programs:

- Drug Free Communities (DFC) - \$109,000,000 and 2 FTE
- Drug Court Training and Technical Assistance - \$3,000,000
- Anti-Doping Activities - \$14,000,000
- Model Acts Program - \$1,250,000
- Section 103 of P.L. 114-198 - \$5,200,000
- World Anti-Doping Agency (WADA) Dues - \$3,700,000
- Policy Research - \$1,300,000
- Performance Audits and Evaluations - \$500,000
- Evolving and Emerging Drug Threats - \$11,000,000

The FY 2024 request is \$290,200,000 for the High Intensity Drug Trafficking Areas (HIDTA) account. This is a decrease of \$11,800,000 from the FY 2023 enacted level of \$302,000,000. For FY 2024, ONDCP is requesting up to \$4,000,000 allocation for HIDTA auditing services and associated activities. The request also includes \$2,000,000 for the Grants Management System maintenance.

ONDCP FUNDING SUMMARY

(\$ in thousands)	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
Salaries & Expenses:			
Operations	\$18,952	\$21,500	\$22,380
Congressional Directed Spending*	\$0	\$10,482	\$0
Subtotal, Salaries & Expenses	\$18,952	\$31,982	\$22,380
Other Federal Drug Control Programs:			
Drug-Free Communities Support Program (DFC)	\$106,000	\$109,000	\$109,000
Anti-Doping Activities	\$15,000	\$15,250	\$14,000
Drug Court Training and Technical Assistance	\$3,000	\$3,000	\$3,000
Model Acts Program	\$1,250	\$1,250	\$1,250
World Anti-Doping Agency (WADA) Membership Dues	\$3,167	\$3,420	\$3,700
Section 103 of P.L. 114-198	\$5,200	\$5,200	\$5,200
Policy Research	\$0	\$0	\$1,300
Performance Audits and Evaluations	\$0	\$0	\$500
Evolving and Emerging Drug Threats	\$0	\$0	\$11,000
Subtotal, Other Federal Drug Control Programs	\$133,617	\$137,120	\$148,950
High Intensity Drug Trafficking Areas (HIDTA):			
Grants and Federal Transfers	\$287,300	\$294,700	\$284,200

HIDTA Auditing Services and Associated Activities	\$5,800	\$5,800	\$4,000
Grants Management System	\$3,500	\$1,500	\$2,000
Subtotal, HIDTAs	\$296,600	\$302,000	\$290,200
Total	\$449,169	\$471,102	\$461,530

Totals may not add due to rounding.

* FY 2023 Enacted Salaries and Expenses funding includes \$21,500,000 for Operations and \$10,482,000 for Congressional Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act of 2023.

II. MISSION

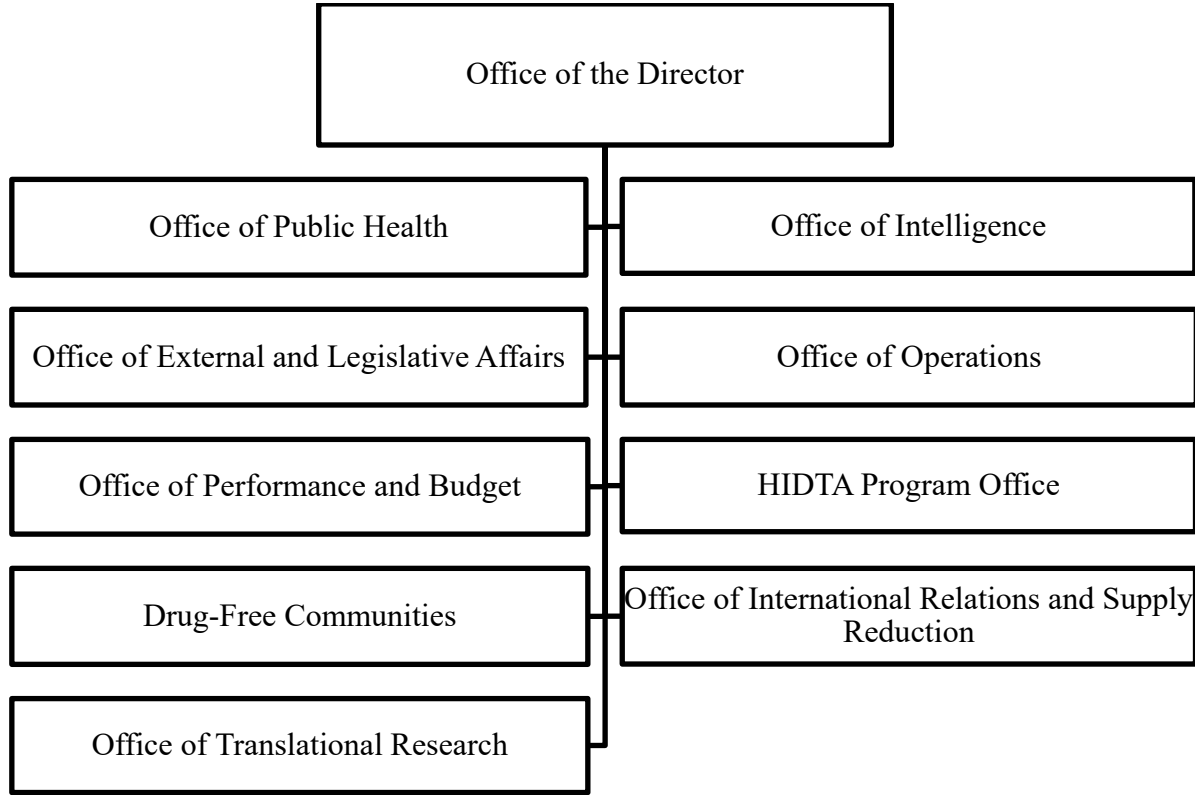
ONDCP advises the President on national and international drug control policies and programs, and works to ensure the effective coordination of drug control programs within the federal government and with various other governmental, non-profit, and private entities. ONDCP works to reduce substance use and its consequences by leading and coordinating the development, implementation, and assessment of United States drug policy. The current addiction and overdose epidemic is unparalleled in its severity and scope and requires an innovation and comprehensive response.

President Biden has made clear that addressing the addiction and overdose epidemic is an urgent priority for his administration. His inaugural *National Drug Control Strategy (Strategy)* builds on the Administration's drug control priorities, and implements a multi-faceted approach that emphasizes both public health and public safety interventions to reduce overdoses and save lives. These efforts include expanding access to evidence-based prevention, harm reduction, treatment, and recovery, as well as strengthening domestic and international supply reduction efforts.

ONDCP's major responsibilities include:

- Developing the *Strategy* and the Consolidated Drug Control Budget;
- Leading the national drug control effort, including coordinating with the National Drug Control Program Agencies (NDCPA);
- Identifying and responding to emerging drug threats related to illicit drug use;
- Evaluating the effectiveness of national drug control policy efforts, including the NDCPAs programs, by developing and applying specific measures of performance and effectiveness and monitoring agencies' program-level spending;
- Facilitating broad-scale information sharing and data standardization among Federal, State, and local entities to support national drug control efforts;
- Designating HIDTAs and providing overall policy guidance and oversight for the award and management of Federal resources to HIDTAs in support of federal, State, Tribal, and local law enforcement partnerships within these areas; and,
- Administering the DFC Support Program, which provides grants to drug-free community coalitions across the country with the primary focus of increasing community collaboration and preventing youth substance use.

III. ORGANIZATION CHART



The ONDCP organizational structure is designed to implement functions that focus on developing and implementing evidence-based public health and supply reduction policy based on the latest information of current and emerging drug use and drug trafficking patterns. The structure augments policymaking through additional essential functions like assessing the performance and effectiveness of drug control agencies and budgets in achieving reductions in drug use and its consequences.

Office of the Director

The Office of the Director oversees policy development, implementation, and coordination across the agency. Functionally, the office establishes robust processes to ensure cross-component coordination that drives *Strategy* development, budget formulation, interagency collaboration, and responses to emerging issues. Within the Office of the Director, the General Counsel’s office handles Office of Information and Regulatory Affairs (OIRA) requests, Freedom of Information Act (FOIA) requests, and Government Accountability Office (GAO) engagements.

Office of Public Health

The Office of Public Health develops and implements public health approaches to reduce drug use and its consequences. Functionally, it drafts the relevant sections of the *Strategy*, provides robust budget guidance to ensure adherence to evidence-based public health approaches among the interagency, and convenes the interagency to ensure execution of drug policy priorities related to public health. The policy analysts assigned to the Office of the Public Health work on a range of

issues, including prevention, treatment, recovery, harm reduction, healthcare finance, and equity. The Assistant Director is the Demand Reduction Coordinator and reports to the Chief of Staff.

Office of International Relations and Supply Reduction

The Office of International Relations and Supply Reduction develops and implements supply reduction efforts, as well as coordinates international engagements. Functionally, this office drafts the relevant sections of the *Strategy*, provides robust budget guidance to ensure adherence to evidence-and-intelligence-based approaches among the interagency, and convenes the interagency to ensure execution of drug policy priorities. The policy analysts work on a range of issues, including international efforts, multilateral engagements, and domestic law enforcement. The Assistant Director is the Interdiction Coordinator and reports to the Chief of Staff.

Office of Performance and Budget

The Office of Performance and Budget is a main coordinating body for ensuring that the interagency budget is driven by evidence-based approaches to drug policy, and measures the implementation of these approaches. Functionally, the office provides robust budget guidance to ensure adherence to evidence-and-intelligence-based approaches among the interagency, and convenes the budget interagency to ensure execution of drug policy priorities. It also executes the internal budget. This office component also handles the drafting of statutorily required budget and performance documents. The Assistant Director is the Performance Coordinator and reports to the Chief of Staff.

Office of Translational Research

The Office of Translational Research is a main coordinating body for ensuring that policymaking is based on the latest research, data, and evidence. It works closely with the Public Health and International and Supply Reduction components to inform their approach to policymaking, and with the Performance branch to evaluate progress on drug policy. This component also leads interagency efforts to improve real-time data collection and strategic research efforts. This component provides fact-checking, as needed. The Assistant Director for Translational Research is the Emerging Threats Coordinator and reports to the Chief of Staff.

Office of External and Legislative Affairs

The Office of External and Legislative Affairs provides support to all components on legislative affairs, engagement with stakeholders, and press relations. The Assistant Director for External and Legislative Affairs is the State, Local, and Tribal Affairs Coordinator and reports to the Chief of Staff.

Office of Intelligence

The Office of Intelligence is the main coordinating body for ensuring that policymaking is based on the latest intelligence. It works closely with the International and Supply Reduction component to inform its approach to policymaking. This component also leads interagency efforts to improve intelligence collection. The Assistant Director for Intelligence reports to the Chief of Staff.

Office of Operations

The Office of Operations implements the human resources, facilities maintenance, security, and information technology work of the agency. The Assistant Director for Operations reports to the Chief of Staff.

HIDTA Program Office

The HIDTA Program Office oversees the HIDTA program managed by ONDCP. The Assistant Director for HIDTA reports to the Chief of Staff.

Drug-Free Communities

The DFC component oversees ONDCP's responsibilities to administer all provisions of the Drug-Free Communities Act of 1997, as amended. The component administers a far-reaching grant program that supports communities in developing and implementing comprehensive, long-term plans and programs to prevent and treat substance use disorder among youth. The Assistant Director for DFC reports to the Chief of Staff.

IV. HISTORICAL FUNDING OVERVIEW

FY 2018 - FY 2024
(\$ in millions)

FISCAL YEAR

	2018 Enacted	2019 Enacted	2020 Enacted	2021 Enacted	2022 Enacted	2023 Enacted	2024 Request
Salaries & Expenses *	\$18.4	\$18.4	\$18.4	\$18.4	\$19.0	\$32.0	\$22.4
Other Federal Drug Control Programs	117.1	118.3	121.7	128.2	133.6	\$137.1	\$149.0
HIDTA	280.0	280.0	285.0	290.0	296.6	\$302.0	\$290.2
Total ONDCP Resources	\$415.5	\$416.7	\$425.1	\$436.6	\$449.2	\$471.1	\$461.5

Totals may not add due to rounding.

* FY 2023 Enacted Salaries and Expenses funding includes \$21,500,000 for Operations and \$10,482,000 for Congressional Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act of 2023.

V. SALARIES AND EXPENSES

A. PROGRAM OVERVIEW

Salaries & Expenses: (\$ in thousands)	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
Operations	\$18,952	\$21,500	\$22,380
Congressional Directed Spending	\$0	\$10,482	\$0
Total, Salaries & Expenses	\$18,952	\$31,982	\$22,380
Staffing	65	72	72

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 substance use and its consequences by leading and coordinating the development, implementation, and assessment of United States drug policy.

President Biden has made clear that addressing the overdose and addiction epidemic is an urgent priority for his Administration. The *Strategy* builds on the Administration’s first year drug priorities, and implements a multi-faceted approach that emphasizes both public health and public safety interventions to reduce overdoses and save lives. These include expanding access to evidence-based prevention, harm reduction, treatment, and recovery, as well as strengthening domestic and international supply reduction efforts.

The funding level for S&E Operations will allow ONDCP to pursue priorities, with an emphasis on standing up processes to execute the *Strategy*, support enhanced coordination and oversight of interagency drug control programs, and develop stronger mechanisms to evaluate data and evidence in support of identifying latest trends and emerging issues. The *Strategy* includes long-term goals and objectives that are quantifiable and measurable.

B. APPROPRIATION LANGUAGE

OFFICE OF NATIONAL DRUG CONTROL POLICY

Federal Funds

SALARIES AND EXPENSES

For necessary expenses of the Office of National Drug Control Policy; for research activities pursuant to the Office of National Drug Control Policy Reauthorization Act of 1998, as amended; not to exceed \$10,000 for official reception and representation expenses; and for participation in joint projects or in the provision of services on matters of mutual interest with nonprofit, research, or public organizations or agencies, with or without reimbursement, [\$21,500,000] *\$22,380,000*: *Provided*, That the Office is authorized to accept, hold, administer, and utilize gifts, both real and personal, public and private, without fiscal year limitation, for the purpose of aiding or facilitating the work of the Office. (*Executive Office of the President Appropriations Act, 2023.*)

C. FY 2024 BUDGET REQUEST

ONDCP S&E Operations

ONDCP, established by the Anti-Drug Abuse Act of 1988, and reauthorized by the SUPPORT for Patients and Communities Act (Public Law 115-271), is charged with developing policies, objectives, and priorities for the National Drug Control Program. The FY 2024 request for ONDCP S&E Operations is \$22,380,000, and it supports a level of 72 FTE. This is an increase of \$880,000 from the FY 2023 enacted level of \$21,500,000. This requested increase provides for pay adjustments and price changes, in addition to providing funding for the April 2024 Conference of Western Hemisphere Sports Ministers in Washington D.C. in support of anti-doping and related efforts.

Ever since the establishment of the World Anti-Doping Agency in 1999, the United States has played a key leadership role on the world stage to ensure strong and effective anti-doping policies. However, over the past several years, as a result of a series of steps taken by international organizations, the United States Government (USG) is no longer formally represented in the leadership of WADA. The United States' advocacy within WADA is substantially impaired when it is not serving on one of WADA's leadership boards. ONDCP has explored numerous options to address this problem, and determined that the best course was for the United States to run for President of the American Sports Council (CADE), which includes as members every sports minister in the Western Hemisphere. Should the United States win the seat, it will occupy the CADE presidency starting in May of 2023. The CADE President automatically occupies a WADA leadership board seat.

This funding request will enable ONDCP to fulfill its potential responsibilities as CADE conference host in 2024. The CADE President is only obligated to host the conference one time per presidential term, thus ONDCP is requesting one-time funding in order to fulfill USG obligation to organize this conference in Washington D.C. (in April 2024).

D. ACCOMPLISHMENTS

As accomplishments over the past year, the Biden-Harris Administration has taken the following actions to address addiction and the overdose epidemic:

Prevention

- ONDCP announced the Biden-Harris Administration’s plan to address methamphetamine and its impact on public health and safety.
- The National Institutes of Health (NIH) and National Institute on Drug Abuse (NIDA), supported more than 85 new studies to inform, develop, and/or test prevention interventions in different populations and settings to prevent drug use, overdose, or other harms of drug use such as HIV and neonatal opioid withdrawal syndrome.
- The Food and Drug Administration (FDA) worked to improve prescribing for pain management:
 - FDA announced open periods for applications to support the development of evidence-based, clinical practice guidelines for management of post-operative pain in obstetric patients who have undergone surgery, as well as safe tapering of benzodiazepines.
 - FDA published a draft guidance for industry, Development of Non-Opioid Analgesics for Acute Pain, which is intended to provide recommendations to companies developing non-opioid analgesics for acute pain lasting up to 30 days.
 - FDA collaborated with the Duke-Margolis Center for Health Policy to hold two-day public workshops soliciting feedback on the role of prescriber education under a Risk Evaluation and Mitigation Strategy (REMS) and re-examining the need for mandatory education for prescribing opioids.
- In August 2022, the Department of Education and ONDCP kicked off the first in a three-part program aimed at preventing youth substance use to improve student mental health and learning, titled, Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health, and Student Learning – Part 1: What the Data Tells Us. This event explored what data on youth substance use and mental health tells us and how it can inform student support systems.
- The HIDTA Prevention Strategy, which falls under the broader Public Health and Public Safety Framework, ensures the HIDTA regions support evidence-informed and evidence-based programs that reduce substance use in our Nation’s communities. In 2022, ONDCP funded the implementation of an initiative to reduce fatal and non-fatal overdoses related to fentanyl in 11- to 14-year-olds in HIDTA communities where fentanyl is identified as one of the top drug threats. The funding also supported a public service campaign to address counterfeit pills laced with fentanyl along with drug prevention specialist trainings, and the National HIDTA Prevention Summit. The goal of these efforts is to save lives by increasing the awareness of the drug threat and the dangers of illegal drugs.

- To support HIDTA prevention efforts, ONDCP also funded ADAPT (A Division for Advancing Prevention and Treatment) to provide technical assistance to the HDTAs in identifying evidence-based programs, delivering training, implementing and evaluating activities, and budgeting for and sustaining prevention programs. In 2021, ADAPT provided individual technical assistance to 16 regional HDTAs; provided training in Fundamentals of Substance Use Prevention; and convened engagements to bring together HDTAs prevention experts with Drug Free Communities, Overdose Response Strategy (ORS), and National Guard Counterdrug representatives.

Harm Reduction

- SAMHSA's Center for Substance Abuse and Prevention (CSAP) supported the distribution of more than 178,000 naloxone kits, which were used to help more than 62,000 people experiencing an overdose. SAMHSA's naloxone training and distribution programs were provided to more than 100 communities, totaling more than \$50 million.
- FDA approved several naloxone products in the past year, including a higher-dose (5 mg) naloxone injection as an additional option to treat opioid overdose, a second generic naloxone intranasal spray, and a naloxone auto-injector product indicated for military usage and chemical incident response.
- ONDCP released a model law for states to help expand deflection/diversion programs to remove individuals from the criminal justice system for non-violent offenses that are connected to their drug use.
- ONDCP convened the first meeting of the harm reduction interagency working group.
- The Centers for Disease Control and Prevention (CDC), launched four complementary education campaigns that provide information about the prevalence and dangers of fentanyl, the risks and consequences of mixing drugs, the life-saving power of naloxone, and the importance of reducing stigma around drug use to support treatment and recovery.
- SAMHSA required each of its State Opioid Response and Tribal Opioid Response grantees to submit a naloxone saturation plan to ensure sufficient naloxone by state.

- FDA released a Federal Register Notice announcing a preliminary assessment that several naloxone hydrochloride products are safe and effective when used as directed in non-prescription drug labeling and encouraging public comment and stating that if and when sufficient data is submitted to FDA to support approval other products without clinically meaningful difference will be considered misbranded. FDA has subsequently granted priority review and scheduled two advisory committee meetings on applications for over the counter naloxone products.
- FDA issued guidance to clarify the applicability of a public health emergency exclusion and exemption from certain requirements under the Drug Supply Chain Security Act (DSCSA), in terms of the distribution of FDA-approved naloxone products to harm reduction programs, and includes a related compliance policy permit harm reduction organization to more easily access naloxone.
- CDC announced that every state, local, and territorial awardee of the CDC Overdose Data to Action cooperative agreement can use a portion of their funds to purchase naloxone, giving public health departments robust access to naloxone its grantees were eligible to use up to for naloxone related activities.
- To reduce the overdose deaths, ONDCP continues to expand the distribution of Naloxone. In 2022, ONDCP sent a letter to every state substance use authority and governor notifying them that SAMHSA was requiring that a Naloxone acquisition and distribution plan was required in all State Opioid Response Grant applications.

Treatment

- ONDCP, in partnership with CDC, announced \$3 million in funding through the Combating Overdose Through Community-Level Intervention (COCLI) initiative to invest in supporting innovative and scalable solutions developed by local governments, public and private universities, advocacy organizations, and nonprofits that are working to prevent drug overdoses in communities across the country.
- ONDCP has worked in partnership with the Bureau of Prisons (BOP), the Drug Enforcement Administration, and the Substance Use and Mental Health Services Administration to expand access within the BOP to FDA-approved medications (i.e., methadone, buprenorphine, and naltrexone) to treat individuals with opioid use disorders.
- By this summer, the Federal Bureau of Prisons will ensure that each of their 122 facilities are equipped and trained to provide in-house medications for opioid use disorder.
- The President signed the bipartisan Mainstreaming Addiction Treatment Act, which was included in the omnibus bill, to eliminate the X-waiver requirement for prescribing buprenorphine. Now, any provider with a controlled substance license from the DEA can prescribe buprenorphine without additional steps or caps on the number of patients they can treat.

- SAMHSA published a notice of proposed rulemaking to make permanent the methadone treatment flexibilities granted under the COVID public health emergency. The proposed regulation expands access to take-home doses of methadone and removes barriers to treatment initiation and retention.
- ONDCP announced the release of the Telehealth and Substance Use Disorder Services in the Era of Covid-19: Review and Recommendations.
- CDC partnered with the National Association of County and City Health Officials (NACCHO) on a project to investigate the literature available on health inequities in substance use disorder treatment and services, as well as tools and resources which could provide guidance for health departments on addressing drug overdose through the use of a health equity lens.
- HHS, through the Centers for Medicare & Medicaid Services (CMS), released an updated version of Medicaid’s Substance Use Disorder Data Book to help policymakers, researchers and other stakeholders understand more about the impact of substance use disorders.
- CMS also proposed to increase Medicare payment rates to opioid treatment programs (OTP) in order to better reflect costs of counseling services, and also proposed that Medicare pay for buprenorphine initiation through telehealth (rather than just in person) to improve access to care.
- ONDCP released a Model Law Enforcement and Other First Responder Deflection Act to help guide states in creating legislation to support deflection efforts.
- Since January 2021, CMS has approved, renewed, or amended 15 state section 1115 Medicaid demonstrations: 11 that include comprehensive care delivery for people with substance use disorders, and 4 that include comprehensive care delivery for people with serious mental illness.
- CMS approved contingency management (CM) as an approach to substance use disorders in California’s Medicaid program, for a pilot program in Drug Medi-Cal Organized Delivery System counties to provide care to people with stimulant use disorders, and is working with additional states that are also exploring using CM.
- CMS released guidance and planning grants to states to support the implementation of community-based mobile crisis intervention services through the American Rescue Plan Act, including for substance use disorder crises.
- CMS proposed changes to strengthen the Medicare behavioral health workforce so practitioners can practice to the full extent of their license, and proposed an exception to supervision requirements for services furnished, allowing marriage and family therapists, licensed professional counselors, and others to furnish behavioral health services under “general,” rather than “direct” supervision. CMS also proposed to pay psychologists and social workers to help manage behavioral health needs – including for substance use disorder care –

as part of the primary care team, because sometimes it can be easier for people to get care through their primary care practitioner.

Recovery

- President Biden released his Fiscal Year 2023 budget, which, in addition to calling for a 65 percent increase in substance use block grant funding, would create the first-ever recovery support services set-aside in the block grant, establishing the first sustainable, nationally available funding source for our nation's critical recovery support services infrastructure.
- In 2021, SAMHSA announced the establishment of its Office of Recovery, within the Office of the Assistant Secretary for Mental Health and Substance Use, to advance the agency's commitment to, and support of, recovery for all Americans. It will prioritize the role of peer support workers in using their lived experiences in recovery to help others to start and sustain their own journeys. The Office sponsored a Recovery Summit in August 2022 that centered participants' lived experiences in a convening to identify themes for new directions for SAMHSA's recovery-related efforts in the 21st century.
- SAMHSA convened a National Summit on Recovery to revisit the 2010 consensus definition of recovery and develop an updated definition and associated principles and launched its first Recovery Innovation Challenge to identify innovative practices developed by individuals, groups, and organizations or within state systems that advanced recovery in the decade since SAMHSA established its working definition of recovery.
- SAMHSA is leading an effort to develop a national peer support specialist credential to help foster greater consistency in standards and thereby facilitate state-to-state reciprocity in credentials and facilitate service reimbursement by multi-state and national payers.
- Through an Interagency Working Group jointly convened by ONDCP and Domestic Policy Council, a consensus statement on recovery-ready workplace policies is being finalized. Once cleared, the statement will frame federal efforts, including the development of a recovery-ready workplace toolkit and the establishment of recovery-ready resource hubs for federal and non-federal employers.
- SAMHSA is awarding up to \$3.9 million annually for up to three years to recovery community organizations to support the development, enhancement, expansion, and delivery of recovery support services as well as the promotion of and education about recovery under the Building Communities of Recovery grant program.
- ONDCP released a Model Recovery Residence Certification Act through its model state drug law award. The law is designed to implement a voluntary certification process for recovery residences in a state. The purpose of certification is to allow for greater oversight of recovery residences and greater protection of recovery home residents and to foster greater consistency from state-to-state in certification criteria.
- HHS, through SAMHSA, announced the extension of the methadone take-home flexibilities for one year, effective upon the eventual expiration of the COVID-19 Public Health

Emergency. The flexibility promotes individualized, recovery-oriented care by allowing greater access for people who reside farther away from OTPs or who lack reliable transportation.

- NIH’s research efforts included launching a \$9.3 million Research Recovery Network of researchers, payors, providers, and people in recovery to develop infrastructure to advance the science of long-term recovery. NIH also supported research on novel treatment strategies for addiction, including new treatment tools and strategies to improve engagement and retention in care, and implementation of evidence-based practices in healthcare, community, and justice settings. Further, NIH is conducting research to identify evidence-based best practices for recovery support services and strategies to sustain these services in communities and justice settings.

Supply Reduction

- By providing 123 new large-scale scanners at Land Points of Entry along the Southwest Border by Fiscal Year 2026, Customs and Border Protection (CBP) will increase its inspection capacity from what has historically been around two percent of passenger vehicles and about 17 percent of cargo vehicles to 40 percent of passenger vehicles and 70 percent of cargo vehicles. These investments will crack down on a major avenue of fentanyl trafficking, securing our border and keeping dangerous drugs from reaching our country.
- ONDCP and CDC provided funding for the nationwide expansion of the HIDTA Overdose Response Strategy to all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The Strategy brings together drug intelligence officers and public health analysts who work at the local, state, regional, and national level to share information. The teams develop and promote evidence-based/supported interventions and support services that reduce overdoses. The information shared with local, state, and federal public safety officials has assisted in educating public safety agencies about the overdose epidemic, the science of addiction, and alternatives to traditional responses to the overdose epidemic. The work of the drug intelligence officers, specifically the distribution in 2021 of more than 17,000 felony arrest notifications (FANs) across the Nation, has had positive impacts on new and ongoing local, state, and national drug investigations. The FAN program transmits felony arrest information to the appropriate law enforcement agencies, providing law enforcement near-real time awareness of their residents’ arrests across the country.
- DEA and ONDCP’s HIDTA program were involved in the seizure of more than 26,000 pounds of fentanyl in FY22—including 50.6 million fentanyl-laced counterfeit prescription pills—along with over 6,500 pounds of heroin, 335,000 pounds of methamphetamine, and 370,000 pounds of cocaine.
- ONDCP, DEA, and the Department of State (DOS) led the submission of a proposal to the United Nations to internationally list new precursor chemicals being utilized by illicit drug producers. As a result of this effort, in March 2022, the Commission on Narcotic Drugs (CND) voted unanimously to control the acquisition, production, and export of three precursor

chemicals used to manufacture illicit fentanyl and its analogues. The CND also approved a resolution introduced by the United States to address the manufacture and trafficking of precursor chemicals used to make illicit synthetic drugs.

- DOS, DEA, and other interagency partners have leveraged mechanisms such as the United States-European Union Drugs Dialogue and the G7's Roma Lyon Group to coordinate on actions to reduce the impact of synthetic drugs on communities. The group is focused on precursor chemicals and the disruption of trafficking networks, including through work on illicit finance, are areas of focus.
- Customs and Border Protection (CBP) significantly increased the amount of fentanyl seizures along the Southwest border, seizing an average of more than 880 pounds of fentanyl each month in fiscal year 2021, over twice as much as fiscal year 2020. In fiscal year 2022, fentanyl seizures along the Southwest border averaged 1200 pounds per month which was over three times the average in fiscal year 2020.
- Ninety-nine percent of synthetic opioid seizures conducted by the US Postal Inspection Service (USPIS) in FY2021 were from domestic mail. A majority of synthetic opioids and methamphetamine seizures were mailed from the southwest border region of the United States. The Inspection Service has seen a dramatic decrease in international seizures of synthetic opioids, and has not had a direct seizure from China since 2019.
- Overall, the USPIS has greatly increased seizures of illegal drugs from the mail-stream in terms of both the number of seizures and weight. In the past few years, USPIS has witnessed an increase in the weight of synthetic opioids per seizure, indicating a shift from opioids being sent directly to the end-user to opioids being sent to a local distributor. Most synthetic opioids seized by USPIS have been compressed powder or pill form as counterfeit oxycodone.
- ONDCP continues to lead the broader counterdrug interagency community in synchronizing intelligence about the global threat of drug trafficking, hosting a weekly secure video teleconference that brings together numerous agencies and partners from across the government, and includes a monthly Five Eyes (United States, United Kingdom, Canada, Australian, New Zealand) session. Elements of the Intelligence Community have focused extensively and deeply on Director ONDCP priorities of commercial disruption and synthetic drug production.
- ONDCP continues to lead the interagency community in strengthening drug policy data collection and dissemination efforts to better understand drug use, non-fatal overdose, and drug trafficking trends across the country; as well as identify ways to operationalize improved data timeliness and collection in an effort to save lives.
- ONDCP hosts a monthly Federal Law Enforcement Video Teleconference with representatives from the National Security Council (NSC), Department of Justice (DOJ), Department of Homeland Security (DHS), Department of Treasury, and USPIS. This meeting allows law enforcement to discuss trends with criminal activity related to illicit drug trafficking and money laundering. Since its inception, a total of 66 meetings have been held.

- As continuing collaboration for information sharing amongst federal, state, local, and tribal law enforcement, USPIS and HIDTA developed a quarterly parcel interdiction webinar series in September of 2021. Participants from various HIDTA Parcel Interdiction Teams as well as USPIS Contraband Interdiction & Investigations (CI2) Narcotics Teams around the country participate in order to discuss recent trends and investigations related to drug trafficking involving the United States Mail, private courier and express consignment center (ECC) environment. As of July 2022, a total of four sessions were conducted.
- ONDCP continues to address the heroin and fentanyl problem set through a series of interlinked foreign and domestic engagements. A monthly law enforcement video teleconference provides a federal interagency forum to share vital information on the synthetic drug problem and its associated criminality. Tying these events together is the monthly nationwide webinar, which serves as an information-sharing forum that bridges the public health and public safety communities. Additionally, ONDCP leads monthly video teleconferences with interagency partners and elements of the United States Embassy staffs in Mexico City, Beijing, Hong Kong, and New Dehli who are involved in synthetic opioids coordination efforts with their Government of Mexico, China, and India counterparts.
- ONDCP also interacts bilaterally with government of Mexico officials to address areas of mutual concern such as precursor chemicals, drug production and trafficking, arms trafficking, illicit finance, and related transnational organized crime (TOC) issues.
- In May 2022, ONDCP released a comprehensive plan to address the use and availability of methamphetamine in the United States. In addition to public health responses, the plan emphasizes working with domestic and international partners to increase the focus on methamphetamine trafficking and calls for federal oversight of pill press equipment.
- As part of the deliverables under the Action Plan, USPIS and Canada Post Security & Investigations Services signed a Memorandum of Understanding in October of 2021. This formalized agreement is designed to improve communication and coordination, streamline operational and strategic information-sharing and trends, conduct joint training, and share best practices to target illicit drug trafficking between the US-Canada postal systems.
- From June 8-9, 2022, as part of the United States/Canada Opioid Action Plan, HSI subject matter experts in the field of precursor targeting traveled to the Canada National Targeting Center in Ottawa, Canada to meet with targeting specialists from the Canadian Border Services Agency. During this meeting, tactics, techniques, and procedures for targeting synthetic drug precursors were discussed between both agencies in an effort to interdict these chemicals from China.
- In April 2022, after working closely with the United States Government, the government of Mexico's General Health Council increased its watch-listed chemicals nearly five-fold, including several known fentanyl and methamphetamine precursors.
- ONDCP has led United States' efforts to establish a counternarcotics relationship with India, a country with a vast chemical industry and key country in the production of pharmaceuticals. ONDCP worked across the interagency to establish the broad outlines of a new relationship,

engaged the Indian government to work more closely, and led two unprecedented meetings with Indian government officials which have set the conditions to establish a formal and long-lasting US-India Counternarcotics Working Group (CNWG) similar to bilateral forums the US has with other key drug partners. ONDCP led the United States delegation at the third, and first in-person, CNWG in New Delhi in July 2022 where both parties reached agreement on major issues they need to address together, adopted and initialed a written framework to guide their work going forward, and established points of contact and began the personal relationships to advance their collective work in the future.

- ONDCP has ramped up coordination within the interagency to commercially disrupt the supply chains associated with production and trafficking of illicit drugs. Coordination among ONDCP, Treasury, DOJ, and DOS, and various others continue to provide valuable insight in the illicit finance world. This collaboration shapes ONDCP's supply chain policies to reduce the flow of illicit drugs into the United States and Transnational Criminal Organizations (TCOs) from being able to enjoy the fruits of their illicit activities.
- ONDCP hosted the Peru counternarcotics small group to synchronize and coordinate interagency counter-narcotics related activities within Peru. Additionally, meetings have been helpful in shaping strategy by keeping ONDCP and the interagency up-to-date with the rapidly changing political dynamics in Peru over the past year.
- ONDCP continued talks with the European Union (EU) through the United States – EU Drug Dialogue to garner EU support for development efforts in Peru. Along with USAID and the Bureau of International Narcotics and Law Enforcement Affairs, ONDCP is encouraging EU cooperation in counternarcotics and development efforts in Peru's coca-growing regions.
- As part of ONDCP's continued efforts to enhance and expand cooperation with all agencies engaged across the operational spectrum of availability reduction, the United States Interdiction Coordinator (USIC) coordinated with the interagency to publish the 2022 National Interdiction Command and Control Plan (NICCP), which outlines the United States approach to illicit drug interdiction. USIC submitted the 2022 NICCP report to Congress. USIC also submitted 2022 Development and Deployment of Narcotics Detection Technology Report to Congress.
- USIC published revised *Northern Border*, *Southwest Border*, and *Caribbean Border Counternarcotics Strategies* concurrent with the 2022 *National Drug Control Strategy*. Together these documents, nested under the Strategy, describe the whole of government approach to combatting the illicit drug trade.
- ONDCP continued to strengthen partnerships with federal agencies crucial to reducing the supply of illicit drugs. ONDCP continues negotiations and interagency workgroups with CBP, DEA, Homeland Security Investigations, the Organized Crime Drug Enforcement Task Forces, the Financial Crimes Enforcement Network and the United States Coast Guard to renew existing details for agencies at ONDCP or to establish new details for these agencies at ONDCP. According to the National Seizure System (NSS), nearly 40,000 pounds of fentanyl has been seized since October 2021. Additionally, the interagency has seized nearly 13 million potentially deadly capsules and pills, many of which contain fentanyl.

- ONDCP continued to strengthen partnerships with federal agencies crucial to reducing the demand for illicit drugs. ONDCP continues negotiations with HHS to research and identify preventative mechanisms, harm reduction, and healthcare options.
- On July 21, 2022, ONDCP honored military and law enforcement professionals for their outstanding work stopping illicit drugs from coming into communities across America through the USIC's Annual Award Program. Nine USIC award categories and recipients were selected from a record-breaking 112 nominations. The USIC Award Program was established in 2003 to recognize the superior performance of our front-line drug interdictors and those who support them. These awards recognize individuals and units (from local, State, and federal agencies) which have demonstrated exceptional innovation, tactics, aggressiveness, and results in the effort to stem the flow of drugs into the United States.

Data Systems

- In Summer 2021, ONDCP established a new Office of Translational Research (OTR) that is focused on identifying the best available, timely data to inform the development, implementation and evaluation of substance use programs and policies. Specifically, OTR handles the following, in addition to fact checking all statistical and other factual assertions made by ONDCP:
 - ONDCP has a leadership role in the Drug Data Interagency Working Group which has met four times since December 2021, and has developed the Data Plan to accompany the *Strategy* (which is now in the clearance process)
 - ONDCP has taken leadership on the Director's priority of assessing in a real-time manner nonfatal drug overdoses in the United States. This has included calling for drug overdoses to be a notifiable condition in the United States; this recommendation was made in the *Strategy*. OTR and the Director have also published in the Journal of the American Medical Association a widely-viewed position paper on the importance of tracking nonfatal drug overdose in the United States.
 - ONDCP has partnered closely with the NHTSA to construct and publish online an interactive NEMSIS dashboard to use first responder data to track nonfatal drug overdoses in the United States.
 - ONDCP has completed a review of nonfatal drug overdose data as reported by all States in the United States, and published this work in the Journal of the American Medical Association..
 - ONDCP reviews in an ongoing manner all federal data on nonfatal drug overdoses in the nation (including data available from CDC DOSE and other sources).
 - ONDCP has taken on the leadership role in the Coordination of Emerging Threats efforts. So far, this has included coordination of the methamphetamine implementation plan, re-established the Emerging Threats Committee, and conducting detailed reviews of possible emerging threats such as xylazine used as an adulterant with fentanyl. Further, this work has

included the development and receipt of approval of Emerging Threats Criteria now published on the ONDCP website.

- ONDCP has led efforts in utilizing the scientific literature as an important outlet for describing ONDCP's analytic work and providing key substance use policy messaging to medical, public health, and health services audiences (for instance, by completing an article published in the New England Journal of Medicine on the need to expand prescribing of medication for opioid use disorders (MOUD) even under current policy barriers).
- ONDCP has contributed to the Equitable Data Working Group coordinated by OMB and OSTP, and committed to a health equity lens for all of its analytic work. For example, in working on the methamphetamine implementation plan, ONDCP reached out to identifying sources of methamphetamine use information that included examination of disparities by sexual orientation and gender identify.
- ONDCP has employed creativity to ensure that not only are substance use data sets as such utilized, but also data sets from other areas of public health (such as HIV and HCV) that contain important substance use information but are not routinely highlighted as such.

Addressing Executive Order 13985

- The spirit of Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government) is carried throughout ONDCP's first-year drug policy priorities. There is a specific policy priority focused on advancing racial equity, and there is also a broader equity focus – of reaching underserved communities – many of which involve close collaboration with the interagency. The agency actively engages people with lived experience in the development of drug policy to ensure that ONDCP meets the healthcare needs of our citizens where they are at.
- ONDCP's leadership created agency-wide workplans that will guide ONDCP in implementing these first-year priorities. One action of particular import is the establishment of a research agenda to meet the needs of historically-underserved communities. Furthermore, advancing racial equity in ONDCP's approach to drug policy will also be a strong focus in the *Strategy*.
- ONDCP's leadership understands that Executive Order 13985 is designed to transform how agencies interact with the people they serve. During the agency assessment, and the development of the Equity Action plan ONDCP executing tasks including holding, as part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, an in-person training course on May 6, 2022 for the regional HIDTA Directors and Deputy Directors. This unique training was designed to provide HIDTA leadership with the skills to accurately assess their workplace environment and address the challenges, hopes, and concerns held by their staff. Moreover, the training develops a cohesive multidisciplinary team to assist participants in identifying opportunities for cultural shifts in the workplace from stress to support.
- In addition to these early actions focused on immediately advancing equity goals in the ONDCP's work, ONDCP leadership was consistently involved in the assessment process.

ONDCP leadership included the perspectives and input from ONDCP staff, and the agency met all of the interim and final deadlines established by the Executive Order. ONDCP submitted its final Agency Equity Action plan to OMB on January 21, 2022. The Action plan focused on the following five areas: i. NDCS Policy Development Process; ii. HIDTA Program; iii. National Drug Control Budget Oversight Process; iv. Ongoing Outreach to Tribal Nations; and v. DFC Grant Program. Each focus area included stated goals, and anticipated barriers to achieving these equity goals.

- In April 2022, ONDCP, in line with OMB guidance, published its agency action plan to implement equity throughout its policy development process and grant program areas.

Oversight of the National Drug Control Budget

- ONDCP is required to issue budget guidance to NDCPAs no later than July 1 each year. Agencies are required by law to submit drug control budget requests to the Director of ONDCP for review and certification. This is a two-tier process, consisting of a summer review of bureau submissions and a fall review/certification of agency submissions.
 - Review of Summer Drug Budget Submissions: The ONDCP Director reviews bureau summer drug control budget submissions to determine if they are adequate to implement the goals and objectives of the *Strategy*. Requests are evaluated on the basis of how closely proposed funding corresponds to priorities identified by ONDCP.
 - Review and Certification of Fall Budget Submissions: As with the summer process, the Director reviews agency fall drug control budgets to determine if they are adequate to implement the goals and objectives of the *Strategy*. Requests are evaluated based on how closely proposed funding corresponds to priorities identified by ONDCP and whether requests address enhancements identified by the ONDCP Director during the summer review process.
- Once the funding and policy decisions for the President’s Budget are finalized, ONDCP works with each NDCPA to gather information on the funding levels and program descriptions needed to produce the *Budget Summary*. The ONDCP *Budget Summary* is one of the documents that accompanies the release of the *Strategy*. These drug control funding levels are also included in the Analytic Perspectives of the President’s Budget.
- ONDCP reviews NDCPA drug budgets for alignment with ONDCP’s drug policy priorities.

Implementation and Oversight of *Strategy* Goals and Objectives:

- ONDCP consulted drug policy stakeholders across both the demand and supply sides in preparation for developing the *Strategy* to ensure the *Strategy* is comprehensive and based on data and evidence.
- ONDCP is required to develop and implement a performance measurement system to assess the Nation’s progress in achieving the goals and objectives of the *Strategy*. Explicitly, the performance measurement system is to contain the following:

- Comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States; and
- Annual quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals that the Director determines may be achieved during each year beginning on the date on which the *Strategy* is submitted.
- The *Performance Review Summary (PRS) report* responds to this requirement. Issued annually along with the *Strategy*, assesses interagency progress towards the goals and objectives of the *Strategy*. The PRS describes the *Strategy's* 2-year and 5-year performance measures and targets for each *Strategy* goal and objective established for reducing drug use, availability, and the consequences of drug use.

Assessing Contributions to Achieving *Strategy* Goals and Objectives

- ONDCP annually provides Congress with a report (the *National Drug Control Assessment*) assessing the progress of each NDCPA toward achieving each goal, objective, and target contained in the *Strategy* applicable to the prior fiscal year.
- The report is based on a summary of the progress of each NDCPA toward the *Strategy* goals using the performance measures for the agency and an assessment of the effectiveness of each NDCPA and program in achieving the *Strategy* for the previous year, including an evaluation of whether the applicable goals, measures, objectives, and targets for the previous year were met.
- By November 1 each year, NDCPAs submit reports to ONDCP, and it is released along with the *Strategy*.

Gifts and Donations

The FY 1990 appropriation for Salaries and Expenses and subsequent authorization language established a Gift Fund (GF) for ONDCP. The GF includes a trust fund into which all private monetary gifts and donations made to ONDCP are deposited.

E. SUMMARY TABLES OF PROGRAM AND FINANCING

**Salaries and Expenses
(\$ in thousands)**

Line Number	Program by activities	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
00.01	Salaries & Expenses	\$18,952	\$21,500	\$22,380
00.01	Congressional Directed Spending	\$0	\$10,482	\$0
10.00	Total Obligations	\$18,952	\$31,982	\$22,380
	Financing:			
39.00	Budget Authority	\$18,952	\$31,982	\$22,380
	Budget Authority:			
40.00	Appropriation	\$18,952	\$31,982	\$22,380
	Relation of Obligations to Outlay:			
90.00	Total Outlays	\$18,952	\$31,982	\$22,380

(SUMMARY TABLES OF PROGRAM AND FINANCING, Continued)

Gifts and Donations
(\$ in thousands)

Line Number	Financing Schedule	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
21.40	Unobligated Balance Available, Start of Year	\$35	\$33	\$23
24.40	Unobligated Balance Available, End of Year	\$33	\$23	\$13
	Relation of Obligations to Outlays:			
90.00	Outlays (net)	\$2	\$10	\$10

F. SUMMARY TABLES OF PERSONNEL

PERSONNEL	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
Total Number of Appropriated Full-Time Permanent Positions	65	72	72

G. DETAIL OF PERMANENT POSITIONS

Permanent Positions	FY 2022 Enacted	FY 2023 Enacted *	FY 2024 Request
EX 1	1	1	1
EX 2	0	1	1
EX 3	0	0	0
SES	11	12	12
GS-15	25	22	22
GS-14	9	7	7
GS-13	5	7	7
GS-12	7	6	6
GS-11	3	5	5
GS-10	2	2	2
GS-9	2	8	8
GS-7	0	1	1
Total Permanent Positions	65	72	72

*Recruitment is being expedited to ensure 72 FTE by the end of September.

H. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS

**Salaries and Expenses
(\$ in thousands)**

Line Number	Salaries and Expenses Operations	FY 2022 Estimate	FY 2023 Estimate*	FY 2024 Estimate
10.0	Personnel Compensation & Benefits	\$13,665	\$14,112	\$16,225
21.0	Travel & Transportation of Persons	\$90	\$250	\$200
22.0	Transportation of Things	\$2	\$2	\$2
23.1	Rental Payments to GSA	\$3,158	\$2,820	\$2,960
23.3	Communications, Utilities, & Miscellaneous Charges	\$72	\$72	\$72
24.0	Printing & Reproduction	\$19	\$19	\$19
25.0	Other Contractual Services	\$1,743	\$4,000	\$2,677
26.0	Official Reception and Representation Funds	\$10	\$10	\$10
26.0	Supplies & Materials	\$173	\$190	\$190
31.0	Equipment	\$20	\$25	\$25
41.0	Grants **	\$0	\$10,482	\$0
99.0	Total Obligations	\$18,952	\$31,982	\$22,380

* Recruitment is being expedited to ensure 72 FTE by the end of September.

** FY 2023 Enacted Salaries and Expenses funding includes \$21,500,000 for Operations and \$10,482,000 for Congressional Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act of 2023.

(SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS, Continued)

Gifts and Donations
(\$ in thousands)

Line Number	Gifts and Donations	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
26.00	Supplies & Materials	\$35	\$33	\$23
99.00	Total Budget Authority	\$35	\$33	\$23

I. EXPLANATION OF BUDGET REQUEST BY OBJECT CLASS
(\$ in thousands)

	FY 2023 Estimate	FY 2024 Estimate
Personnel Compensation & Benefits *	\$14,112	\$16,225

Funds in this object class provide full-year salaries and benefits for 72 FTE.
 *Recruitment is being expedited to ensure 72 FTE by the end of September 2023.

	FY 2023 Estimate	FY 2024 Estimate
Travel and Transportation	\$250	\$200

This amount funds the full-year cost of travel for ONDCP staff, as well as invitational travel.

	FY 2023 Estimate	FY 2024 Estimate
Transportation of Things	\$2	\$2

This amount funds express mail and miscellaneous moving expenses.

	FY 2023 Estimate	FY 2024 Estimate
Rental Payments to GSA	\$2,820	\$2,960

This amount includes the annual cost of office space at a rate established by the General Services Administration (GSA) in the Washington, D.C. central business district. The building is privately owned and ONDCP is located on one floor (34,708 square feet of usable space and 25 structured/reserved parking spaces).

	FY 2023 Estimate	FY 2024 Estimate
Communications, Utilities, and Miscellaneous Charges	\$72	\$72

This amount funds miscellaneous rental charges, including parking.

	FY 2023 Estimate	FY 2024 Estimate
Printing and Reproduction	\$19	\$19

This amount reflects basic printing requirements to include publications, such as the Federal Register and the Code of Federal Regulations. Printing services are provided by the United

States Government Printing Office and the Defense Automated Printing Service. Limiting the printing of hard copy documents and instead mainly provide documents on the agency website, in addition to other electronic formats, will continue.

	FY 2023 Estimate	FY 2024 Estimate
Other Services	\$4,000	\$2,677

This amount reflects contract services, including: IT services; guard services through the Federal Protective Services; building maintenance; service and equipment maintenance renewal; MAX maintenance; staff training; translation services; Federal shared services fees; and travel service fees. In addition, funding is provided for the Conference of Western Hemisphere Sports Ministers in Washington D.C. in support of anti-doping efforts.

	FY 2023 Estimate	FY 2024 Estimate
Supplies and Materials	\$200	\$200

This amount reflects office supplies and materials. This amount also includes \$10,000 for Official Reception and Representation funds which would allow the Director to host meetings with non-Federal partners and stakeholders participating in the effort to reduce drugs and its consequences.

	FY 2023 Estimate	FY 2024 Estimate
Equipment	\$25	\$25

This amount funds the purchase of miscellaneous replacement equipment, under a life-cycle plan.

	FY 2023 Estimate	FY 2024 Estimate
Grants	\$10,482	\$0

This amount in FY 2023 funds the Congressional Directed Spending as noted in section 205 of Administrative Provisions - Executive Office of the President and Funds Appropriated to the President.

	FY 2023 Estimate	FY 2024 Estimate
Total All Object Classes	\$31,982	\$22,380

VI. OTHER FEDERAL DRUG CONTROL PROGRAMS

A. APPROPRIATION LANGUAGE

FEDERAL DRUG CONTROL PROGRAMS

Federal Funds

OTHER FEDERAL DRUG CONTROL PROGRAMS

(INCLUDING TRANSFERS OF FUNDS)

For other drug control activities authorized by the Anti-Drug Abuse Act of 1988 and the Office of National Drug Control Policy Reauthorization Act of 1998, as amended, [\$137,120,000] *\$148,950,000*, to remain available until expended, which shall be available as follows: \$109,000,000 for the Drug-Free Communities Program, of which not more than \$12,780,000 is for administrative expenses, and of which \$2,500,000 shall be made available as directed by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271; \$3,000,000 for drug court training and technical assistance; [\$15,250,000] *\$14,000,000* for anti-doping activities; up to [\$3,420,000] *\$3,700,000* for the United States membership dues to the World Anti-Doping Agency; \$1,250,000 for the Model Acts Program; [and]\$5,200,000 for activities authorized by section 103 of Public Law 114–198; *\$1,300,000 for policy research; \$500,000 for performance audits and evaluations; and \$11,000,000 to implement evolving and emerging drug threat response plans, as authorized by section 709 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1708), as amended: Provided, That amounts made available under this heading may be transferred to other Federal departments and agencies to carry out such activities[: Provided further, That the Director of the Office of National Drug Control Policy shall, not fewer than 30 days prior to obligating funds under this heading for United States membership dues to the World Anti-Doping Agency, submit to the Committees on Appropriations of the House of Representatives and the Senate a spending plan and explanation of the proposed uses of these funds]. (Executive Office of the President Appropriations Act, 2023.)*

B. SUMMARY TABLES OF PROGRAM AND FINANCING

**OTHER FEDERAL DRUG CONTROL PROGRAMS
(\$ in thousands)**

Line Number	Program by Activities	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
00.01	Drug-Free Communities Support Program	\$106,000	\$109,000	\$109,000
00.01	Anti-Doping Activities	\$15,000	\$15,250	\$14,000
00.01	Drug Court Training and Technical Institute	\$3,000	\$3,000	\$3,000
00.01	Model Acts Program	\$1,250	\$1,250	\$1,250
00.01	Section 103 of Public Law 114-198	\$5,200	\$5,200	\$5,200
00.01	World Anti-Doping Agency (WADA) Membership Dues	\$3,167	\$3,420	\$3,700
00.01	Policy Research	\$0	\$0	\$1,300
00.01	Performance Audits and Evaluations	\$0	\$0	\$500
00.01	Evolving and Emerging Drug Threats	\$0	\$0	\$11,000
10.00	Total Obligations	\$133,617	\$137,120	\$148,950
	Financing:			
39.00	Budget Authority	\$133,617	\$137,120	\$148,950
	Budget Authority:			
40.00	Appropriation	\$133,617	\$137,120	\$148,950
	Relation of Obligations to Outlay:			
90.00	Total Outlays	\$133,617	\$137,120	\$148,950

Totals may not add due to rounding.

C. PERSONNEL

Personnel associated with the administration of Other Federal Drug Control Programs are funded from ONDCP's Salaries and Expenses account, except two positions from the DFC program.

PERSONNEL	FY 2022 Enacted	FY 2023 Request	FY 2024 Request
Total Number of Appropriated Full-Time Permanent Positions	2	2	2

D. FY 2024 BUDGET REQUEST

The FY 2024 request is \$148,950,000. This is an increase of \$11,830,000 from the FY 2023 enacted level of \$137,120,000. The request includes the following programs:

- Drug Free Communities (DFC) - \$109,000,000 and 2 FTE
- Drug Court Training and Technical Assistance - \$3,000,000
- Anti-Doping Activities - \$14,000,000
- Model Acts Program - \$1,250,000
- Section 103 of Public Law 114-198 - \$5,200,000
- World Anti-Doping Agency (WADA) Dues - \$3,700,000
- Policy Research - \$1,300,000
- Performance Audits and Evaluations - \$500,000
- Evolving and Emerging Drug Threats - \$11,000,000

1. DRUG-FREE COMMUNITIES SUPPORT PROGRAM

a. MISSION STATEMENT AND PROGRAM DESCRIPTION

The mission of the DFC Program is to strengthen local collaboration to prevent youth substance use in communities across the country. In order to undertake this mission, ONDCP supports community-based coalitions in the development and implementation of comprehensive, long-term plans to prevent and reduce youth substance use.

The DFC Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20), reauthorized through the Drug-Free Communities Reauthorization Act of 2001 (Public Law 107-82), and reauthorized again by the SUPPORT Act (Public Law 115-271). This includes funding for the National Coalition Institute (NCI). The mission of the NCI is to increase the knowledge, capacity, and accountability of community anti-drug coalitions throughout the United States and territories.

The DFC Program provides grants to community-based coalitions that meet specific statutory eligibility requirements to construct and solidify a public-private infrastructure to create and sustain community-level change related to youth substance use. Over time, it is the intent of the program to prevent and reduce youth substance use and, therefore, adult substance abuse through effective community collaboration and leveraging of resources.

b. FY 2024 BUDGET REQUEST

The FY 2024 request level for DFC is \$109,000,000 and 2 FTE. This is equal to the FY 2023 enacted level. The request includes up to \$12,780,000 (or approximately up to 12 percent) for administrative costs associated with the DFC program. This is the same level that was provided in the FY 2023 appropriation.

ONDCP collaborated with the Centers for Disease Control and Prevention (CDC) to transition the administration of the DFC grants from SAMHSA to CDC. Effectively managing the DFC Program, which awarded 745 community-based coalitions in FY 2022, requires a significant level of administrative support and program management oversight to ensure that recipients continue to be successful. This enhanced oversight with the CDC also ensures that sound grants management policies and procedures are followed. The level of support and guidance given by ONDCP and the agency administering the grants (CDC) is directly tied to the success of the coalitions. This funding goes towards ensuring that the coalitions have appropriate oversight, receive timely responses to their programmatic and fiscal management needs, and allows for stronger engagement with grant recipients.

DFC coalitions are found in small and large communities nationwide: In 2022, 1 in 5 Americans - or approximately 67 million - lived in a community with a DFC funded coalition. It is clear that the dedication of our DFC coalitions has produced results, particularly around reducing youth substance use. In 2022, DFC coalitions reported a decrease in youth use of alcohol, tobacco, marijuana, and the misuse of prescription drugs. The data also indicates that hosting a youth coalition continues to be a promising practice associated with significantly higher levels of Youth

sector involvement.

The DFC accomplishments are detailed below and include the most current provisional evaluation data:

DFC Reach:

- DFC-funded community coalitions are required to bring together community representatives from 12 unique sectors and build collaboration to reduce and prevent youth substance use. This is a fundamental premise of effective community prevention, and the DFC Program. Given the number and broad geographic distribution of DFC coalitions, a large number of Americans live in communities served by grant recipients, potentially benefitting from the program. An estimated 67 million (20 percent of the United States population) lived in communities served by DFC coalitions receiving funding in FY 2022. This included approximately 2.6 million middle school students ages 12 to 14 (20 percent of all middle school youth) and 3.5 million high school students ages 15 to 18 (21 percent of all high school youth). Since 2005, DFC community coalitions have served areas with a combined population of approximately 184 million, or 55 percent, of the United States population.
- For the most recently reported year, DFC coalitions are estimated to have successfully mobilized approximately 35,000 community members. DFC coalitions, who also rely on the work of paid and volunteer staff, reported involving a median of two paid and two volunteer staff members in August 2022.

Focus on Specific Subgroups of Youth:

- DFC coalitions have a broad reach and are working to engage and impact subgroups in their communities who may be underserved. Higher percentages of DFC coalitions reported tailoring efforts to specific subgroups of youth/people, particularly Hispanic/Latino, Black/African American, and LGBTQ+ youth/people in August 2022 as compared to August 2021 (65 percent and 59 percent, respectively). Around half (51 percent) of DFC coalitions reported working in frontier and/or rural communities and 37 percent work in urban/inner city communities. ONDCP has focused on encouraging DFC coalitions to engage in practices that address advancing racial equity and supporting underserved community equities.

DFCs Addressing Opioids and Methamphetamine:

- DFC coalitions engaged in a range of activities regarding opioids and/or methamphetamine. In line with the emphasis on prescription opioids, coalitions focused on activities to educate and communicate about prescription drug misuse and encourage disposal of unused prescription drugs. This included participating in prescription drug take-back day events, working to have prescription drug drop-off boxes available in the community, and providing residents with kits to safely store prescription drugs in the home and to deactivate/dispose no longer needed prescription drugs at home.
- DFC-funded coalitions continue to lead the way in addressing opioids and methamphetamine in communities across the Nation. They are engaged in a broad range of practices that moves from community mobilization and awareness to community action and ultimately community outcomes.
- Most DFC coalitions (73 percent) reported that they implemented activities to address opioids and/or methamphetamine, an increase over the previous year. The primary focus of opioids work was related to addressing issues around prescription drug misuse, although coalitions also engaged in harm reduction activities such as trainings on the use of naloxone.
- DFC coalitions utilize a broad range of activities to increase collaboration using the Seven Strategies for Community Change to address opioid and methamphetamines use. These strategies include *Providing Information, Enhancing Skills, Providing Support, Enhancing Access/Reducing Barriers, Changing Consequences, Educating and Informing about Modifying/Changing Policies or Laws, and Changing Physical Design.*
- According to the provisional Drug-Free Communities Support Program National Cross-Site Evaluation End-of-Year 2022 Report, the top two activities implemented to address opioids and/or methamphetamine were categorized as *Providing Information* followed by *Changing Access/Barriers* activities (99.8 percent and 92.6 percent, respectively).
- While the top activities emphasized information regarding prescription opioids and their proper disposal as well as increasing availability of take-back events and prescription collection boxes, DFC coalitions were also focused on providing information about opioids more generally to their community (including synthetic opioids) and on increasing availability of naloxone, an evidence-based harm-reduction strategy. While less universal, over 40 percent of DFC coalitions reported *Educating and Informing* regarding naloxone policies and/or Good Samaritan Laws. As they work to address opioids and methamphetamines, DFC coalitions are engaging with existing and new, relevant sectors as appropriate. Central to their work on addressing opioids and methamphetamines is raising awareness and educating their communities. A primary purpose of collaboration across sectors is to leverage skills and resources in the innovative planning and implementation of substance use prevention.
- The CDC has identified opioid use and opioid overdose deaths as an epidemic. Overdose deaths among individuals aged 10-19 years increased 109 percent from 2019 to 2021. Deaths involving illicitly manufactured fentanyl (IMFs) increased by 182 percent during this time. In

2021, approximately 90 percent of overdose deaths for this age group involved opioids and 84 percent involved illicitly manufactured fentanyl (IMFs). In August 2022, just over three fourths of DFC coalitions (76 percent) selected prescription opioids, heroin, or both as among their top five substances on which they were focused. This remained the same as the percentage of coalitions selecting prescription opioids, heroin, or both as among their top five substances in August 2021 (76 percent).

- In comparison to selecting opioids as a focal substance, slightly fewer DFC coalitions (73 percent) indicated they engaged in activities to address opioids and/or methamphetamine, with almost all indicating they had addressed prescription opioids (98 percent). Almost two-thirds (60 percent) indicated their work addressed fentanyl or other synthetic opioids, close to half addressed heroin (45 percent), and just over a quarter (26 percent) indicated their work focused on methamphetamine. This primary focus on prescription opioids was also illustrated by the combination of substances the coalitions addressed with less than 2 percent of coalitions focused on substances that did not include prescription drugs and only one coalition indicated a focus solely on methamphetamine.
- In line with the emphasis on prescription opioids, coalitions engaged in a range of activities to educate and communicate about prescription drug misuse and encourage disposal of unused prescription drugs. This included participating in prescription drug take-back day events, working to have prescription drug drop-off boxes available in the community, and providing residents with kits to safely store prescription drugs in the home and to deactivate/dispose no longer needed prescription drugs at home.
 - For example, a Year 8 coalition (Midwest Region) noted, “The coalition was approached by local public health to help gather input from a variety of sectors that represent the county demographically and geographically on how to most effectively, efficiently, and equitably spend the Opioid Settlement funds awarded to [this] County.” This coalition had success partnering with police and first responders in a county-wide campaign that resulted in the disposal of nearly 1,500 pounds of unused household pharmaceuticals. As a result of sharing data within workgroups, two coalitions discovered the presence of Xylazine and Kratom emerging in their community.
 - In another example, a Year 6 coalition (Northeast Region) described, “Data from state health officials and local law enforcement indicates that fentanyl is highly prevalent in our geographic region and accounts for most of the fatal opioid overdoses. The conference planning committee is also planning to educate attendees about the emerging issue of Xylazine; this drug is being seen in our area. Xylazine is a veterinary medicine drug used as a sedative and the concern around it being in the local drug supply is that it does not respond to Naloxone.”
 - Similarly, a Year 7 coalition (Midwest Region) reported, “In the last 6 months the coalition has just started to research and learn about Kratom and how it is affecting our community. We have only just become aware of it in this reporting period and have had preliminary conversations with partner agencies with expertise in drug use about how to research and collect data surrounding this drug and its local impacts.”

- Intensifying their capacity and engagement across multiple sectors enabled coalitions to use data-driven lead, support, and promote a broader range of opioid prevention strategies relevant in their communities.

DFCs and Vaping:

- Youth vaping continues to be a national challenge. In 2022, national trends showed that about 2.55 million students (14.1 percent of high schoolers and 3.3 percent of middle schoolers) used e-cigarettes in the past 30 days, compared to 2.06 million (11.3 percent of high schoolers and 2.8 percent of middle schoolers) in 2021.

Over three fourths (81 percent) of DFC coalitions reported their coalition engaged in activities to address vaping locally (increased from 69 percent in August 2021). Of those coalitions who addressed vaping, 96 percent reported their work focused on vaping of nicotine/tobacco, and 89 percent reported their work addressed vaping marijuana.

Additionally, 73 coalitions (12 percent of those who addressed vaping) reported addressing another substance. Of all coalitions that reported addressing vaping locally, 86 percent reported addressing both nicotine and marijuana, 10 percent of coalitions addressed nicotine/tobacco only, and 3 percent of coalitions addressed marijuana only. Youth who use vapes for nicotine have almost five-time-higher odds of using vapes for cannabis use. Cannabis and nicotine vaping has been associated with a higher frequency of engaging in other substance use, including cigarettes, alcohol, and illicit or prescription drug misuse.

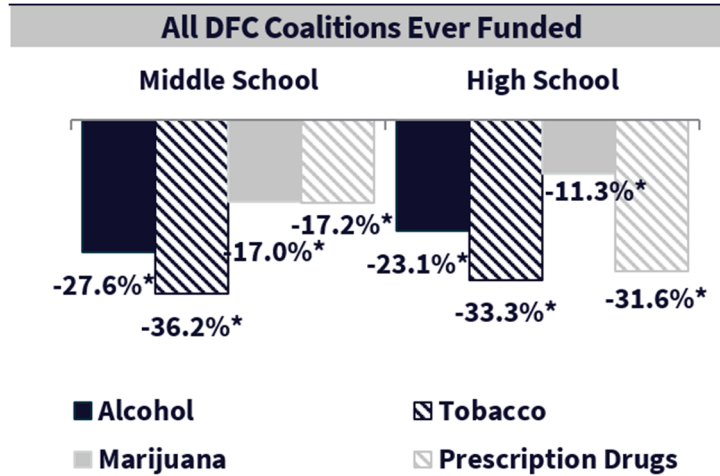
- To reduce and prevent the use of tobacco, THC, cannabis, and flavored vaping products, many coalitions reported building capacity with local businesses, schools, and civic agencies.
 - As an example, a Year 3 DFC grantee from the South Region reported, “The school, business, other substance abuse agencies, volunteer organizations, and law enforcement agencies were essential in building awareness about the program in the community.” Coalitions also trained key school staff to build human and organizational partnerships.
 - In another example, a Year 9 coalition in the Northeast Region reported, “Coalition staff trained 65 guidance counselors, social workers, and support staff [in schools] ... focused on youth vaping trends and strategies to reduce use and access to vape products...[The] staff was tasked to return to their school to strategize actionable steps with the building administrator.”
- To secure additional funding both new and experienced DFC coalitions reported taking advantage of funding and prevention campaigns from outside sources to encourage vaping cessation among adolescents and adults.
 - For example, “[Our coalition] also secured additional local prevention council funding to supplement and expand our original vaping prevention media campaign, ... by hiring a social marketing consultant” (Year 4, West Region).

- Another coalition leveraged these additional resources to enhance strategy implementation. Through another funding source, the coalition conducted a Vaping forum. Although the forum is not in the DFC grant, it complements the coalition’s work addressing Vaping issues by engaging members and elected officials on the harms of vaping devices including nicotine or marijuana content, and the results of the environmental scans funded by the DFC grant.” (Year 4, South Region)
- Finally, in advancing changing environments and policies, coalitions reported opportunities to promote vaping policy, practice, and environmental design changes in schools and in workplaces while implementing strategies. In schools, some coalitions promoted and helped design less punitive policies for students who vape.
 - For example, a Year 6 coalition in the Northeast Region reported, “We continue to use our vaping intervention tool created in 2018 for students who have violated the policy or athletic code. ...We are connected to PAVE (Parents Against Vaping/ecigs) and have provided our policy and restorative approach to other states through our PAVE connection.”
 - For greater impact, other coalitions involved students to inform and advocate for policy change. “Our teens have taken the lead regarding vaping. They gathered local data by conducting an environmental scan to see how vape products were displayed, priced, and promoted. With that data and their personal experiences, they put together a presentation for the local school board, state legislators, and other community leaders and encouraged better enforcement at the school level. We also learned of some of the weak spots in our retail stores which provided opportunities for teens to purchase products. We will be taking this information to our business [community] and encouraging better oversight.” (Year 8, Midwest Region)

Reductions in Youth Substance Use:

- The DFC Program collects the following core measure data from DFC-funded community coalitions on alcohol, tobacco, marijuana, and prescription drugs in at least three grades (6th – 12th) every two years on: past 30-day use; perception of risk or harm; perception of parental disapproval of use; and perception of peer disapproval of use. Across all DFC coalitions ever funded, reductions in past 30-day prevalence of use were significant among middle school and high school youth for all core substances (see figure below).

Percentage Change in Past 30-Day Prevalence of Alcohol, Tobacco, Marijuana, and Prescription Drug Misuse Among All DFC Grant Recipients Ever Funded



Source: DFC 2002–2022 Progress Reports, core measures data

Note: * indicates $p < .05$

- The following are summary findings from the provisional DFC National Cross-Site Evaluation End-of-Year 2022 Report:

To summarize Middle School findings:

- prevalence of alcohol use by middle school youth declined by 27.6 percent;
- prevalence of tobacco use by middle school youth declined by 36.2 percent;
- prevalence of marijuana use by middle school youth declined by 17 percent; and
- prevalence of (illicit) prescription drug use by middle school youth declined by 17.2 percent from the first to the most recent data reports across all DFC coalitions ever funded.

To summarize High School findings:

- prevalence of alcohol use by high school youth declined by 23.1 percent;
- prevalence of tobacco use by high school youth declined by 33.3 percent;
- prevalence of marijuana use by high school youth declined by 11.3 percent; and
- prevalence of (illicit) prescription drug use by high school youth declined by 31.6 percent.

DFC Youth Coalitions:

- Given the DFC Program’s focus on preventing youth substance use, youth engagement has been examined closely in the DFC National Evaluation.
 - A *youth coalition* is defined as: A group of youth who work together to plan and implement activities related to the mission of the full coalition. An adult coalition member serves as a mentor or leader, but the youth have key leadership roles. The youth coalition is integral to the full coalition, but generally meets independently.
- In August 2022, two-thirds (67 percent) of DFC coalitions reported hosting a youth coalition. Hosting a youth coalition continues to be a promising practice particularly for engaging youth. DFC coalitions hosting a youth coalition reported youth sector involvement as significantly higher on average (4.2, high to very high) as compared to those not hosting a youth coalition (3.0, medium involvement). That is, for those coalitions hosting a youth coalition, their average youth sector level of involvement was higher than the other most highly rated sectors.

Most (83 percent) DFC coalitions who hosted a youth coalition reported the youth coalition met at least once a month and rated involvement in planning prevention activities as high or very high (72 percent). Of the coalitions not hosting a youth coalition (33 percent), more than two-thirds (68 percent) were working to host a youth coalition within the next six months, while the remaining had no plans to host a youth coalition.

Making it clear that youth coalitions are central to the work of DFC coalitions who host them, just under half (41 percent) of these coalitions indicated that a youth coalition representative attended leadership meetings and had a say in coalition decision making while 13 percent indicated that youth members attended leadership meetings but did not have a say in coalition decisions. Just under half (46 percent) indicated that no youth members attended these meetings. This engagement in decision making by youth may contribute to the overall higher level of involvement by youth coalitions.

- A goal of hosting a youth coalition is to provide a space where youth can lead in an adult mentored/facilitated environment. DFC coalitions provided many examples of the types of activities engaged in with youth coalitions, particularly providing an environment for youth to engage in peer mentorship activities, to serve in leadership roles, and to educate decisionmakers on substance use issues. Youth coalitions were often mentioned as engaging in the mentoring of peers and near-peers.
- Coalitions noted that youth involvement and the creation of youth coalitions were essential to the success of their work. Among coalitions with high youth sector engagement, youth engagement spanned a variety of activities including meeting attendance, volunteering, peer mentoring, and serving as camp counselors. Youth were also involved in the development and creation of PSAs and other information distribution activities.

- For example, a Year 7 coalition (Northeast Region) reported an increase in youth participation, where youth were: “attending meetings, joining task forces, and ... participating on our first ever video PSA about the Social Host Law.”
- Other coalitions report engaging youth and youth coalition members in leadership and peer mentoring opportunities to meet the needs of the community. As reported by one Year 5 coalition (West Region), after assessing the racial diversity among the youth in the community, “the coalition decided that it would be a good idea to start a camp, where young campers would learn the cultural traditions of our area and would allow the youth coalition to serve as camp counselors and mentors.”
- With regard to youth recruitment, retention, and leadership development, coalitions that benefit from high youth engagement report using incentives to increase youth interest.
 - An example of incentives comes from a Year 3 coalition (West Region), “We continue to engage and recruit youth through various sources. We are working to launch a youth project grant program. \$500 grants will be awarded for 6-month projects. Our goal of this activity is to engage and recruit youth in our coalition work, build their skills through mini grant management, and create a youth leadership base in the community.”
 - Coalitions also recommended including youth voice to raise awareness of the coalition mission and recruit more youth participants. Another Year 3 coalition (Northeast Region) included youth in the development of recruitment strategies saying, “Youth met with program coordinator, adult community leaders regularly to plan the event and most importantly come up with a marketing strategy to recruit youth participation in the event. Youth voice was important to helping select the speaker who would tell their story of addiction and mental health struggles, to selecting the food, and recruiting their schools' participation.”
 - Several coalitions acknowledge that initial youth involvement is the first step in recruiting additional youth members and sustaining youth engagement. “It has been a challenge recruiting new youth members,” reported one Year 2 coalition (South Region). “We are currently working with the youth we have, to put together a youth advocacy group. Our youth will help with the recruiting process at their schools. Our youth are still in the recruiting and replanning stages of building the youth coalition and are planning a Red Ribbon Week event which will serve as a recruitment platform.”
- Coalitions noted that establishing youth coalitions also benefitted youth programming and policy impact. In these coalitions, youth are engaged as leaders in the community. Youth coalitions are integral in developing youth-focused programming such as a mental health awareness art fair, hashtag social media campaigns, and drug-free e-gaming events.
 - In one example, a Year 5 coalition (Northeast) reported, “The youth coalition planned a community event which offered yoga sessions, rock painting, yard games, artwork of the butterfly logo done by a local recovery graffiti artist, ice cream, mental health and substance use resources, and swag, all of which were free.”

- One Year 4 coalition (Midwest Region) reported that the youth coalition is “working with coalition partners to advocate for policy change. The youth coalition hosted an activity which encouraged people and legislators from all over the state to identify the positive characteristics they see in their home communities.”
- Similarly, a Year 5 coalition (Northeast Region) reported that in addition to leading campaigns and social media engagement, their youth coalition have “also spoken to their legislators and school administration on the work being done and why it is important to support within the school system.”
- Youth engagement and mental health was also an important topic among coalitions and a priority among youth members in which a number of examples were cited in the report. Coalitions and youth coalitions cited taking steps to raise awareness and bring resources and to their communities regarding mental health.
 - For example, “Youth members identified mental health as an issue of concern among students in their school. [Youth recognized] the impact of mental health on substance use (and vice versa) and are passionate about the health and wellbeing of their peers. Youth members partnered with County Mental Health Services to develop strategies to address this issue. As a result, members engaged in multiple activities to equip all high school students and staff with information and skills helpful to coping with life's demands, pressures and traumas.” (Year 5, Midwest)
 - A Year 4 (Northeast Region) reported, “as part of the youth coalition strategy to work on mental health promotion, we have a subgroup that is open to any 10th to 12th grade high school student. For these meetings, they focus on skills to help them cope with stress, mindfulness skills, time management, and others. In addition to learning these skills to help promote positive mental health, the student leaders are developing their hard-set skills.”
 - In another example, a coalition (Year 1, South) stated, “The county we serve has minimal mental health resources for families in the community. The educators in the districts are also overloaded and suffering from stress from the pandemic. The ability to focus on mental health issues in addition to substance use through the DFC funding opportunity has been a true asset for our coalition and the community.”
 - Coalitions also engaged youth around these topics in line with addressing risk factors. For example, one Year 5 coalition (Midwest Region) reports, “The youth coalition is looking at ways to support teens who feel stressed, lost or are dealing with mental health challenges. We are hopeful that our youth will guide us in these efforts.”
 - Similarly, a Year 1 coalition (Midwest Region) reported, “our members have spent considerable time discussing mental health and specifically youth mental health. Conversation routinely brings up ACES and resiliency. Our Youth Risk Behavior Survey, 2019 points to social isolation and lack of emotional support caused by undeveloped coping

skills that lead to poor mental health that may increase the likelihood of youth alcohol and marijuana use.”

DFC Grant Oversight System:

- In FY 2016, the DFC Grant Oversight System, known as *DFC Me*, was launched. It was the first year that DFC grant award recipients were able to submit their National Evaluation Requirements into the system. The system was upgraded to allow Comprehensive Addiction and Recovery Act (CARA) grant award recipients to submit their reporting data directly into *DFC Me* for the first time. The CARA Program is aimed at current or former DFC grant recipients to prevent and reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States.
- The DFC & CARA *Me* system is a one-stop shop for coalitions to submit reports, share best practices, receive the latest program and training updates, while also providing coalitions with the ability to request technical assistance.
- The platform also provides ONDCP the opportunity to communicate directly with nearly 21,434 stakeholders, coalition leaders, and sector representatives on key White House and ONDCP initiatives.
- The DFC & CARA *Me* system allows for important oversight and management functionality which include:
 - ONDCP direct access to DFC and CARA grant award recipients’ progress reports;
 - The ability for ONDCP and the Program Office to track DFC and CARA grant award recipient compliance with statutory eligibility requirements;
 - A Learning Center for DFC and CARA grant award recipients, which serves as a space for peer-to-peer networking and sharing of success stories;
 - Expanded access to extensive CDC research and evidence-based prevention resources that coalitions can draw upon; and
 - DFC grant award recipients receiving a *Coalition Snapshot* twice a year. DFC grant award recipients are provided with a snapshot of their outcome data for alcohol, tobacco, marijuana, and prescription drugs. They also get data on strategy implementation. The *Coalition Snapshot* provides coalitions with coalition-specific data tables and graphs they can use to discuss their impact locally.
- DFC & CARA *Me* continued through a significant system upgrade in 2022. Highlights include:
 - Improved system infrastructure from Drupal Version 7 to Drupal Version 9, which

provided enhanced dashboarding for events, e-blasts, and success stories;

- These system improvements also allowed for strengthened reporting of core measures and progress reports;
- Enhancements to the Learning Center, which allowed for expanded search capabilities, so coalitions can easily access resources using expanded search terms and filters to facilitate better search results;
- System improvements that also allow for New Resource Categories including:
 - Guidance: How to, training, or explanation of a process or part of a process
 - FAQ enhancements
 - Tools and Templates: Blank, fillable, offline examples that show what to do by example

Coalition Efforts During COVID:

- COVID-19 related challenges continued to impact the work of DFC coalitions, although to a lesser extent than in 2021. Some challenges related to implementation and youth data collections were described as due to COVID-19.
- DFC coalitions worked to bring about change by implementing a comprehensive mix of strategies, with more than two-thirds (69 percent) implementing at least one activity in at least five of the seven strategy types. DFC coalitions were generally implementing activities at higher levels than during the first year of COVID-19, and approaching levels similar to prior to the start of the pandemic. Coalitions were encouraged to engage in evidence and practice-based strategies within the seven strategies and most activities implemented were evidence-based, although there was also room for coalitions to engage in innovation.
- Coalitions also continued to use the virtual communication skills they acquired during the pandemic. For example, on Year 1, South Region stated, “Our coalition has a weekly radio show that builds community awareness by bringing on professionals from the community discussing various topics with our coalition coordinators. We have brought on Narcan Educators, College professors and pediatricians from local hospitals to discuss opioid addiction and recovery. The show is played on several social media platforms, radio tune in app, speaker.com and apple podcast. During the show we provide resources and stories to help the community learn from experience and real life stories.”
- Fewer COVID-19 health restrictions allowed coalitions to create, lead, and support in-person community education activities. Virtual and in-person special events were targeted to parents, students, and sector stakeholders to increase their awareness of opioids used individually or in combination with other drugs. For one Year 9 coalition (West Region), multiple substances of focus were bundled as part of a broader media campaign highlighted by local media outlets.

2. DRUG COURT TRAINING AND TECHNICAL ASSISTANCE

The FY 2024 request level for Drug Court Training and Technical Assistance is \$3,000,000. This is the same as the FY 2023 enacted level. Drug courts offer a stark reminder of the critical role the justice system has to play in leading people with substance use disorders towards health, stability, and recovery. Drug courts were developed as a sentencing alternative during the crack and cocaine epidemics of the late 1980s and early 1990s. Instead of viewing addiction as a moral failing, drug courts offered a public health approach that treated it as a disease and promoted compassion over punishment.

Today, drug courts are on the front lines of the opioid epidemic and have become an indispensable resource to law enforcement and other community stakeholders impacted by opioid addiction and related crime. There are more than 3,000 drug courts in the United States, including models specifically for repeat driving while intoxicated (DWI) offenders, families whose children have been removed from the home due to addiction, juveniles, tribal communities, and veterans.

Drug courts are an alternative to incarceration that combines public health and public safety to connect people involved in the justice system with individualized evidence-based treatment and recovery support services. Research demonstrates that drug courts are the most successful type of intervention in our nation's history for leading people with substance use and mental health disorders out of the justice system and into lives of health and recovery.

Drug courts are most successful with populations at a high risk for committing new crimes and a high need for treatment and other social services. The average national successful completion rate for individuals in drug courts in 2014 was 60 percent. This is more than twice the success rate of probationers with substance use disorders and three times the rate of voluntary outpatient treatment.¹ GAO has studied drug courts and found re-arrest rates for drug court graduates to be nearly 58 percent below comparison groups.

Drug courts save critical resources, producing benefits of \$6,208 per participant, and returning up to \$27 for every \$1 invested. Drug court is helping to break down barriers to MOUD. An individual in drug court is more likely to receive MOUD than one-on-probation or parole, or typical patient in substance use disorder treatment a Drug court has also improved education, employment, housing, and financial stability among its participants and have been found to promote family reunification and reduce foster care placements.

¹ Hser et al. (2001). Effects of program and patient characteristics on retention of drug treatment patients. *Evaluation and Program Planning*, 24(4), 331-341. DOI: [10.1016/S0149-7189\(01\)00027-1](https://doi.org/10.1016/S0149-7189(01)00027-1)
Loveland & Driscoll (2014). Examining attrition rates at one specialty addiction treatment provider in the United States: A case study using a retrospective chart review. *Substance Abuse Treatment, Prevention and Policy*, 9(41). <https://doi.org/10.1186/1747-597X-9-41>
Wickizer et al. (1994). Completion rates of clients discharged from drug and alcohol treatment programs in Washington State. *American Journal of Public Health*, 84(2), 215-221. doi: [10.2105/ajph.84.2.215](https://doi.org/10.2105/ajph.84.2.215)
Stark (1992). Dropping out of substance abuse treatment: A clinically oriented review. *Clinical Psychology Review*, 12, 93-116.
Johnson & Tran (2020). Factors associated with substance use disorder treatment completion: A cross-sectional analysis of justice-involved adolescents. *Substance Abuse Treatment, Prevention and Policy*, 15(92). <https://doi.org/10.1186/s13011-020-00332-z>

Instead of putting people behind bars, drug court demonstrates that a combination of treatment and support can lead even the most seriously addicted people in our justice system to lives of recovery, stability, and health.

ONDCP's primary drug court goal is to fund organizations with expert knowledge and extensive experience in training drug court and other criminal justice practitioners on the application of evidence-based practices to address substance use disorders among justice-involved people.

The goals of the program are to (1) provide technical and training assistance (TTA) to criminal justice practitioners to develop, maintain, and enhance evidence-based interventions from arrest to reentry; (2) educate criminal justice professionals on substance use disorders; and (3) develop TTA on MOUD and overdose reversal medications to expand use in drug courts, support recovery, and prevent overdose deaths.

The objectives are to: (1) provide tools that educate and train on statewide, regional, and national levels of no-cost, on-request curricula on evidence-based interventions at all points of engagement with the criminal justice system to ensure systematic implementation; (2) provide nationally, discipline-specific training for drug court practitioners; (3) provide statewide, regionally, and nationally for no-cost evidence-based training for treatment providers working with drug court; (4) provide TTA to drug court practitioners on evidence-based drug court standards for adult drug courts including training of census expansion with a focus on probation violators; (5) develop educational materials to address emerging issues that affect delivery of substance use disorder treatment, opioid treatment strategies, and drug court operations; and (6) conduct evaluations of trainings provided under this grant.

3. ANTI-DOPING ACTIVITIES

The FY 2024 request level for anti-doping activities is \$14,000,000. This is a decrease of \$1,250,000 from the FY 2023 enacted level of \$15,250,000. Anti-doping activities provide resources to focus on domestic efforts, via a competitively awarded grant, to an organization based in the United States to educate athletes on the risks of using substances on the World Anti-Doping Agency's list of prohibited substances, to reduce doping in amateur athletic competitions, and the need to rely on health and behavioral standards established and recognized by the United States Olympic and Paralympic Committee (USOPC). This grant supports athlete drug testing programs, research initiatives, educational programs, and efforts to inform athletes of the rules governing the use of prohibited substances outlined in the World Anti-Doping Code. In addition, the grant funds support efforts to enforce compliance with the Code and adjudicate athlete appeals involving doping violations.

The grant award seeks to raise awareness about the health dangers and ethical implications of drug use in sport among young and future athletes. In addition, these activities support state-of-the-art research within the scientific and public health communities related to anabolic steroids and other performance enhancing drugs.

4. MODEL ACTS PROGRAM

The FY 2024 request level for Model Acts Program is \$1,250,000. This is the same as the FY 2023 enacted level. The purpose of ONDCP’s Model State Drug Laws initiative is to “advise States on establishing laws and policies to address illicit drug issues”, and “revise such model State drug laws and draft supplementary model State laws to take into consideration changes in illicit drug use issues in the State involved.” 21 U.S.C. § 1703(i)(1). Specifically, this initiative serves to (1) advise States on establishing laws and policies to address alcohol and other drug issues, based on the model State drug laws developed by the President’s Commission on Model State Drug Laws in 1993, and (2) revise such model State drug laws and draft supplementary model State laws to take into consideration changes in the alcohol and drug misuse problems in the States involved.

5. SECTION 103 OF PUBLIC LAW 114-98

The FY 2024 request level for Section 103 of Public Law 114-198 is \$5,200,000. This is the same as the FY 2023 enacted level.

The Community-Based Coalition Enhancement Grants to Address Local Drug Crisis (CARA Local Drug Crisis) Program was created by the Comprehensive Addiction and Recovery Act of 2016. Grants awarded through the CARA Local Drug Crisis Program are intended as an enhancement to current or formerly funded DFC Support Program grant award recipients, as established community-based youth substance use prevention coalitions capable of effecting community-level change. Coalitions receiving CARA Local Drug Crisis funds are expected to work with leaders in their communities to identify and address local youth opioid, methamphetamine, and/or prescription medication misuse and create sustainable community-level change.

Grants awarded through this program are intended to:

- Enhance the ability of established community organizations to create community-level change regarding opioids or methamphetamines and the misuse of prescription medications;
- strengthen collaboration among communities, the federal government, state, local, and tribal governments to reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth within the area served by the coalition;
- enhance intergovernmental cooperation and coordination on the issue of opioids or methamphetamines and the misuse of prescription medications among youth; and
- develop a comprehensive community-wide action plan to address the issue of opioids or methamphetamines and the misuse of prescription medications among youth.

Per the statutory authority for this program (Section 103 of the Comprehensive Addiction and Recovery Act), the goal of this program is to prevent and reduce the misuse of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States.

The first CARA Local Drug Crises Program National Cross-Site Evaluation Report was published in August 2022, which represented the baseline collection of evaluation data. Another National Cross-Site Evaluation Report will soon be published. Below are key findings from the upcoming report:

- CARA coalitions, focused on prevention efforts around prescription drugs (98 percent) and fentanyl (66 percent), were awarded in 64 communities across 33 states. Based on community demographics, these coalitions potentially served a diverse population of youth & people, many of whom are at-risk or historically underserved.
- Building capacity was a primary focus in the first six months of CARA Cohort 2 grant award. CARA coalitions mobilized nearly 3,300 people to engage in youth substance use prevention and generally (75 percent) maintained the DFC Program's 12-sector community coalition model.

- CARA coalitions implemented a comprehensive range of approaches, including evidence-based practices and innovations. Sector members supported strategy implementation including several coalitions that successfully engaged youth in strategy implementation.

6. WORLD ANTI-DOPING AGENCY (WADA) DUES

The FY 2024 request level for WADA Dues is \$3,700,000. This is an increase of \$280,000 from the FY 2023 enacted level of \$3,420,000. This increase of 8 percent was confirmed in the WADA meeting in May 2022. It is important that the United States is able to pay its dues before it again serves as an Olympic host.

WADA was established in 1999 as an international independent agency composed and funded equally by the sports movement and governments of the world. Its key activities include scientific research, education, development of anti-doping capacities, and monitoring of the World Anti-Doping Code—the document harmonizing anti-doping policies in all sports and all countries. ONDCP represents the United States before the agency and is responsible for the payment of United States dues.

7. POLICY RESEARCH

The FY 2024 request level for Policy Research is \$1,300,000. This program was last funded in FY 2011. Policy research funds will be used to conduct short-turnaround contract research projects to address specific issues concerning policy and in support of the *Strategy*. ONDCP requires Policy Research funds to inform the ONDCP Director and senior staff of the current trends in drug use, drug supply, and related consequences. Of particular interest are research projects focusing on addressing data gaps in ONDCP's policy priorities, particularly in the areas of harm reduction and emerging threats. The Policy Research funds will support contract work to obtain data, conduct analyses (usually secondary analyses of existing data), and prepare reports and briefings suitable to inform policy in the near and long term.

Past projects have included estimation of drug consumption in the United States, including the number of heavy chronic drug users; estimation of the amount of drugs available for consumption in the United States; and additional testing of already collected urine samples to identify emerging drug trends. The goal of the Policy Research program is to conduct rigorous and timely research projects that produce results to inform the drug policy formulation and assessment process. In many cases, ONDCP is able to cobble together data shared by interagency partners. However, in some cases that is not possible as no other agency has ONDCP's unique needs for both supply and demand indicators, and the drug policy landscape is changing so rapidly; without funds for same year deployment, ONDCP cannot properly maintain a cutting edge understanding of the drug policy context. Because of the covert nature of the illicit drug supply, ONDCP especially needs more data on drug supply reduction efforts and their impacts. Some examples of projects ONDCP should fund and how they will uniquely inform drug policy include:

- A major economic evaluation of the costs, health and societal benefits and impacts of meeting the *Strategy* and Methamphetamine Plan objectives and the economic impact of failing to meet those objectives including their impacts on both the health, public safety and correctives sides of the equation.
- A contract to support a study on drug involvement by people in the criminal justice system including a query about race, ethnicity and socioeconomic class and their actual relationship of drug-related violent crime so as to address the narrative that drug use fuels criminal behavior which emerges whenever sentencing reform and mandatory minimums are discussed.
- Support for additional state policy research on items of unique interest to ONDCP such as low-threshold buprenorphine at syringe services programs and screening and diagnostic services for methamphetamine use disorder in cardiac services.
- Access to private sector databases that charge subscriber access fees to examine true rates of diversion and prescribing of controlled substances and antidotes to understand the impact of these on public health and safety.

- A research project to determine the economic and non-pecuniary impacts that supply reduction activities have on drug trafficking networks and drug prices in the United States including cost to the United States of performing those supply reduction activities. This would allow supply reduction efforts to focus on activities that have the biggest impact on drug prices relative to their cost to the United States.
- A study to measure illicit drug and precursor production and flows in order to determine the impact supply reduction activities have on reducing the supply of drugs to the United States, so that the quantities in which drugs are being produced are known, and how much are being trafficked to the United States. The process of mapping out drug production and trafficking will inform supply reduction efforts and assessments of their effectiveness.
- A study on return on investment to the public health for law enforcement activities examining the threshold for drugs removed from a community that results in a reduction in fatal/nonfatal overdoses, property/violent crime, the duration of that impact and public health and law enforcement collaborative initiatives (ex., referral to treatment rather than arrest, syringe services, officer education in disease of addiction, etc.) in communities that appear to be most correlated with sustained reductions.

Although these cannot likely all be accommodated with a \$1,300,000 request, ONDCP intends to rigorously assess all existing federal data sources across agency partners to determine where it can leverage data sources at other agencies. For example, this includes looking to buying into contracts to obtain access to data or an additional analyst license, as well as supporting low cost research, such as dissertation grants and supplements to existing projects. Further, such policy research projects will serve to help ONDCP compile an actionable framework of all data sources that might be used to inform the *Strategy's* refinement, implementation, evaluation and refinement over time in response to emerging trends and threats in substance use. Additionally, projects such as these are critical for examining and addressing health inequities in substance use in the United States.

8. PERFORMANCE AUDITS AND EVALUATIONS

The FY 2024 request level for Performance Audits and Evaluations is \$500,000. The SUPPORT Act provides (codified at 21 U.S.C. § 1703(d)(7)) that the Director of National Drug Control Policy may “monitor implementation of the National Drug Control Program, including...conducting program and performance audits and evaluations.” In addition to coordinating and overseeing the implementation of national drug control policy, including the *Strategy*, ONDCP is responsible to maintain a national drug control performance measurement system. The system, comprising of three parts, is designed to inform the community of stakeholders in drug policy of the progress toward the achievement of the *Strategy’s* goals and objectives. But the system is much more than a measurement tool with which to track progress: it is a management tool which brings accountability to our nation’s drug policy. Through performance monitoring, agency programs can be held accountable for achieving results.

Submitted with the *Strategy*, the *PRS report* provides an assessment of the Nation’s annual progress at achieving the *Strategy* goals and objectives. Also submitted with the *Strategy* is the *Assessment*, which provides an assessment of the progress made by each NDCPA toward achieving the *Strategy* goals and objectives. Finally, Performance reviews and evaluations examine the efficiency and effectiveness of federal efforts, and provide an avenue for corrective action if the *PRS* and *Assessment* goals/objectives are not being met.

ONDCP uses a three-part program to complete these performance evaluations: ONDCP staff-led program audits and evaluations of NDCPA programs and their *Assessment* results; audits conducted by the NDCPA Inspectors General (IG) (as authorized by 21 U.S. Code § 1703(d)(7)(B)) focusing on PRS measures that are not progressing; and contracted review and evaluation support, contingent upon appropriated funding, which performs both *PRS* and *Assessment*-level reviews and program audits. In FY 2024, the *PRS* will have data to measure progress against the statutorily-required two year targets. This funding will be critical to allow the Administration can adjust the *Strategy’s* policy and program actions accordingly to achieve its goals and objectives via performance audits and evaluations.

9. EVOLVING AND EMERGING DRUG THREATS

The FY 2024 request level for Evolving and Emerging Drug Threats is \$11,000,000. Through enacting the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018, 21 U.S.C. § 1708, Congress codified its intention for the Federal government to closely monitor evolving and emerging drug threats and to act early in the development of a national trend to prevent such threats from reaching levels seen during the opioid crisis. The ONDCP emerging threats authorization allows the Director to work with the interagency to identify funding requirements that respond to emerging threats. The funding requested by ONDCP will allow the Administration to provide targeted funding for these threats as the Administration develops plans to address these threats.

The Emerging Threats legislation envisions timely identification and designation of emerging drug threats to the citizens of the United States. The Emerging Threats Committee is responsible for monitoring drug trends and identifying new or evolving drug threats as well as for considering the criteria upon which such a designation will be made and promulgated by the ONDCP Director. Upon the declaration of an emerging drug threat, the legislation mandates that (1) a public statement be published on the ONDCP web portal and the appropriate Congressional committees are notified and (2) an Emerging Threat Response Plan is developed and implemented by ONDCP in collaboration with relevant NDCPAs. The legislation also includes authority to award contracts, enter into interagency agreements, manage individual projects, and conduct other activities in support of the identification of emerging drug threats and in support of the development, implementation, and assessment of any Emerging Threat Response Plan.

The purpose of the emerging threats authority includes: preventing substance misuse among people in the United States; educating the public about the dangers and negative consequences of substance misuse; supporting evidence-based prevention programs targeting the attitudes, perception, and beliefs of persons concerning substance use; encouraging individuals affected by substance use disorders to seek treatment; combating the stigma of addiction and substance use disorders; and, informing the public about the dangers of any drug identified by the Director as an emerging drug threat.

This initiative supports the *Strategy* and is responsive to the President's top priority to reduce the number of Americans dying from these dangerous drugs while simultaneously anticipating changes in the drug environment in both the public health and public safety domains. Achieving the President's objective of reducing the number of Americans losing their lives to drug overdose requires not just policy action by ONDCP and NDCPAs, but also the necessary funding to effectively assess evolving and emerging drug threats and then to develop and implement the required Response Plan for designated substances. The Response Plan (while customized for any particular emerging threat) would generally include actions focused on testing strategies for the novel substance or combination of substances; comprehensive data systems to monitor emerging threat prevalence and trends; interventions to prevent and treat overdoses and other harms of using the emergent substances; rapid applied research; and assessing the source and supply of the novel drug threats and development of strategies to reduce the supply of the emergent drug. In taking these steps the administration will make additional progress toward implementing the President's comprehensive, evidence-based National Drug Control Strategy.

ONDCP has taken the following actions to address the evolving and emerging drug threats:

- ONDCP has convened the Emerging Threats Committee annually as required by the SUPPORT Act (most recently in June 2022 and January 2023).
- In January 2023, ONDCP published the directive that establishes the criteria and procedures that ONDCP will use in designating and terminating the designations of emerging and continuing drug threats. The directive fulfills ONDCP's statutory duty to promulgate and publicize standards for making and terminating emerging drug threat designations.
- ONDCP has overseen the development of a plan to address the emerging threat of methamphetamine use in the United States, garner reports from the interagency on efforts to address methamphetamine-related issues, and compile an overarching report on these collective efforts.
- ONDCP is tracking numerous reports of the use of xylazine (a veterinary tranquilizer) especially as an adulterant of fentanyl; this drug has serious effects on human morbidity and mortality. ONDCP is reviewing the available data on this emergent issue, and discussed it with States, front line service providers, and the Emerging Threats Committee.

VII. HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM

A. MISSION STATEMENT AND PROGRAM DESCRIPTION

The purpose of the HIDTA program, as defined by its authorizing statute [21 U.S.C. 1706 (d)], is to reduce drug trafficking and drug production in the United States by:

- (A) facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- (B) enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- (C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and,
- (D) supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

The HIDTA program principally supports the enforcement aspect of the *Strategy* by providing assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. At the local level, each HIDTA is directed and guided by an Executive Board composed, in most cases, of an equal number of regional Federal and non-Federal (state, local, and tribal) law enforcement leaders.

A central feature of the HIDTA program is the discretion granted to the Executive Boards to design and implement initiatives that confront the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and can respond more quickly to address region-specific threats. Each year, every HIDTA Executive Board assesses the drug trafficking threat in its defined area, develops a strategy to address the threat, designs initiatives to implement the strategy, and proposes funding needed to carry out the initiatives in the coming year. Each HIDTA's annual strategy contains its overall performance objectives to be attained through various initiatives.

The types of initiatives designed and implemented by each HIDTA's Executive Board to address the specific drug trafficking threats in its region include:

- 1) Enforcement initiatives that engage in multi-agency investigative, interdiction, fugitive, and prosecution activities targeting drug trafficking organizations (DTOs), money laundering organizations (MLOs), drug production organizations, drug gangs, drug fugitives, and other serious crimes with a drug nexus;

- 2) Intelligence and information-sharing initiatives that furnish intelligence (tactical, operational, and strategic), deconfliction services (event and case/subject)², information collection and dissemination, and other analytical support for HIDTA initiatives and participating agencies;
- 3) Support Initiatives that include activities beyond the core enforcement and intelligence and information sharing initiatives, e.g., training, treatment, crime and forensic labs, resource (shared expenses such as leases, copiers, and landlines), and information technology initiatives;
- 4) Prevention initiatives that facilitate coordination and collaboration between law enforcement and the prevention community to reduce drug use and its consequences and prevent drug-related crime. Collaboration may include reaching out to or partnering with school systems, student leaders, parent groups, medical and health professionals, faith-based organizations, religious leaders, drug prevention agencies, public health agencies, and coalitions dedicated to reducing substance abuse. Prevention initiatives can also enable law enforcement personnel to participate in community-based drug prevention programs;
- 5) Drug treatment initiatives that link law enforcement agencies and the public health communities together to promote and provide treatment of substance use disorders and support recovery; and
- 6) Management initiatives and support initiatives that provide the overall coordination and integration of initiatives, and fund basic overhead (e.g., salaries and fringe benefits for the Director, Deputy Director, and other administrative staff positions approved by the Executive Board; rent; and facilities charges for administrative staff).

² Event deconfliction ensures law enforcement agencies working in close proximity of each other are immediately notified when enforcement actions are planned in a manner that threatens effective coordination or that compromises enforcement operations. Notification of such conflicts enhances officer safety and promotes the coordination of operations in a multi-agency environment. Similarly, target (case/subject) deconfliction alerts investigators when there is an investigatory cross-over by enforcement agencies. Notification of duplicate targets encourages investigators to share information and resources.

B. APPROPRIATION LANGUAGE

FEDERAL DRUG CONTROL PROGRAMS

Federal Funds

HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM (INCLUDING TRANSFERS OF FUNDS)

For necessary expenses of the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas Program, [\$302,000,000] \$290,200,000, to remain available until September 30, [2024] 2025, for drug control activities consistent with the approved strategy for each of the designated High Intensity Drug Trafficking Areas ("HIDTAs"), of which not less than 51 percent shall be transferred to State and local entities for drug control activities and shall be obligated not later than 120 days after enactment of this Act: *Provided*, That up to 49 percent may be transferred to Federal agencies and departments in amounts determined by the Director of the Office of National Drug Control Policy, of which up to [\$5,800,000] \$4,000,000 may be used for auditing services and associated activities and [\$1,500,000] \$2,000,000 shall be for the Grants Management System for use by the Office of National Drug Control Policy: *Provided further*, That any unexpended funds obligated prior to fiscal year [2021] 2022 may be used for any other approved activities of that HIDTA, subject to reprogramming requirements[: *Provided further*, That each HIDTA designated as of September 30, 2022, shall be funded at not less than the fiscal year 2022 base level, unless the Director submits to the Committees on Appropriations of the House of Representatives and the Senate justification for changes to those levels based on clearly articulated priorities and published Office of National Drug Control Policy performance measures of effectiveness]: *Provided further*, That the Director shall notify the Committees on Appropriations of the initial allocation of fiscal year [2023] 2024 funding among HIDTAs not later than 45 days after enactment of this Act, and shall notify the Committees of planned uses of discretionary HIDTA funding, as determined in consultation with the HIDTA Directors, not later than 90 days after enactment of this Act: *Provided further*, That upon a determination that all or part of the funds so transferred from this appropriation are not necessary for the purposes provided herein and upon notification to the Committees on Appropriations of the House of Representatives and the Senate, such amounts may be transferred back to this appropriation. (*Executive Office of the President Appropriations Act, 2023.*)

C. SUMMARY TABLES OF PROGRAM AND FINANCING

**High Intensity Drug Trafficking Areas
(\$ in thousands)**

Line Number	Program by Activities	FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
00.01	Grants and Federal Transfers	\$287,300	\$294,700	\$284,200
00.01	HIDTA Auditing Services and Associated Activities	\$5,800	\$5,800	\$4,000
00.01	Grants Management System	\$3,500	\$1,500	\$2,000
10.00	Total Obligations	\$296,600	\$302,000	\$290,200
	Financing:			
39.00	Budget Authority	\$296,600	\$302,000	\$290,200
	Budget Authority:			
40.00	Appropriation	\$296,600	\$302,000	\$290,200
41.00	Transferred to Other Accounts	(\$23,000)	(\$23,000)	(\$23,000)
43.00	Appropriation (adjusted)	\$273,600	\$279,000	\$267,200
	Relation of Obligations to Outlay:			
90.00	Total Outlays	\$273,600	\$279,000	\$267,200

D. PERSONNEL

No personnel costs are associated with the HIDTA program. Personnel responsible for providing policy direction and oversight for the HIDTA program are funded from ONDCP's S&E Operations account.

E. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS

**High Intensity Drug Trafficking Areas
(\$ in thousands)**

Line Number		FY 2022 Enacted	FY 2023 Enacted	FY 2024 Request
25.00	High Intensity Drug Trafficking Areas – Obligations	\$273,600	\$279,000	\$267,200
99.00	Transfer to Federal Accounts	\$23,000	\$23,000	\$23,000
99.00	Total Budget Authority	\$296,600	\$302,000	\$290,200

F. FY 2024 BUDGET REQUEST

The FY 2024 request level for HIDTA is \$290,200,000. This is the decrease of \$11,800,000 from the FY 2023 enacted level of \$302,000,000. Of the requested amount, the request includes up to \$4,000,000 for auditing services and associated activities, a decrease of \$1,800,000 from the FY 2023 enacted level of \$5,800,000. The request also includes \$2,000,000 for the Grants Management System maintenance. A brief synopsis of each item follows:

- Financial audits: funds a contract with an independent accounting firm to conduct financial audits of HIDTA fiduciaries.
- Performance data reliability audits: funds a contract with an independent evaluation firm to conduct performance data reliability audits of the regional HIDTAs.
- Monitoring and Evaluation Support: funds a contract that supports the HIDTA grant monitoring by conducting annual compliance assessment and validation, and continuous improvement and knowledge management.
- Performance Management Process System (PMP): supports grant awards for PMP maintenance and enhancements.
- Financial- and Audit-Related Travel: funds financial- and audit-related HIDTA Program Office staff travel required to ensure the effective operation, performance, and integrity of the HIDTA program.
- Reimbursement Review: supports a process to ensure robust review of regional HIDTAs reimbursement packages, and ensure sound financial management.
- Cybersecurity Assessment: funds a contract with an independent consulting firm to audit cybersecurity protocols and practices, and conduct internal and external vulnerability assessments.
- License Plate Reader Landscape Analysis: funds an independent assessment of current license plate reader policies and procedures and development of requirements and best practices.
- Grants Management System maintenance: this funds the annual maintenance costs of the new system following its implementation.

The HIDTA Program is an innovative and unique program focused on disrupting and dismantling drug trafficking organizations. The foundation of the HIDTA Program is developing and strengthening partnerships among law enforcement, as well as the public health community. The HIDTA Program is dynamic and resources are allocated to attack drug threats as they evolve. While the HIDTA program has grown since its inception in 1988, it has continued to concentrate its efforts on the areas most threatened by drug trafficking and money laundering organizations. ONDCP is aware of Congress's strong support for the HIDTA Program, and is proud that this program has put resources to use all across the country to address the drug problem our communities face. Adequate resources in all 50 states in HIDTA designed areas is needed to help coordinate the federal, State, Tribal, and local response to drug trafficking threats.

The purpose of the HIDTA Program, as defined by its authorizing statute 21 U.S.C. 1706, is to reduce drug trafficking and drug production in the United States by:

- (A) facilitating cooperation among federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- (B) enhancing law enforcement intelligence sharing among federal, state, local, and tribal law enforcement agencies;
- (C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and,
- (D) supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

There are 33 HIDTA regions currently located in the 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia.

The HIDTA Program principally supports the enforcement aspect of the *Strategy* by providing assistance to federal, State, local, and Tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. At the local level, each HIDTA is directed and guided by an Executive Board composed, in most cases, of an equal number of regional federal and non-federal (state, local, and tribal) law enforcement leaders.

A central feature of the HIDTA Program is the discretion granted to the Executive Boards to design and implement initiatives that confront the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and can respond more quickly to address region-specific threats. Each year, every HIDTA Executive Board assesses the drug trafficking threat in its defined area, develops a strategy to address the threat, designs initiatives to implement the strategy, and proposes funding needed to carry out the initiatives in the coming year. After the end of a program year, the Executive Board prepares an annual report describing the HIDTA's performance against the overall objectives outlined in its strategy for that year.

The HIDTA accomplishments are detailed below:

- The Overdose Response Strategy (ORS) was launched in 2015 with an initial investment of \$2.5 million in HIDTA discretionary funds to address the heroin and opioid epidemic by coordinating the efforts of regional HIDTA programs across 15 states. Its vision was to support drug intelligence officers (DIOs) and public health analysts (PHAs) to facilitate public safety and public health collaboration across geographic boundaries. In 2021, ONDCP incorporated into the HIDTA baseline funding plan support for compensation and travel costs for 60 full time DIO positions allocated across the 33 regional HIDTAs. The HIDTA baseline plan also supported two public safety advisory positions, administered through the National HIDTA Assistance Center, which coordinate the efforts of the DIOs and serve as central liaisons with their public health counterparts. Finally, the baseline plan provided funding for annual meetings and training. As a complement to HIDTA funding, the Centers for Disease Control

and Prevention (CDC) provides funding to support full time PHA positions in all 33 regional HIDTAs. Full implementation of a national public health and public safety approach for the ORS in each HIDTA region supports ONDCP and CDC's shared mission of reducing fatal and nonfatal overdoses by developing and sharing information about heroin, fentanyl, methamphetamine, and other drugs across agencies and by offering evidence-based intervention strategies. Furthermore, this allocation addresses directives from the Appropriations Committees to support HIDTAs in states with high levels of substance use disorder. This allocation also responded to statutory language that permitted ONDCP to implement a drug overdose response strategy in HIDTAs on a nationwide basis.

- ORS has an ambitious goal – to leverage its strategic partnerships to target the organizations and individuals trafficking deadly drugs, such as fentanyl and methamphetamine, so that overdoses decrease and lives are saved. ORS is achieving this goal by creating a human network spanning the law enforcement and public health communities to share actionable information. The HIDTA-funded DIOs, for example, are charged with transmitting felony arrest notifications (FANs), that is sharing information about individuals charged with felony drug offenses to a law enforcement agency where the individual permanently resides. With this information, law enforcement agencies can open new investigations or support existing investigations into specific individuals or larger drug trafficking organizations. In 2021, DIOs transmitted 17,852 notifications to police departments about individuals who lived in their jurisdiction and were arrested elsewhere on felony drug charges. To meet the goals of the ORS, the FAN program helps DIOs build trust with law enforcement agencies around their state, which are then leveraged to implement evidence-based overdose prevention and response strategies.
- In 2021, HIDTA initiatives identified 8,711 drug trafficking organizations (DTOs) and money laundering organizations (MLOs) operating in their areas of responsibility (AOR) and reported disrupting or dismantling 3,141 DTOs/MLOs. Nearly 59 percent of the disrupted or dismantled DTOs/MLOs were determined to be part of multi-state or international operations. In the process, HIDTA initiatives removed \$26.1 billion (wholesale value) of drugs from the market and seized \$740.4 million in cash from drug traffickers.
- In the course of drug seizure operations in 2021, HIDTA task forces seized a total of 31,136 firearms. As a result, HIDTA and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) have aligned efforts to establish Crime Gun Intelligence Centers to address drug-related violence. These centers greatly enhance intelligence sharing related to firearms, gun tracing, and violent drug trafficking offenders. To ensure continued success with these efforts, ATF, is co-located with HIDTA initiatives to gather and consolidate intelligence on illegal firearm use and trafficking and makes that information available to law enforcement agencies within HIDTA regions.
- HIDTA includes law enforcement representation at different levels of federal, State, local, and Tribal governments. Drug enforcement efforts should target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within the United States, and should not disproportionately focus on specific racial or ethnic groups. ONDCP believes it is critical to approach the HIDTA Program with an equity lens, and this assessment will strengthen current understanding of barriers and opportunities.

- The HIDTA Program reaches many underserved communities, including persons with substance use disorders. HIDTA's ORS is a cross-agency, interdisciplinary collaboration to reduce overdoses and save lives. Through ORS, public health analysts support promising interventions like post-overdose outreach programs. Such programs follow up, either in person or telephonically, with people who have experienced a non-fatal overdose, to offer them the lifesaving drug, naloxone, and treatment referrals among other services. Public health analysts also support efforts to inform communities about the risks associated with drug use, focus on addressing trauma, and reach young people in high schools and colleges. Analysts often provide information about drug use and overdose trends in their jurisdiction, to inform the development of interventions for underserved and at-risk populations.
- At the regional level, HDTAs engage with underserved communities, including Tribal members and law enforcement. The HIDTA Program serves as a resource for much-needed services including substance use prevention activities, training, equipment, prosecutorial support, and law enforcement deconfliction.

The following requests from each HIDTA include:

- (1) The amount of funding each HIDTA requested.
- (2) Each HIDTA's justification, which explains:
 - (A) the reasons for the proposed funding level and how the request level was determined based on a current assessment of the drug trafficking threat in each HIDTA;
 - (B) how such funding will ensure that the goals and objectives of each such area will be achieved; and
 - (C) how such funding supports the *Strategy*.
- (3) The amount of HIDTA funds used to investigate and prosecute organizations and individuals trafficking in methamphetamine in the prior calendar year and a description of how those funds were used.

As part of the documentation that supports the President's annual budget request for the ONDCP, the Director submits to Congress an annual budget justification, with specific information about HIDTA funds. (Reference 21 U.S.C. § 1706(i), (o).) Therefore, once the funding distribution has been approved, each HIDTA will proceed to implement its strategy to address the threat identified in its region that is approved by ONDCP.

Summary of HIDTA Program Request

HIDTA	FY 2024 Request
Alaska	\$2,587,000
Appalachia	\$9,996,950
Arizona	\$13,347,756
Atlanta/Carolinas	\$7,970,753
Central Florida	\$3,849,500
Central Valley California	\$4,734,000
Chicago	\$6,739,093
Gulf Coast	\$9,200,612
Hawaii	\$3,677,998
Houston	\$11,526,802
Indiana	\$4,659,249
Liberty Mid-Atlantic	\$6,218,351
Los Angeles	\$16,187,469
Michigan	\$3,980,117
Midwest	\$15,914,383
Nevada	\$3,453,000
New England	\$4,735,042
New Mexico	\$9,502,108
New York/New Jersey	\$15,273,378
North Central	\$7,811,996
North Florida	\$3,845,500
Northern California	\$3,657,500
Northwest	\$5,031,349
Ohio	\$5,771,418
Oregon/Idaho	\$4,229,000
Puerto Rico/United States Virgin Islands	\$10,577,433
Rocky Mountain	\$10,931,379
San Diego/Imperial Valley	\$11,899,873
South Florida	\$14,418,286
South Texas	\$10,129,143
Texoma	\$4,099,500
Washington/Baltimore	\$16,487,073
West Texas	\$9,211,634
National HIDTA Assistance Center	\$4,086,770
Total Base Allocation	\$275,741,415
Auditing Services and Associated Activities	\$4,000,000
Grants Management System	\$2,000,000
Discretionary Funds	\$8,458,585
Total	\$290,200,000

Alaska HIDTA

(1) Amount of Funding Requested for FY 2024: \$2,587,000

(2) Justification

(A) Threat Assessment

The Alaska HIDTA (AK HIDTA) assesses methamphetamine to be the most significant drug threat in the State of Alaska, based on its widespread availability, association with criminal activity, and its public health consequences. Opioids and cocaine also pose significant threats, and are widely available in the state. This assessment is based on federal, state, and local law enforcement drug seizure reporting. In 2021, the AK HIDTA program seized 27 kilograms of methamphetamine, 12 kilograms of heroin, 1 kilogram and 6,891 dosage units of fentanyl, 7 kilograms of cocaine/crack, and 47 kilograms of marijuana and marijuana plants.

The disparity between prices in the contiguous United States and Alaska presents an incentive for Drug Trafficking Organizations (DTOs) to import and distribute drugs into and throughout the state. Moreover, there is a strong correlation between distance from a regional hub and price – the further a drug is trafficked from a regional hub the greater the retail price. The high rate of return for drug traffickers greatly incentivizes supply into and throughout Alaska. Illegal drugs are predominantly imported and then distributed throughout the state. Alaska is not known to produce illegal drugs. This trend is likely to continue as Alaska remains an attractive marketplace for DTOs due to its remote location, high demand for illicit substances, and limited law enforcement resources.

DTOs utilize several similar methods of transportation to import and distribute cocaine, methamphetamine, and opioids into and throughout Alaska. The most common methods of transportation are by air and parcel, followed by road, ferry, and boat. Due to Alaska's geography, there does not appear to be a difference in transportation method by drug type. DTOs are known to employ drug mules from outside of Alaska to smuggle illegal substances into the state. Additionally, there is no law enforcement presence on the network of ferries operating in the region; therefore, vehicles and passengers are not inspected prior to boarding.

(B) Strategy for Achieving Goals and Objectives

The AK HIDTA consists of enforcement, support, management, and intelligence initiatives. The enforcement initiatives include Statewide Prosecution, Fugitive Task Force, Southeast Alaska Cities Against Drugs Task Force, Fairbanks Area-wide Narcotics Task Force, and the Southcentral Area-wide Narcotics Task Force.

The enforcement initiatives target significant DTOs through intelligence-led investigations that focus on distribution, interdiction, financial activity, and drug-related violence within Alaska. The Investigative Support Center (ISC) provides support for Law Enforcement Agencies (LEAs) to identify, disrupt, and/or dismantle DTOs by collecting, analyzing, and disseminating information on the targets of investigations.

(C) Support of the *National Drug Control Strategy*

AK HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or money laundering organizations (MLOs), thereby disrupting the market for illegal drugs. This is accomplished through coordinated investigative efforts among federal, state, and local LEAs. Additionally, all investigative efforts are supported with active intelligence gathering and information sharing strategies to ensure that the most efficient and effective means are used to accomplish the mission.

(3) Methamphetamine

Methamphetamine availability, specifically Mexican-produced crystal methamphetamine, is increasing throughout Alaska. Law enforcement reports indicate that DTOs import and distribute methamphetamine in larger quantities than any other illicit drug. There is very limited, if any, local production of methamphetamine. The primary means of importation is via parcels such as the U.S. Postal Service and commercial parcel carriers. The AK HIDTA does not track funding specifically used to address methamphetamine trafficking.

Appalachia HIDTA

(1) Amount of Funding Requested for FY 2024: \$9,996,950

(2) Justification

(A) Threat Assessment

Appalachia HIDTA (AHIDTA) faces substantial threats from the trafficking and use of fentanyl, crystal methamphetamine (“ICE”), heroin, cocaine, diverted pharmaceuticals, and synthetic drugs like lysergic acid diethylamide (LSD) and MDMA, as well as drug-related violence. Over the past 3 years, synthetic opioids such as fentanyl and fentanyl-analogs have become increasingly popular and are a highly credible threat to the region. The trafficking and abuse of illicit drugs throughout the four-state AHIDTA region continues to pose a significant threat to the citizens of Appalachia. international and multi-state DTOs in origin, continue to flood the region with fentanyl and fentanyl analogs, crystal methamphetamine, and heroin by utilizing vast arrays of intersecting roadways. Seizures of bulk fentanyl increased 144 percent, crystal methamphetamine increased 27 percent, and seizures of heroin increased 35 percent from the previous year. Seizures of fentanyl and fentanyl analogs reached a 3,-year high and continue to be identified in polysubstance drug-related overdoses. Fentanyl and fentanyl analogs dosage unit seizures increased over 500 percent and are most commonly sold as diverted pharmaceuticals. Cocaine remains moderately available throughout the region and bulk seizures of the drug have continued to increase as the demand for the drug continues to rise. Crack cocaine is locally converted in metropolitan areas and is readily available.

The AHIDTA region is also a significant source of domestically produced illicit marijuana and is often an import destination for illicit marijuana cultivated outside the United States. In addition, high unemployment rates and low median household incomes directly affect socioeconomic conditions that significantly influence the drug-related activity in the region. The majority of the AHIDTA region is located within a reasonable driving distance to metropolitan areas within the midwestern, eastern, and southeastern parts of the United States. Fentanyl, heroin, cocaine and crystal methamphetamine are commonly transported from areas such as Detroit, Michigan; Columbus, Ohio; Atlanta, Georgia; Pittsburgh, Pennsylvania; neighboring parts of Indiana, North Carolina, Missouri, and Maryland. Marijuana and marijuana derivatives imported into the AHIDTA region are commonly transported from western states such as California, Colorado, and Washington. Furthermore, it is not uncommon for imported illicit drugs to have a point of origin within Mexico, destined for the AHIDTA region.

Transportation to and from the AHIDTA region is conducted primarily by private and commercial vehicles. A variety of highways and secondary road corridors traverse the AHIDTA region providing easy access to the area. In all, nine major interstate systems span the AHIDTA region, allowing for effortless access by roadway into, throughout, and out of locations known to be major drug distribution points within the eastern United States. The importation of illicit drugs into the AHIDTA region via parcel has become more prevalent. In order to evade law enforcement patrolling interstate corridors, DTOs are exploiting the mail

system to traffic illicit drugs eliminating in person transactions.

(B) Strategy for Achieving Goals and Objectives

AHIDTA measures success, in part, by its ability to facilitate efficiency, effectiveness, and cooperation among participating agencies at all levels. AHIDTA is influential in fostering cooperation and collaboration among federal, state, and local LEAs throughout the region. AHIDTA provides the support, resources, and coordination necessary to facilitate cooperation among its collaborative initiatives. In all, AHIDTA has fostered cooperative and effective working relationships among nearly 172 federal, state, and local agencies to achieve the common goals of disrupting and dismantling DTOs while reducing the demand for drugs.

The AHIDTA Executive Board comprises 24 executives from federal, state, and local LEAs, the National Guard Counterdrug Program, and federal and state prosecutors. The Executive Board develops and manages the AHIDTA strategy while providing program oversight to 48 enforcement initiatives (51 to include the intelligence, management and coordination, and training initiatives), and directs resources throughout the AHIDTA region to ensure the achievement of desired outcomes based on the current and emerging drug threat. Executive Board subcommittees provide policy guidance through compartmentalized topics and information while serving as a forum for regional planning and coordination for all AHIDTA participating agencies.

(C) Support of the *National Drug Control Strategy*

AHIDTA supports the *Strategy* in several ways. Its task forces disrupt and dismantle DTOs and MLOs that distribute heroin/fentanyl, diverted prescription drugs, marijuana, methamphetamine, and cocaine. The task forces also reduce large-scale marijuana production and shipments of large amounts of marijuana to other areas of the country.

(3) Methamphetamine

AHIDTA continues to encounter an increasing methamphetamine threat. In the recent past, the threat primarily consisted of small, unsophisticated, one-step method laboratories; however, with the dramatic influx of high-quality crystal methamphetamine (“ice”), this threat has nearly vanished. AHIDTA does not track funding specifically used to address methamphetamine trafficking; however, task force initiatives will continue to investigate and prosecute DTOs, which traffic in the illicit drug.

Arizona HIDTA

(1) Amount of Funding Requested for FY 2024: \$13,347,756

(2) Justification

(A) Threat Assessment

Arizona HIDTA (AZ HIDTA) is a major arrival zone for multi-ton quantities of fentanyl, methamphetamine, heroin, marijuana, and cocaine entering the United States from Mexico. Sharing more than 370 miles of border with Mexico, most of which is uninhabited desert and mountains, the southern border of Arizona presents a variety of challenges for LEAs in their efforts to stem the tide of both illegal drugs and proceeds.

The Sinaloa Cartel presents the primary operational threat to Arizona, possessing vast resources to distribute, transport, and smuggle large amounts of fentanyl, methamphetamine, heroin, and cocaine into and through Arizona. Sinaloa exploits well-established routes into Arizona and has perfected smuggling methods to supply drug distribution networks located throughout the United States. The Mexican state of Sonora is home to key drug trafficking plazas controlled by Sinaloa that are used for offloading, stashing, and staging drugs, money, and weapons. Furthermore, Sinaloa's influence in Arizona is growing stronger as it continues to gain control of additional drug trafficking corridors and routes in Sonora, Mexico, and neighboring Baja California, Mexico. The Cartel Jalisco Nueva Generación (CJNG) is expanding its presence and influence throughout Mexico, to include trafficking routes through Sonora.

Drug seizures indicate Arizona is a significant drug trafficking corridor and distribution hub for DTOs. federal, state, local, and Tribal law enforcement in the region proactively target the transportation and distribution cells of these DTOs to disrupt the flow of drugs through and from Arizona, thereby directly affecting drug markets throughout the United States. Drug seizures indicate DTOs are increasing methamphetamine, fentanyl, and cocaine smuggling from Mexico into the region. With the dramatic increase of fentanyl smuggled from Mexico, heroin seizures have decreased. Most illicit tetrahydrocannabinol (THC)/marijuana seizures in Arizona originate from California.

(B) Strategy for Achieving HIDTA Goals and Objectives

AZ HIDTA uses an intelligence-driven, threat-focused strategy to target the most significant DTOs and MLOs affecting Arizona. AZ HIDTA is organized into four initiative functions – enforcement (interdiction, investigation, fugitive arrests, and prosecution); intelligence (coordination, deconfliction, targeting, investigative case support, and threat assessment); support (training); and management. AZ HIDTA coordinates and supports the efforts of 677 full-time and 114 part-time participants from 79 federal, state, local, and Tribal agencies.

(C) Support of the *National Drug Control Strategy*

AZ HIDTA supports the *Strategy* by disrupting and dismantling DTOs and/or MLOs, thereby disrupting the market for illegal drugs. Specifically, AZ HIDTA:

- facilitates a coordinated threat-focused, initiative-led strategy against the most significant DTOs impacting Arizona;
- collects, analyzes, and disseminates actionable intelligence enabling the AZ HIDTA initiatives to identify and investigate current and emerging drug threats; and
- enhances tribal, regional, local, and cross-border demand reduction efforts by working with established community coalitions.

(3) Methamphetamine

Methamphetamine is the drug most frequently associated with property and violent crime. The AZ HIDTA initiatives reported a high level of methamphetamine availability in their respective jurisdictions. The high degree of methamphetamine availability in Arizona is correlated to increased methamphetamine production in Mexico by the Sinaloa Cartel and other Mexican Drug Trafficking Organizations (MDTOs). The AZ HDTA does not track funding specifically used to address methamphetamine trafficking.

Atlanta-Carolinas HIDTA

(1) Amount of Funding Requested for FY 2024: \$7,970,753

(2) Justification

(A) Threat Assessment

The Atlanta Carolinas HIDTA (AC HIDTA) region is a major distribution center for DTOs, particularly MDTOs, and associated MLOs that supply the eastern United States. DTOs distribute illicit drugs from the region to other major metropolitan areas, including Baltimore, Maryland; Boston, Massachusetts; Cincinnati and Columbus, Ohio; Columbia, South Carolina; Gainesville, Orlando, and Pensacola, Florida; Indianapolis, Indiana; Knoxville, Tennessee; Louisville, Kentucky; and Norfolk, Virginia. The supply lines reach as far as Detroit, Michigan, and New York, New York. Utilizing a robust highway system, DTOs/MLOs transport/ship drugs from the Southwest border to transshipment/staging areas in the or near the Atlanta metropolis for ultimate distribution east and northeast. The intricate highway system throughout the AC HIDTA area of responsibility (AOR) is utilized by these DTOs for shipment of drugs from Mexico to points east and illicit proceeds from the east back to Mexico.

In the AC HIDTA AOR, methamphetamine consistently poses the greatest drug threat. Methamphetamine is widely available and has filled market demand gaps caused by shortages in cocaine and heroin. In addition to higher imported quantities, AC HIDTA reports more robust retail-level distribution operations which distribute an increased quantity of methamphetamine locally. MDTOs operate “conversion” laboratories within the AC HIDTA region. The laboratories are utilized by these DTOs to convert methamphetamine in solution to powder.

In 2021, cocaine represented 20 percent of all drug seizures in the AC HIDTA AOR. Approximately a quarter of overdose deaths were linked to cocaine, or a mixture of cocaine and fentanyl and fentanyl derivatives. AC HIDTA reports similar trends with heroin. While less-widely available, heroin is also increasingly mixed with other substances and has contributed to the rise in overdose deaths.

Fentanyl represents approximately 70 percent of overdoses in the AC HIDTA AOR. Counterfeit pills marked as legitimate prescribed medicine e.g., Percocet, Oxycodone, and other opioid based pills are the leading cause of overdoses.

Marijuana continues to pose a risk in the region. AC HIDTA is concerned with DTOs’ operations and impacts on the region, and by ongoing efforts of those and other criminal groups to increase market share.

(B) Strategy for Achieving Goals and Objectives

The AC HIDTA, utilizing strategic, tactical, and predictive intelligence, facilitates a three-part geographical, functional, and operational strategy targeting the command-and-control elements of DTOs/MLO operating throughout the Southeast. Commingled federal, state, local and Tribal task force initiatives ensure collaborative cooperation and partnership with more

than 136 participating agencies. Utilizing a robust training model, the AC HIDTA provided training to more than 736 LEAs in Georgia and the Carolinas.

(C) Support of the *National Drug Control Strategy*

To accomplish AC HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board dedicates investigative resources supporting initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling DTOs that transport and distribute drugs and their related drug proceeds;
- increasing/enhancing communication, intelligence sharing and coordination among initiatives and all regional LEAs; and
- facilitating coordination between agency representatives from law enforcement, prevention, and treatment to meet and discuss ways to reduce the impact of drug abuse and provide expert advice regarding policy and legislative decisions through the AC HIDTA Prevention Initiative.

(3) Methamphetamine

Methamphetamine continues to dominate the illicit drug market throughout the AC HIDTA AOR. Furthermore, investigations have determined that methamphetamine in solution is transported to the southeast and converted to methamphetamine hydrochloride or crystalline methamphetamine "ice" form in local "conversion" laboratories. AC HIDTA does not track funding specifically used to address methamphetamine trafficking.

Central Florida HIDTA

(1) Amount of Funding Requested for FY 2024: \$3,849,500

(2) Justification

(A) Threat Assessment

Fentanyl, followed by heroin and other synthetic opioids, remains the primary drug threat in the Central Florida HIDTA (CFHIDTA) region. The most recent drug overdose mortality data indicate fentanyl accounted for more drug overdose deaths in Central Florida than any other drug in 2019, with an increase of nearly 33 percent from the prior year. With 2,027 fentanyl-caused overdose fatalities in 2020 within the CFHIDTA region, this reflects a 76.5 percent increase from 2019. Preliminary, 2021 overdose mortality data from Florida's 9th Judicial Circuit (Orange and Osceola counties) Medical Examiner's Office, shows that fentanyl was involved in 72 percent of all drug overdose fatalities.³

Beyond its inherent potency and potential for overdosing, traffickers have expanded the use of fentanyl in other drugs such as cocaine, methamphetamine, and counterfeit pharmaceutical opioids, while also selling fentanyl as heroin. Central Florida HIDTA law enforcement initiatives have seized 18 kilograms of fentanyl in 2021, an 80 percent increase from 2020. Confidence is high that fentanyl will remain the greatest threat within the AOR as its availability and illicit use will remain very high.

Methamphetamine ("ice") remains a top drug threat in the region. In 2021, Central Florida HIDTA law enforcement initiatives seized 959 kilograms of methamphetamine compared to 190 kilograms in 2020. That represents a 404 percent increase in seizures.

Following methamphetamine ("ice") in the drug threat ranking was cocaine, controlled prescription drugs (CPDs), and marijuana (and THC concentrates).

Most of the fentanyl, heroin, and methamphetamine ("ice") trafficked in Central Florida arrives from Mexico via motor vehicles, while Mexican Transnational Criminal Organizations (TCOs) dominate the wholesale supply and distribution of these drugs in the region. The Atlanta, Georgia, area remains a transshipment hub for these drugs, exploiting the extensive network of interstate highways leading into Florida.

Most of the DTOs investigated by HIDTA initiatives in 2021 were poly-drug organizations, with the primary drugs trafficked being fentanyl, cocaine, opioids, methamphetamine, and marijuana. The majority of DTOs identified in 2021 were local, followed by regional and international. The majority of international DTOs identified in 2021 were Mexican.

The wholesale supply and distribution of cocaine in the region is controlled by Caribbean-based DTOs mainly operating in the Dominican Republic and Puerto Rico. These DTOs coordinate efforts with Mexican TCOs in acquiring cocaine from Colombia and Venezuela.

³ District 9 Medical Examiner's Office. Data from: 2021 Preliminary Overdose Data.

Most of the cocaine trafficked in the CFHIDTA region is obtained from mail parcels emanating from Puerto Rico.

CFHIDTA assesses with high confidence that methamphetamine (“ice”) has resumed its pre-pandemic price, availability and use and that its availability and use will continue to rise, particularly with the current migration surge at the Southwest border.

Over the next year, CFHIDTA assesses with high confidence that fentanyl and methamphetamine (“ice”) use, and availability will be very high, while cocaine use and availability will remain high.

CFHIDTA assesses with high confidence that fentanyl-caused overdose deaths will continue to rise, and although cocaine supply remains high, methamphetamine (“ice”) will become the stimulant of choice for users.

CFHIDTA law enforcement initiatives saw a surge in stimulant (amphetamines/Adderall) controlled prescription drug seizures in 2021, as compared to 2020. This increase was skewed by one large seizure by one CFHIDTA initiative of 104,978 dosage units of amphetamine pills.

Illicit marijuana availability and use for 2021 was high to very high, with THC concentrates from western states, particularly California, being transported to Central Florida primarily via parcel.

(B) Strategy for Achieving Goals and Objectives

CFHIDTA fosters cooperation and effective working relationships among all of the federal, state, and local agencies participating in law enforcement initiatives to achieve the overall mission. The agency-neutral approach permits inter-agency cooperation within the ISC for local and national assistance and threat-specific efforts. The sharing of information at quarterly intelligence meetings warrant cooperation and effective relationships that encourage the collection, analysis, and dissemination of actionable information. By providing training and the necessary resources to address DTOs and MLOs, LEAs are better equipped to carry out the purpose and goals of CFHIDTA. Furthermore, a prevention initiative engages and assists community stakeholders to understand the current drug threats and to develop strategies to reduce overdose deaths.

(C) Support of the *National Drug Control Strategy*

CFHIDTA supports *Strategy* goals through Executive Board developed strategies to address and prioritize the drug threats in our region. The CFHIDTA management and coordination team coordinate and collaborates with public health and education to foster relationships with law enforcement. These efforts and developed strategies support the goal of reducing drug availability and crime by effectively dismantling and disrupting DTOs and MLOs impacting Central Florida and other areas of the United States.

(3) Methamphetamine

Mexico continues to be the primary source area of crystal methamphetamine (“ice”). Low cost and high availability continued to displace local clandestine labs, and the number of laboratories dismantled remains low. MDTOs continue to dominate methamphetamine distribution markets and routinely partner with other regional or local DTOs in transportation and distribution. Atlanta and surrounding areas of Georgia also continue to be prevalent as a source area hub for Mexican-derived methamphetamine, which is primarily transported to Central Florida via ground transportation. CFHIDTA does not track funding specifically used to address methamphetamine trafficking.

Central Valley California HIDTA

(1) Amount of Funding Requested for FY 2024: \$4,734,000

(2) Justification

(A) Threat Assessment

The most serious drug threats to the Central Valley California HIDTA (CVC HIDTA) are fentanyl, methamphetamine, heroin, unregulated marijuana, cocaine, and other dangerous drugs. Fentanyl is the CVC HIDTA's primary drug threat. Fentanyl-laced counterfeit prescription pills produced by MDTOs are the dominant form of the drug but, over the last year, law enforcement officials have begun to seize an increasing amount of powder fentanyl. The CVC HIDTA seized 343 kilograms of fentanyl in all forms in calendar year (CY) 2021. State public health officials reported that deaths from synthetic opioids such as fentanyl increased 819 percent from 2017 to 2021.⁴

Methamphetamine is the second most dangerous drug threat in the CVC HIDTA region. Most of the methamphetamine available in the United States is produced in clandestine labs in Mexico, and then smuggled across the Southwest border either as a finished product or in liquid form that is converted into crystal methamphetamine ("ice") at clandestine labs. Over the last three years, the availability of methamphetamine has increased as demonstrated by a 75 percent increase in CVC HIDTA seizures – from 1,252 kilograms in CY 2019 to 2,199 kilograms in 2021. State public health officials reported that deaths from psychostimulants such as methamphetamine increased 159 percent from 2017 to 2021.⁵

Heroin is the CVC HIDTA's third most important drug threat. In CY 2021, the CVC HIDTA seized 101 kilograms of heroin of which black tar remained the dominant form. The availability of heroin has decreased slightly over the last three years, possibly as a result of the demand for fentanyl-laced counterfeit prescription pills. Interestingly, the average purity of heroin seized along the Southwest border decreased in CY 2021.⁶ Heroin-related deaths have decreased 20 percent since CY 2019, according to state public health officials.⁷

Unregulated marijuana poses the fourth most significant drug threat in the CVC HIDTA's AOR. The CVC HIDTA focuses its efforts on the DTOs and criminal organizations that produce, transport, and distribute marijuana in violation of federal and state laws. In 2021, the CVC HIDTA removed 187 metric tons of unregulated marijuana from the marketplace. The practice of cultivating marijuana illicitly on public lands continues to cause significant environmental damage. In the summer of 2021, the 13-week long Campaign Against Marijuana Planting (CAMP) program removed nearly 34 tons of illegal marijuana cultivation infrastructure, 38 tons of fertilizer, 295 miles of water line, 583 20-pound propane tanks, and 57 car batteries. Additionally, CAMP teams dismantled or redirected 110 dams and/or illegally

⁴ Franko, K. Policy Brief: The Overdose Crisis in California: 2017-2021. <https://www.cdcr.ca.gov/ccjbh/2022/01/31/policy-brief-the-overdose-crisis-in-california-2017-2021/>. Published January 2022.

⁵ Franko, K. Policy Brief: The Overdose Crisis in California: 2017-2021.

⁶ Drug Enforcement Administration, Special Testing and Research Laboratory. Annual Heroin Report. Published September 2021.

⁷ California Department of Public Health. California Overdose Surveillance Dashboard; 2021. <https://skylab.cdph.ca.gov>. Accessed May 23, 2022 to June 3, 2022.

constructed reservoirs and water diversions to allow natural flow back to the watershed. They also removed 37.8 gallons of extremely hazardous/restricted use and unknown type poisons from the sites.

Cocaine is fifth, but increasing availability and use makes it an ongoing threat. In CY 2021, the CVC HIDTA removed 186 kilograms of cocaine from the marketplace – a 72 percent increase from three years ago. Law enforcement authorities reported an increasing amount of crack cocaine seizures in the state – 76 kilograms in CY 2021. In the CVC HIDTA counties, cocaine-related deaths rose 96 percent from CY 2017 to the first three quarters of CY 2021.⁸

(B) Strategy for Achieving Goals and Objectives

The CVC HIDTA applies a multiagency task force model to leverage diverse authorities, expertise, and resources to achieve its mission. Approximately 218 federal, state, county, and municipal law enforcement members representing 47 agencies participate in CVC HIDTA initiatives. The CVC HIDTA’s Executive Board constructs task forces according to regional needs, and adapts them as necessary to address changes in the drug threat environment. The ISC provides intelligence support to the enforcement initiatives and coordinates intelligence sharing with the appropriate federal, state, and local entities.

(C) Support of the *National Drug Control Strategy*

To accomplish CVC HIDTA’s mission and achieve the goals of the *Strategy*, the Executive Board will allocate resources to initiatives with a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling DTOs that manufacture, transport and distribute drugs and the illicit proceeds from the sale of drugs;
- improving investigative effectiveness by providing quality case support and predictive, actionable intelligence through the ISC and its subsystems; and
- strengthening the relationship between law enforcement and prevention organizations through continued collaboration with the other California HIDTAs on a state-wide prevention initiative, and by direct coordination and collaboration with the drug-free coalitions and public health entities in our AOR.

(3) Methamphetamine

Methamphetamine encountered in the region is smuggled into the United States from Mexico, either as finished product or in liquid form that is subsequently converted to methamphetamine “ice” at clandestine conversion labs. CVC HIDTA does not track funding specifically used to address methamphetamine trafficking.

⁸ California Department of Public Health. California Overdose Surveillance Dashboard; 2021. <https://skylab.cdph.ca.gov>. Accessed May 23, 2022 to June 3, 2022.

Chicago HIDTA

(1) Amount of Funding Requested for FY 2024: \$6,739,093

(2) Justification

(A) Threat Assessment

Chicago's geographic location, unique demographics, and significant Mexican drug cartel presence, combined with its role as a principal national transportation hub and financial mecca, has resulted in Illinois being characterized as a non-traditional border state, particularly as it relates to illicit drug trafficking. Most of the illicit drugs reaching the United States are coming across the Southwest border, and a large portion is destined for the Chicago hub. Some drugs will be marketed locally, and the remainder will be transshipped elsewhere throughout the country. Within Chicago's culturally diverse community, MDTOs have been able to establish and maintain local source-country connections, create a support system to mask illicit activity, and operate with relative anonymity. Illicit proceeds collected from drug sales are often staged in and around Chicago for bulk shipment or other distribution schemes back to the MDTOs and/or cartels.

The major drug threats in the Chicago HIDTA AOR continue to be the distribution and use of heroin, fentanyl, fentanyl-laced drugs, and the corresponding overdose deaths that accompany such widespread availability. Escalated demand for pharmaceuticals, synthetic cannabinoids, increased methamphetamine availability, and gang/drug-related violence are also primary areas of concern.

A continuing and expanding threat is the increased trafficking of illicit drugs and firearms on various social platforms and the dark web, often through cryptocurrencies.

Organized criminal street gangs are the principal retail distributors of illicit drugs in the Chicago HIDTA AOR. These gangs regularly engage in violent criminal activities to protect their drug supplies, distribution territories, and illicit drug proceeds. These criminal organizations are continuing their incursion into outlying areas and are becoming increasingly problematic for suburban law enforcement.

(B) Strategy for Achieving Goals and Objectives

Chicago HIDTA reacts quickly to emerging narcotics threats by developing innovative multiagency initiatives focused and properly equipped to investigate, disrupt, and dismantle the drug trafficking pipeline, from the local and regional to the international DTO level. Chicago HIDTA's multijurisdictional task force initiatives comprise 72 local, state, and federal LEAs, and capitalize on each agency's specific expertise. The task force initiatives form a multipronged attack against Chicagoland's diverse drug trafficking avenues to include internet, postal, highway, street corner, retail, wholesale, as well as regional, national, and international drug trafficking and money laundering operations.

Chicago HIDTA's multiagency ISC provides actionable, detailed, and timely tactical and strategic intelligence and support to all Chicago HIDTA initiatives and LEAs in its AOR. All aspects of the Chicago HIDTA encourage neutral interagency collaboration through training, meetings, and co-locating of task forces. Chicago HIDTA conducts and sponsors joint training for task force initiative personnel, as well as non-task force narcotics investigators across the region and state to foster a wider net of information sharing and collaboration.

The Chicago HIDTA's strategy targets the complete cycle of addiction of the overdose epidemic by also addressing demand reduction through an innovative and heralded prevention curriculum for students, developing and collaborating on a diversion program for eligible people with substance use disorders, and participating in the National HIDTA Overdose Response Strategy (ORS).

(C) Support of the *National Drug Control Strategy*

To accomplish Chicago HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board allocates and focuses HIDTA resources on initiatives that have a direct relationship to:

- combatting the illicit drug market by disrupting and/or dismantling the DTOs that transport and distribute drugs and the related illicit proceeds;
- addressing drug trafficking related public violence;
- increasing intelligence sharing and coordination among the initiatives as well as all LEAs in Illinois and other regions that are impacted by the illegal drug trade emanating from the Chicago HIDTA AOR;
- addressing emerging drug distribution methods, such as via the internet and mail;

To accomplish the mission and achieve the goals of the *Strategy*, the Executive Board focuses HIDTA resources on:

- disrupting and/or dismantling the DTOs that manufacture, transport, and distribute illicit drugs and seizing the illicit proceeds from their sales;
- improving the efficiency and effectiveness of the HIDTA's efforts by increasing intelligence sharing and coordination among HIDTA initiatives, law enforcement partners in Michigan, and law enforcement partners in other regions that are impacted by illegal drugs that originate or flow through the Michigan HIDTA; and
- enhancing relationships with organizations committed to drug education, prevention, and treatment, including community-based and educational institutions.
- originating and supporting expansion of local infrastructure innovations, such as license plate readers and cameras on known DTO trafficking routes;
- providing in-depth case support to investigations from the local street corners to the international cartels; and

- partnering with public health agencies community organizations, educational institutions, and other organizations engaged in drug education, overdose prevention, and treatment activities.

(3) Methamphetamine

With the high availability and low cost of other narcotics in Chicago, local demand for methamphetamine is relatively small, but the area remains a transshipment point for DTOs. Chicago HIDTA does not track funding specifically used to address methamphetamine trafficking.

Gulf Coast HIDTA

(1) Amount of Funding Requested for FY 2024: \$9,200,612

(2) Justification

(A) Threat Assessment

Gulf Coast HIDTA (GCHIDTA) comprises a geographically diverse area consisting of 29 HIDTA-designated counties/parishes in Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee. MDTOs pose the greatest criminal drug threat to the GCHIDTA. The proximity of the Southwest border to the Gulf Coast positions the region as a key drug trafficking route. Methamphetamine, in both powder and crystal (“ice”) forms, poses the greatest threat in the region. Law enforcement intelligence indicates that Mexico-based, poly-drug DTOs transport methamphetamine into the GCHIDTA region for distribution by local drug trafficking groups. Law enforcement, treatment and prevention professionals, and medical examiners in these areas have seen a troubling surge of fentanyl and acetyl-fentanyl. Many other areas across GCHIDTA that have not witnessed this kind of opioid use in the past are now experiencing it.

Fentanyl and other opioids are considered the second most serious threat. Violent crime continues to affect the safety and quality of life of the citizens as high rates of drug-related murders and robberies continue to plague urban areas such as Memphis, Tennessee, and New Orleans, Louisiana.

(B) Strategy for Achieving Goals and Objectives

GCHIDTA promotes an effective working relationship among its law enforcement initiatives by designing and deploying an infrastructure that fosters information sharing and ensures a coordinated response to the drug threat. GCHIDTA fosters an environment in which participating federal, state, and local agencies can achieve the goals of disrupting and dismantling DTOs and reducing the demand for drugs by focusing on specific drug threat elements unique to their respective areas. Specifically, the GCHIDTA:

- Has 34 enforcement initiatives that are strategically located with the primary goal of disrupting and dismantling DTOs and MLOs;
- Has an intelligence support network which gathers, analyzes and disseminates drug intelligence information throughout the AOR and beyond;
- Provides officer safety and information sharing through a robust, nationally connected, deconfliction solution; and
- Provides case support for all enforcement initiatives through the ISC.

(C) Support of the *National Drug Control Strategy*

GCHIDTA will continue to support the goals of the *Strategy* by reducing illicit drug availability and its harmful consequences within its designated areas, creating and maintaining intelligence-driven task forces, and supporting infrastructure designed to target, disrupt, and eliminate DTOs impacting the region and beyond.

(3) Methamphetamine

Methamphetamine continues to be the primary drug threat across the GCHIDTA region because of its high availability, demand and distribution. Methamphetamine also remains the primary contributor to law enforcement resources, violent crime and property crime. Law enforcement in the GCHIDTA continue to see an increase in Mexican-produced methamphetamine, with the demand met by Mexican cartel production laboratories. With an abundant supply of precursor chemicals and the adoption of more sophisticated production methods, the Mexican produced methamphetamine is higher quality and inexpensive to obtain. The GCHIDTA does not track funding specifically used to address methamphetamine trafficking.

Hawaii HIDTA

(1) Amount of Funding Requested for FY 2024: \$3,677,998

(2) Justification

(A) Threat Assessment

The trafficking and use of crystal methamphetamine (“ice”) and fentanyl, and the production and cultivation of marijuana pose the greatest illicit drug threats to Hawaii HIDTA (HI HIDTA). Methamphetamine is widely available throughout the AOR. Crystal methamphetamine (“ice”) is produced in Mexico and primarily transported via California, Nevada, Arizona, and Washington. Transportation methods favored by DTOs shipping crystal methamphetamine (“ice”) to the region include commercial parcel and postal services, and the use of human couriers traveling on commercial airline flights who may conceal illicit drugs on their bodies or in carry-on baggage. In addition, DTOs sometimes employ corrupt airline employees to ensure crystal methamphetamine (“ice”) shipments circumvent airport security. DTOs also use private couriers to transport small amounts of methamphetamine to the state. In addition, intelligence data indicate that DTOs use sea containers and vehicles aboard commercial shipping vessels to transport illicit drugs, including crystal methamphetamine (“ice”). Proceeds derived from the sale of crystal methamphetamine (“ice”) are then mailed or carried by human couriers traveling on commercial airline flights or transferred via wire remitters.

Through a partnership with the region’s forensic pathologists, the HI HIDTA receives annual and real-time autopsy drug-related death data, which is analyzed by the HI HIDTA Drug Intelligence Officer (DIO) for the purpose of determining drug use trends in Hawaii. Opioid-related deaths have been particularly monitored, and the autopsy data points reveal an increase in opioid related deaths, including fentanyl-related deaths. In addition, the region is experiencing notable seizures of counterfeit oxycodone (M-30) tablets laced with fentanyl, and also seizures of fentanyl itself.

Small groups of individuals who obtain pharmaceuticals from physicians and pharmacies typically coordinate the distribution of diverted pharmaceuticals in the AOR. Some DTOs solicit patients to obtain pharmaceutical drugs, in particular opioids.

Marijuana flourishes agriculturally in Hawaii’s tropical environment, robust water sources, and fertile soil. Marijuana is grown indoors and outdoors on public or private lands. In addition, reporting indicates that marijuana concentrates are produced and trafficked in the area. Most marijuana DTOs operating in Hawaii are not poly-drug in nature, distributing mainly marijuana, synthetic cannabinoids, and THC liquids for use in vaping devices. Hawaii’s location also provides potential international and multistate criminal groups with many opportunities to traffic drugs to and from the area, due to its exceptionally high volume of international and domestic air and ocean traffic.

The HI HIDTA Prevention Initiative encompasses drug demand reduction efforts by implementing a multi-disciplinary approach to affect communities through evidence-based programs that include drug education and awareness, drug prevention strategies, Drug Abuse Resistance Education (DARE) programs, and public health and social service partnerships.

By virtue of dividing prevention funds among participating local law enforcement and state social services representing the Islands of Oahu, Maui, Hawaii, and Kauai, the Prevention Initiative will provide the opportunity to develop unique drug prevention programs for the state of Hawaii and each of the island counties.

The Prevention Initiative includes a primary partnership with the state of Hawaii's Department of the Attorney General's (AG) Crime Prevention Division that will reach out with a creative drug awareness educational platform to youth and school students throughout Hawaii. These presentations and projects associated with the Department of the AG's Crime Prevention Division will continue throughout the existence of the Prevention Initiative.

The Prevention Initiative intends to establish community-based partnerships to understand further the drug problems that are systemic to neighborhoods, schools, and businesses. Through this discourse, HI HIDTA will identify cultural needs, design, and implement the appropriate prescription and stimulus to reduce addiction. In addition, HI HIDTA is a stakeholder in the Hawaii State Opioid Abuse Initiative, a multi-disciplinary approach to counteract the opioid overdose epidemic.

(B) Strategy for Achieving Goals and Objectives

HI HIDTA, in addressing the use and distribution of all illicit drugs, will work diligently with mainland HIDTAs and law enforcement partners to curtail organized crime and DTOs throughout the Nation. The region's greatest drug threat is crystal methamphetamine ("ice"). The current composition of HI HIDTA task forces is designed to counter the methamphetamine threat that infected Hawaii well before its devastating influence on mainland states (manufactured methamphetamine originated from nearby Asia and Asian traffickers entered the densely populated Asian culture in Hawaii). Today, the region's supply of methamphetamine is solely from Mexican cartel sources. The presence of fentanyl has been confirmed in Hawaii and the availability of fentanyl-laced pills have been reported by Hawaii HIDTA initiatives statewide. Fentanyl is considered second to methamphetamine as Hawaii's most dangerous drug threat, and the availability of fentanyl is expected to increase to accommodate demand in the region. Fentanyl-related deaths increased in 2021 (5), and coincided with the increase of fentanyl seizures by the Hawaii HIDTA Task Forces in 2021 (12 kilograms fentanyl powder; 39,405 fentanyl pills).

The HI HIDTA strategically incorporates independent task forces for each of the region's four major islands Oahu, Hawaii, Kauai, and Maui. Each task force is capable of commingling whenever task force asset sharing is necessary, and during joint-island interdiction operations. To counteract the most prevalent drug transportation methods used by the DTOs in the region, a statewide drug interdiction task force is responsible for investigations and drug canine screening at Hawaii's major airports, passenger terminals, and postal and parcel facilities. The

HI HIDTA task forces are staffed with police criminal intelligence officers who facilitate intelligence sharing among the region's four municipalities and federal counterparts. The ISC provides investigative and analytical support to all task forces. An additional task force focuses on drug money laundering as part of the HI HIDTA strategy. It is imperative that the HI HIDTA remain vigilant of the overdose epidemic that has devastated many of our mainland communities, and consequently the HI HIDTA is a stakeholder in the multi-disciplinary Hawaii State Opioid Initiative and Hawaii Overdose to Action (OD2A) Initiative, which includes a youth drug prevention program developed by HI HIDTA known as Prevention Plus Wellness. To further prevent the influx of fatal and non-fatal drug overdoses in Hawaii, the HI HIDTA participates in the HIDTA ORS, which embraces a partnership with Hawaii's public health agencies, CDC, and the HI HIDTA. The HI HIDTA invests in drug prevention public service announcements (PSA) produced by a renowned local filmmaker. These PSAs incorporate a localized drug prevention theme, and a health care hotline phone reference for viewers seeking help.

(C) Support of the *National Drug Control Strategy*

To accomplish HI HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus resources on initiatives with a direct relationship to:

- disrupting DTO enterprises and the market and supply of illegal drugs through enforcement strategies dedicated to intercepting narcotics before and after being imported into Hawaii, and further eliminating and seizing the DTOs' profits and assets through specialized money laundering and financial investigative techniques, and analytical support;
- increasing intelligence sharing by continuing to invest heavily in a robust ISC;
- creating a stronger relationship between law enforcement and prevention organizations; and
- working with community stakeholders to bring to light, analyze, and deliver an education/prevention message relating to the emerging trend of prescription drugs and pharmaceutical abuse.

(3) Methamphetamine

Methamphetamine is Hawaii's greatest drug threat and is widely available throughout the HI HIDTA AOR. HI HIDTA does not track funding specifically used to address methamphetamine trafficking.

Houston HIDTA

(1) Amount of Funding Requested for FY 2024: \$11,526,802

(2) Justification

(A) Threat Assessment

The threat from illicit drug trafficking and associated violence within the Houston HIDTA region remains high, in large part due to its close proximity to the Southwest border, seaports, and national highway infrastructure. As a result, the region is one of the most significant distribution and transshipment areas for the variety of illegal drugs trafficked from Mexico into the United States. It is also a primary consolidation point for bulk cash smuggled back across the border. Therefore, Houston is one of the principal centers for drug activity in the country. Houston has experienced an increase in methamphetamine availability, heightening the threat level posed to the region and beyond. Cocaine remains ranked as the Houston HIDTA's second greatest drug threat due to its substantial impact on public health, while opioids/opiates follow close behind as the third highest drug threat in the region. The long-standing high level of use of both powder cocaine and crack cocaine among adults is correlated with a significant number of deaths. In fact, the number of toxicity-related deaths in Harris County with cocaine listed as a contributing factor continues to be higher than for any other singular drug type.

In addition to the imminent threat posed by the vast supply of illegal drugs moving through the region, drug-related violence continues to escalate, especially among the region's gangs. Gangs within the Houston HIDTA continue to grow in strength and number. Their violence, often spurred by drug-related turf issues, is increasingly brutal, heightening the severity of the impact of the drug trade in the region.

(B) Strategy for Achieving Goals and Objectives

Houston HIDTA fosters cooperative and effective working relationships among federal, state, and local agencies that participate and/or operate in the region to achieve the common goals of disrupting and dismantling DTOs and reducing the demand for drugs. The law enforcement initiatives at Houston HIDTA comprise intelligence-driven, multijurisdictional, co-located, and commingled drug task forces from federal, state, and local LEAs. These drug task forces pursue coordinated efforts to reduce the manufacture, smuggling, transshipment and distribution of drugs by targeting all aspects of the DTOs and MLOs operating in the region through high-level intelligence driven investigative strategies, interdiction activities and effective prosecution. In addition to these efforts, Houston HIDTA recognizes that law enforcement cannot accomplish these goals alone. Therefore, there is a continued effort to develop stronger relationships and strategies with our community partners to create a more holistic approach to significantly reduce the impact of drug addiction on the communities.

(C) Support of the *National Drug Control Strategy*

To accomplish Houston HIDTA's mission and objectives, the Houston Executive Board will allocate and focus the HIDTA resources on initiatives that have a direct relationship to:

- dismantling or disrupting DTOs/MLOs, thereby disrupting the market for illegal drugs;
- implementing programs and activities that improve the effectiveness and coordination of agencies participating in the HIDTA;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- strengthening the relationship between law enforcement and prevention and treatment organizations.

(3) Methamphetamine

Methamphetamine continues to be the most prominent illicit drug threat in the region, a rising trend that shows no indication of a reversal. Use continues to rise in the region because it is readily available at a decreasing cost. All the Houston HIDTA enforcement initiatives have targeted the DTOs distributing methamphetamine. The Methamphetamine Initiative Group (MIG), in particular, was formed in 2001 in response to the rise of clandestine methamphetamine laboratories throughout the Houston region. This initiative was the first of its kind in Texas and continues to be the premier support group that deals with dismantling clandestine labs. Due to the highly successful "behind the counter" pseudoephedrine laws that were passed by the State of Texas in 2005, the number and scope of clandestine methamphetamine labs dwindled dramatically in Texas. The adaptability of the MIG investigators to now target larger MDTOs that specialize in importing vast quantities of methamphetamine across the Southwestern Border (SWB) has been very beneficial to Houston HIDTA. The Houston HIDTA does not track funding specifically used to address methamphetamine trafficking.

Indiana HIDTA

(1) Amount of Funding Requested for FY 2024: \$4,659,249

(2) Justification

(A) Threat Assessment

The drug supply in Indiana continues to increase. The availability for fentanyl, heroin, cocaine, marijuana, and controlled prescription drugs is reported as high according to the Indiana HIDTA 2022 Drug Threat Survey, implying a strong demand. Indiana set a state record for overdose deaths in 2020 and will likely exceed it again in 2021 by over 20 percent.⁹ All 2021 data are provisional due to the complex nature of death investigations, there is a lag of several months between time of death and the coroner's determination on the manner and cause of death. On average, 17.5 out of every 100,000 Indianians dies from an opioid overdose, which is 19.9 percent above the national death rate.¹⁰ In the past year, the supply of fentanyl, heroin, methamphetamine, and cocaine in the Indiana HIDTA AOR have increased. These drugs are grown and manufactured in South America and Mexico, transported from the Southwest border to main hubs such as Chicago, then distributed throughout the Indiana HIDTA AOR.

Significant findings of the Indiana HIDTA 2022 Drug Threat Assessment include:

- Respondents to the annual survey ranked fentanyl as the most important drug threat to Indiana HIDTA's AOR. While seizures in 2021 were lower than in 2020, the price of fentanyl decreased indicating that availability was great enough to meet demand.
- Heroin was ranked as the second greatest drug threat in the AOR. Data indicates that heroin availability remains high with seizures rising greatly between 2020 and 2021. A rise in heroin prices was also noted, indicating the demand may be outpacing supply. It is important to note that heroin is often mixed with fentanyl-based compounds, usually at the retail level.
- Methamphetamine continues to be viewed as a serious threat in Indiana and was ranked third in the 2022 threat assessment. Local production appears to have been nearly replaced by Mexican-sourced product. The seizures of methamphetamine are trending upward while its price continues to fall indicating that supply appears to exceed demand.
- 2022 respondents considered cocaine as the fourth most prevalent drug threat. Powder cocaine was viewed as the prevalent form; however, cocaine base appears to be on the rise in some areas. Seizures of both forms are trending upward in the AOR, and price remained steady.
- CPDs were viewed as the fifth most prevalent threat in the AOR. An increase in counterfeit productions, often sourced through Mexico, was noted. Pricing data was found to be variable, but availability remained high.

⁹ Next Level Recovery Indiana. Data from: Next Level Recovery Data Dashboard. <https://www.in.gov/recovery/data/>. Accessed February 7, 2022.

¹⁰ National Center for Drug Abuse Statistics. Opioid Epidemic: Addiction Statistics. <https://drugabusestatistics.org/opioid-epidemic/#indiana>.

- Synthetic drugs were ranked sixth in the 2022 threat assessment with synthetic marijuana viewed as the most prevalent form. Use appears to be declining as other products are viewed as safer and more reliable alternatives become available.
- Marijuana was viewed as the seventh greatest threat in the 2022 annual survey. Seizures of marijuana are trending upward, but a decrease was noted in 2022. Demand for marijuana remained strong with prices remaining steady.
- MDTOs, primarily Sinaloa and CJNG, supply most of the wholesale quantities of cocaine, fentanyl, heroin, crystal methamphetamine, and marijuana in Indiana.

(B) Strategy for Achieving Goals and Objectives

The Indiana HIDTA is composed of 24 distinct initiatives. The driving force of all initiatives is to reduce both the supply and demand of illegal drugs by fostering cooperative action in the areas of enforcement, prevention, and recovery. The work of the Indiana HIDTA is accomplished by the cooperative efforts of 36 state and local agencies and 7 federal partners.

The purpose of the strategy is to provide strategic guidance and goals to the Indiana HIDTA participating agencies as set forth by the Indiana HIDTA Executive Board. The Executive Board's strategy supports the two national HIDTA goals: disrupt the market for illegal drugs by dismantling or disrupting DTOs, and increasing the efficiency of LEAs.

The strategy focuses HIDTA efforts on these goals through attacking the primary threats to Indiana of drug trafficking, the violence associated with the drug trade and the organizations conducting drug trafficking. These goals are the underlying theme throughout the strategy.

(C) Support of the *National Drug Control Strategy*

Indiana HIDTA Executive Board supports the goals of the *Strategy* by helping the two national goals: disrupt the market for illegal drugs by dismantling or disrupting DTOs and increasing the efficiency of LEA. The Executive Board will allocate resources to initiatives that disrupt the market for illicit drugs and disrupt the financial activity of these organizations.

(3) Methamphetamine

Methamphetamine demand is increasing in the Indiana HIDTA AOR. Methamphetamine is ranked as the as third highest drug threat in the AOR. Indiana HIDTA does not track funding specifically used to address methamphetamine trafficking.

Liberty Mid-Atlantic HIDTA

(1) Amount of Funding Requested for FY 2024: \$6,218,351

(2) Justification

(A) Threat Assessment

The Liberty Mid-Atlantic HIDTA (LMA HIDTA) lies within the eighth largest metropolitan area in the United States and is home to 5.7 million people within its eleven-county region. Approximately 100 million additional people live within a one-day drive of the Philadelphia metropolitan area, a key drug transshipment zone along the Interstate 95 northeast corridor in the Mid-Atlantic region. In addition, LMA HIDTA sits within one of the more violent regions in the Nation, as Atlantic City, New Jersey, Camden, New Jersey, Chester, Pennsylvania, and Wilmington, Delaware, remain high in rankings of the most violent cities per capita in the country.

Urban areas within the LMA HIDTA region consistently rank among the most dangerous and violent regions in the country, due in no small part to the impact of drug trafficking, distribution, and drug-related violent crime. Throughout the region, territorial violence is rampant within neighborhoods where distribution groups, as well as neighborhood-based and nationally connected street gangs, compete for control of profitable drug markets using violence and intimidation tactics. Various distribution groups exploit inner city neighborhoods and suburban public housing developments to intimidate residents and competitors and protect profitable drug enterprises and markets.

LMA HIDTA counties continue to struggle with growing homicide totals. The City of Philadelphia saw its highest number of homicides in 2021. The Philadelphia Police Department reported 562 homicides, 62 more than reported in 2020.¹¹ Of the 562 homicides, 89 percent involved firearms, highlighting the impact gun violence has had on the city. Despite a slight decrease in total violent crime, Philadelphia reported 2,326 shootings.¹² Further, since 2011, the annual number of shooting victims has increased by 65 percent.¹³ Compared to 2016, fatal shootings in Philadelphia have jumped 95 percent, with most of the rise coming after the COVID-19 pandemic hit.¹⁴ Wilmington saw a decline in overall crime, including a reduction in shootings, but a 13 percent increase in homicides. The number of homicides in Camden in 2021 remained the same as in 2020, with an overall reduction in crime for the second year. Camden saw 500 fewer crime victims in 2021 compared to 2019 and total crimes fell under 3,000 for the second time in over 50 years.¹⁵

New and evolving technology has also had an impact on the LMA HIDTA regional drug environment. Various social media and phone applications as well as digital currencies are

¹¹ Philadelphia Police Department. Crime Maps & Stats. <https://www.phillypolice.com/crime-maps-stats>.

¹² The Pew Charitable Trusts. Philadelphia 2022: The State of the City. <https://www.pewtrusts.org/-/media/assets/2022/04/philadelphia-2022-the-state-of-the-city.pdf>. Published April 2022.

¹³ The Pew Charitable Trusts. Philadelphia 2022: The State of the City.

¹⁴ Forman, B. A Hard Look at the Numbers Behind 2021's Record Gun Violence in Philly, and an Overview of What's Being Done. <https://billypenn.com/2022/01/10/philadelphia-gun-violence-statistics-2021/>. Published January 10, 2022.

¹⁵ Camden County. CCPD Released 2021 UCR Metrics for the City of Camden. <https://www.camdencounty.com/ccpd-releases-2021-ucr-metrics-for-the-city-of-camden/>. Published January 4, 2022.

increasingly being used for drug trafficking and money laundering activities. The use of virtual currency has seen rapid growth, with transaction volume up 567 percent from 2020. Though used mostly for legitimate transactions, virtual currency has been used for the sale and purchase of illegal drugs for many years. Virtual currency wallets, which store virtual currency and the anonymity of technology makes cryptocurrency attractive to users. While largely used on the Dark Web, virtual currency can also be used to purchase illegal drugs from outside the Dark Web or used to launder profits from drug trafficking. In April 2021, a LMA HIDTA task force seized the equivalent of \$762,500 in Bitcoin from the leader of a prolific Darknet DTO. This seizure led to the seizure of another wallet valued at \$162,449.47 and bulk methamphetamine.

Privately manufactured firearms (also known as “ghost guns”) are increasingly encountered in narcotics, money laundering, and violent crime investigations. Because ghost guns are created with kits sold online, they are untraceable and do not require a background check to purchase. The Philadelphia Police Department alone seized 571 ghost guns in 2021, more than double the number seized in 2020 (250). In 2019, the department only seized 95 ghost guns. Due to the ease of obtaining 3D printers, it is likely the presence will continue to increase.

DTOs operating in southeastern Pennsylvania, southern New Jersey, and northern Delaware are closely linked to largest domestic and international criminal groups for acquiring drug supply and returning cash proceeds. MDTOs, linked with the Sinaloa and New Generation Jalisco cartels, remain the dominant suppliers of fentanyl, heroin, cocaine, marijuana, and methamphetamine in the LMA HIDTA.

Fentanyl and fentanyl-related analogs, heroin, prescription drugs, cocaine, and marijuana are the principal drug threats to the LMA HIDTA region, with the majority of fatal and nonfatal overdose episodes attributed to fentanyl and poly-drug use. The increasing presence of xylazine, a veterinary tranquilizer, as an adjunct, along with fentanyl being use concurrently and/or mixed with stimulants such as cocaine, are additional factors in fatality numbers. MDTOs (with direct connections to cartel-level syndicates or cells) remain the dominant heroin, fentanyl, cocaine, and marijuana suppliers within the LMA HIDTA region. MDTOs have established the region as a central location to store temporarily large quantities of illicit drugs and cash proceeds transiting between the northeastern United States and the Southwest border region. MDTOs, allied with various other independent groups, are capable of distributing multi-kilogram quantities of fentanyl and Mexican-produced white heroin, hundred-kilogram quantities of cocaine, millions of dosage units of counterfeit prescription drugs, and thousands of pounds of commercial-grade and high potency marijuana on a monthly basis. Continuing a multiyear trend, investigations and intelligence confirm that MDTOs are supplying bulk quantities (multikilogram) of crystal methamphetamine (“ice”) within the LMA HIDTA region in an attempt to establish new markets and increase demand among stimulant users. Methamphetamine distribution at retail levels is rising, as well, and the Darknet is becoming more common as a source for illicit drug procurement, particularly for fentanyl-related substances and novel psychoactive substances in various classes.

The effects of the above detailed drug market are reflected in the fatal drug overdose data for the LMA HIDTA counties:

County	2021	2020	2019
Philadelphia (PA)	1,250	1,214	1,150
Bucks (PA)	165	215	184
Chester (PA)	106	108	104
Montgomery (PA)	244	257	252
Delaware (PA)	189	268	224
Camden (NJ)	335	288	340
Atlantic (NJ)	188	216	180
Gloucester (NJ)	110	129	138
New Castle (DE)	334	275	278

*Data Sources: Philadelphia Medical Examiner; Pennsylvania Office of Drug Surveillance and Misuse Prevention; University of Pittsburgh – Pharmacy Program Evaluation and Research Unit; New Jersey State Police; Delaware State Police (all totals tallied as of publication and are subject to change)

Philadelphia is a commercial transportation hub. Drugs arrive in the region through various means, including private and commercial vehicles; commercial air, rail, and bus transit; postal and commercial parcel services; and ground, air, and maritime cargo shipments. Illustrative of the multiple modalities employed by sources of supply, USPIS Parcel Interdiction and Investigations reported cocaine seizures to be at record highs in 2021. Authorities seized 10 kilograms of cocaine from a Philadelphia parcel distributor in February 2021, followed in April by PA State Police Seizing 68 kilograms of cocaine during a traffic stop on Interstate 78 in Lehigh County, Pennsylvania. In March 2022, CBP seized 18 pounds of cocaine on a passenger flight arriving in Philadelphia from Jamaica.

These same conveyances are also utilized to transport bulk currency to domestic consolidation points across the Southwest border to Mexico or through the Caribbean to Central and South America. Other money movement techniques used by traffickers in the LMA HIDTA region include bank deposit structuring to avoid Bank Secrecy Act (BSA) reporting requirements, cash-based and money service businesses to wire proceeds, prepaid stored value cards, purchases of high-priced assets, and laundering through legitimate or front businesses.

Law enforcement and public health professionals alike view heroin, fentanyl, and opioid addiction as the greatest concern in the LMA HIDTA region due to the continued availability of higher potency, low-priced fentanyl and fentanyl mixtures and its appeal to teenage and young adults. Compounding these factors, the emergence of fentanyl, fentanyl analogs, and opioid-like synthetic drugs in tablet form that mimic genuine prescription drugs in the regional drug market pose the likelihood of more deaths and hospitalizations, adding to the already alarming numbers of fatal and nonfatal overdose incidents.

(B) Strategy for Achieving Goals and Objectives

LMA HIDTA's strategy supports the above goals, as well as the goals of the HIDTA Program overall. Through information sharing, interdiction, investigation, and prevention initiatives, LMA HIDTA takes a comprehensive approach to thwarting the use, flow, and distribution of drugs into its eleven-county region. LMA HIDTA's initiatives identify, disrupt, and dismantle DTOs and MLOs; locate and apprehend violent fugitives wanted in connection with drug offenses; gather intelligence linking drug traffickers to criminal organizations; and pursue opportunities for collaboration with public safety, public health, and non-governmental organizations to decrease demand for and harm from illegal substance use. The investigative and enforcement initiatives are structured to maximize the response to violent episodes in the most seriously impacted areas – Philadelphia, Atlantic City, Camden, Chester, Coatesville, and Wilmington – while continuously pursuing the region's DTOs and MLOs that fuel the supply of drugs to all our communities. LMA HIDTA's support initiatives enhance the operating environments, professional skillsets, information sharing capabilities, and intelligence assessments and case support services that law enforcement initiatives rely upon to succeed.

(C) Support of the *National Drug Control Strategy*

LMA HIDTA supports the *Strategy* through multi-agency investigations that lead to the disruption and dismantlement of DTOs and MLOs. These efforts are achieved by coordinating local, state and federally-led initiatives that:

- stop illegal drugs from reaching regional markets and denying drug proceeds from being expatriated to source countries;
- target investigations of the most prolific and violent drug traffickers in our region;
- achieve highly successful prosecutions of drug traffickers, money launderers and violent offenders under state and federal law;
- collect, coordinate, collate, analyze, and disseminate criminal intelligence that relates to drug trafficking, violent drug gangs, and money laundering; and
- facilitate public safety-public health collaborations that promote deeper and wider understanding of substance use disorders (SUDs), reduce harms from drug use and increase access to SUD treatment.

(3) *Methamphetamine*

MDTOs supply bulk quantities of crystal (ice) methamphetamine within the LMA HIDTA region to local and multi-state DTOs, as well as counterfeit prescription drugs containing methamphetamine in pill form. Methamphetamine arrives through various means, including private and commercial vehicles; commercial air, rail, and bus transit; and postal, commercial parcel, ground, air, and maritime cargo shipments. LMA HIDTA does not track funding specifically used to address methamphetamine trafficking, as most of the DTOs investigated are poly-drug traffickers.

Los Angeles HIDTA

(1) Amount of Funding Requested for FY 2024: \$16,187,469

(2) Justification

(A) Threat Assessment

Major DTOs and criminal groups control the wholesale distribution of illicit drugs in the Los Angeles HIDTA (LA HIDTA) region. They supply illicit drugs to distributors within the region and to distributors in most other significant drug markets throughout the country. Their influence is so profound that the LA HIDTA region has become one of the most significant illicit drug distribution centers in the United States for cocaine, heroin, fentanyl, marijuana, methamphetamine, MDMA, and phencyclidine (PCP). Additionally, MDTOs and criminal groups based in the LA HIDTA region are increasing their control over illicit drug distribution in many drug markets – most recently in East Coast drug markets long controlled by other trafficking groups – further enhancing the role of the region as a national drug distribution center. It is a staging area for MDTOs and some that have a national and/or international presence.

The geographic, cultural, social, and economic diversity and general affluence of the population within the four-county area [sixth largest economy in the world with approximately 15 percent of the national gross domestic product (the largest in the United States)] have helped make LA HIDTA a huge market for drug use and distribution. At the same time, the highly developed transportation routes, and the proximity to the Southwest border have made LA HIDTA a primary distribution, storage, and supply hub for illicit drugs destined for all the major metropolitan areas in the United States. Further, the large rural and remote desert areas make LA HIDTA an ideal location for clandestine manufacturing of crystal methamphetamine (“ice”), although the majority of methamphetamine encountered in LA HIDTA is manufactured in Mexico.

(B) Strategy for Achieving Goals and Objectives

LA HIDTA’s strategy aligns the Intelligence Support System (ISS) and task force initiatives to communicate effectively, coordinate and focus their respective intelligence and enforcement efforts to enhance the disruption and/or dismantling of major DTOs and MLOs that, at their highest levels, operate in and through the regions primary geographical area to other parts of the country. The strategy provides a comprehensive, dynamic law enforcement/intelligence plan that combines and coordinates regional drug control efforts in areas where they can have the most significant impact on the threat. By Executive Board direction, this HIDTA consists of seven major operational task forces comprising co-located federal, state, and local LEAs and three intelligence initiatives. It is their collective purpose to effectively and efficiently work within the strategy to identify and target the major DTOs that operate at the higher levels of the illegal drug chain of command in order to measurably reduce drug trafficking and its impact in this and other areas of the country.

(C) Support of the National Drug Control Strategy

To accomplish LA HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus resources on initiatives that have a direct relationship of:

- Disrupting the illegal drug market and transshipment activities by disrupting and/or dismantling the major poly-drug commodity DTOs, TCOs and MLO, at the highest levels, that smuggle, transport, distribute drugs as well as illicit proceeds from their sale in and through the vast Los Angeles region, a major transshipment point, to other parts of the country.
- Increasing intelligence sharing and coordination among the initiatives and all federal, state, and local LEAs through LA HIDTA's ISS comprised of the Los Angeles Regional Criminal Information Clearinghouse (LA CLEAR), the Joint Regional Intelligence Center (JRIC) and the Inland Narcotic Clearinghouse (INCH).
- The primary mission of LA CLEAR is to ensure officer safety and operational efficiency by providing a robust deconfliction capability serving the LA HIDTA region, analytical case support, advanced technology and enhanced information sharing to all LEAs. The INCH provides advanced analytical case support as well as spearheads a robust and nationally recognized intelligence led policing effort of the LA HIDTA Domestic Highway Enforcement (DHE) Initiative. The JRIC provides tactical analysis case support, prepares strategic analysis, threat assessment reports, and is a component of the national fusion center system, thus fostering better information and intelligence sharing between the HIDTA and DHS networks.
- Working to support the mission of the ORS which is helping communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions; and
- Creating a stronger relationship between law enforcement and prevention organizations through a coordinated effort with the California National Guard and its statewide prevention initiatives.

(3) Methamphetamine

Although currently the majority of methamphetamine currently encountered in LA HIDTA is manufactured in Mexico, some 90 miles south of the LA HIDTA region, between the vast rural and remote desert areas coupled with the heavily congested massive metropolitan area, the LA HIDTA region continues to be an ideal location for cartels to conceal their clandestine laboratories, stash houses and transshipment activities. One example is the record-breaking tractor-trailer, poly-drug load, of 17,584.33 pounds (8.9 tons) of both methamphetamine, and 388.93 pounds of fentanyl seized by the United States Customs Border Protection at the Otay Mesa, California, Port of Entry which was destined for the LA HIDTA region.

This one seizure alone exemplifies LA HIDTA's rationale of targeting the most sophisticated poly-commodity / poly-drug trafficking and smuggling organizations that operate in and through the region, further explaining why the LA HIDTA does not track funding specifically used to address methamphetamine trafficking only.

Michigan HIDTA

(1) Amount of Funding Requested for FY 2024: \$3,980,117

(2) Justification

(A) Threat Assessment

Michigan HIDTA is located between major drug markets in Chicago and New York City, shares an international border with Canada, and has three of the top 25 busiest commercial land ports in the United States. DTOs transport illicit drugs into and through the region from Chicago, New York, Atlanta, the Southwest border, and Canada. The Michigan HIDTA major drug markets serve as distribution centers for smaller markets within the region and neighboring states. MDTOs are the primary source of supply for cocaine, crystal methamphetamine (“ice”), fentanyl, heroin and low-grade marijuana for Michigan.

Fentanyl is readily available and its use continues to increase throughout most areas in the state. In 2020, Michigan HIDTA task forces seized a total of 48 kilograms of fentanyl compared to 30 kilograms in 2019. Michigan State Police forensic laboratory data, identifying the predominant drug type in tested samples, showed roughly a 14 percent increase in the presence of fentanyl from 2019 to 2020.

Fentanyl is readily available and its use continues to increase throughout most areas in the state. In 2021, Michigan HIDTA task forces seized a total of 211 kilograms of fentanyl compared to 48 kilograms in 2020, which constitutes a 339 percent increase from 2020 to 2021. Additionally, Michigan HIDTA task forces seized a total of 88,854 fentanyl dosage units in 2021 compared to 905 dosage units seized in 2020, which constitutes a 9,718 percent increase from 2020 to 2021. Michigan State Police forensic laboratory data, identifying the predominant drug type in tested samples, showed roughly a 33 percent increase in the presence of fentanyl from 2020 to 2021.¹⁶

Heroin continues to rank high as a serious drug threat in Michigan. Heroin remains widely available with 91 percent of drug teams reporting the drug is readily available compared to 92 percent in 2020. Fifty-one of the 102 DTOs/MLOs disrupted or dismantled by Michigan HIDTA Task Forces in 2021 trafficked heroin. In 2021, Michigan HIDTA task forces seized roughly 46 kilograms of heroin compared to 34 kilograms in 2020. In 2021, there were 15,740 Michigan residents admitted to publicly-funded treatment facilities for heroin use (25 percent of all public admissions), a 12 percent decrease from 17,989 in 2020.

Crystal methamphetamine (“ice”) is a significant threat in Michigan. The presence of Mexican crystal methamphetamine (“ice”) trafficked from the Southwest border continues to be prevalent. The availability of crystal methamphetamine (“ice”), continues to increase, with 97percent of drug teams reporting the drug is readily available compared to 89 percent in 2020. Michigan HIDTA task forces seized 596 kilograms of crystal methamphetamine (“ice”) in 2021, which is roughly a 664 percent increase from 78 kilograms seized in 2020. The influx

¹⁶ Michigan State Police, Forensic Science Division. Drug Examination Report. 2021.

of crystal methamphetamine (“ice”) has had a major impact on the methamphetamine powder drug market in Michigan, and several drug teams have reported a drop in “one-pot” methamphetamine laboratories. Thirty-eight percent of teams surveyed reported crystal methamphetamine (“ice”) as their most significant drug threat compared to thirty-seven percent in 2020. Michigan HIDTA task force teams seized a total of 1 kilogram of methamphetamine powder in 2021 compared to 40 kilograms in 2020. In 2021, the Michigan Department of Health and Human Services (MDHHS) reported 6,013 Michigan residents indicated methamphetamine as their primary drug of choice upon admission for treatment, a 20 percent increase from the 5,005 admissions in 2020.¹⁷

Cocaine is a significant drug threat and is readily available across the State of Michigan. The availability of cocaine continues to increase with 91 percent of drug teams reporting the drug is readily available compared to 87 percent in 2020. Michigan HIDTA task forces seized roughly 273 kilograms of cocaine in 2021 compared to roughly 5,053 kilograms in 2020; however, the decrease is due to one team’s significant seizure of 4,775 kilograms of cocaine outside the United States pursuant to an investigation of an international DTO. Crack cocaine in Michigan is a moderate drug threat and its availability slightly decreased since last reporting period. MDHHS data show there were 5,311 publicly-funded treatment admissions for cocaine use in 2021, down from 6,089 in 2020.¹⁸

Prescription drug diversion and misuse continue to be significant threats to the state due to availability through multiple methods of acquisition. Consistent with last reporting period, these drugs are readily available and in high demand across all jurisdictions. The methods of acquiring illegal prescription drugs include illegal purchases at known drug houses or private residences, diversion by doctor/pharmacist, street sales, “doctor shopping,” (i.e., the practice of visiting more than one doctor in a short time span in order to obtain multiple prescriptions of the same medication), prescription forgeries, and pharmacy theft. Another method includes visiting physicians who operate as DTOs. Illegally obtained pharmaceutical drugs from Detroit and the surrounding metropolitan area are subsequently distributed at higher costs to other states like Indiana, Ohio, Kentucky, Tennessee, North Dakota and West Virginia.¹⁹ Prescription drugs accounted for the largest percentage of substance use disorder treatment admissions in 18 of the 83 counties statewide.²⁰ Michigan HIDTA Task Force Teams seized a total of 21 kilograms and 78,136 dosage units of narcotic prescription drugs in 2021 compared to 19 kilograms and 57,323 dosage units in 2020. The MDHHS reports 4,895 Michigan resident admissions for publicly-funded treatment for prescription opioid use in 2021.²¹

Michigan legalized adult-use marijuana in 2018, and the first regulated dispensaries opened at the end of 2019. As such, Marijuana is the most readily available controlled substance in the State of Michigan. According to drug teams surveyed, 100 percent reported it is readily available with 85 percent reporting more availability than in 2020

¹⁷ Michigan Department of Health and Human Services. FY 2021 Substance Use Disorder Treatment Admissions. February 14, 2022.

¹⁸ Ibid

¹⁹ Drug Enforcement Administration. 2022 DEA Detroit Field Division Intelligence Collection Plan Threat Assessment. November 30, 2021.

²⁰ Michigan Department of Health and Human Services. FY 2021 Substance Use Disorder Treatment Admissions.

²¹ Ibid

Marijuana produced in Michigan is illegally distributed to other states. Mexico remains the primary source of supply for low quality, high yield marijuana imported to Michigan. In 2021, 6,406 kilograms of marijuana (including plants) was seized compared to 4,929 kilograms in 2020.

MDMA, also known as “ecstasy,” is moderately available in Michigan. MDMA, both in tablet and powder form, is typically imported from China to Canada or manufactured in clandestine laboratories in Canada then smuggled to Michigan or sent via parcel services. Synthetic drugs, to include spice/herbal products and bath salts, continue to be seen in the state, though availability has continued to decrease.

Heroin and/or fentanyl mixed with other common street drugs pressed into pill form to resemble legitimate pharmaceutical drugs has become an emerging threat as has mixing heroin/fentanyl with substances like xylazine, a veterinary sedative, muscle relaxant and analgesic.

Detroit, Flint, Pontiac, and Saginaw share similar characteristics that contribute to violent crime, including high poverty rates, high unemployment rates, high narcotics usage, and reduction in local law enforcement staffing. Drug-related violent crime continues to pose a significant threat in these areas. Michigan HIDTA supports the Michigan State Police Secure Cities Partnership, which provides enhanced, regionalized, data-driven law enforcement services to the cities of Detroit, Pontiac, Saginaw, and Flint in an effort to reduce crime and improve the quality of life in these areas. Michigan HIDTA teams seized 1,912 firearms in 2021, down from the 2,199 firearms in 2020.

(B) Strategy for Achieving Goals and Objectives

Michigan HIDTA has adopted a three-tiered enforcement strategy. The initiatives target street-level dealers threatening the community, mid-level dealers and priority targets, and major DTOs and MLOs identified in the threat assessment. These initiatives are supported by task force teams that address the serious threat caused by violent felons, firearms and fugitives associated with DTOs.

Michigan HIDTA accomplishes its mission and addresses the threat in the region through a united response from its federal, state, local, and Tribal partners, taking full advantage of their knowledge, skills, and expertise. Through co-location, interagency cooperation, and consolidation of strategic and tactical information, Michigan HIDTA fosters a comprehensive response to illicit drug trafficking by bringing together all available law enforcement resources. Cooperative working relationships have been supported and strengthened over many years by the Executive Board and the Executive Director to ensure that enhanced communication, collaboration, and information sharing support effective, intelligence-driven investigations.

(C) Support of the *National Drug Control Strategy*

To accomplish the mission and achieve the goals of the *Strategy*, the Executive Board focuses HIDTA resources on:

- disrupting and/or dismantling the DTOs that manufacture, transport, and distribute illicit drugs and seizing the illicit proceeds from their sales;
- improving the efficiency and effectiveness of the HIDTA's efforts by increasing intelligence sharing and coordination among HIDTA initiatives, law enforcement partners in Michigan, and law enforcement partners in other regions that are impacted by illegal drugs that originate or flow through the Michigan HIDTA; and
- enhancing relationships with organizations committed to drug education, prevention, and treatment, including community-based and educational institutions.

(3) Methamphetamine

Mexican-produced crystal methamphetamine (“ice”) is a significant threat in Michigan. The Michigan HIDTA does not track funding specifically used to address methamphetamine trafficking.

Midwest HIDTA

(1) Amount of Funding Requested for FY 2024: \$15,914,383

(2) Justification

(A) Threat Assessment

Considering its nexus to violence and other criminal activity, methamphetamine remains the greatest drug threat to the Midwest HIDTA region. This is evident in both of the Midwest HIDTA's Law Enforcement Surveys (LES) and Public Health Surveys (PHS), along with Performance Management Process (PMP) data reported by Midwest HIDTA law enforcement initiatives. Heroin/synthetic opioids and marijuana are the region's second and third-greatest drug threats, respectively. A higher percentage of DTOs were found to be gang-related, violent, and poly-drug trafficking in 2021 compared to the previous year. The Midwest HIDTA's central location within the continental United States and extensive network of roadways make the region ideal for DTOs and criminal enterprises intent on moving drugs into or through to other destinations.

Marijuana, methamphetamine, and heroin/synthetic opioids are the most widely available and widely used drugs in the Midwest region. Law enforcement and public health agencies report unprecedented levels of fentanyl and other synthetic opioids in the region's illicit drug supply. Privately owned vehicles, the United States Postal Service (USPS), and commercial parcel services (e.g., FedEx, UPS) are the most common methods used by DTOs to traffic drugs into and throughout the Midwest region. The number of seizures in which mailing services were used to traffic drugs into the Midwest HIDTA nearly tripled from 2019 to 2021. Midwest HIDTA law enforcement initiatives documented 815 DTOs operating within the region in 2021, with 8,032 members and 1,259 leaders identified. This is a six percent increase from the 770 DTOs identified in 2020. MDTOs continue to dominate virtually every aspect of the drug trade across the Midwest HIDTA region. DTOs in the Midwest HIDTA utilize novel technologies to facilitate communication, obtain payment, and monitor drug courier location. These platforms include encrypted messaging applications, social media, portable GPS devices, and the dark web.

The Midwest HIDTA experienced a 13 percent increase in drug-related overdose fatalities from 2020 to 2021. Two-thirds of these overdose deaths involved heroin or synthetic opioids, while 42 percent involved psycho-stimulants such as methamphetamine.

(B) Strategy for Achieving HIDTA Goals and Objectives

Midwest HIDTA has developed a cohesive and comprehensive regional program focused on reducing and disrupting the importation, distribution, and manufacturing of illegal drugs. The task forces maintain an aggressive posture toward enforcement activities. Midwest HIDTA has identified primary and secondary threat areas, defined drug importation and transportation corridors, and well-known areas of local drug production. Investigators conduct complex, in-depth, multijurisdictional OCDETF, PTO, CPOT, and other TCO investigations with an emphasis on dismantling the entire organization and reducing drug-related violence.

Investigations target the highest level of DTOs and MLOs using undercover operations, innovative techniques, and surveillance of command-and-control communications. These investigations are intelligence-driven and conducted in a cooperative spirit among federal, state, and local counterparts in a task force arrangement.

(C) Support of the *National Drug Control Strategy*

Midwest HIDTA contains 73 designated counties in Illinois, Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota. It has developed a cohesive and comprehensive regional program that is executed through 57 initiatives that seek to reduce the production, transportation, distribution, and use of illegal narcotics, thereby disrupting the illicit drug market.

(3) Methamphetamine

Methamphetamine remains the principal drug threat across the entire Midwest region, particularly when considering its nexus to violent and property crime. MDTOs dominate all importation, wholesale distribution, and even mid-level sales across the region. Methamphetamine use and trafficking continues to expand throughout the Midwest, driven by increasing drug availability, and high purity levels. Moreover, it is expected that communities may see an increase in MDTO methamphetamine conversion and re-crystallization laboratories as traffickers evolve and attempt to evade law enforcement along the southwest border of the United States. Although the Midwest HIDTA has seen a minimal number of clandestine laboratory seizures, these “mom and pop” operations cannot compete with MDTO sources of supply; therefore, the focus has centered on the exponential growth of methamphetamine produced and trafficked by MDTOs throughout the region.

Nevada HIDTA

(1) Amount of Funding Requested for FY 2024: \$3,453,000

(2) Justification

(A) Threat Assessment

Nevada HIDTA (NV HIDTA) leadership, through examination of available intelligence trends, seizures, arrests, treatment admissions, drug death cases, investigative cases, and anecdotal information relating to the Nevada drug market, concluded that methamphetamine, paralleled by the surge in heroin, would be the most significant targets of all task forces. Methamphetamine remains a significant threat due to its high level of use, availability, lower cost, significant number of people treated for addiction, and the probable relationship to other crimes.

Fentanyl remains a significant threat in the region. NV HIDTA has seen a 196 percent increase in fentanyl-related overdose deaths, as compared to 2020. This increase prompted the National Drug Helpline to invoke a “red alert” status for Nevada, signaling an increased risk for overdoses. In addition to overdose deaths linked to fentanyl, seizures of the drug have also increased from 2020 to 2021. Some seizures include multikilogram quantities of fentanyl hydrochloride, much of which NV HIDTA estimates is imported from Mexico. In addition to fentanyl, NV HIDTA expects that other drugs, including CPDs, club drugs, synthetic drugs, and cocaine, will continue to cause deep concern within the NV HIDTA region.

Heroin produced in Mexico is the only heroin available within the NV HIDTA AOR.

(B) Strategy for Achieving Goals and Objectives

NV HIDTA’s primary enforcement strategy is to incorporate the use of well trained, well equipped, and commingled intelligence-led law enforcement personnel assigned to task forces to reduce the drug threats and the crime drugs bring to the area. These task forces consist of law enforcement personnel from local, state, and federal agencies whose mission is to identify, investigate, disrupt, and dismantle drug organizations, drug traffickers, criminal operations, gang crime, and MLOs with an emphasis on violent crime reduction.

Through this multiagency program, personnel become the force-multiplier, thus enhancing information and resource sharing. NV HIDTA has consistently provided proven results with this time-tested process and rapidly adjusting strategies to meet the demands of changing threats and crime patterns. The extent of information sharing and interagency cooperation fostered through this approach strongly demonstrates that law enforcement personnel are working effectively and efficiently.

Task forces are composed of investigators representing a wide variety of local, state, and federal LEAs, and each contributes unique authorities, perspectives, access to data and

additional resources, and expertise. The operational strategy ensures that task forces and affiliated agencies deconflict cases and subjects, share information, work cooperatively as necessary to avoid duplication of effort, and maximize the use of resources.

The ISC is an important component of the strategy. In addition to providing case support directly to ongoing investigations, the strategy tasked the ISC with conducting analyses of patterns and trends in the drug market that are then used by NV HIDTA leadership to proactively direct task force activities.

Continuous monitoring and close coordination efforts are a cornerstone of the strategy – through regular task force supervisor meetings, individual task force and Executive Board meetings, and the strategy calls for NV HIDTA leadership to monitor the direction and progress of the initiatives and ensure each is faithfully pursuing the achievement of program goals.

(C) Support of the *National Drug Control Strategy*

NV HIDTA supports the *Strategy of Reducing the Availability of Illicit Drugs* in the region by dismantling or disrupting DTOs, Criminal Operations (COs), and/or MLOs, thereby disrupting the flow of illegal drugs into the NV HIDTA region and other areas of the country. NV HIDTA investigators conduct complex, in-depth, multi-jurisdictional DTO investigations with an emphasis on dismantling organizations and reducing drug-related violence.

NV HIDTA supports preventing drug use before it starts as a fundamental community strategy creating a comprehensive approach to drug control. NV HIDTA has deep partnerships with community coalitions, organized prevention programs including drug takebacks, supports the evidence-based strategy of Nevada established Drug-Free Communities Program, public education, and citizen awareness.

NV HIDTA is a strong proponent of strategies to improve the response to overdoses, including implementing the HIDTA ORS, training of law enforcement uses of Naloxone. Furthermore, NV HIDTA supports community treatment partners through education and information sharing regarding drug trends and other useful information.

(3) Methamphetamine

The methamphetamine coming into the region is the biggest threat to Nevada. NV HIDTA does not track funding specifically used to address methamphetamine trafficking.

New England HIDTA

(1) Amount of Funding Requested for FY 2024: \$4,735,042

(2) Justification

(A) Threat Assessment

According to the 2022 New England HIDTA (NEHIDTA) Drug Threat Assessment, illicit fentanyl continues to be the number one drug threat across the NEHIDTA region. After fentanyl and heroin, illicit trafficking of cocaine (crack and powder) and methamphetamine present the next greatest threats of concern across the six-state region. NEHIDTA continues to see an increase in morbidity through polysubstance use. The analysis of available data indicates seizures of methamphetamine continue across the region. Methamphetamine, which was historically a niche subculture drug in New England, is moving further into mainstream use. The reasons for this are many, but among them is the availability of inexpensive, high-quality methamphetamine trafficked from the Southwest border.

According to the 2022 New England HIDTA Drug Threat Assessment, fentanyl and heroin pose the greatest drug threats to New England. Fentanyl is the primary driver of the ongoing opioid crisis in the region, the use of which, has resulted in more deaths than any other illicit drug. The low cost, high availability, and high rate of addiction has led to an increased demand. Unlike heroin, fentanyl is not derived from plant material, rather is synthesized from precursor chemicals in laboratories. Both are readily available at low prices, and while heroin remains a threat, seizures of it are decreasing compared to fentanyl.

Between 2018 and 2020 all six New England States experienced age-adjusted fatal opioid related overdose rates that were above the national average. While national and state-level age-adjusted rates of opioid-fatal overdoses for 2021 are not yet available, reporting suggests New England will remain well above the national average.

While Fentanyl remains the primary driver of the opioid crisis in New England, heroin use has remained steady throughout 2021. Heroin and fentanyl are both widely available and relatively low cost, factors that lead to a higher demand for the products. Fentanyl presents increased risk to users of counterfeit prescription opioids as many are unaware of its presence in the drug. Vermont reported an increase in overdoses involving pressed fentanyl pills throughout 2021. As the presence of fentanyl increases, DTOs are diversifying fentanyl forms to increase their customer base.

(B) Strategy for Achieving Goals and Objectives

New England HIDTA (NE HIDTA) has developed a strategy tailored to encourage interagency cooperation and operations coordination, and remains committed to intelligence-led policing and information sharing. NE HIDTA provides an agency-neutral program to balance regional law enforcement efforts and coordinates a strategy to address the regional threat and national priorities. It continues to foster effective working relationships among six USAOs, nine federal

LEAs, and scores of state and local LEAs. Task force initiatives are staffed with co-located federal, state, and local law enforcement officers, and NE HIDTA coordinates the integration of all initiatives to ensure a unified effort in achieving its goals and objectives.

(C) Support of the *National Drug Control Strategy*

In addition to supporting the *Strategy* by disrupting and dismantling DTOs and MLOs, NE HIDTA has implemented a collaborative partnership with prominent professionals in the education, prevention, and treatment aspects of the *Strategy*. Additionally, through continued cooperation with these partners, NE HIDTA has enhanced drug education and prevention initiatives by providing guidance and information to numerous state-sponsored prescription drug awareness programs and partnering with the New England DFC coalitions, the Massachusetts Prevention Alliance, and Boston University School of Medicine, and the Safe and Competent Opioid Prescribing Education of Pain training to provide prescribing physicians continuing medical education credits while creating awareness of the delicate balance of chronic pain management and risks associated with opioid prescribing.

(3) Methamphetamine

As a result of responses collected from the 2022 NEHIDTA Threat Assessment Survey, NEHIDTA assesses that the sale and accessibility of methamphetamine in the New England region will continue to rise. Reported availability of methamphetamine remains moderate to high. Increased availability, burgeoning demand, high potency, and low prices will likely incentivize current and emerging poly DTOs to enter the methamphetamine market. Stable demand supported trafficking into New England from the SWB, despite pandemic influences. What was once historically a niche/local market has been overtaken by the quantity and quality of lower price of methamphetamine produced in Mexico. As such, methamphetamine constitutes a growing threat in the New England region due to the increased availability of high potency crystal methamphetamine and methamphetamine pills.

Data collected suggests methamphetamine is most common in crystal and “ice” forms, which is consistent with data from 2021. Reporting between 2019-2022 demonstrates the increasing prevalence methamphetamine pills in the form of counterfeit Adderall, MDMA tablets, and other fake children’s’ chewable pills. These particular counterfeits imply traffickers are targeting prescription stimulant users and young adults to develop a larger user market.

Methamphetamine use has shifted from localized production and substance use by small New England populations to a much broader range of users. The expansion is due to a myriad of factors including an increase in the user population, an increase in methamphetamine production, and recent shifts in distribution.

One growing population segment includes current opiate users who view methamphetamine as a safer alternative than potential exposure to fentanyl, which has shown to be present in opioids, sometimes without the knowledge of the user. Initial analysis indicated that Mexican methamphetamine production and trafficking could diminish due to pandemic related supply challenges. However, as the pandemic progressed, 2021-2022 data demonstrated that

methamphetamine availability increased across the region. The NEHIDTA does not track funding specifically used to address methamphetamine trafficking.

New Mexico HIDTA

(1) Amount of Funding Requested for FY 2024: \$9,502,108

(2) Justification

(A) Threat Assessment

New Mexico is a prime transportation corridor for illegal drugs entering the United States from Mexico. It is also a common corridor for drugs passing from California and Arizona to the Midwest and beyond. With three international ports of entry (POEs) funneling thousands of commercial and private vehicles into the state on a daily basis, drug transportation organizations have access to a vast network of interstate highways and local roads that create many options to move illicit drugs through the state. Unfortunately, New Mexico also has a drug problem of its own. Overdose death rates remain high and new threats, like fentanyl, increase the challenge.

The state's proximity to Mexico, its topography along the sparsely populated 180-mile border, its limited law enforcement presence between United States POEs, and its transportation infrastructure make it a significant smuggling corridor and a major trafficking route for drugs destined for illicit markets within the state, but primarily to other United States drug markets. Weapons and bulk cash are smuggled back into Mexico, primarily through vehicular conveyances utilizing hidden compartments. The sparsely populated international border between New Mexico and Mexico, along the three POEs, represents a high-risk area that presents many challenges to law enforcement; as a result, it is continually exploited by DTOs.

(B) Strategy for Achieving HIDTA Goals and Objectives

To combat the drug threats encountered across the state, the New Mexico HIDTA (NM HIDTA) Executive Committee funds multiagency initiatives that coordinate operations, share intelligence, and leverage resources. These task forces employ intelligence-driven, coordinated efforts to reduce the production, smuggling, trafficking, distribution, and the use of illicit drugs. NM HIDTA utilizes coordinated interdiction and investigative initiatives, a strong, aggressive prosecution component, law enforcement intelligence and information sharing, and support components (e.g., forensic crime laboratories, training, and information technology). These efforts are enhanced by an initiative that seeks out fugitive violent drug offenders as its primary mission. NM HIDTA also uses a prevention initiative to reduce the illicit drug use, especially in northern New Mexico. Lastly, NM HIDTA is incorporating public health and public safety professionals as part of the HIDTA ORS to reduce drug overdoses within the state.

(C) Support of the *National Drug Control Strategy*

NM HIDTA supports the Strategy by incorporating its key elements into its own strategy, including:

- outlining a plan to disrupt/dismantle DTOs/MLOs and reduce the smuggling, transshipment, and distribution of illicit drugs into and through New Mexico;

supporting a prevention component to reduce illicit drug abuse, including pharmaceutical drug abuse and diversion;

- provide investigative and strategic intelligence support to NM HIDTA initiatives and other law enforcement partners through the ISC; and
- partnering with tribal LEAs to target illegal drug activities within or impacting Indian Country.

(3) Methamphetamine

Due to an abundance of high-quality, inexpensive methamphetamine which is being produced in Mexico, methamphetamine laboratory seizures in the state of New Mexico have almost become a thing of the past. NM HIDTA does not track funding specifically used to address methamphetamine trafficking.

New York/New Jersey HIDTA

(1) Amount of Funding Requested for FY 2024: \$15,273,378

(2) Justification

(A) Threat Assessment

All major drugs of abuse are readily available within the New York/New Jersey HIDTA (NY/NJ HIDTA) AOR, originating from both domestic and foreign sources of supply. The New York City metropolitan area, which includes the five New York City counties, as well as northern New Jersey, Long Island and the lower Hudson Valley HIDTA counties, is an epicenter of diverse drug trafficking and money laundering activity, and one of the country's largest drug consumption areas. NYC and surrounding areas serve as a hub for the importation and distribution of narcotics from, and to, innumerable cities, states, and countries. Urban areas of New Jersey (such as Newark, Paterson and Camden) also serve as supply hubs for much of the Northeast. In addition, some traffickers outside of these metro areas are supplied by sources in Atlanta, Chicago, Arizona or directly from foreign sources.

Illicit opioids (heroin and fentanyl) represent the primary drug threat within the NY/NJ HIDTA region. Fentanyl-involved overdose deaths have been rising for years in both New York and New Jersey, a trend which was greatly exacerbated by the COVID-19 pandemic. Seizures by law enforcement continue to indicate an elevated and growing presence of fentanyl and its various analogues in the region, as well as in combination with stimulants such as cocaine, crack cocaine and methamphetamine. Law enforcement sources in the region report the presence of counterfeit black-market prescription pills containing fentanyl increased significantly in 2021. In addition, seizures of pure heroin continue to decrease while seizures of fentanyl without the presence of heroin continue to increase. The New Jersey State Police's Drug Monitoring Initiative (DMI) reports that the number of pure heroin submissions to police labs decreased from 88 percent in the first quarter of 2015 to just three percent in the fourth quarter of 2021.²²

The rate of overdose deaths involving any opioid nearly tripled overall between 2010 and 2019 in New York State, rising from 5.4 per 100,000 in 2010 to 14.9 in 2019. While the number of opioid-involved overdose deaths declined slightly in 2019, preliminary data from the New York State Department of Health (NYSDOH) indicates that opioid overdoses increased significantly in 2020.²³ And provisional data from the CDC projects a further increase in total overdose deaths in New York State for the 12-month period from December 2020 to December 2021.

Rates of overdose death in NYC are the highest since reporting began in 2000. Provisional data published by the NYC Department of Health and Mental Hygiene indicate a steep increase in the rate of drug overdoses between 2019 and 2020, from 21.9 to 30.5 per 100,000. The number

²² New Jersey State Police, Office of the Drug Monitoring Initiative. 4th Quarter Report. March 2022.

²³ New York State Department of Health. New York State Opioid Annual Report 2021.

https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2021.pdf. Published April 2021.

of overdose deaths reached a new peak of over 2,000 in New York City in 2020, representing an alarming one-year increase of 37 percent. The number and rate of drug overdose deaths have more than doubled in NYC between 2015 and 2020 driven primarily by fentanyl-involved deaths.²⁴

Opioids were involved in 85 percent of all overdose deaths in NYC in 2020, with fentanyl being the substance most commonly involved in all overdose deaths (77 percent) for the fourth year in a row. Provisional data from Q1 and Q2 of 2021 indicated that the concerning rise in fentanyl-driven deaths in NYC has yet to reverse itself.²⁵

While not at the levels seen in parts of New York, New Jersey has also experienced an increase in drug overdose deaths. The New Jersey Office of the Chief Medical Examiner (OCSME) reported 3,120 suspected overdose deaths (33.7 per 100,000) in 2021, which if confirmed, would represent an increase of 7 percent from 2019. According to OCSME data, opioid-involved overdose deaths increased every year in New Jersey between 2014 and 2019, with the number of reported deaths more than doubling. According to data from 2019, fentanyl has overtaken heroin as a driver of opioid-involved overdose deaths in New Jersey.²⁶

Investigative and intelligence reporting indicates cocaine availability has increase within the New York AOR, and crack cocaine remains a threat both in New York City as well as smaller cities throughout the state. The majority of cocaine transported into the DEA New York Division (NYD) AOR can be attributed to MDTOs who work in partnership with US-based Dominican traffickers to facilitate the movement of cocaine into the New York area. In New York City, fentanyl has been increasingly identified in overdose deaths involving cocaine. In 2020, 48 percent of unintentional overdose deaths in New York City involved cocaine, with fentanyl involved in 81 percent of those deaths.²⁷ This means that people who use cocaine recreationally, but who may be opioid naïve, are at exceptionally high risk of overdose.

Cocaine continues to be a threat in the New Jersey area where it ranks fourth in overall drug threats in the central and northern counties and sixth, behind methamphetamine, prescription drugs, and fentanyl in the southern section of the State. As in New York, law enforcement sources report there has been an increase in cocaine availability throughout New Jersey. According to data from NJ OCSME, the prevalence of cocaine-involved overdose deaths has increased in New Jersey since 2014. The number of cocaine-involved deaths across the state rose from 314 in 2014 to 963 in 2019, an increase of close to 207 percent, with a corresponding spike in the rate of deaths per 100,000 population.²⁸

²⁴ Nolan ML, Jordan A, Bauman M, Askari M, Harocopos A. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2020. New York City Department of Health and Mental Hygiene: Epi Data Brief (129); 2021. <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf>

²⁵ New York City Department of Health and Mental Hygiene. Unintentional Drug Poisoning (Overdose) Quarter 2, 2021. <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-second-quarter-2021.pdf>. Published April 2022.

²⁶ Fatal overdose (death rates) data are retrieved from the New Jersey Office of the Chief Medical Examiner. The death rate was calculated per 100,000 individuals, by using the U.S. standard population. Population counts are based on the U.S. Census Bureau, American FactFinder from 2010 to 2020.

²⁷ Nolan ML, et al. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2020.

²⁸ Fatal overdose (death rates) data are retrieved from the New Jersey Office of the Chief Medical Examiner. The death rate was calculated per 100,000 individuals, by using the U.S. standard population. Population counts are based on the U.S. Census Bureau, American FactFinder from 2010 to 2020.

Controlled prescription drugs continue to be misused in the New York area and the illegal diversion of these drugs remains a concern. However, there are indications that the availability of CPDs due to the illegal diversion by way of doctor shopping and fraudulent prescriptions may be declining. Similarly, the overall threat and level of availability of diverted CPDs have decreased in New Jersey from high to medium over the past two years. Of great concern in both states is the growing presence of counterfeit CPDs containing fentanyl that are being sold on the black market, most often as oxycodone M30s.

Methamphetamine trafficking and abuse in New York State is encountered on a much smaller scale in comparison to other major drugs like cocaine, heroin, and fentanyl. However, investigative intelligence over the last year has revealed an increase in availability of methamphetamine in the NYD AOR. Significant quantities of methamphetamine pressed into pill form were also seized. Data reported by NYSDOH shows an increase in overdose deaths involving methamphetamine in combination with fentanyl in New York in recent years.²⁹ In New Jersey, methamphetamine availability and use remain highly concentrated in the southern region of the state, however availability is increasing throughout the entire state. According to the New Jersey DMI, New Jersey State Police (NJSP) labs have seen a substantial increase in methamphetamine cases since 2015, and saw the highest number of methamphetamine cases to date in 2021.³⁰

(B) Strategy for Achieving Goals and Objectives

NY/NJ HIDTA accomplishes its mission by promoting cooperation among agencies by creating collocated and commingled task forces, providing technological capabilities to enhance and expedite investigations, establishing lasting public health/public safety partnerships, and leveraging resources to ensure funds are used in the most efficient way possible.

(C) Support of the *National Drug Control Strategy*

NY/NJ HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. NY/NJ HIDTA also facilitates the timely and accurate sharing of criminal and drug intelligence among agencies, enabling them to target regional and international drug and MLOs more effectively.

Furthermore, NY/NJ HIDTA will continue its prevention efforts by supporting community-based projects such as the Saturday Night Lights Initiative, which offers quality sports programs to inner-city youth and provides a fun, haven for otherwise at-risk kids. They learn about teamwork, gain self-confidence, and discover alternatives to drug use and crime. By stopping drug dependency and use before they begin, the Initiative hopes to lower the crime

²⁹ New York State Department of Health. Overdose Deaths Involving Methamphetamine With and Without Fentanyl in New York State, Outside of New York City, 2016-2020. https://www.health.ny.gov/statistics/opioid/data/pdf/nysdoh_op_dta5.pdf. Published January 2022.

³⁰ New Jersey State Police, Office of the Drug Monitoring Initiative. 4th Quarter Report. March 2022.

rate associated with illegal drug activities in these communities and also prevent kids from becoming involved in gangs and gun violence.

(3) Methamphetamine

Generally, methamphetamine is not the principal drug being trafficked by DTOs in the NY/NJ HIDTA region. NY/NJ HIDTA does not track funding specifically used to address methamphetamine trafficking.

North Central HIDTA

(1) Amount of Funding Requested for FY 2024: \$7,811,996

(2) Justification

(A) Threat Assessment

Fentanyl, heroin and other synthetic opioids continue to present the greatest threat to the Wisconsin portion of the AOR. Overdose deaths and other harmful effects resulting from the use of various opioids continues to increase and pose significant risks for the community. Potentially lethal opioid synthetics, particularly fentanyl and other fentanyl related substances (FRSs), such as counterfeit pharmaceutical pills, are increasingly putting communities at risk due to the danger of overdosing. Both Wisconsin and Minnesota have seen a continued increase in the trafficking and use of counterfeit prescription pills containing fentanyl or fentanyl related substances. During the past several years, the presence of methamphetamine across Wisconsin has continued to increase. Larger wholesale amounts of methamphetamine from Mexico are being sourced from the areas of Minneapolis, Chicago, California, and the Southwest border. Southeastern Wisconsin, an area that has not traditionally experienced a large volume of methamphetamine activity, has seen law enforcement seizing wholesale quantities of methamphetamine on a more frequent basis.

In Minnesota, the primary illegal drug threat is methamphetamine. In 2021, enforcement initiatives in Minnesota, seized over 1,650 kilograms of methamphetamine. Seizures of large quantities of finished-product Mexican methamphetamine in and around the Minneapolis/St. Paul area originate mainly from the Southwest border region and are sourced by Mexican-based cartels. The Twin Cities area of Minneapolis/St. Paul is considered an upper Midwest methamphetamine transshipment center for the Mexican cartels. Task forces throughout Minnesota and Wisconsin reported an increase in wholesale-level quantities. In addition, opioid related trafficking, use, and overdoses continue to increase in the Minnesota region. Both Minnesota and Wisconsin participate in the HIDTA ORS program, which includes having a dedicated DIO and Public Health Analysts (PHA) assigned to each state to focus on joint public health and public safety strategies to address the overdose problem regionally.

Marijuana and potent THC products remain the most commonly used illicit drug in the North Central HIDTA region. The demand for higher-potency marijuana and marijuana-related products has remained high over the past several years. Traffickers and DTOs source the majority of marijuana and THC products from Colorado and West Coast states that have legalized the recreational and/or medical use of marijuana and related products. In addition, the demand for and use of high-potency edibles, oils, and vaping products has remained high, creating a serious health risk to the user community.

Cocaine is a persistent, significant threat to the North Central HIDTA region. Though availability decreased somewhat during the pandemic years, cocaine supplies have steadily increased in availability since that time. Reports also show that cocaine is often comingled with fentanyl or other FRS. Law enforcement continues to report that violent criminal activities are often tied to cocaine distribution.

(B) Strategy for Achieving Goals and Objectives

The North Central HIDTA's strategy is to foster cooperative and effective relationships among more than 140 federal, state, local, and Tribal participating member agencies in Wisconsin and Minnesota to achieve the common goals of disrupting and dismantling DTOs and reducing drug demand. Through enforcement initiatives working within the 15 designated counties in both Wisconsin (eight counties) and Minnesota (seven counties), investigative emphasis is placed on targeting DTOs that pose the most significant threats – primarily those with ties to the southwest and northern borders (multistate and international in scope). In addition, particular emphasis is placed on violent DTOs and drug traffickers that pose significant risk to the community, especially those engaged in violent criminal acts, firearm offenses, and the trafficking of significant quantities of opioids and/or methamphetamine in the region. In line with the North Central HIDTA's goals, initiatives work cooperatively and share information with other HIDTAs and LEAs throughout the country to further enhance effective investigations. As described below, in addressing the threats that face the North Central HIDTA, the Executive Board directs and continually adjusts its strategy to reduce the most significant threats and create safer communities. The strategy moving forward is to continue to integrate any newly formed initiatives to address the threats to their region, as well as coordinate intelligence and information sharing with this enhanced partnership.

The North Central HIDTA strategy also recognizes the need for strong demand reduction efforts in the community. The mission is to reduce violent crime through targeted law enforcement, community building, raising community awareness, and proactive engagement of youth in activities that increase positive social skills and behaviors and teach resistance to drugs, gangs, guns, and other criminal behavior.

(C) Support of the *National Drug Control Strategy*

North Central HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. This is accomplished through coordinated investigative efforts among federal, state, local, and Tribal LEAs. Also, all investigative efforts are supported with active intelligence gathering and information sharing strategies to ensure that the most efficient and effective means are used to accomplish the mission. The key to the *Strategy* is breaking the cycle of drug use, crime, delinquency, and incarceration. Part of the North Central HIDTA strategy is to support activities that emphasize community-based partnerships incorporating the efforts of prevention, prosecution, and enforcement to reduce the threats drugs can pose to the community. North Central HIDTA will continue to enhance and support its long-standing relationship with the HIDTA Safe & Sound Prevention Initiative, a community-based organization engaged in drug education and prevention activities. In addition, the North Central HIDTA supports and participates in the HIDTA's Overdose Response Strategy in both Wisconsin and Minnesota. The Drug Intelligence Officers and Public Health Analysts work with communities throughout the state to address overdose deaths.

(3) Methamphetamine

Seizures of large quantities of finished-product Mexican methamphetamine in and around the greater Minneapolis/St. Paul areas emanate mainly from the SWB and are sourced by Mexican-based cartels. Wisconsin is also now experiencing more significant amounts of finished-product methamphetamine in multi-kilogram quantities emanating from the Minneapolis area, the Chicago area, as well as other source areas. The North Central HIDTA does not track funding specifically used to address methamphetamine trafficking.

North Florida HIDTA

(1) Amount of Funding Requested for FY 2024: \$3,845,500

(2) Justification

(A) Threat Assessment

With a 240 percent increase in seizures, and further based on their lethality and abuse, fentanyl and fentanyl analogs move to the top drug threat. These drugs have become widely available and commonly used as a cutting agent in other drugs found in the local market. Furthermore, the death toll caused by and related to fentanyl and its analogs has increased in the region, creating an alarming health crisis. For CY 2019, the most current data available, the Florida Medical Examiner's (FME) Jacksonville district had the second most deaths in Florida caused by fentanyl with only 13 decedents less than the Ft. Lauderdale district. Similarly, the CY 2019 FME data shows that the Jacksonville district had the second most deaths in Florida caused by fentanyl analogs with only 89 decedents less than the West Palm Beach district.³¹

Methamphetamine, essentially all imported crystal methamphetamine ("ice"), moves down from first to second place. Although there was a 28 percent decrease in seizures, survey respondents indicated kilogram, gram, and ounce-level quantities are transported into the region, and nearly 80 percent claimed it is transported via the region's highways. The interim FME data, which covers the first half of 2020, indicates the Jacksonville district led the state in total methamphetamine deaths, and the majority of those deaths were a combination of meth with other drugs.³² The DEA purity reporting indicated that the meth found in the local market was anywhere from 95-100 percent pure.

With a 38 percent decrease in seizures, heroin moves down to the third ranked drug threat, although there was a 14 percent increase in heroin deaths in CY 2019 within the North Florida HIDTA (NFHIDTA) FME districts.³³ Thereafter, the ranking is cocaine and crack followed by marijuana, as seizure totals remained consistent from the prior year's assessment, and diverted pharmaceuticals, MDMA, and synthetics, as seizure totals declined from CY 2019.

Data obtained through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE-FL) indicated an increase in the number of drug-involved emergency department visits and a slight increase in the amount of Narcan administered in the second half of CY 2020, when compared to the first half of the same year.³⁴ The rise likely verifies the Overdose Response Strategy's assertion that opioid influence is largely to blame for overdoses. Mixtures of fentanyl with cocaine, methamphetamine, or heroin

³¹ Florida Department of Law Enforcement. 2019 Annual Report: Drugs Identified in Deceased Persons by Florida Medical Examiners. <http://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2019-Annual-Drug-Report.aspx>. Published November 2020.

³² Florida Department of Law Enforcement. 2021 Interim Report: Drugs Identified in Deceased Persons by Florida Medical Examiners. 2022.

³³ Florida Department of Law Enforcement. 2021 Interim Report: Drugs Identified in Deceased Persons by Florida Medical Examiners.

³⁴ Florida Department of Health. Data from: ESSENCE-FL.

confuse attribution and extent of the opioid death rate.

The region's role in significant drug transfer impacting other states is apparent. Proven schemes included mail transport of methamphetamine and marijuana from California, Oregon, and up the East Coast, reshipping cocaine from Puerto Rico through the Port of Jacksonville, and vehicle transport of various illicit drugs into and through the region. Also relating to the area's importance for transport were successful DHE seizures, including 136 kilograms of marijuana, 44 kilograms of cocaine/crack, 8 kilograms of meth, and 2 kilograms of fentanyl in CY 2020.

(B) Strategy for Achieving Goals and Objectives

NFHIDTA employs strategic, tactical, geospatial, and operational intelligence and an enforcement strategy that focuses on investigative and interdiction efforts to address the command and control elements of DTOs and MLOs operating within the AOR. NFHIDTA fosters collaborative and cooperative partnerships among federal, state, and local LEAs to achieve its long-term strategic goals. These goals include reducing and disrupting drug trafficking and availability of the illegal drug market, related drug-proceeds, drug-related violent crime, and overdose deaths. NFHIDTA's short-term goal is to dismantle identified DTOs, MLOs, criminal groups, and gangs operating within its AOR through effecting arrests and seizures of drugs, assets, and weapons, and seek maximum penalties through prosecution. To maximize this effort, NFHIDTA facilitates cooperation and joint operations among 45 federal, state, and local LEAs and 431 full-time and part-time personnel who participate in its initiatives.

(C) Support of the *National Drug Control Strategy*

NFHIDTA supports the Strategy by giving participating initiatives the tools (training, case and event deconfliction, and analytical support) to efficiently and effectively disrupt the market for illegal drugs. NFHIDTA focuses on disrupting and dismantling DTOs, MLOs, and criminal organizations as well as apprehending drug-related and violence-prone fugitives, gang members, and weapons traffickers. NFHIDTA combines its efforts with other HIDTAs facing similar threats to affect criminal enterprises operating across multiple AORs. Furthermore, NFHIDTA seeks to reduce drug-related overdose deaths, including those caused by opioids, through collaborating and coordinating with various DFCs, prevention coalitions, treatment facilities, emergency medical services, healthcare, health departments, medical examiners' offices, education institutes, and various professional community members and as an active participant in the HIDTA Program's ORS. NFHIDTA enhances drug control and prevention efforts by implementing programs and activities that improve the effectiveness and coordination of participating agencies and by increasing intelligence sharing and coordination among all initiatives, regional LEAs, first responders, prevention and treatment coalitions, and other HIDTAs.

(3) Methamphetamine

Methamphetamine continues to be a significant threat in the NFHIDTA, negatively impacting the community and the environment. Although methamphetamine production has declined as an import of crystal methamphetamine has increased, there is still local production, primarily via small, one-pot labs. The process of disposal of the product and equipment is hazardous, costly, time-consuming, and remains problematic. It requires exceptional and expensive training, which the NFHIDTA helps provide. The NFHIDTA does not track funding specifically used to address methamphetamine trafficking.

Northern California HIDTA

(1) Amount of Funding Requested for FY 2024: \$3,657,500

(2) Justification

(A) Threat Assessment

The most serious drug threats confronting the Northern California HIDTA (NC HIDTA) AOR region are methamphetamine – conversion, transportation and distribution; the increased prevalence and distribution of fentanyl, purposeful adulteration of stimulants and counterfeit CPDs, and accidental cross-contamination with other drugs; the continued increased availability of heroin; indoor and outdoor illicit marijuana cultivation and trafficking, illegal THC extractions (to include liquids and resin), and their distribution; and other illicit narcotics sales such as cocaine, CPD’s and new psychoactive substances (NPS). Compounding these threats are major criminal organizations involved in transportation, distribution, and money laundering that also cause drug-related violent crime, gang violence, and other threats.

For the past two consecutive years, illicit fentanyl is the most serious drug threat to the NC HIDTA AOR. Fentanyl and fentanyl analogues prevalence, availability and distribution have escalated to a degree that it is reported “everywhere”. Both pharmaceutical and clandestinely-produced fentanyl are available, with illicit fentanyl – predominantly manufactured in Mexican clandestine laboratories – being the most used. In the NC HIDTA AOR, fentanyl is most commonly added to counterfeit prescription pills and heroin, but it is also mixed with stimulants such as cocaine and methamphetamine at the retail level, either intentionally or accidentally. As a result, fatal drug overdoses in the NC HIDTA AOR continue to exceed those of major cities across the United States and are astonishingly high compared to historical tools, correlating somewhat with pandemic-related policies. Pill mills have reportedly become so profitable that people with limited skills are making fentanyl-laced counterfeit pills; fentanyl is also commonly mixed with stimulants and depressants, sometimes unbeknownst to users; by itself, fentanyl now comes in a variety of colors, signifying various levels of purity or potency, according to users on the street. (Initial chemical analysis does not support this assertion; however additional chemical analysis is needed to confirm this). Fentanyl is trafficked (and seized) in increasingly higher quantities and continues to raise concerns about public and officer safety due to the drug’s lethality.

Methamphetamine continues to be a top drug priority within the NC HIDTA AOR. Methamphetamine remains pervasive and easy to obtain in all parts of the region. The most notable trend in methamphetamine trafficking in 2020 was significant price increases for larger quantities of the drug, likely because MDTOs intentionally reduced production and/or inflated prices. Since then, methamphetamine prices decreased to standard levels following the brief inflationary period during the COVID-19 pandemic. Seizures of crystal methamphetamine (“ice”) remain high, and seizures of powdered methamphetamine increased significantly in 2021. Methamphetamine contributes heavily to crimes of violence and property crimes, drawing attention and resources from all levels of law enforcement. Due to the severe health effects, potential mixtures with fentanyl, highly addictive nature and violence often associated

with methamphetamine use, the drug is elevated to one of the two most serious drug threats to the NC HIDTA AOR.

Methamphetamine is generally smuggled by MDTOs across the border from Mexico into Southern and Central California and then distributed by the larger, more established DTOs, along with some individual, regional dealers that either do not affiliate with a large gang or do not fit into the traditional structure of an organized DTO.

Heroin has a sustained presence within the NC HIDTA AOR, although seizures in 2021 decreased (as fentanyl intensified and competed). Heroin can be found for sale in several different forms, each named after its color and consistency. The most common form in the NC HIDTA AOR is black tar. The heroin market in the NC HIDTA AOR continues to be dominated by Mexican cartels, including Cartel de Jalisco Nueva Generación and Sinaloa, who control the wholesale supply, trafficking, and bulk shipments of heroin. More established Norteño and Sureño gangs or organized multistate DTOs are primarily responsible for trafficking heroin kilogram quantities into the NC HIDTA AOR for distribution. At the retail level, heroin is usually sold by poly-drug dealers, primarily low-level street gangs and unaffiliated small DTOs.

Illicit marijuana remains readily available throughout the NC HIDTA AOR despite California legalizing recreational marijuana production and consumption in 2018, and prices remain stable. Illicit marijuana grows are found throughout the NC HIDTA AOR, particularly in remote regions where there are limited law enforcement resources. Some groups even exploit protected Tribal lands to evade detection. NC HIDTA initiatives and task forces face a waning ability to enforce illicit marijuana due to complex state policies. Illegal outdoor marijuana cultivation continues to pose a serious environmental threat, polluting and diverting water sources, and poisoning wildlife. Illegal THC extraction labs are a significant public safety hazard in the NC HIDTA AOR. Most illegal THC extraction sites within the AOR were located indoors at either private residential or private commercial sites. Explosions and fires inside illegal THC extraction labs can result in serious and sometimes fatal injuries. The frequency of discovered illegal THC labs increased as compared to last year.. Typically, illegal clandestine THC extraction labs are not discovered until the laboratory catches fire or explodes.

Northern California illicit marijuana is a highly accessible and lucrative cash-sales commodity. California-grown illicit marijuana is consumed within the state and illegally exported both nationally and internationally. Interdiction of outgoing illicit marijuana and incoming monetary seizures in California corroborates Georgia and New York as the top destinations for California-grown illicit marijuana. Traffickers move cross-country bulk illicit marijuana shipments using personally owned vehicles (POVs), rental vehicles, and, to a lesser degree, commercial aircraft. Commonly, individuals and DTOs use freight carriers including UPS, FedEx, and the U.S. Postal Service to ship limited volumes of illicit marijuana out of the NC HIDTA AOR.

Cocaine availability and usage, in both powder and crack cocaine forms, increased in 2021, and is available in most cities, particularly within metropolitan areas in the NC HIDTA AOR.

Reports of both intentional and unintentional fentanyl adulteration in cocaine have resulted in overdose deaths within the NC HIDTA AOR. Cocaine prevalence within the inner-city areas of San Francisco, Oakland, and Santa Clara County is less dominant than methamphetamine or fentanyl but continues to be prevalent in major urban centers (often in the form of crack cocaine) and is often used recreationally in clubs or other party settings. The transportation of cocaine continues to be dominated by MDTOs often relying on the cooperation and participation of local criminal groups for distribution to user markets. The NC HIDTA AOR is considered a regional distribution hub for cocaine with Los Angeles serving as the national distribution hub supplied by San Diego as the United States POE.

(B) Strategy for Achieving Goals and Objectives

The NC HIDTA consists of seven law enforcement initiatives (including 21 counternarcotic and fugitive task forces), an ISC, a training initiative, a prevention initiative, a computer crimes initiative, a Privately Made Firearms and Crime Gun (PMFCG) initiative and an administrative and management initiative focused on the mission of countering DTOs and MLOs in the Northern California AOR. The NC HIDTA strategy co-locates federal, state, and local law enforcement personnel in multijurisdictional enforcement initiatives and task forces and fosters enhanced information and resource sharing to accomplish the mission. The enforcement initiatives and task forces identify, investigate, disrupt, and dismantle those DTOs and MLOs through specific focus on sources of supply, distribution, drug interdiction, and drug-related financial and violent crimes within the designated area.

The NC HIDTA ISC, and supporting initiatives (Training, Prevention, PMFCG and Computer Crimes), provide the enforcement initiatives with unique tools to enhance their capability of targeting violent drug criminals through intelligence research, analysis, resource sharing, deconfliction, digital exploitation, training, education, and coordination.

The NC HIDTA is successful in the strategic plan by continuing to bring 71 federal, state and local LEAs together, comprising 279 agents, officers, analysts, and other staff members. The impact of the NC HIDTA strategy is evident by the success of continually meeting expected outcomes and performance metrics each year.

(C) Support of the *National Drug Control Strategy*

To accomplish NC HIDTA's mission and achieve the goals of the Strategy, the Executive Board will allocate and focus resources on initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs and MLOs that transport and distribute drugs and the illicit proceeds from their sale;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- creating a stronger relationship between public safety, public health, prevention organizations, and DFC in the NC HIDTA AOR.

(3) Methamphetamine

Methamphetamine continues to be a top drug priority within the NC HIDTA AOR. Methamphetamine remains pervasive and easy to obtain in all parts of the region. The most notable trend in methamphetamine trafficking in 2020 was significant price increases for larger quantities of the drug, likely because MDTOs intentionally reduced production and/or inflated prices. Since then, methamphetamine prices decreased to standard levels following the brief inflationary period during the COVID-19 pandemic. Seizures of Ice (i.e., crystal methamphetamine) remain high, and seizures of powdered methamphetamine increased significantly in 2021. Methamphetamine contributes heavily to crimes of violence and property crimes, drawing attention and resources from all levels of law enforcement. Due to the severe health effects, potential mixtures with fentanyl, highly addictive nature and violence often associated with methamphetamine use, the drug is elevated to one of the two most serious drug threats to the NC HIDTA AOR. Methamphetamine is generally smuggled by MDTOs across the border from Mexico into Southern and Central California and then distributed by the larger, more established DTOs, along with some individual, regional dealers that either do not affiliate with a large gang or do not fit into the traditional structure of an organized DTO. The NC HIDTA does not track funding specifically used to address methamphetamine trafficking.

Northwest HIDTA

(1) Amount of Funding Requested for FY 2024: \$5,031,349

(2) Justification

(A) Threat Assessment

Overall, illicit drug use continues to pose serious public health and safety threats to communities in Washington State.

Northwest HIDTA (NW HIDTA) examined a number of sources in order to determine the most significant drug threats in Washington State. These sources included treatment and drug overdose data from the Washington Department of Health (DOH) and other federal, state, local, and academic institutions engaged in public health research. Law enforcement seizure statistics, including NW HIDTA initiative PMP reporting and Washington State Crime Laboratory reporting, were also examined. Finally, intelligence reporting by federal, state, and local agencies and NW HIDTA initiative responses to the threat assessment surveys were used to assess the drug threat in general, as well as how it relates to violence and property crime. Also, important to note, general trends in trafficking intelligence are collected by ISC intelligence analysts while supporting criminal investigations.

- NW HIDTA assesses that opioids continue to be the greatest single drug threat (based on a combination of factors, including criminal justice and public health consequences) facing the state of Washington and its communities, followed by methamphetamine.
- Fentanyl availability and use continues to grow at a rapid rate. NW HIDTA assesses fentanyl and its analogs will remain the leading opioid of abuse in program year 2023. Although counterfeit pills containing fentanyl are most commonly encountered, fentanyl in powder and chunks is increasing in availability. The number of fentanyl-related deaths in Washington State surpassed the number of methamphetamine-related deaths in 2021, accounting for 36 percent of all drug-related deaths, according to the DOH.³⁵
- Methamphetamine remains the leading illicit stimulant throughout the NW HIDTA region. Although availability indicators are mixed, the number of methamphetamine-related fatal overdoses continues to climb.
- The volume of cocaine seizures by NW HIDTA program participants dropped significantly. When compared to last year, there have been fewer bulk seizures at the Canadian border. However, the number of smaller seizures increased throughout the state.
- Domestic marijuana availability and use remains stable. Washington was the point of origin for marijuana products driven or mailed to at least 23 other states throughout the United States.

³⁵ Washington Department of Health. Data from: Washington State Drug Overdose: Monthly Updates. https://doh.wa.gov/sites/default/files/2022-02/wa_lhj_quarterly_report_18_1_2_pub.html#1_Overdose_Mortality. Accessed March 3, 2022.

- International and multi-state DTOs aligned with Mexico continue to control the importation and distribution of fentanyl, heroin, and methamphetamine. Asian organizations dominate the indoor production and distribution of illicit cannabis products in Washington State.
- Bulk currency smuggling remains a common tactic among DTOs. However, the number of suspicious activity reports filed by banks, money remitters, and casinos continue to rise. Also, access to digital currency ATMs continues to increase at a rapid pace.

(B) Strategy for Achieving Goals and Objectives

The primary elements of the NW HIDTA strategy are to: increase collaboration, cooperation, and information sharing throughout law enforcement and public health entities, identify clear investigative priorities, conduct intelligence-driven investigations, and provide oversight and accountability.

(C) Support of the *National Drug Control Strategy*

Each year, NW HIDTA’s Executive Board directs the development of a strategy that focuses its resources on identifying and addressing the most severe trafficking threats. Thus, NW HIDTA supports 20 distinctive task forces (referred to as “initiatives”) that operate throughout Washington State. Initiatives unite federal, state, local, and tribal law enforcement personnel and associated resources, with a common goal — disrupt and dismantle DTOs and MLOs that are adversely impacting the region. Operating together enables LEAs to allocate stretched resources more efficiently and effectively. Also, a by-product of this operating model is the marked increase in information and intelligence sharing.

Additionally, prevention and treatment initiatives disrupt the drug market and reduce the demand for illegal drugs by supporting community-based substance abuse prevention organizations. These groups are involved in school-based programming, community organizing and mobilization, educating the public on drug-related topics, mentoring and parenting programs, and vocational training. NW HIDTA also supports adult drug court programs throughout the region, reducing the number of persons seeking and using illegal drugs.

(3) Methamphetamine

NW HIDTA assesses methamphetamine will continue to pose a significant drug threat to communities in its AOR. While there is much focus on the impact of the opioid threat to Washington State, the destructive presence of methamphetamine and the criminal activity associated with it remain a significant concern for law enforcement. NW HIDTA law enforcement initiatives listed methamphetamine as the drug most often associated with both violent crime and property crime. MDTOs continue to supply the state with a consistent supply of high purity methamphetamine resulting in abundant availability of the drug, significant treatment admissions, and related overdose deaths. The NW HIDTA does not track funding specifically used to address methamphetamine trafficking.

Ohio HIDTA

(1) Amount of Funding Requested for FY 2024: \$5,771,418

(2) Justification

(A) Threat Assessment

The risk of synthetic opioids such as fentanyl is the greatest drug threat facing the majority of the Ohio HIDTA region. Every task force commander responding to the 2022 Ohio HIDTA Threat Assessment Commanders Survey (OHTACS) reported that synthetic opioids were highly available within their jurisdiction. Additionally, 75 percent of OHTACS respondents listed synthetic opioids as the greatest drug threat within their jurisdiction. In recent years, synthetic opioids have saturated the drug markets of Ohio, Northern Kentucky, and Western Pennsylvania and have replaced heroin as the opioid of choice. In 2021, seizures of heroin, powder cocaine, crack cocaine, and methamphetamine were all found to contain varying amounts of fentanyl. The presence of these highly potent synthetic opioids in related drug markets continues to be a major factor driving record levels of overdose deaths across the region. Fentanyl pills designed to look like legitimate prescription drugs have been seized by numerous task forces across the region. Ohio HIDTA Task Forces seized a total of 472 kilograms of fentanyl and 119 kilograms of heroin in 2021. The 472 kilograms of fentanyl seized is a 123 percent increase from 2020's total of 212. The 199 kilograms of heroin seized is a 27 percent increase from 2020's total of 94.

Crystal methamphetamine ("ice") has once again been ranked as the second greatest drug threat within the Ohio HIDTA AOR. A total of 85 percent of respondents to the 2022 OHTACS reported that crystal methamphetamine was highly available within their jurisdiction. Task force commanders reported an increase in the level of crystal methamphetamine availability in 81 percent of jurisdictions. Methamphetamine, specifically crystal methamphetamine, has seen a rapid expansion into the drug markets of the Ohio HIDTA AOR in recent years. Because of its highly addictive nature and less expensive cost, DTOs have pushed methamphetamine alongside fentanyl and cocaine allowing it to gain a foot-hold in the area. In 2021, Ohio HIDTA task forces seized a record total of 1,497 kilograms of methamphetamine including at least 753 kilograms of crystal methamphetamine. The 1,497 kilograms of methamphetamine seized in 2021 is a 219 percent increase from 2020's total of 470 kilograms seized.

Cocaine has been ranked as the third greatest drug threat within the Ohio HIDTA AOR. Cocaine continues to be highly available throughout the region. A total of 77 percent of task forces reported powder cocaine to be highly available while 54 percent reported high levels of crack cocaine available in their jurisdiction. The cocaine market appears to have remained stable in the region, with the majority of respondents reporting either no change or a slight increase in availability when compared to 2020. The presence of synthetic opioids within samples of both powder cocaine and crack cocaine has been reported at alarming levels within the Ohio HIDTA AOR. The presence of the highly potent and ultra-deadly synthetic opioid alongside cocaine presents a deadly threat to the drug market within the region and has fueled the surge of fatal drug-related overdose incidents. In 2021, Ohio HIDTA Task Forces seized a

total of 903 kilograms of powder cocaine and 17 kilograms of crack cocaine. These totals represent increases from 2020 levels, with powder cocaine seizures increasing 36 percent from 664 kilograms and crack cocaine seizures rising 42 percent from 12 kilograms in 2020.

Marijuana is once again ranked as the fourth highest drug threat within the Ohio HIDTA AOR. Marijuana continues to be the most popular controlled substance in the region. Since the establishment of Ohio's medical marijuana program in 2016, Ohio has granted access to regulated medical marijuana products to over 300,000 Ohioans. For all other Ohioans, possession of less than 100 grams of marijuana is classified as a "minor misdemeanor" and is not a jailable offense. The majority of task forces responding to the survey indicated that unregulated marijuana was highly available in their area, with 77 percent reporting high availability of high-grade marijuana, 73 percent reporting high availability of marijuana vaping cartridges, 73 percent reporting high availability of marijuana edibles, 69 percent reporting high availability of marijuana concentrates, and 62 percent reporting high availability of low-grade marijuana. High-grade marijuana from domestic United States sources such as California, Colorado, Arizona, and Michigan is readily available to users within the Ohio HIDTA AOR. This marijuana has been cultivated to have much higher levels of THC compared to the previously encountered Mexican sourced low-grade marijuana. This marijuana is often diverted from States where it is legal and ends up within Ohio HIDTA AOR for use and abuse. Marijuana vaping cartridges continue to surge in popularity within the region. These vaping cartridges allow users to consume marijuana concentrate oil that has alarmingly high levels of THC content. The vaping pens are calibrated to burn at a lower temperature than would typically be found in the marijuana smoking process. Because of this, the blend of chemicals is released at an optimal level, which can lead to exposure to higher amounts of THC than anticipated. Marijuana concentrates and edibles are also increasing in popularity and use within the region. In 2021, Ohio HIDTA Task Forces seized a total of 7,767 kilograms of marijuana including bulk marijuana and marijuana plants. This is a 34 percent decrease in marijuana seizures when compared to 2020's total of 11,755 kilograms.

The abuse of prescription drugs remains a threat to the Ohio HIDTA AOR. Although the total number of prescription opioids dispensed continues to fall each year, a certain percentage of those doses still end up diverted and misused within the area. Some of the most commonly abused and legitimately prescribed drugs of note within the region are Percocet®, OxyContin®, Vicodin® and tramadol. Doses of these medications are acquired via various methods of diversion including theft, trade for other drug types, and sale from a legitimately prescribed patient. The cost of use for these prescription drugs remains relatively high, with several of the drug types fetching \$1 per each milligram (mg) of drug contained in the pill. The more pressing concern within the prescription drug threat is that of counterfeit and fraudulent prescription medication being consumed in the area. It is not uncommon for users to purchase a pill that has the looks and appearance of a legitimate prescription medication like oxycodone or alprazolam but the pills actually contain fentanyl, methamphetamine, and other cutting agents. The risk of illness and death from unintentional overdoses of these products is alarmingly high and it is nearly impossible for the drug user to differentiate between the actual contents of the pills compared to what it is they think they are purchasing. In 2021, Ohio HIDTA Task Forces seized a total of 95,707 dosage units (DUs) of all prescription drug types. This is a 7 percent increase from 2020's total of 89,843 DUs of prescription drugs seized.

MDMA continues to have a stable but smaller market within the Ohio HIDTA AOR. A total of 78 percent of task forces surveyed reported no change in the level of availability of MDMA in 2021 compared to 2020 levels. MDMA is frequently found at clubs and music festivals in the area. Purchases of MDMA frequently occur via dark web marketplaces and have international sources such as Europe, Canada, Asia, and Mexico. In 2021, Ohio HIDTA Task Forces seized a total of 4,274 DUs of MDMA which is a 69 percent decrease from the 13,976 DUs seized in 2020.

Moderate levels of other drug types are also reported by Ohio HIDTA Task Forces in the field. Availability of synthetic cathinones (bath salts), synthetic cannabinoids (synthetic marijuana) and synthetic hallucinogens such as LSD and phenyl cyclohexyl piperidine (PCP) have all been reported in the moderate to low levels across the region.

The drug threat in the Ohio HIDTA AOR is heavily influenced by international MDTOs. These DTOs are heavily responsible for the production, transportation, and distribution of major drugs in the area such as synthetic opioids, heroin, methamphetamine, and cocaine. MDTOs use the vast interstate highway system to coordinate the supply of bulk amounts of narcotics to the various drug markets in the region. Larger cities like Columbus, Cleveland, Cincinnati, and Pittsburgh may see direct shipments of product to their cities, but travel to major drug markets such as Chicago, Detroit, New York, and Philadelphia is also routinely encountered.

(B) Strategy for Achieving Goals and Objectives

Ohio HIDTA's strategy is to incorporate the use of co-located law enforcement personnel from local, state, and federal agencies to identify, investigate, disrupt, and dismantle those DTOs/MLOs operating within the Ohio HIDTA AOR. These DTOs/MLOs are involved in the drug trafficking business within Ohio, NKY, and WPA, or they are utilizing the AOR to distribute and transport narcotics and facilitate the movement of ill-gotten gains from the drug trade in and outside of the region.

The 40 initiatives approved by the Ohio HIDTA Executive Board in Ohio, NKY, and WPA provide the basis of Ohio HIDTA and its ability to combat the narcotics trade in HIDTA-designated counties, as well as throughout Ohio, Northern Kentucky (NKY), and Western Pennsylvania (WPA). The strategy is successful at bringing together 292 federal, state, and local agencies, comprising 1,644 agents, officers, analysts, and other staff members. The impact of the strategy is evident by the information reported by Ohio HIDTA in the PMP database.

(C) Support of the *National Drug Control Strategy*

Ohio HIDTA supports the *Strategy* by facilitating information sharing in intelligence-led investigations, training, and coordination of drug trafficking control activities among federal, state, and local LEAs to disrupt the market for illegal drugs in the United States. Ohio HIDTA also supports the *Strategy* in such areas as a pharmaceutical diversion, highway enforcement, parcel interdiction, and prevention awareness.

(3) Methamphetamine

The Ohio HIDTA initiatives report a shift in methamphetamine trends in recent years. Over the past three years, the majority of the Ohio HIDTA Threat Assessment Survey respondents highlighted the increase of seizures of crystal methamphetamine (“ice”) in their region. The Ohio HIDTA does not track funding specifically used to address methamphetamine trafficking.

Oregon-Idaho HIDTA

(1) Amount of Funding Requested for FY 2024: \$4,229,000

(2) Justification

(A) Threat Assessment

Fentanyl and methamphetamine were the most significant threats to Oregon and Idaho during 2021 based on drug seizures, drug related death data, initiative interviews, and surveys conducted in early 2022. The 18 Oregon-Idaho HIDTA (OI HIDTA) enforcement initiatives based their survey responses on a criterion of drug availability, impact on case load, and community impact.

One-third of HIDTA initiatives listed methamphetamine as their single greatest drug threat, while one-third stated fentanyl alone as their greatest threat. However, three task forces stated that fentanyl and methamphetamine pose an equal threat in their jurisdictions. Sixteen initiatives identified methamphetamine as being the most available substance in their jurisdiction – either individually or in combination with other drugs. However, the Idaho and Oregon DHE initiatives each listed illicit marijuana as their most prominent threat.

The Oregon State Police (OSP) forensic laboratory statistics for 2021 showed 50.7 percent of the samples submitted for analysis were methamphetamine. Heroin made up another 17.6 percent of submitted samples. Fentanyl accounted for 8.9 percent of samples. Cocaine and cannabis/THC each were roughly 3 percent of submitted samples. Another 2 percent of samples contained multiple drugs. Finally, all other drug types represented 13 percent of samples.³⁶

The Substance Abuse Mental Health Service Administration (SAMHSA) release their findings from the 2019-2020 National Survey on Drug Use and Health (NSDUH). Based on SAMHSA findings, SAMHSA Oregon ranked first nationally for illicit drug use disorder in the past year.³⁷ Oregon also ranked second nationally for individuals 12 and older admitting illicit drug abuse in the past month.³⁸ SAMSHA also advised respondents aged 12 and older, Oregon ranked first for past year methamphetamine use, second for past-month marijuana use, eighth for past year cocaine use, and first for past year misuse of prescription pain relievers.³⁹ Oregon also ranked first for methamphetamine use of respondents 18 and older.

Idaho ranked lower than Oregon across all categories, but misuse of prescription pain relievers and methamphetamine is still high. Idaho ranked 35th nationally for individuals 12 and older

³⁶ Oregon State Police, Forensic Services Division. Accessed May 2, 2022.

³⁷ Substance Abuse and Mental Health Services Administration. 2019-2020 National Surveys on Drug Use and Health: Population Percentages (50 States and the District of Columbia). [2019-2020 National Survey on Drug Use and Health: Comparison of Population Percentages from the United States, Census Regions, States, and the District of Columbia \(Documentation for CSV and Excel Files\) | CBHSQ Data \(samhsa.gov\)](#). Published December 8, 2021.

³⁸ Substance Abuse and Mental Health Services Administration. 2019-2020 National Surveys on Drug Use and Health: Population Percentages (50 States and the District of Columbia). December 8, 2021.

³⁹ Substance Abuse and Mental Health Services Administration. 2019-2020 National Surveys on Drug Use and Health: Population Percentages (50 States and the District of Columbia). December 8, 2021.

admitting illicit drug abuse in the past month.⁴⁰ SAMHSA stated for residents aged 12 and older, Idaho ranks 4th for past year methamphetamine use, 7th for past year misuse of prescription pain relievers, 32nd for past-month marijuana use, and 40th for past year cocaine use.⁴¹ Idaho also ranked 4th for methamphetamine use for respondents 18 and older.

During 2021 participating agencies identified 78 DTOs with foreign and domestic connections that were actively operating in the OI HIDTA. Multistate DTOs represent the greatest criminal drug threat to the HIDTA. Multistate DTOs identified in 2021 were involved in trafficking methamphetamine, heroin, fentanyl, cocaine, or combinations of those drugs, as well as interstate trafficking of marijuana. International DTOs, specifically, trafficking organizations connected to Mexico, either directly or indirectly through associated trafficking and distribution cells, represent another serious criminal drug threat in Oregon and Idaho.

Drug trafficking groups in the OI HIDTA also engage in money laundering activities - the legitimization of illegally obtained proceeds. Bulk cash smuggling, cash-intensive businesses, money service businesses, bank structuring, and prepaid cards remain primary methods of transferring drug revenues into, though, and out of the HIDTA.

(B) Strategy for Achieving Goals and Objectives

OI HIDTA will continue to foster cooperative and effective working relationships among the 12 federal agencies, 7 state agencies, 57 local agencies, 2 Tribal agencies, and the United States Attorney Offices (USAOs) in the District of Oregon and District of Idaho to achieve the common goals of disrupting and dismantling DTOs and MLOs and reducing the demand for, and availability of, illegal drugs.

(C) Support of the *National Drug Control Strategy*

To accomplish OI HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus the OI HIDTA resources on initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs that transport and distribute drugs and the illicit proceeds from their sale;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- strengthening the relationship between law enforcement and prevention organizations.

(3) Methamphetamine

Methamphetamine availability and trafficking continues to occur at a high level in the OI HIDTA and remains one of the area's greatest drug threat. OI HIDTA does not track funding specifically

⁴⁰ Substance Abuse and Mental Health Services Administration. 2019-2020 National Surveys on Drug Use and Health: Population Percentages (50 States and the District of Columbia). December 8, 2021.

⁴¹ Substance Abuse and Mental Health Services Administration. 2019-2020 National Surveys on Drug Use and Health: Population Percentages (50 States and the District of Columbia). December 8, 2021.

used to address methamphetamine trafficking because many organizations also traffic other drugs such as heroin, cocaine and fentanyl.

Puerto Rico and United States Virgin Islands HIDTA

(1) Amount of Funding Requested for FY 2024: \$10,577,433

(2) Justification

(A) Threat Assessment

The Puerto Rico/United States Virgin Islands HIDTA (PR/USVI HIDTA) AOR is highly vulnerable to drug trafficking because of its position in the Caribbean, an established transshipment zone of illicit drugs from South America through the United States territories (Puerto Rico and the U.S. Virgin Islands) to the continental United States (CONUS). In recent years, larger amounts of drugs have been available for transport through the supply chain, as more security has been implemented along the Southwest border of the CONUS in direct response to the drug threat and human trafficking threat. Strong earthquakes and the COVID-19 pandemic also shifted law enforcement (LE) resources and focus creating a void that allowed for DTO/MLOs to operate freely during certain periods. As a result, South American cartels have been trafficking more frequent and larger drug shipments through the Caribbean. Drug trafficking remains a significant threat to Puerto Rico, the U.S. Virgin Islands, and the CONUS. Consequently, violent crimes, unlawful financial activities, and substance use disorder continue to impact communities within the AOR. In 2019, the identification of fentanyl being trafficked through the area increased, thereby causing a larger number of overdoses. In 2021, it remained unchanged.

(B) Strategy for Achieving Goals and Objectives

PR/USVI HIDTA's strategy focuses on regional threats and includes prevention as part of its plan to assist in the reduction of illegal activities and violent crimes. PR/USVI HIDTA, through cooperation and effective relationships established with federal, Commonwealth, territorial and local agencies, has joint task forces positioned throughout the region to counter drug trafficking and related criminal activity. Additional partnerships are being developed with regional island countries and LEAs that closely work with our law enforcement representatives to ensure extended coverage of the region is accomplished.

(C) Support of the *National Drug Control Strategy*

PR/USVI HIDTA fully supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs with an emphasis on violent organizations and conducting interdiction of drug shipments. PR/USVI HIDTA also helps strengthen the local law enforcement establishment through training, material support, and sound inter-operational strategies. PR/USVI HIDTA's inter-operational strategies include close coordination and implementation of prevention initiative efforts with the DIOs and (PHAs. These events help build alliances with the state and local LE counterparts, and the Department of Education Officials throughout the PRVI Territory.

(3) Methamphetamine

Methamphetamine is not considered a primary drug threat in the PR/USVI HIDTA region, although methamphetamine and crystal methamphetamine (“ice”) have been increasing in popularity in Puerto Rico. This year again, reports indicate that most the methamphetamine and crystal methamphetamine (“ice”) are trafficked from the CONUS via parcel and shipping services. PR/USVI HIDTA does not track funding specifically used to address methamphetamine trafficking. As a result of recent seizures, investigative methods may initiate treating the same.

Rocky Mountain HIDTA

(1) Amount of Funding Requested for FY 2024: \$10,931,379

(2) Justification

(A) Threat Assessment

Fentanyl is the most significant drug threat in the Rocky Mountain HIDTA (RMHIDTA) region due to its polydrug capabilities, resulting in a greater number of fatal overdoses, and a substantial increase in seizures by RMHIDTA task forces. MDTOs are the principal suppliers of wholesale quantities of fentanyl (in both pill and powder form), methamphetamine, marijuana, cocaine, and heroin to the region from locations along the Southwest border, while West Coast-based DTOs supply high potency marijuana to the region from sources in California, as well as from within Colorado. These DTOs exploit RM HIDTA's centralized location and extensive transportation infrastructure to distribute wholesale quantities of fentanyl, methamphetamine, cocaine, marijuana, and heroin. Interstates 15, 25, 70, 80, 90, and 94 transect the AOR, and DTOs use these major routes to transport illicit drugs from California, Arizona, and Texas to markets in Salt Lake City, Utah, Denver, Colorado, and major midwestern cities such as Omaha, Nebraska; Kansas City, Missouri, and Chicago, Illinois.

(B) Strategy for Achieving Goals and Objectives

RM HIDTA has a strong management team that stresses cooperation and collaboration among initiatives to address current drug threats at federal, state, and local levels, while affecting the availability and use of all drugs throughout the Nation.

The Executive Board's ongoing efforts are dedicated to facilitating coordination and cooperation among 10 federal agencies and 124 state and local agencies that partner to reduce drug availability by eliminating or disrupting DTOs and improving the efficiency and effectiveness of law enforcement efforts within the RM HIDTA region. The Board's efforts help achieve common goals and respond to current drug threats effectively and efficiently. Initiatives facilitate collaboration, coordination, and information sharing among all task forces and drug units both within and outside the RM HIDTA region.

An extensive training program, an intelligence initiative, aggressive enforcement initiatives, and a criminal interdiction program support RM HIDTA's strategy. Enforcement initiatives focus on targeting and dismantling or disrupting major DTOs. Criminal interdiction initiatives have been established in Colorado, Wyoming, Utah, and Montana in an effort to address DTOs that transport illicit drugs into and through the region. A drug prevention initiative is also included in the strategy. Enforcement initiatives, coupled with drug prevention, give RM HIDTA multiple tools to address drug trafficking and use.

(C) Support of the National Drug Control Strategy

RM HIDTA supports the Strategy by targeting, investigating, and dismantling or disrupting DTOs in Colorado, Utah, Montana, and Wyoming (including DTOs that are international, multistate, or local in scope); MLOs; and violent drug trafficking groups. In doing so, initiatives disrupt the market for illicit drugs and reduce the quantities of methamphetamine, cocaine, marijuana, MDMA, and opioids, including heroin and fentanyl supplied to the area and other United States drug markets in the Midwest, Northeast, and Southeast.

(3) Methamphetamine

The vast majority of the DTOs investigated by the RM HIDTA initiatives are poly-drug in nature. RM HIDTA does not track funding specifically used to address methamphetamine trafficking in the four-state region.

San Diego/Imperial Valley HIDTA

(1) Amount of Funding Requested for FY 2024: \$11,899,873

(2) Justification

(A) Threat Assessment

San Diego and Imperial Counties are national distribution centers for illicit drugs entering the United States from Mexico and Central and South America, including heroin, fentanyl, cocaine, methamphetamine, and marijuana. In 2021, the San Diego Imperial Valley HIDTA's (SDI HIDTA) removed 120,579 kilograms of drugs valued at over \$1.92 billion and proceeds worth over \$41.41 million from the profit sheets of DTOs, MLOs, and TCOs. Initiatives focused efforts on major DTOs/MLOs and investigated 111 DTOs/MLOs, resulting in 55 open OCDETF cases. Nineteen DTOs/MLOs were linked to CPOT (or RPOT) level organizations, and 79 DTOs were international in scope. In 2021, investigations continue to indicate that traffickers operating within the region continue to supply significant markets in almost every state throughout the United States.

(B) Strategy for Achieving HIDTA Goals and Objectives

The SDI HIDTA assists in the coordination of joint operational and supporting initiatives to disrupt and dismantle the most significant DTOs, MLOs, TCOs, and their associated transportation and distribution organizations. The SDI HIDTA also emphasizes efforts against methamphetamine manufacturing, precursor chemical supply, and illicit use through innovative enforcement operations and demand reduction programs using a multiagency, joint concept of operations. Initiatives continue to foster cooperative and productive working relationships among approximately 700 federal, state, and local full-time and part-time personnel from almost every LEA in the region. These agencies voluntarily participate in HIDTA initiatives to disrupt and dismantle DTOs, reduce drug demand, and make communities safer.

(C) Support of the *National Drug Control Strategy*

SDI HIDTA supports the *Strategy* by dismantling or disrupting DTOs/MLOs/TCOs, thereby disrupting the market for illegal drugs, specifically by:

- fostering long-term investigations targeting high-level DTOs/MLO's/TCO's that impact the two counties of the region, as well as other parts of the country;
- promulgating and participating as an active partner in the combined ISC/Fusion Center with all intelligence and information gathering units operating from a single site; and
- supporting and implementing a balanced approach to reducing drug abuse by funding and integrating where possible a robust Drug Demand Reduction (prevention) initiative, which fosters the interface between community anti-drug coalitions, public health and HIDTA enforcement initiatives and partner agencies.

(3) Methamphetamine

The SDI HIDTA rarely encounters a fully operational domestic methamphetamine lab. This lack of encounters is continuing to be validated by continued large methamphetamine seizures at the California POEs, and by the initiatives' domestic and international investigations. The SDI HIDTA does not track funding specifically used to address methamphetamine trafficking.

South Florida HIDTA

(1) Amount of Funding Requested for FY 2024: \$14,418,286

(2) Justification

(A) Threat Assessment

The South Florida HIDTA (SFLHIDTA) AOR is a key United States drug trafficking and money laundering region. Its geographical nexus to the Americas, the Caribbean nations, and the Bahamas, along with its multi-cultural backdrop, make it a preferred portal for illicit drugs entering the U.S. to supply local, state, and other United States drug markets. South Florida's robust tourism, international banking, global trade, and transportation infrastructures are key features that make it one of the most viable United States territories routinely exploited by transnational DTOs and MLOs and other enterprising criminals.

According to the Florida Medical Examiners Interim Report for 2021, the drugs that caused the most deaths in the state were fentanyl (2,920), cocaine (1,305), methamphetamine (962), ethyl alcohol (718), fentanyl analogs (574), benzodiazepines (526, including 349 alprazolam deaths), and amphetamine (421). Fentanyl (91 percent), heroin (84 percent), methamphetamine (72 percent), mitragynine (69 percent), cocaine (66 percent), cathinones (63 percent), and methadone (60 percent) were listed as the major drugs causing death in more than 50 percent of the decedents in which these drugs were found.⁴²

Cocaine continues to dominate all illicit drug threats in the SFLHIDTA. Cocaine DTOs represent the majority of the SFLHIDTA's international and local drug trafficking community. These DTOs work in concert with multiethnic, regional, and local poly-drug DTOs to supply state, regional, and United States cocaine markets. Most cocaine flow destined for South Florida transits the Caribbean by South American and Caribbean DTOs who exploit this coastal nexus by using maritime vessels to transport wholesale quantities of cocaine into South Florida. The SFLHIDTA initiatives operating under the Cocaine Strategy Initiative (CSI) have seized 172,203 kilograms of cocaine since CY 2018.

The SFLHIDTA also views cocaine, opioids (counterfeit fentanyl), and methamphetamine as primary drug threats. Notwithstanding this, cocaine seizure activity represents a fraction of the cocaine smuggling activity that is occurring within the region under the radar, primarily due to the limited availability of dedicated maritime and intelligence resources at pivotal transshipment points. There are areas in the AOR that do not have any monitoring, as well as Counties that have requested and continue to request to expand and to incorporate in South Florida HIDTA's area of responsibility to address major intelligence gaps.

Increased cocaine use with opioids—the “fourth wave” of the national opioid epidemic—is supported by historically high poly-drug substance use trends involving the deliberate or

⁴² Florida Department of Law Enforcement. Drugs Identified in Deceased Persons by Florida Medical Examiners. <https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2021-Interim-Drug-Report-FINAL.aspx>. Published May 2022.

unwitting use of cocaine and/or methamphetamine with heroin and/or fentanyl.

The opioid threat is an ongoing challenge for the SFLHIDTA and reflects poly-drug trafficking and consumption trends involving heroin and illicitly manufactured fentanyl. Regional deaths involving counterfeit fentanyl reached a historic high, despite overall opioid deaths stabilizing within the last 2 years.⁴³ Over the counter naloxone/Narcan availability has been a factor in possibly mitigating opioid overdoses.

The infiltration of purer, lower-cost methamphetamine has led to its widespread availability, record seizure activity, and exponential mortality rates within the region, upgrading it to a primary drug threat in South Florida. Updated National Forensic Laboratory Information System (NFLIS) data for the most frequently identified drugs for 2021 (Table 2) identified in the 2021 Public Data set was analyzed on March 31, 2022, and published on September 2022 revealing that Florida methamphetamine submissions increased to 17,128 and cocaine samples increased to 16,534. Therefore, the new data should reflect the following:

According to the NFLIS, the Most Frequently Used Drugs Identified for 2021, and for the first time in Florida's history, methamphetamine drug submissions surpassed those of cocaine. Out of 63,955 laboratory submissions for the calendar year, there were 17,128 methamphetamine samples (26.78 percent of analyzed submissions), meanwhile there were 16,534 cocaine samples (25.85 percent of analyzed submissions).⁴⁴

Exponential increases in methamphetamine deaths involving opioids are one of the snowball effects of poly-substance use patterns involving opioids. To mitigate the possibility of detection, DTOs smuggle methamphetamine into the area in its liquid form by mixing it with solvents and then convert it to its crystal form upon arrival, creating a toxic environment in our communities.

Marijuana, controlled prescription drugs and NPS, are viewed as secondary drug threats. Florida's medical marijuana program, implemented in 2016, currently serves more than 780,000 Floridians. However, the SFLHIDTA views illegal marijuana operations to be significant threat to the region, and nonmedical, unregulated marijuana, remains illegal in Florida. In addition, marijuana grow operations and the parcel shipment of commercially packaged marijuana from states where it is legal are sent to Florida, where these activities are prohibited, are vast.

The threat of CPDs remain a key issue due, particularly pharmaceutical opiates such as oxycodone as they are an integral part of opioid use disorder.

NPS (synthetic cathinones and synthetic cannabinoids) are included in poly-substance abuse patterns affecting the region and are popular within South Florida clubs. Eutylone is the newest generation of molly, ranking fifth in the top-ten list of exhibits to the DEA NFLIS for Florida.

⁴³ Florida Department of Law Enforcement. Drugs Identified in Deceased Persons by Florida Medical Examiners. May 2022.

⁴⁴ National Forensic Laboratory Information System. NFLIS-Drug 2021 Annual Report.

<https://www.nflis.deadiversion.usdoj.gov/publicationsRedesign.xhtml>. Published September 2022.

The continuum of grave non-drug related threats posed to the community include money laundering, trafficking via parcel services, street-level gangs, firearms violence, and human trafficking. In addition to bulk cash smuggling, DTOs use a spectrum of money laundering schemes to exploit South Florida's trade-based economy. While the anonymity and convenience offered by crypto-currency has led to its mainstream adoption, the SFLHIDTA considers this a serious global threat as investigative activity indicates that DTOs and MLOs are increasingly adopting this digital practice of moving and laundering illicit proceeds.

DTO's increased use of parcel services, in concert with digital platforms including cryptocurrency and the dark web, have increased both the anonymity and efficiency of drug trafficking and distribution. Counterfeit fentanyl in powder and pill form continue to threaten the livelihood of postal workers and law enforcement personnel.

Street-level gangs operate in SFLHIDTA communities using an assortment of criminal activity and armed violent crimes, to include the wholesale and retail distribution of illicit drugs, homicides, indiscriminate shootings, armed burglaries, home invasions, and automobile thefts. These organizations have expanded their criminal portfolio to include the utilization of ID fraud to exploit Paycheck Protection Program (PPP) loans and unemployment check programs. These schemes have become a mainstay of armed violent gang activity and they enable them to finance their illicit activity and overtly extravagant lifestyles. Gang members from other states began coming to South Florida using fraud to rent high-end cars and Airbnb apartment rentals. Most recently, armed violent gangs have started using firearms that have been illegally altered (street name switches) to fire in automatic mode. This is of great concern to the community and most importantly to LE personnel conducting day-to-day investigations. Criminal elements spray rounds indiscriminately that can potentially kill LE personnel and innocent bystanders from stray bullets being fired rapidly from illegal handguns and/or rifles that are modified to stimulate fully automatic weapons capable of firing multiple rounds in seconds.

To address these issues, SFLHIDTA initiated a collaboration with ATF and created a CGIC located at the SFLHIDTA-ISC. This CGIC has a Brasstrax computer which is linked to the ATF NIBIN. The CGIC also offers law enforcement the option to test firearms involved in armed violent drug crimes, subsequently the test fired casings are entered into the NIBIN network. This provides actionable intelligence that assists law enforcement to solve crimes more effectively. The CGIC also provides fingerprint processing of firearms, the option to swab firearms for DNA, and to trace firearms. The SFHIDTA CGIC offers LE the ability to identify armed violent drug traffickers and the illegal sources of their firearms in a timelier manner.

The notorious affiliation of firearms trafficking from South Florida to the Caribbean persists. DTOs transport firearms and sell them at a premium to purchase drugs and/or finance terrorism.

Human trafficking activity is very prevalent in South Florida due to its entertainment, tourism, and cruise ship industries. Most human traffickers are also involved in drug trafficking. These human traffickers use drugs to lure girls into prostitution and other criminal activities, to pay

off debts owed to the traffickers.

(B) Strategy for Achieving Goals and Objectives

SFLHIDTA fosters cooperative and effective working relationships among federal, state, local, and Tribal agencies that contribute 724 co-located full-time personnel who share the common goal to disrupt and dismantle DTOs and MLOs through long-term, multiagency investigations and operations. The SFLHIDTA strategy comprises 34 initiatives that exploit the collective expertise of federal, state, and local agencies to target multiple regional drug threats identified in the SFLHIDTA threat assessment.

The expansion of multi-HIDTA approaches to identify, disrupt, and dismantle traditional and emerging threats are key aspects of SFLHIDTA's short- and long-term strategy. SFLHIDTA has made significant progress in addressing the region's primary threats and will continue to intensify its response to the escalating cocaine trafficking surge, the opioid crisis, and more recently, an increase in the atypical availability of methamphetamine.

(C) Support of the *National Drug Control Strategy*

The SFHIDTA supports the Strategy by disrupting and/or dismantling DTOs and MLOs, thereby disrupting the illicit drug market and reducing related violence. Further, SFHIDTA enhances drug control efforts by implementing programs and activities that improve the effectiveness and coordination of agencies participating in the HIDTA and by increasing intelligence sharing and coordination among the initiatives and all regional LEAs. The SFHIDTA also seeks to strengthen the relationship between law enforcement and prevention and treatment organizations.

(3) Methamphetamine

Methamphetamine is becoming a more prevalent threat to the region, evidenced by higher-than-normal availability, seizure activity, and reported consumption trends. The SFHIDTA does not track funding specifically used to address methamphetamine trafficking through the SFLHIDTA Cocaine and Stimulant Initiative (CSI).

South Texas HIDTA

(1) Amount of Funding Requested for FY 2024: \$10,129,143

(2) Justification

(A) Threat Assessment

South Texas HIDTA (STX HIDTA) is a significant transshipment corridor for synthetic opioids, cocaine, heroin, methamphetamine, other illegal drugs, and human trafficking. Although marijuana continues to be smuggled from Mexico in significantly diminished quantities, the primary and most perilous threats are methamphetamine, cocaine and heroin/synthetic opioids and the organizations that distribute them. These same routes are utilized to repatriate illicit proceeds back to Mexico. STX HIDTA consists of 15 counties, 13 of which sit along the Southwest border. These counties represent 50 percent of the Texas-Mexico border. Seventeen of the 25 POEs along the Texas-Mexico border are within the STX HIDTA. POEs, coupled with the regional interstate highways, make the AOR one of the most strategically important drug and illicit proceeds smuggling corridors in use by both domestic DTO/MLOs and foreign DTO/MLOs. Despite the low population in some areas, the region greatly influences drug trafficking and availability at the national level. Gang activity associated with the Gulf Cartel, Zetas, and other DTOs/MLOs and cartels continues to be a threat in the area.

(B) Strategy for Achieving HIDTA Goals and Objectives

Federal, state, and local LEAs combine their efforts with multi-jurisdictional, collocated/commingled drug task forces and intelligence/investigative support initiatives. These intelligence-driven drug task forces pursue coordinated efforts to reduce the smuggling, transshipment, and distribution of drugs into and through Texas. In focusing on the disruption and dismantlement of DTOs/MLOs and by following the *National Southwest Border Counternarcotics Strategy*, STX HIDTA employs intelligence-driven investigations and interdiction activities targeted at drug transshipments and money laundering, including extensive systematic follow-up investigations involving intelligence analysis, information sharing, and an aggressive prosecution structure. STX HIDTA initiatives are organized seamlessly into four types:

- Enforcement (interdiction, investigation, and prosecution)
- Intelligence/Investigative Support and Information Sharing
- Support/Training/Prevention
- Management and Coordination

Through an intensive initiative and task force review and inspection process, along with statistical information gathered through the HIDTA PMP system, the Executive Board holds initiatives accountable for their productivity.

(C) Support of the *National Drug Control Strategy*

STX HIDTA will focus on dismantling and disrupting DTOs and MLOs active within its AOR to reduce the availability of drugs. STX HIDTA is committed to continuing interdiction efforts seizing illegal narcotics, as well as disrupting the illegal southbound flow of weapons and currency intended for drug cartels. STX HIDTA also supports the Strategy through the exchange of intelligence and information among LEAs. STX HIDTA will continue to foster partnerships in furtherance of drug prevention programs with LEAs, young people, educational institutions and the public.

(3) Methamphetamine

Methamphetamine seized within the STX HIDTA AOR is produced in Mexico where production amounts are rising as evidenced by increased seizures of historically large amounts of the drug. STX HIDTA is a significant transshipment corridor for methamphetamine. STX HIDTA does not track funding specifically used to address methamphetamine trafficking.

Texoma HIDTA

(1) Amount of Funding Requested for FY 2024: \$4,099,500

(2) Justification

(A) Threat Assessment

The overall drug trafficking threat to the Texoma HIDTA region remains stable. Law enforcement and intelligence data clearly indicate that methamphetamine continues to pose the most significant drug threat to the region as North Texas, the Texas Panhandle, and Oklahoma are flooded with cheap, high purity methamphetamine produced in Mexico. Heroin, marijuana, cocaine, and fentanyl also pose significant threats to communities throughout the Texoma HIDTA region, and to a lesser extent, controlled prescription drugs (i.e., pharmaceuticals) pose a threat in the region.

Both the Dallas/Fort Worth (DFW) and Oklahoma City metropolitan areas continue to serve as key command and control distribution points for drug loads sent by MDTOs, who dominate the wholesale trafficking of most major drug types encountered in the region. MDTOs continue to send large shipments of methamphetamine, heroin, cocaine, and marijuana to the Texoma HIDTA are of responsibility on a regular basis, either for local distribution or as a transshipment point for loads destined to other United States locations, such as the Midwest and eastern United States MDTOs and MLOs continue to funnel large sums of drug proceeds through the area, remitting money to Mexico in bulk cash form, as well as through wire transfers, cryptocurrency, and other money laundering techniques.

In addition to MDTOs involved in marijuana trafficking, independent DTOs within the Texoma HIDTA region also specialize in the distribution of high-grade marijuana, obtained from United States with legalized forms of marijuana. The diversion of CPDs from medical and pharmacy venues poses a significant risk and negatively influence the quality of life, and the safety of communities throughout north Texas and Oklahoma.

Local DTOs, to include street and prison-based gangs, also control the distribution of drugs at the street/retail level. Street gangs, operating in the Texoma HIDTA's region, include subsets of traditional gangs, with professed allegiances to parent national or regional gangs (e.g., Bloods, Crips, Sureños). Prison-based gangs, especially in Oklahoma, are heavily engaged in coordinating the distribution of methamphetamine at lower levels. Additionally, hybrid gangs, that function in a looser sense, are likely to create alliances and working arrangements with traditional rivals for the ultimate goal of making money. All types of gangs contribute to rising levels of violent criminal activity in major metropolitan areas of the Texoma HIDTA region.

(B) Strategy for Achieving HIDTA Goals and Objectives

The Texoma HIDTA Executive Board ensures that the program functions within the mission of the National HIDTA Program. The Executive Board ensures the four subcommittees – Budget, Intelligence, DHE, and Initiative Review – effectively carry out their stated functions. These actions work towards increasing the efficiencies and effectiveness of the Texoma HIDTA. The Executive Board, in conjunction with the HIDTA Director, directs staff on developing effective plans to meet the organizational objectives. The Executive Board maintains interaction through Executive Board meetings, HIDTA subcommittees, and regional meetings such as the North Texas Crime Commission and the North Texas Police Chiefs Association.

The Executive Board continually evaluates the Texoma HIDTA's 31 initiatives to ensure adherence to the HIDTA PPBG and the regional HIDTA mission and vision. The Executive Board also determines if new initiatives should be implemented to address Texoma HIDTA's regional drug threats.

(C) Support of the *National Drug Control Strategy*

Texoma HIDTA supports the *Strategy* by identifying, investigating, and dismantling/disrupting DTOs and MLOs that use the Dallas/Fort Worth, Texas Panhandle, East Texas and Oklahoma areas to transport, store, distribute illicit drugs and launder the related proceeds throughout the United States. The Texoma HIDTA initiatives reduce the amounts of cocaine, methamphetamine, marijuana, and opioids supplied to the area and other national drug markets in the Midwest, Northeast, and Southeast, as well as interdicting the illicit proceeds related to the drug trafficking activities.

(3) Methamphetamine

The vast majority of the DTOs investigated by the Texoma HIDTA initiatives are multi-drug organizations. Seizures of methamphetamine have increased in recent years. Although the increase has been the most dramatic in the Dallas/Fort Worth Metroplex, law enforcement in Oklahoma and the West Texas/Panhandle areas have also seen significant increases in methamphetamine seizures over the last several years. Texoma HIDTA does not track funding specifically used to address methamphetamine trafficking.

Washington/Baltimore HIDTA

(1) Amount of Funding Requested for FY 2024: \$16,487,073

(2) Justification

(A) Threat Assessment

The Director of ONDCP designated the Washington/Baltimore HIDTA (W/B HIDTA) in 1994. Unlike the first areas established as HIDTAs, the W/B HIDTA was not a major gateway for illegal drugs into the United States. However, the region was a significant drug consumption market, especially for heroin and drugs associated with street violence (i.e., crack cocaine and PCP). Accordingly, the combination of significant drug consumption and widespread drug-related violence led to the designation of the Washington/Baltimore area as a HIDTA.

Previously, drugs entering the region were imported through an alternate United States city, primarily New York, where they were repackaged and then transported into the W/B HIDTA region. Now, a significant number of W/B HIDTA cases involve shipments originating in Texas, California, Arizona, and Mexico. Additionally, a growing number of DTOs have reported receiving drugs directly from abroad, specifically from Central America, and Southwest Asia. In addition to the continuing threat posed by DTOs and MLOs, criminal street gangs represent a growing threat to the region. Throughout the W/B HIDTA region, membership in criminal street gangs has remained high and is increasing. The violence associated with these gangs and their role in illegal drug trafficking pose a serious threat to the region. There does not appear to be an increase in human trafficking activity among these criminal groups.

The primary drug threats in the W/B HIDTA region are fentanyl, heroin, cocaine HcL and crack cocaine, and prescription narcotics. Fentanyl is commonly mixed with other drugs, including heroin, xylazine, and crack cocaine. Further, fentanyl, like crack cocaine in the 1980s and 90s, is responsible for high levels of violent crime in the region. It is also linked to high levels of overdoses. All are reported to be readily available throughout the region. These drugs and others are trafficked by more than 240 DTOs and MLOs that are under investigation by W/B HIDTA initiatives. The majority of the DTOs/MLOs under investigation in the W/B HIDTA are still African-American groups, but there are also large numbers of Caucasian American, Mexican, and Central American groups operating in the region.

What was originally a very compact HIDTA is now widely dispersed. By way of example, Roanoke City and County, the most southwestern area of the W/B HIDTA, is approximately 275 miles from Cecil County, MD, in the northeast corner of the W/B HIDTA region. Virginia Beach, VA in the southeastern corner of the region is approximately 238 miles from Mineral County, WV in the northeast corner.

The transportation infrastructure in the W/B HIDTA region is one of the most developed and diverse in the United States It includes:

- More than 1,600 miles of Interstates, including 64, 66, 68, 70, 81, 83, 85, 93, and 95;

- Six major international airports: Thurgood Marshall-Baltimore Washington International (BWI), Washington Dulles International (IAD), Ronald Reagan-National (DCA), Richmond (RIC), Newport News (PHF), and Norfolk International (ORF), which have recorded 4.4 million passenger boardings in 2018; and more than 100 other airports of various capacities;
- Three international seaports: the ports of Baltimore, Norfolk, and Newport News, in which, altogether, 14.6 million metric tons of container freight arrived in 2018;
- Almost 100 Amtrak trains passing through the HIDTA region on a daily basis, carrying approximately five million passengers annually;
- More than a dozen major railroad freight lines; and
- Hundreds of miles of shoreline.

In sum, several factors combine to make the W/B HIDTA region a fertile environment for drug trafficking. The region is relatively affluent and not as susceptible as the rest of the country to the fluctuations of the national economy due to the stability of government jobs and government-related industries. A well-developed transportation infrastructure connects the six distinct major population centers (Baltimore, the District of Columbia, Northern Virginia, Richmond, Roanoke, and the Tidewater region of Virginia), which enables traffickers to transport even large quantities of illegal drugs efficiently. Drug traffickers and gang members can use the more than 200 banks operating in the region to launder their ill-gotten gains. The increasingly diverse ethnic and racial makeup of the population enables Mexican, Colombian, Dominican, Salvadoran, Korean, and Vietnamese criminal groups and gangs to recruit members and operate more easily.

By substantial margins, federal, state, and local law enforcement task force supervisors, as well as drug treatment leaders responding to W/B HIDTA's threat assessment surveys identified fentanyl, heroin, cocaine HCl/crack cocaine, and prescription narcotics as the primary drug threats in their communities. In all four cases, at least 85 percent of the respondents said the substance(s) caused significant or moderate harm in their communities; and, in the cases of fentanyl and heroin, substantial majorities said the drug caused significant harm. With the exception of fentanyl, these drugs have been long-standing major threats in the W/B HIDTA AOR.

(B) Strategy for Achieving Goals and Objectives

W/B HIDTA believes that coordination among LEAs at all levels is key to disrupting the drug market in the region. Consequently, since its designation in 1994, W/B HIDTA has fostered cooperative and effective working relationships among federal, state, and local criminal justice organizations, including LEAs and drug treatment and prevention organizations. Currently, 150 agencies participate in W/B HIDTA. Information and intelligence sharing are required for all participating agencies and has become a standard practice.

To foster this collaboration, W/B HIDTA has developed and currently manages and maintains several systems to support drug investigations and overdose response. Case Explored (CE) is a web-based case management and deconfliction system designed for law enforcement serving thousands of LEAs nationwide. The Communications Analysis Portal (CAP) was designed

specifically to deconflict phone numbers, which remains a critical component of drug investigations. It allows LEAs to share, organize, and identify sources of supply.

Recognizing the importance of real time data for saving lives, in 2016, the W/B HIDTA developed the ODMAP, a system that provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts in mobilizing an immediate response to a sudden increase or spike in overdose events. It links first responders and relevant record management systems to a mapping tool that tracks overdoses to stimulate real-time response and strategic analysis across jurisdictions. ODMAP presents a significant public health and safety collaborative opportunity with the ability to respond to a crisis as it is occurring. By combining the data in ODMAP with active partnerships spanning different agencies, localities can develop and deploy a real-time plan to reduce both fatal and non-fatal overdoses.

Since its inception, federal agencies including ONDCP, the CDC, and the Bureau of Justice Assistance (BJA) have supported and financed the expansion of the ODMAP program nationwide. They have emphasized the critical impact of ODMAP on state and local response strategies, including its use in their respective competitive grants.

To date, over 4,000 agencies from all 50 states, the District of Columbia, and Puerto Rico have entered over 1.5 million suspected overdoses into ODMAP. States have realized the importance of using this data in support of their response efforts. Twenty-five states have initiated a statewide ODMAP strategy. Of those states, 18 have connected overdose data from their respective data systems with ODMAP through an application program interface (API), offering the most comprehensive and timely data sharing. ODMAP is part of the Biden Administration's National Drug Control Strategy and remains the only nationwide near-real-time overdose tracking system to support life-saving response efforts.

ADAPT has been funded by ONDCP since the Fall of 2019 to operationalize and support the National HIDTA Program's Prevention Strategy, which promotes the integration of evidence-based strategies for substance use prevention in HIDTA communities across the country. ADAPT provides training and technical assistance, and serves as a translator of prevention science, navigator of resources, and connector to peers and mentors.

ADAPT is currently servicing or has already completed 183 technical assistance requests to support 20 HIDTAs and 3 national initiatives for advancing their prevention efforts. Technical assistance is provided in the following domains: 1) identification of evidence-based strategies, 2) implementation, 3) evaluation, 4) training, 5) fiscal/budgeting, 6) sustainability, 7) early response, 8) prevention messaging, and 9) systems development.

The average duration of technical assistance per request is three months. ADAPT coordinates a variety of trainings and technical webinars on substance use prevention fundamentals to cultivate, nurture, and support hospitable systems for implementation in HIDTA communities. It also develops products, including toolkits and implementation guides, to offer evidence-based support for HIDTA communities on more complex prevention topics. ADAPT hosts an annual HIDTA Prevention Summit to disseminate advances in the field of prevention science and build

critical skill sets within HIDTA communities.

(C) Support of the *National Drug Control Strategy*

The W/B HIDTA supports the *Strategy* in several ways. Fundamentally, it contributes to the disruption of both international and domestic drug trafficking and production by disrupting and dismantling international, multi-state, and local DTOs and MLOs.

The W/B HIDTA also provides significant support to the demand side of the Strategy through its operation of ADAPT, which provides technical assistance and training for drug prevention and treatment agencies in the region and in other HIDTA communities across the country; and by funding 12 treatment initiatives and four prevention initiatives designed to help break the cycle of drug use, crime, delinquency, and incarceration.

(3) Methamphetamine

MDTOs transport methamphetamine from Mexico to locations in the Southeast United States and from there into the W/B HIDTA region. While the presence of methamphetamine, in both powder and crystallized forms, is spreading further in the W/B HIDTA region, it remains most readily available in the Tidewater area, Southwest Virginia (including Roanoke), and in the HIDTA's three West Virginia counties. The W/B HIDTA does not track funding specifically used to address methamphetamine trafficking.

West Texas HIDTA

(1) Amount of Funding Requested for FY 2024: \$9,211,634

(2) Justification

(A) Threat Assessment

The West Texas HIDTA comprises 12 counties and over 520 miles of the United States border with Mexico. El Paso, Texas sits on the Rio Grande River adjacent to Ciudad Juarez, Mexico, representing the two largest cities situated on the Texas-Mexico border. El Paso, the most populous city in West Texas, lies at the intersection of three states (Texas, New Mexico, and Chihuahua). El Paso also sits along Interstate Highway 10 that connects to Interstate Highways 20 and 25. DEA's *2020 National Drug Threat Assessment* indicates that Mexican TCOs employ intermediaries who oversee shipments across the Southwest border and facilitate sales to a wholesale and mid-level client. These intermediaries can take the form of criminal street gangs, many of which have known ties to Mexican cartels.

West Texas HIDTA's main concern continues to be that the region is a transshipment and distribution hub for narcotics from Mexico into the United States. All other concerns are derived from this reality. Based upon drug seizure quantities, marijuana, methamphetamine, cocaine, and heroin rank as the greatest drug threats to the AOR.

There is reporting of an increasing amount of narcotics-related violence in Ciudad Juarez. This violence may be connected to the production and distribution of methamphetamine by some organizations and the resistance to methamphetamine by other organizations. While high-profile arrests and dismantlement and disruption operations have occurred, the flow of narcotics into the United States via the West Texas HIDTA corridor has remained near constant.

(B) Strategy for Achieving Goals and Objectives

West Texas HIDTA continues to foster cooperative and productive working relationships among 1 USAO, 11 federal agencies, 7 state agencies, and 16 local agencies to achieve the common goals of disrupting and dismantling DTOs and securing the West Texas HIDTA 12-county area of the Southwest Border by preventing multi-ton quantities of illicit drugs from reaching their intended market.

(C) Support of the *National Drug Control Strategy*

SWB HIDTA/WTX supports the *Strategy*, through 16 HIDTA funded initiatives, by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. As the keystone region for the *National Southwest Border Counternarcotics Strategy*, West Texas HIDTA will support all efforts to contain and reduce the impact of DTOs on the region and will continue to:

- provide a broad range of drug intelligence/information and case support to all participating and non-participating LEAs that it could potentially impact (i.e. - information regarding levels of violence south of the border that might have a spillover effect is shared with all task forces, particularly within the border counties);
- work with the area's prevention partners through ORS to develop drug prevention campaigns to increase awareness in the region; and
- use its training capabilities to enhance the efficiency and effectiveness of drug enforcement operation within the region.

(3) Methamphetamine

Methamphetamine remains at increased levels of availability throughout the West Texas area. Agencies report no methamphetamine labs being discovered over the year. However, the smuggling and localized selling of methamphetamine from Mexico is a common trend throughout the region. Large quantities of methamphetamine are still trafficked through West Texas HIDTA from Mexico. West Texas HIDTA does not track funding specifically used to address methamphetamine trafficking.

National HIDTA Assistance Center

(1) Amount of Funding Requested for FY 2024: \$4,086,770

(2) Justification

(A) Administrative Support Program and Coordination of National Programs

The National HIDTA Assistance Center (NHAC) hosts the HIDTA Financial Management System (a database used for budgeting and grant administration for all state and local awards) and the Clearance Management System (a database used to manage security clearances for the HIDTA program). The NHAC provides HIDTA-related training to the entire program and technology support through its HIDTA Resource Management System, a national HIDTA library and collaboration work space.

The NHAC addresses the need to continuously improve the efficiency and effectiveness of all the designated HIDTAs through seven distinct initiatives – Management and Coordination Unit, Training Unit, Media and Technology Unit, National Marijuana Initiative (NMI), Domestic Highway Enforcement (DHE), and National Emerging Threat Initiative (NETI).

(B) Strategy for Achieving Goals and Objectives:

The NHAC's mission and vision are defined by its key stakeholders, ONDCP, and the 33 regional HIDTA programs. The NHAC's core services include developing and delivering HIDTA-specific training; organizing national conferences and meetings; and serving as facilitator for three national HIDTA initiatives (NMI, NETI, and DHE). Through these services, the NHAC supports the strategies of all HIDTA regions as they respond to the unique threats facing their respective areas of responsibility.

(C) Support of the *National Drug Control Strategy*

The NHAC supports the *Strategy* by working to improve the efficiency and effectiveness of the 33 HIDTAs nationwide.

(3) Methamphetamine

Data on methamphetamine is not collected by the NHAC because it does not apply to the NHAC mission.