



NATIONAL DRUG CONTROL STRATEGY

*FY 2022
Budget and Performance
Summary*

Office of National Drug Control Policy

JULY 2021

National Drug Control Strategy: FY 2022 Budget and Performance Summary

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Executive Summary

President Biden has made clear that addressing addiction and the overdose epidemic is an urgent priority for his Administration. Overdose rates have been increasing for several years, and the COVID-19 pandemic has exacerbated the situation. For too many people with substance use disorders (SUD), the pandemic has reduced access to critical prevention, treatment, harm reduction, and recovery services, increased isolation, and led to the loss of employment opportunities. There were almost 92,000 overdose deaths predicted for the 12-month period ending in October 2020 according to Centers for Disease Control and Prevention (CDC) provisional data.

In order to curb this epidemic, the President's 2022 Budget supports implementation of the Biden-Harris Administration's *Drug Policy Priorities for Year One* through a historic \$41.0 billion investment for National Drug Control Program agencies, a \$669.9 million increase over the FY 2021 enacted level. The largest increases in funding are requested to support access to critical public health interventions like treatment and prevention services. With these increases, the Budget Request devotes an historically high 57.3 percent of drug control resources to demand reduction programs and activities like evidence-based treatment, harm reduction, prevention, and recovery services.

Even as Congress reviews the Fiscal Year 2022 Budget described below, a significant down payment has already been made to address the epidemic. The American Rescue Plan, which President Biden signed into law in March 2021, appropriated nearly \$4 billion to enable the Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) to expand access to vital mental health and SUD services. This funding is just the start of the Biden-Harris Administration's historic commitment to ensure that the federal government promotes evidence-based public health and public safety actions to address this epidemic. Throughout this work, the Administration will prioritize advancing racial equity in our Nation's approach to drug policy, including by improving access to culturally competent behavioral health services and improving the health and long-term outcomes of people with SUDs through treatment rather than incarceration. Every possible means will be used to reduce overdose deaths over the next months and years.

The President's FY 2022 Budget for drug related programs and initiatives builds on the American Rescue Plan's resources to curb the overdose epidemic. The Administration's historic investment of \$10.7 billion in discretionary funding in HHS includes support for research, prevention, treatment, harm reduction, and recovery support services, with targeted investments to meet the needs of populations at greatest risk for overdose and SUD. Similarly, the Administration is making critical investments to reduce the supply of illicit substances in the United States. This includes increases for efforts to interdict illicit drugs and disrupt international drug trafficking networks, and in domestic law enforcement efforts to enhance cooperation between federal, State, local, and Tribal law enforcement agencies.

This document focuses on investments by the 18 National Drug Control Program Agencies (NDCPA), but we recognize that making progress requires collaboration among federal, State, local, and Tribal communities across the country. We appreciate the contributions of the Nation's burdened SUD workforce. Although financial resources cannot solve this crisis entirely, we hope that this increased

level of support enables the dedicated prevention, treatment, recovery, and harm reduction workforce to reach more Americans impacted by this epidemic.

Immediately below are descriptions of some of the programs and activities, by Department, that support the President's drug control policy priorities. Following that information, detailed data on overall spending is provided, with tables focusing on prevention, treatment, domestic law enforcement, interdiction, and international efforts. Following that functional breakdown is a summary table providing historical trends in spending.

Department of Agriculture

- The U.S. Department of Agriculture (USDA) is requesting a total of \$11.4 million in FY 2022 for its efforts at their office of Rural Development (RD). USDA's request includes funding for infrastructure projects that will help meet the needs of people with SUDs in rural communities, such as telemedicine networks and brick-and-mortar treatment facilities.
- RD funds are provided to help rural communities by linking teachers and medical service providers in one area to students and patients in another.
- The FY 2022 USDA request includes \$10.7 million for the U.S. Forest Service (USFS) to continue efforts to keep the national forests free of dangerous drug operations. The USFS works to identify, investigate, disrupt, and dismantle drug trafficking organizations (DTO) involved in marijuana cultivation, including supporting co-conspirators (transportation and financial components) responsible for large-scale marijuana grow operations on National Forest System lands.

Department of Defense

- For FY 2022, the Department of Defense (DoD) is requesting \$1.1 billion for its efforts. This funding includes support for security cooperation efforts with partner nations, counterdrug operations, detection and monitoring (D&M) efforts in support of drug interdiction operations, and funding for the Defense Health Program (DHP).

Department of Education

- For FY 2022, the Department of Education is requesting \$59.7 million to continue its ongoing support for School Climate Transformation Grants, which provide resources for school-based substance use prevention activities, as well as its technical assistance centers.

Department of Health and Human Services

- HHS continues to be a major provider of substance use prevention, treatment, and recovery support services, as well as support to bolster the behavioral health infrastructure and capacity building.
- SAMHSA is requesting \$2.3 billion in FY 2022 for the SAMHSA State Opioid Response Grants, an increase of \$750.0 million over the FY 2021 enacted level. In addition, this grant program has a permissible use to address methamphetamine and stimulant use disorder. These grants are awarded to provide states, tribes, and U.S. territories with flexibility to address the specific substance use related issues in an area.
- SAMHSA's FY 2022 request also includes \$3.5 billion for the Substance Abuse Prevention and Treatment Block Grant, which includes a 10 percent set aside for recovery services and 20 percent

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for evidence-based prevention activities. The Block Grant remains a critical source of funding for states, tribes, and territories to provide prevention, treatment, and recovery services to communities.

- At HRSA, \$705.0 million in funding is requested in FY 2022 to support the SUD response in community health centers and in rural America.
- At the CDC, \$713.4 million is requested in FY 2022 to support continued nationwide surveillance and data collection activities and other prevention-focused activities to address the misuse of prescription medications.
- The Centers for Medicare and Medicaid Services (CMS) continue to be the largest funder of treatment services in the National Drug Control Budget. For FY 2022, CMS anticipates increasing its spending on addiction treatment to over \$10.1 billion.
- The National Institute of Drug Abuse (NIDA) continues its world leading investment in drug-related research. For FY 2022, NIDA requests \$1.9 billion to support cutting edge research on all aspects of addiction.

Department of Homeland Security

- The U.S. Coast Guard's (USCG) FY 2022 request includes \$2.0 billion for drug control activities. This funding continues to support the construction of the fourth and long lead time parts for the fifth Offshore Patrol Cutter and to develop technologies such as unmanned surface and subsurface vessels for USCG counterdrug activities.
- Customs and Border Protection's (CBP) FY2022 request of \$3.1 billion will enable the agencies to protect the Nation's land, sea, and air borders by stemming the flow of illicit substances.
- Immigration and Customs Enforcement (ICE) is requesting \$642.1 million in FY2022 for counternarcotics (CN) efforts, including to investigate major drug trafficking and money laundering cases.
- Science & Technology's request of \$6.3 million in FY 2022 will develop a layered set of solutions, including detection hardware, fusion of sensor data, advanced analytics, and training, which can be deployed rapidly within existing operational environments to support interdiction missions within the mail and express consignment missions.

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Department of Housing and Urban Development

- In FY 2022, the Department of Housing and Urban Development (HUD) is requesting \$720.7 million to fund its Continuum of Care program. The program provides funding for housing assistance to people in need, including people in treatment for SUDs and people in recovery. This initiative seeks to minimize the trauma and dislocation caused by homelessness and to optimize self-sufficiency among individuals and families experiencing homelessness.
- HUD has also requested an additional \$25.0 million to fund its Recovery Housing Program. This pilot program helps communities provide stable, transitional housing for individuals in recovery from a substance-use disorder.

Department of the Interior

- The Bureau of Indian Affairs' FY 2022 request of \$14.9 million to address the opioid epidemic on Tribal lands through focused drug enforcement efforts, intelligence analysis and sharing, as well as victim and witness support programs. In addition, BIA supports substance use prevention through a School Resource Officer (SRO) program that provides instruction in drug awareness and gang resistance using nationally recognized and adopted curricula for students.
- The Bureau of Land Management's (BLM) FY 2022 request of \$5.1 million for the identification, investigation, disruption, and dismantling of illicit marijuana cultivation and smuggling activities on public lands.
- In FY 2022, the National Park Service (NPS) is requesting \$3.5 million to ensure that all pertinent federal laws and regulations are enforced within park units. This includes funding for national parks located along international borders to address problems such as drug trafficking with continued cooperation with CBP and other federal, State and local agencies.

Department of Justice

- The FY 2022 request for the Department of Justice (DOJ) includes over \$9.5 billion in resources for investigations, prosecutions, state and local assistance, community programs, and intelligence efforts to address drug control challenges, including the opioid epidemic.
- The Drug Enforcement Administration's (DEA) FY 2022 request includes over \$2.9 billion in support of DEA's mission to enforce the controlled substances laws and regulations of the United States. The request focuses on disrupting and dismantling major Transnational Criminal Organizations (TCO), coordinating drug investigations in foreign countries, and providing state and local assistance.
- The Bureau of Prisons' (BOP) FY 2022 request of \$3.8 billion includes funding to support further expansion of Medication-Assisted Treatment for incarcerated individuals with opioid use disorder, in an effort to improve health outcomes and reduce recidivism.
- The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is requesting \$41.2 million in FY 2022 to combat crime associated with arms trafficking and DTOs.
- The Federal Bureau of Investigation (FBI) is requesting \$152.9 million in FY 2022 to support initiatives that focus on identifying, targeting, disrupting, degrading, and dismantling TCOs.

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- The Organized Crime Drug Enforcement Task Forces (OCDETF) request of \$550.5 million in FY 2022 supports reducing the availability of illicit narcotics throughout the United States using a prosecutor-led, multi-agency approach to combat TCOs.
- For FY 2022, the Office of Justice Programs (OJP) requests \$631.9 million to support a range of programs including the Comprehensive Opioid, Stimulant, and Substance Abuse Program; Drug Courts; Veterans Treatment Courts; programs for youth; and the Residential Substance Abuse Treatment Program. OJP grants provide flexibility to state, local, and tribal jurisdictions to address substance use under all of its drug-related programs depending on local needs.
- The U.S. Marshals Service (USMS) FY 2022 request includes \$1.1 billion for drug enforcement efforts that center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations, as well as to those primarily responsible for the Nation's illegal drug supply. The USMS also directly contributes to the Administration's supply reduction efforts by maintaining the security of all in-custody prisoners with serious drug-related charges.
- The U.S. Attorneys Offices' (USAO) FY 2022 request includes \$98.9 million to support drug-related investigations and prosecutions. A core mission of each of the USAOs is to prosecute high level producers, suppliers, and traffickers for violations of federal drug laws to disrupt both international and domestic DTOs and to deter continued illicit drug distribution and use in the United States. In recent years, the USAOs have intensified their efforts to prosecute cases involving opioids, and particularly synthetic opioids.
- The FY 2022 request for the Criminal Division (CRM) is \$48.0 million for investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups.

Department of Labor

- The Department of Labor (DOL) is requesting \$35.6 million in drug-related funding for FY 2022 through the Employment and Training Administration (ETA), the Office of Workers' Compensation Programs (OWCP), and its Office of Inspector General.
- In FY 2022, Job Corps is requesting \$6.0 million to provide services to at-risk youth, including drug prevention and drug education activities as related to job preparation.
- DOL is also requesting \$20.0 million in competitive grants in FY 2022 to state workforce and labor agencies and to Indian and Native American communities to address the economic and workforce impacts associated with high rates of SUD.

Department of State

- The Department of State (DOS) is requesting a total \$456.8 million in FY 2022 for drug-related international programs for the Bureau of International Narcotics and Law Enforcement Affairs (INL) and the U.S. Agency for International Development (USAID). This funding strengthens the rule of law, human rights protections, law enforcement capacity, anti-corruption activities, and other critical efforts around the globe, including in Mexico, Colombia, and Peru.

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Department of Transportation

- The Department of Transportation (DOT) is requesting \$47.1 million in FY 2022 for the Federal Aviation Administration (FAA) and National Highway Traffic Safety Administration (NHTSA). These funds include NHTSA's continuing efforts to improve safety on our roads by addressing drugged driving.

Department of the Treasury

- The FY 2022 request includes \$63.1 million for the Department of the Treasury's efforts to conduct narcotics-related financial investigations, address cybercrime, and interrupt the financial activities of drug traffickers. The Department of the Treasury reports drug control funding for the Internal Revenue Service's (IRS) Criminal Investigation Division as well as the Financial Crimes Enforcement Network (FinCEN) and the Office of Foreign Assets Control (OFAC).

Department of Veterans Affairs

- The Department of Veterans Affairs (VA) is requesting \$922.0 million in FY 2022 to provide critical SUD treatment services to our Nation's Veterans.

AmeriCorps

- AmeriCorps is requesting \$14.6 million in FY 2022 for drug-related activities. AmeriCorps has prioritized efforts to address substance misuse and significantly increased its support for drug prevention, education, and recovery programming in recent years.

Court Services and Offender Supervision Agency of the District of Columbia

- The FY 2022 request includes \$67.5 million for the Court Services and Offender Supervision Agency (CSOSA) for the District of Columbia to enhance public safety and reduce recidivism.

United States Postal Inspection Service

- In FY 2022, the United States Postal Inspection Service (USPIS) request includes \$76.4 million for drug control activities, including to investigate, arrest, and dismantle drug trafficking networks and utilizes intelligence to effectively target and seize illicit substances nationwide. These efforts are a critical part of efforts to interdict synthetic opioids and other illicit substances sent via international mail.

FY 2022 Budget by Function and Other Funding Priorities

The consolidated National Drug Control Budget details agency resources by function. Functions categorize the activities of agencies into common drug control areas. NDCPAs are requesting a total of \$41.0 billion in drug control funding, an increase of \$669.9 million over the FY 2021 enacted level. The largest increases in funding are requested to support drug treatment (+\$498.0 million) and drug prevention (+\$129.5 million). With these increases, the Budget Request devotes an historically high 57.3 percent of drug control resources to demand reduction programs and activities. Table 1 details funding by function.

Table 1: Federal Drug Control Funding by Function
FY 2020 - FY 2022
(Budget Authority in Millions)

Function	FY 2020	FY 2021	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
Treatment	\$16,459.5	\$20,069.7	\$20,567.7	+ \$498.0	+2.5%
Percent	41.5%	49.7%	50.1%		
Prevention	\$2,177.2	\$2,803.8	\$2,933.3	+ 129.5	+4.6%
Percent	5.5%	6.9%	7.1%		
Domestic Law Enforcement	\$10,237.3	\$10,560.6	\$10,577.2	+ 16.5	+0.2%
Percent	25.8%	26.2%	25.8%		
Interdiction	\$9,545.8	\$5,837.9	\$5,872.6	+ 34.7	+0.6%
Percent	24.1%	14.5%	14.3%		
International	\$1,263.6	\$1,101.9	\$1,093.2	- 8.8	-0.8%
Percent	3.2%	2.7%	2.7%		
Total	\$39,683.3	\$40,374.0	\$41,043.9	+ \$669.9	+1.7%
Supply/Demand					
Demand Reduction	\$18,636.6	\$22,873.5	\$23,501.0	+ \$627.5	+2.7%
Percent	47.0%	56.7%	57.3%		
Supply Reduction	\$21,046.7	\$17,500.5	\$17,542.9	+ 42.5	+0.2%
Percent	53.0%	43.3%	42.7%		
Total	\$39,683.3	\$40,374.0	\$41,043.9	+ \$669.9	+1.7%

Note: Detail may not add due to rounding.

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

TREATMENT

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

- Screening and evaluation to identify illicit drug use or the misuse of alcohol or prescription drugs;
- Interventions such as pharmacotherapy, behavioral therapy, and individual and group counseling, on an inpatient or outpatient basis;
- Medical monitoring;
- Treatment and recovery support;
- Medical referral;
- Pre- and post-arrest criminal justice interventions such as diversion programs, drug courts, and the provision of evidence-based treatment to individuals with SUDs who are arrested or under some form of criminal justice supervision, including medications for opioid use disorder treatment;
- Recovery supports;
- Re-entry support for previously incarcerated individuals that includes but is not limited to: housing, education, employment and SUD and mental health treatment; and,
- All other service programs intended to ease the health-related consequences of SUDs.

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

Table 2: Drug Control Treatment Funding

FY 2020 - FY 2022

(Budget Authority in Millions)

	FY 2020	FY 2021	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
AmeriCorps	\$6.8	\$6.8	\$6.8	---	---
Court Services and Offender Supervision Agency	\$34.4	\$34.9	\$44.3	+ 9.4	+27.1%
Department of Agriculture	21.3	11.4	11.4	---	---
<i>Office of Rural Development</i>	21.3	11.4	11.4	---	---
Department of Defense	84.6	99.0	84.8	- 14.3	-14.4%
<i>Defense Health Program</i>	84.6	99.0	84.8	- 14.3	-14.4%
Department of Health and Human Services	14,209.3	17,626.2	17,941.8	+ 315.6	+1.8%
<i>Centers of Medicare and Medicaid Services</i>	8,970.0	9,790.0	10,120.0	+ 330.0	+3.4%
<i>Food and Drug Administration</i>	10.0	10.0	23.0	+ 13.0	+130.0%
<i>Health Resources and Services Administration</i>	543.7	556.4	581.5	+ 25.1	+4.5%
<i>Indian Health Service</i>	98.4	101.0	106.8	+ 5.8	+5.7%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	9.4	9.6	9.9	+ 0.3	+2.8%
<i>National Institute on Drug Abuse</i>	1,020.4	1,036.2	1,296.8	+ 260.5	+25.1%
<i>Substance Abuse and Mental Health Services Admin.</i>	3,557.4	6,123.0	5,803.9	- 319.1	-5.2%
Department of Housing and Urban Development	583.0	633.2	745.7	+ 112.5	+17.8%
Department of Justice	515.6	616.1	650.0	+ 34.0	+5.5%
<i>Bureau of Prisons</i>	155.0	231.0	237.5	+ 6.5	+2.8%
<i>Office of Justice Programs</i>	360.6	385.1	412.5	+ 27.4	+7.1%
Department of Labor	7.8	7.8	7.8	---	---
<i>Office of Workers' Compensation Program</i>	7.8	7.8	7.8	---	---
Department of Transportation	0.5	0.5	0.5	---	---
<i>National Highway Traffic Safety Administration</i>	0.5	0.5	0.5	---	---
Department of Veterans Affairs	854.9	888.2	922.0	+ 33.9	+3.8%
Federal Judiciary	132.0	135.8	142.3	+ 6.4	+4.7%
Office of National Drug Control Policy	9.4	9.9	10.4	+ 0.5	+5.0%
Total, Treatment	\$16,459.5	\$20,069.7	\$20,567.7	+ \$498.0	+2.5%

Note: Detail may not add due to rounding.

PREVENTION

These are activities conducted by a NDCPA, other than enforcement activities, that discourage the illicit use of controlled substances, while encouraging community outreach efforts focused on getting those who have begun to use illicit drugs to cease their use, including:

- Education efforts, including youth mentoring programs and other programs proven to reduce the risk factors related to drug use;
- Drug-free workplace programs;
- Drug testing in various settings, including athletic activities, schools and the workplace; and,
- All other programs (including family-based treatment) to prevent youth substance use and its consequences.

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Drug Prevention funding levels are reported in Table 3. Funding for efforts under this function is aggregated under Demand Reduction.

Table 3: Drug Control Prevention Funding

FY 2020 - FY 2022
(Budget Authority in Millions)

	FY 2020	FY 2021	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
AmeriCorps	\$7.5	\$7.5	\$7.5	---	---
Court Services and Offender Supervision Agency	\$19.7	\$20.1	\$23.2	+ 3.1	+15.7%
Department of Defense	124.9	127.7	126.0	- 1.7	-1.3%
<i>Drug Interdiction and Counterdrug Activities</i>	124.9	127.7	126.0	- 1.7	-1.3%
Department of Education	58.3	60.0	59.7	- 0.3	-0.5%
Department of Health and Human Services	1,748.0	2,361.7	2,473.6	+ 111.8	+4.7%
<i>Administration for Children and Families</i>	30.0	20.0	27.0	+ 7.0	+35.0%
<i>Centers for Disease Control and Prevention</i>	475.6	475.6	713.4	+ 237.8	+50.0%
<i>Food and Drug Administration</i>	10.0	10.0	23.0	+ 13.0	+130.0%
<i>Health Resources and Services Administration</i>	109.3	93.6	123.5	+ 29.9	+31.9%
<i>Indian Health Service</i>	33.8	34.2	35.2	+ 0.9	+2.8%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	51.1	51.9	53.3	+ 1.4	+2.8%
<i>National Institute on Drug Abuse</i>	437.3	444.1	555.8	+ 111.7	+25.1%
<i>Substance Abuse and Mental Health Services Admin.</i>	600.9	1,232.3	942.4	- 289.9	-23.5%
Department of Justice	35.6	37.8	50.8	+ 13.0	+34.4%
<i>Drug Enforcement Administration</i>	8.1	8.3	9.3	+ 1.0	+12.0%
<i>Office of Justice Programs</i>	27.5	29.5	41.5	+ 12.0	+40.7%
Department of Labor	26.0	26.0	26.0	---	---
<i>Employment and Training Administration</i>	26.0	26.0	26.0	---	---
Department of the Interior	1.0	1.0	1.0	---	---
<i>Bureau of Indian Affairs</i>	1.0	1.0	1.0	---	---
Department of Transportation	30.6	29.9	28.4	- 1.4	-4.8%
<i>Federal Aviation Administration</i>	16.3	17.5	17.2	- 0.3	-1.5%
<i>National Highway Traffic Safety Administration</i>	14.3	12.4	11.2	- 1.2	-9.5%
Office of National Drug Control Policy	125.5	132.0	137.0	+ 4.9	+3.7%
Total, Prevention	\$2,177.2	\$2,803.8	\$2,933.3	+ \$129.5	+4.6%

Note: Detail may not add due to rounding.

DOMESTIC LAW ENFORCEMENT

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

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

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

Table 4: Drug Control Domestic Law Enforcement Funding

FY 2020 - FY 2022

(Budget Authority in Millions)

	FY 2020	FY 2021	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
AmeriCorps	\$0.3	\$0.3	\$0.3	---	---
Department of Agriculture	\$13.0	\$13.0	\$10.7	- 2.3	-17.5%
<i>U.S. Forest Service</i>	13.0	13.0	10.7	- 2.3	-17.5%
Department of Defense	\$223.8	\$229.8	\$113.0	- 116.8	-50.8%
<i>Drug Interdiction and Counterdrug Activities</i>	223.8	229.8	113.0	- 116.8	-50.8%
Department of Homeland Security	592.7	627.6	635.8	+ 8.2	+1.3%
<i>Federal Emergency Management Agency</i>	13.5	13.5	13.5	---	---
<i>Federal Law Enforcement Training Center</i>	47.8	57.3	59.0	+ 1.6	+2.8%
<i>Immigration and Customs Enforcement</i>	531.4	556.7	563.3	+ 6.6	+1.2%
Department of Justice	8,029.0	8,285.9	8,353.6	+ 67.6	+0.8%
<i>Asset Forfeiture Fund</i>	227.1	240.9	245.9	+ 5.0	+2.1%
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	37.1	39.2	41.2	+ 2.0	+5.2%
<i>Bureau of Prisons</i>	3,490.8	3,651.8	3,516.7	- 135.1	-3.7%
<i>Criminal Division</i>	42.6	45.1	48.0	+ 3.0	+6.6%
<i>Drug Enforcement Administration</i>	2,235.8	2,296.4	2,440.7	+ 144.3	+6.3%
<i>Federal Bureau of Investigation</i>	151.6	147.7	152.9	+ 5.2	+3.5%
<i>Office of Justice Programs</i>	163.6	172.5	177.9	+ 5.3	+3.1%
<i>Organized Crime Drug Enf. Task Force Program</i>	550.5	550.5	550.5	---	---
<i>U.S. Attorneys</i>	89.2	98.9	98.9	---	---
<i>U.S. Marshals Service</i>	1,040.8	1,043.0	1,080.9	+ 37.9	+3.6%
Department of the Interior	22.1	22.1	22.1	---	---
<i>Bureau of Indian Affairs</i>	13.9	13.9	13.9	---	---
<i>Bureau of Land Management</i>	4.7	4.7	4.7	---	---
<i>National Park Service</i>	3.5	3.5	3.5	---	---
Department of Labor	1.8	1.8	1.8	---	---
<i>Office of the Inspector General</i>	1.8	1.8	1.8	---	---
Department of the Treasury	68.6	62.6	63.1	+ 0.4	+0.7%
<i>Financial Crimes Enforcement Network</i>	1.7	1.7	2.1	+ 0.4	+26.2%
<i>Internal Revenue Service</i>	66.2	60.3	60.3	---	---
<i>Office of Foreign Assets Control</i>	0.7	0.7	0.7	---	---
Department of Transportation	3.2	3.3	3.7	+ 0.5	+14.1%
<i>Federal Aviation Administration</i>	3.2	3.3	3.7	+ 0.5	+14.1%
Federal Judiciary	945.2	972.9	1,027.3	+ 54.4	+5.6%
Office of National Drug Control Policy	261.2	264.9	269.4	+ 4.5	+1.7%
United States Postal Inspection Service	76.4	76.4	76.4	---	---
Total, Domestic Law Enforcement	\$10,237.3	\$10,560.6	\$10,577.2	+ \$16.5	+0.2%

Note: Detail may not add due to rounding.

INTERDICTION

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

- Air and maritime seizures, and presence to deter access to routes;
- Accurate assessment and monitoring of interdiction programs;
- Enhancement of drug source nations’ ability to interdict drugs;
- Efforts along the nation’s borders, interdicting the flow of drugs, weapons, and bulk currency; and,
- All other air and maritime activities that promote efforts to disrupt illegal drug trafficking operations.

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

Table 5: Drug Control Interdiction Funding

FY 2020 - FY 2022

(Budget Authority in Millions)

	FY 2020	FY 2021	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
Department of Defense	\$4,457.8	\$630.7	\$647.3	+ 16.6	+2.6%
<i>Drug Interdiction and Counterdrug Activities</i>	4,457.8	630.7	647.3	+ 16.6	+2.6%
Department of Health and Human Services	\$44.5	\$44.5	\$54.5	+ 10.0	+22.5%
<i>Food and Drug Administration</i>	44.5	44.5	54.5	+ 10.0	+22.5%
Department of Homeland Security	5,004.0	5,122.4	5,129.6	+ 7.2	+0.1%
<i>Customs and Border Protection</i>	3,153.7	3,040.3	3,083.9	+ 43.6	+1.4%
<i>Science and Technology Directorate</i>	8.5	6.0	6.3	+ 0.3	+5.0%
<i>United States Coast Guard</i>	1,841.8	2,076.1	2,039.4	- 36.7	-1.8%
Department of the Interior	0.4	0.4	0.4	---	---
<i>Bureau of Land Management</i>	0.4	0.4	0.4	---	---
Department of Transportation	13.8	13.9	14.5	+ 0.6	+4.3%
<i>Federal Aviation Administration</i>	13.8	13.9	14.5	+ 0.6	+4.3%
Office of National Drug Control Policy	25.3	26.1	26.4	+ 0.3	+1.3%
Total, Interdiction	\$9,545.8	\$5,837.9	\$5,872.6	+ \$34.7	+0.6%

Notes: Detail may not add due to rounding.

FY 2020 includes \$3.8 billion reprogrammed from other DOD programs for barrier construction along the U.S. southwest border in support of the Department of Homeland Security (DHS) under 10 U.S.C. §284(b)(7).

INTERNATIONAL

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

- Drug law enforcement efforts outside the United States;
- Source country programs to assist our international partners in addressing drug production and trafficking; strengthening the rule of law and anti-corruption activities; promoting human rights; training and equipping security forces; and raising awareness of evidence-based practices and programs to prevent, treat and recover from SUDs; and supporting economic development programs to build resilient societies;
- Assessment and monitoring of international drug production programs and policies;
- Coordination and promotion of compliance with international treaties relating to the eradication of illicit drugs;
- Coordination and promotion of compliance with international treaties relating to the production and transportation of illicit drugs;
- Promotion of involvement of other nations in international law enforcement programs and policies to reduce supply of illicit drugs; and,
- All other overseas drug enforcement efforts to disrupt the flow of illicit drugs into the United States.

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

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Table 6: Drug Control International Funding

FY 2020 - FY 2022

(Budget Authority in Millions)

	FY 2020	FY 2021	FY 2022	FY21 - FY22 Change	
	Final	Enacted	Request	Dollars	Percent
Department of Defense	\$233.2	\$77.0	\$80.9	+ 3.9	+5.1%
<i>Defense Security Cooperation Agency</i>	132.3	54.9	47.5	- 7.4	-13.4%
<i>Drug Interdiction and Counterdrug Activities</i>	101.0	22.1	33.4	+ 11.3	+51.2%
Department of Homeland Security	72.5	76.5	79.4	+ 2.9	+3.8%
<i>Federal Law Enforcement Training Center</i>	0.5	0.6	0.6	+ 0.0	+3.4%
<i>Immigration and Customs Enforcement</i>	72.0	75.9	78.8	+ 2.9	+3.8%
Department of Justice	475.2	465.8	471.7	+ 5.9	+1.3%
<i>Drug Enforcement Administration</i>	473.8	464.4	470.1	+ 5.7	+1.2%
<i>U.S. Marshals Service</i>	1.4	1.5	1.6	+ 0.1	+9.7%
Department of State	478.9	478.9	456.8	- 22.1	-4.6%
<i>Bureau of International Narcotics and Law Enforcem.</i>	425.4	425.4	406.8	- 18.6	-4.4%
<i>United States Agency for International Development</i>	53.5	53.5	50.0	- 3.5	-6.5%
Office of National Drug Control Policy	3.7	3.7	4.3	+ 0.6	+15.8%
Total, International	\$1,263.6	\$1,101.9	\$1,093.2	- \$8.8	-0.8%

Note: Detail may not add due to rounding.

Drug Control Funding by Agency Historical Funding Levels

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

Table 7: Federal Drug Control Spending by Agency
FY 2020 - FY 2022
(Budget Authority in Millions)

Department/Agency	FY 2020 Final ¹	FY 2021 Enacted ¹	FY 2022 Request
AmeriCorps:	\$14.6	\$14.6	\$14.6
Department of Agriculture:			
Office of Rural Development	\$21.3	\$11.4	\$11.4
U.S. Forest Service	13.0	13.0	10.7
Total USDA	34.3	24.4	22.1
Court Services and Offender Supervision Agency for D.C.	54.1	55.0	67.5
Department of Defense:			
Defense Security Cooperation Agency	132.3	54.9	47.5
Drug Interdiction and Counterdrug Activities (incl. OPTEMPO and OCO) ²	4,907.5	1,010.3	919.7
Defense Health Program	84.6	99.0	84.8
Total DOD	5,124.4	1,164.2	1,052.0
Department of Education:			
Office of Elementary and Secondary Education	58.3	60.0	59.7
Federal Judiciary:	1,077.2	1,108.8	1,169.6
Department of Health and Human Services:			
Administration for Children and Families	30.0	20.0	27.0
Centers for Disease Control and Prevention	475.6	475.6	713.4
Centers for Medicare and Medicaid Services	8,970.0	9,790.0	10,120.0
Food and Drug Administration	64.5	64.5	100.5
Health Resources and Services Administration	653.0	650.0	705.0
Indian Health Service	132.2	135.3	142.0
National Institute on Alcohol Abuse and Alcoholism	60.6	61.5	63.2
National Institute on Drug Abuse	1,457.7	1,480.3	1,852.5
Substance Abuse and Mental Health Services Administration ³	4,158.3	7,355.3	6,746.3
Total HHS	16,001.8	20,032.4	20,469.8
Department of Homeland Security:			
Customs and Border Protection	3,153.7	3,040.3	3,083.9
Federal Emergency Management Agency	13.5	13.5	13.5
Federal Law Enforcement Training Center	48.3	57.9	59.6
Immigration and Customs Enforcement	603.4	632.7	642.1
Science and Technology Directorate	8.5	6.0	6.3
U.S. Coast Guard	1,841.8	2,076.1	2,039.4
Total DHS	5,669.2	5,826.5	5,844.8
Department of Housing and Urban Development:			
Office of Community Planning and Development	583.0	633.2	745.7
Department of the Interior:			
Bureau of Indian Affairs	14.9	14.9	14.9
Bureau of Land Management	5.1	5.1	5.1
National Park Service	3.5	3.5	3.5
Total DOI	23.5	23.5	23.5

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Department/Agency	FY 2020 Final ¹	FY 2021 Enacted ¹	FY 2022 Request
Department of Justice:			
Assets Forfeiture Fund	227.1	240.9	245.9
Bureau of Alcohol, Tobacco, and Firearms	37.1	39.2	41.2
Bureau of Prisons	3,645.8	3,882.8	3,754.2
Criminal Division	42.6	45.1	48.0
Drug Enforcement Administration	2,717.6	2,769.1	2,920.2
Federal Bureau of Investigation	151.6	147.7	152.9
Organized Crime Drug Enforcement Task Force	550.5	550.5	550.5
Office of Justice Programs	551.7	587.1	631.9
U.S. Attorneys	89.2	98.9	98.9
United States Marshals Service	1,042.2	1,044.4	1,082.5
Total DOJ	9,055.4	9,405.7	9,526.2
Department of Labor:			
Employment and Training Administration	26.0	26.0	26.0
Office of the Inspector General	1.8	1.8	1.8
Office of Workers' Compensation Programs	7.8	7.8	7.8
Total DOL	35.6	35.6	35.6
Office of National Drug Control Policy:			
Operations	18.4	18.4	21.3
High Intensity Drug Trafficking Area Program	285.0	290.0	293.5
Other Federal Drug Control Programs	121.7	128.2	132.6
Total ONDCP	425.1	436.6	447.4
Department of State⁸:			
Bureau of International Narcotics and Law Enforcement Affairs ⁴	425.4	425.4	406.8
United States Agency for International Development	53.5	53.5	50.0
Total DOS	478.9	478.9	456.8
Department of the Transportation:			
Federal Aviation Administration	33.3	34.6	35.4
National Highway Traffic Safety Administration	14.8	12.9	11.7
Total DOT	48.0	47.5	47.1
Department of the Treasury:			
Financial Crimes Enforcement Network	1.7	1.7	2.1
Internal Revenue Service	66.2	60.3	60.3
Office of Foreign Assets Control	0.7	0.7	0.7
Total, Treasury	68.6	62.6	63.1
Department of Veterans Affairs:			
Veterans Health Administration	854.9	888.2	922.0
United States Postal Inspection Service:	76.4	76.4	76.4
Total Federal Drug Budget⁵	\$39,683.3	\$40,374.0	\$41,043.9

¹ Funding reported for FY 2020 and FY 2021 includes funding in regular and supplemental appropriations.

² FY 2020 includes \$3.8 billion reprogrammed from other DOD programs for barrier construction along the U.S. southwest border in support of the Department of Homeland Security (DHS) under 10 U.S.C. §284(b)(7).

³ Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act.

⁴ The FY 2021 level is an estimate based on FY 2020 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2021 appropriation.

⁵ Detail may not add due to rounding.

Table 8: Historical Drug Control Funding

FY 2013 - FY 2022

(Budget Authority in Millions)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
	Final	Enacted	Request							
Demand Reduction										
Treatment	\$7,888.6	\$9,481.8	\$9,553.1	\$9,845.1	\$12,168.7	\$14,547.9	\$15,439.6	\$16,459.5	\$20,069.7	\$20,567.7
Prevention	1,274.9	1,316.9	1,341.5	1,486.4	1,572.2	2,263.8	2,135.9	2,177.2	2,803.8	2,933.3
Total, Demand Reduction	9,163.5	10,798.7	10,894.6	11,331.5	13,740.9	16,811.7	17,575.6	18,636.6	22,873.5	23,501.0
Supply Reduction										
Domestic Law Enforcement	8,857.0	9,348.8	9,394.5	9,282.8	8,982.3	9,443.8	9,641.4	10,237.3	10,560.6	10,577.2
Interdiction	3,940.6	3,948.5	3,960.9	4,734.7	4,595.9	5,565.9	8,308.3	9,545.8	5,837.9	5,872.6
International	1,848.5	1,637.1	1,643.0	1,524.9	1,494.2	1,465.1	1,283.0	1,263.6	1,101.9	1,093.2
Total, Supply Reduction	14,646.1	14,934.4	14,998.3	15,542.5	15,072.4	16,474.8	19,232.7	21,046.7	17,500.5	17,542.9
Total, Drug Control Funding	\$23,809.6	\$25,733.1	\$25,892.9	\$26,874.0	\$28,813.3	\$33,286.5	\$36,808.3	\$39,683.3	\$40,374.0	\$41,043.9

Agency Budget Summaries

AMERICORPS



AMERICORPS

Resource Summary

	Budget Authority (in millions) ¹		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function²			
Prevention	\$7.520	\$7.520	\$7.520
Treatment ³	6.770	6.770	6.770
State & Local Assistance	0.260	0.260	0.260
Total Funding by Function	\$14.550	\$14.550	\$14.550
Drug Resources by Decision Unit			
AmeriCorps State & National	\$6.800	\$6.800	\$6.800
AmeriCorps Seniors	0.400	0.400	0.400
AmeriCorps VISTA	7.350	7.350	7.350
Total Funding by Decision Unit	\$14.550	\$14.550	\$14.550

¹ Resources reflect AmeriCorps federal grant and project funding for opioid and substance prevention, treatment, and recovery activities through AmeriCorps programs, not a line-item appropriation. Amounts do not include Segal AmeriCorps Education Awards for AmeriCorps members who complete service or the match funding and in-kind donations made by non-AmeriCorps sources to support national service programs engaged in drug control activities.

² Some projects conduct activities across multiple functions (treatment and recovery, for example); where multiple functions appeared to be of equal importance for the project, federal funding was split evenly among them. Otherwise funding was allocated to the function that appeared to be the primary focus of the project.

³ Activities included under Treatment are primarily activities that expand access to drug treatment, not treatment itself, including providing screenings and referrals to treatment and recovery services, raising awareness about treatment availability, raising funds for organizations offering treatment, connecting individuals with addiction to services, and assessing treatment needs of underserved areas in order to develop more treatment options.

Program Summary

MISSION

The mission of the AmeriCorps (previously the Corporation for National and Community Service) is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. Through AmeriCorps State & National, AmeriCorps VISTA, AmeriCorps Seniors, and other programs, AmeriCorps annually engages millions of Americans in results-driven service at more than 40,000 sites across the country, including schools, community centers, homeless shelters, veteran’s facilities, youth programs, senior homes, feeding sites, and other nonprofit and faith-based organizations, improving the lives of millions of Americans. National service members help communities design and implement locally determined, cost-effective solutions to local problems, including strategies to address the opioid and substance abuse crisis.

Recognizing the severity of the opioid epidemic and the toll drug abuse is taking across America, AmeriCorps has prioritized efforts to combat substance abuse and significantly increased its support of drug prevention, education, and recovery programming in recent years.

AmeriCorps programs support the President’s *National Drug Control Strategy* in multiple ways, including:

- **Prevention:** National service participants help prevent drug abuse before it starts by providing drug education to students, educating seniors about safe disposal of prescription drugs, teaching chronic pain management, engaging parents and caregivers in prevention efforts, and working with nonprofits, faith-based organizations, and local government to increase awareness about the dangers of drugs.
- **Treatment:** National service participants serve in police stations, hospitals, community health centers, and other locations connecting individuals with addiction to treatment and recovery services, providing screenings and referrals, raising awareness about treatment availability, raising funds for organizations offering treatment, and assessing treatment needs of underserved areas in order to develop more options.
- **Recovery:** National service participants provide recovery coaching, employment and housing assistance, peer recovery support, and other care coordination to help individuals recovering from addiction stay drug-free.

National service participants build the capacity of anti-drug organizations by raising funds, recruiting volunteers, building partnerships, and supporting state or city task force planning and coordination efforts. They also provide general social services such as housing support or employment assistance to low-income, homeless, or other vulnerable populations, some of whom may suffer from addiction issues. In addition to providing needed services, AmeriCorps is a pathway to future employment for recovery coaches and peer support specialists, helping address a key need cited in the *National Drug Control Strategy* of increasing the size of the addiction services workforce.

METHODOLOGY

AmeriCorps has prioritized opioids and substance abuse reduction in grant competitions and program guidance, and has substantially increased its investments in such projects beginning in FY 2017. AmeriCorps tracks data on opioids and substance abuse programming by reviewing application narratives, grant program objectives, and national service activities. The funding reported here represents federal grant and program dollars associated with projects in which some or all of their national service members are explicitly focused on opioid or substance abuse activities. Amounts do not include Segal AmeriCorps Education Awards for AmeriCorps members who complete a term of national service, or the significant amounts of match funding and in-kind donations made by corporations, foundations, and other local entities to support national service programs.

For AmeriCorps State and National, funding includes projects for which some or all AmeriCorps members are explicitly focused on opioid or substance abuse activities. These projects were identified through a review of projects that applied for funding under the Priority Area for “Healthy Futures – Reducing and/or Preventing Prescription Drug and Opioid Abuse,” and/or who identified “Opioid/Drug Intervention” as one of their service activities. Dollar figures include full federal funding for projects focused solely on opioids and substance abuse activities; pro-rated federal funding amounts for projects in which a subset of members is focused on drug activities; and full federal funding for planning grants focused on opioids and substance abuse.

For AmeriCorps VISTA, investment was estimated from full-year and summer service terms focused partially or entirely on opioid-related activities. A staff review of those opioid-related VISTA member assignment descriptions yielded a breakout into prevention, treatment, recovery, and law-

enforcement-assisting work. Investment was derived from the number of VISTA service terms beginning in FY 2020 multiplied by the average cost per member for the relevant service term type.

For AmeriCorps Seniors, project applications and performance measures were reviewed to determine if some or all of the projects' volunteers are explicitly focused on opioid/substance abuse activities. Full funding is included for projects fully focused on opioids, and pro-rated amounts are used for stipended AmeriCorps Seniors projects in which a subset of volunteers are focused on drug reduction, prevention, or recovery activities.

BUDGET SUMMARY

In FY 2022, the AmeriCorps requests \$14.6 million for drug control activities, no change from the FY 2021 enacted level.

AmeriCorps State and National

FY 2022 Request: \$6.8 million

(No change from the FY 2021 enacted level)

The AmeriCorps State and National program awards grants to local and national organizations that engage AmeriCorps members in evidence-based or evidence-informed interventions practices to meet pressing needs and strengthen communities. AmeriCorps grantees – including nonprofits, institutions of higher education, state and local governments, and Native American Tribes – use their AmeriCorps funding to recruit, place, train, and supervise AmeriCorps members. AmeriCorps members may receive a modest living allowance, and upon successful completion of their service, members earn a Segal AmeriCorps Education Award to pay for higher education expenses or repay qualified student loans. Since FY 2017, AmeriCorps State and National has prioritized the investment of national service resources in reducing and/or preventing prescription drug and opioid abuse and has funded a number of program models working to address this crisis.

AmeriCorps VISTA

FY 2022 Request: \$0.4 million

(No change from the FY 2021 enacted level)

AmeriCorps VISTA supports efforts to alleviate persistent poverty by providing opportunities for Americans 18 years and older to dedicate a year of full-time national service with a sponsoring organization to create or expand programs designed to empower individuals and communities in overcoming poverty. Organizations sponsoring VISTA members include nonprofits, Native American Tribes, and state, city, and local government agencies. AmeriCorps VISTA is addressing the opioid crisis by placing VISTA members with organizations that are creating or expanding opioid prevention and recovery projects targeting low-income communities. These communities often suffer from a lack of resources and may be disproportionately impacted by the opioid crisis. VISTA programming supports prevention, intervention/treatment, and recovery efforts under the AmeriCorps healthy futures focus area.

Senior Corps (now dba AmeriCorps Seniors)

FY 2022 Request: \$7.4 million

(No change from the FY 2021 enacted level)

AmeriCorps Seniors taps the skills, talents, and experience of more than 175,000 Americans age 55 and over to meet a wide range of community challenges through three programs — the Foster Grandparent Program, RSVP, and the Senior Companion Program. Foster Grandparents serve one-on-one as tutors and mentors to young people with special needs. RSVP volunteers recruit and manage other volunteers, mentor and tutor children, and respond to natural disasters, among other activities. Senior Companions help frail seniors and other adults maintain independence primarily in the clients' own homes. As the opioid crisis has devastated families and communities across the nation, an increasing number of AmeriCorps Seniors volunteers are focusing on this issue in myriad ways. The FY 2019, FY 2020, and FY 2021 AmeriCorps Seniors RSVP grant competitions included a priority for projects that increase access to care and participation in health education activities designed to prevent or reduce prescription drug and opioid abuse.

PERFORMANCE

AmeriCorps programs and projects focus on six priority focus areas set by Congress in the National and Community Service Trust Act: Disaster Services, Economic Opportunity, Environmental Stewardship, Education, Healthy Futures, and Veterans and Military Families. Agency-defined National Performance Measures provide a common focal point for the agency's work across all programs and initiatives. AmeriCorps also allows applicant-determined performance measures in which the applicant defines the outputs and/or outcomes that will be measured.

AmeriCorps receives data on grantee and project performance through annual progress reports and supplements. Given the significant growth in opioids and substance abuse programming, AmeriCorps has developed new tools to better measure grantee performance in this area. The AmeriCorps VISTA and AmeriCorps Seniors Progress Report Supplements now include questions on the number of adults and youth served by opioid programming. The FY 2019 AmeriCorps State and National Progress Reports submitted in December 2020 included a new performance data element on the number of individuals receiving opioid/drug intervention services. The FY 2019 AmeriCorps State & National and AmeriCorps Seniors Performance Measure updates include the ability for projects to select "Opioid/Drug Intervention" as a service activity. By adding questions to progress reports and supplements on opioid and drug prevention activities, AmeriCorps is better able to track and report on the performance of its drug prevention and reduction activities.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Selected Measures of Performance	FY 2020 Achieved	FY 2021 Target²
» Number of adults served by AmeriCorps VISTA opioid-related programming	156,696	156,696
» Number of youth served by AmeriCorps VISTA opioid-related programming	216,876	216,876
» Number of AmeriCorps Seniors delivering opioid intervention programming	11,074	11,074
» Number service sites across the country that benefit from AmeriCorps Seniors opioid intervention programming	2,229	2,229
» Number of individuals receiving opioid/drug intervention services from AmeriCorps State & National participants ¹	18,843	18,843
Number of unique FY20 AmeriCorps State & National grants and subgrants that selected the opioid service activity in their performance measures	27	27

¹ AmeriCorps State & National performance figures for FY 2020 derive from projects funded with FY 2019 dollars.

² Targets for future fiscal years are not collected for the performance metrics cited above. Therefore, FY 2021 target figures in the table are projections based on FY 2020 results.

DEPARTMENT OF AGRICULTURE



DEPARTMENT OF AGRICULTURE United States Forest Service

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Actual	FY 2021 Actual	FY 2022 Request
Drug Resources by Function			
Intelligence	\$0.200	\$0.200	\$0.110
Investigations	12.000	12.000	10.100
Prosecution	0.200	0.200	0.110
State and Local Assistance	0.600	0.600	0.400
Total Drug Resources by Function	\$13.000	\$13.000	\$10.720
Drug Resources by Decision Unit			
Law Enforcement Agency Support	\$13.000	\$13.000	\$10.720
Total Drug Resources by Decision Unit	\$13.000	\$13.000	\$10.720
Drug Resources Personnel Summary			
Total FTEs (direct only)	56	56	56
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5.5	\$5.4	\$6.3
Drug Resources Percentage	0.2%	0.2%	0.2%

Program Summary

MISSION

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

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

METHODOLOGY

The Forest Service budget structure includes a LEI budget line item within the National Forest System (NFS) appropriation; under the agency’s new budget structure, LEI salaries and expenses are included in the National Forest System budget line, salaries and expense budget line item. Within the LEI budget line item, funds allocated for drug enforcement activities are based on an analysis of workload that considers all law enforcement responsibilities related to the mission of the Forest Service. This analysis

uses an average of drug-enforcement workload over the past five years to estimate the overall percentage of LEI funds dedicated to drug enforcement.

BUDGET SUMMARY

In FY 2022, Forest Service requests \$10.7 million for drug control activities, a decrease of \$2.3 million from the FY 2021 enacted level.

Law Enforcement Agency Support

FY 2022 Request: \$10.7 million

(\$2.3 million below the FY 2021 enacted level)

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

The requested funding will also be used for clean-up, reclamation, and hazardous material mitigation at marijuana cultivation sites, as well as for research activities related to measuring significant impacts of these hazards on the national forests, native wildlife and species, and watersheds. LEI will also provide security staffing during non-law enforcement reclamation and rehabilitation activities at inactive and historic grow sites. These efforts will help to mitigate the harmful effects of hazardous materials and help restore the severe environmental damage caused by illegal grows on our public lands.

The requested funding may also be used for eliminating methamphetamine production on National Forest System lands, which continues to be a significant enforcement priority. Efforts to detect and disrupt the production and halt the dumping of hazardous waste by-products is essential to the health of our National Forests and the safety of those recreating on National Forest System lands.

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

In FY 2022, the Forest Service will continue efforts and prioritize reclamation and rehabilitation of grow sites, conduct multi-agency eradication operations to target marijuana cultivated on National Forest System lands, and continue enforcement and investigative activities.

LEI will also continue its participation in the Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Area (HIDTA) program and several multi-jurisdictional drug task forces, including OCDETF. Participation will allow LEI to leverage resources with federal, State, and local agencies, placing emphasis on National Forest System lands, in support of the *National Drug Control Strategy*.

PERFORMANCE

Performance data for LEI’s drug control program is derived from Forest Service Law Enforcement and Investigations Management Attainment Reporting System, Government Performance and Results Modernization Act documents, evaluations, and another agency information. The table and accompanying text represent Forest Service LEI drug-related achievements during FY 2020, and targets for FY 2021 and FY 2022.

Selected Measures of Performance	FY 2020 Target	FY 2020 Actual	FY 2021 Target	FY 2022 Target
Percent of drug cases referred for adjudication	33.0%	25.8%	32.0%	32.0%
Number of plants eradicated	650,000	344,568	750,000	550,000
Number of sites dismantled	275	287	300	300
Percentage of drug-related incidents	0.019%	0.0012%	0.017%	0.017%

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

Percent of drug cases referred for adjudication:

In FY 2020, 25.8 percent of assigned drug cases referred for adjudication resulted in negative consequences for defendants. This is a 0.5 percentage point increase from the cases referred in 2019, but is 7.2 percentage points below the FY 2020 target of 33 percent. In FY 2020, LEI faced difficulties prosecuting cases across multiple jurisdictions at the onset of the COVID-19 pandemic due to the closure of many court venues and a subsequent backlog in the criminal justice system.

Number of marijuana plants eradicated:

In FY 2020, 344,568 marijuana plants were eradicated from National Forest System lands compared to 353,057 eradicated in FY 2019. This represents a 2.4 percent decrease in the number of plants eradicated from the previous fiscal year and is below the target of 650,000 plants eradicated.

Several factors contributed to this decrease in the number of marijuana plants eradicated on National Forest System land. In 2020, influenced by the coronavirus (COVID-19) pandemic and unprecedented number of visitors and recreational use on public lands, the Forest Service experienced new operational challenges and demand for service that the agency had not previously encountered. With additional visitors to National Forest System lands, LEI personnel were required to increase the amount of time and resources spent dealing with common visitor issues and other public safety incidents, reducing time spent on drug enforcement activity. Additionally, 2020 was a significant fire year, and LEI personnel provided significant support to wildland fire suppression and evacuation efforts in the West and Northwest.

Due to increased law enforcement pressure over the past several years, some marijuana growers have moved from National Forest System lands to private lands. Legalization has also created a situation where it is more advantageous to grow on private lands due to lack of regulatory enforcement. In addition, easy access to domestic or municipal water sources in drought-prone California, and ease of “farm”-to-market access is more readily realized close to market centers, as opposed to the difficult and remote locations of grows located on National Forest System lands. Additionally, the ability to utilize State and local cooperators to combat marijuana cultivation has been limited as these resources have been focused on addressing regulatory concerns related to “legal” growing activities on private lands. The reduction of these resources negatively impacts LEI’s ability to detect and interdict marijuana growing operations on National Forest System lands. However, if states increase enforcement on private lands, production on public lands may increase. In Southern California where counties are stepping up regulatory enforcement of marijuana growing on private lands, there is anecdotal evidence for this shift, as more marijuana was eradicated in the southern part of the State in FY 2020.

LEI seized 17,695 pounds of processed marijuana during FY 2020 enforcement and investigations operations. This represents significant investigative and enforcement work related to marijuana production on National Forest System lands.

Number of marijuana cultivation sites dismantled:

In FY 2020, LEI dismantled and reclaimed 287 marijuana cultivation sites on National Forest System lands compared to 240 in FY 2019. This represents a 19.5 percent increase and is above the FY 2020 target of 275. Some of these sites were holdover sites from prior years that had not been previously reclaimed for a variety of reason including availability of resources.

A significant trend in marijuana cultivation impairs the Forest Service’s ability to raid and rehabilitate these sites: marijuana growers are routinely utilizing banned pesticides in the carbamate class, particularly Carbofuran (tradename Furadan) to treat their illicit crop. The presence of these and other highly toxic chemicals severely limit LEI’s ability to raid and rehabilitate these sites because clean-up efforts often require specialized equipment and personnel with advanced training in removing and transporting hazardous materials. In FY 2020, LEI in California encountered hazardous materials in nearly every site that was entered. In some instances, the contamination levels were so extensive LEI ceased eradication and rehabilitation efforts to reassess and consult additional hazardous materials professionals. In a few instances, a number of LEI personnel were exposed to these chemicals and required referrals for medical treatment.

Reclamation and cleanup efforts in FY 2020 resulted in the removal of 45.32 tons of trash, an increase of approximately 84 percent over FY 2019; removal of 460.24 miles of irrigation pipe, an increase of approximately 75 percent over FY 2019; cleanup of 12.28 tons of chemical fertilizers, a decrease of 36.37 percent over FY 2019; and cleanup of approximately 19.66 gallons of restricted or banned use poisons, an increase of approximately 217.6 percent over 2019. LEI’s reclamation and cleanup operations also dismantled 192 man-made dams/reservoirs and removed 254 propane tanks and 47 car batteries.

The Forest Service, in a continuing partnership with many other federal, State, and local agencies, has long employed methods in support of the *National Drug Control Strategy* to identify, investigate, disrupt, prosecute, and ultimately dismantle DTOs involved in marijuana cultivation on National Forest

System and other public lands. The above data represents significant and measurable impacts to National Forest System lands, LEI operations and State and local cooperators. Based on resource availability, LEI will continue to provide personnel, support, and leadership necessary to protect natural resources from the harmful effects of drug production and trafficking on public lands. LEI continues to support the *National Drug Control Strategy* and will to the best of its ability continue as stewards to protect these lands for current users and for future generations.

Percentage of drug-related incidents:

In FY 2020, there was a statistical decrease in the number of documented drug-related incidents per 100,000 National Forest System visitors. This decrease can be attributed to challenges related to COVID-19 and a historic and substantial increase in the number of visitors to National Forest System lands. With more visitors to National Forest System lands, LEI was required to increase the amount of time and energy spent dealing with common visitor issues and other public safety incidents, and subsequently, the number of drug related incidents was less than in previous years. In FY 2020, LEI reported a total of 2,402 drug related incidents, which equals 0.0012 percent per 100,000 visitors.

DEPARTMENT OF AGRICULTURE Office of Rural Development

Resource Summary

	Budget Authority (Dollars in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Treatment	\$21.280	\$11.400	\$11.400
Total Drug Resources by Function	\$21.280	\$11.400	\$11.400
Drug Resources by Decision Unit			
Distance Learning and Telemedicine Program	\$21.280	\$11.400	\$11.400
Total Drug Resources by Decision Unit	\$21.280	\$11.400	\$11.400
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$39.3	\$40.5	\$48.2
Drug Resources Percentage	0.1%	< 0.1%	<0.1%

Program Summary

MISSION

USDA’s Rural Development (RD) is committed to helping improve the economy and quality of life in rural America. They help rural Americans in many ways, including:

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

METHODOLOGY

The 2018 Farm Bill (FB) authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine (DLT) program to support SUD treatment services. The FB provides authority to provide priority points from Community Facilities direct loans and grants to applicants who intend to provide SUD prevention services, treatment services, and/or recovery services

with their projects and employ staff that have appropriate expertise and training in how to identify and treat individuals with SUD.

In recent years RD has assigned priority points in certain program to SUD-related projects, including Community Facilities Program, Rural Business Development Grants, Distance Learning and Telemedicine Grants, Business and Industry Loan Guarantees.

BUDGET SUMMARY

In FY 2022, RD requests \$11.4 million for drug control activities, no change from the FY 2021 enacted level.

Distance Learning and Telemedicine (DLT) Program

FY 2022 Request: \$11.4 million

(No change from the FY 2021 enacted level)

The Rural Utilities Service (RUS), an agency of USDA, administers the DLT Program. The DLT Program provides financial assistance to enable and improve distance learning and telemedicine services in rural areas. DLT grant funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies by students, teachers, medical professionals, and rural residents. These grants are intended to increase rural access to education, training, and health care resources that are otherwise unavailable or limited in scope. Funds are provided to help rural communities overcome the effects of remoteness and low population density by linking teachers and medical service providers in one area to students and patients in another.

The 2021 appropriations did not provide a set-aside for opioids request funding set-aside for opioids. ORD will continue the FB requirement of 20 percent of the funding made available from the DLT Program to be available for the opioid effort. In addition, the budget continues the FB requirement for setting priority points for substance abuse disorder related request in the CF direct loans and grants account.

For the 2022 budget request, RD includes the FB requirement of setting aside 20 percent of the funding made available to the DLT Program to be available for substance abuse disorder effort, which it would include opioids.

DLT Opioid Epidemic: Funds are provided to help strengthen local capacity to address opioid prevention, treatment, and recover. In the Consolidated Appropriations Act of 2018, (Pub. L. 115-141, §775), Congress appropriated \$20 million “...to remain available until expended, for an additional amount for telemedicine and distance learning services in rural areas, as authorized by 7 U.S.C 950aaa et seq., to help address the opioid epidemic in rural America...”

PERFORMANCE

Information regarding the performance of the drug control efforts of ORD is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other information that measure the agency’s contribution to the *National Drug Control Strategy*. FY 2018 was the first year that ORD got appropriations in support of the Opioids crisis and that is only for the DLT grant program. Since ORD only have one year of data, the agency has not developed at this time any performance

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

related to drug control. The table below is using the approved performance indicators for these programs. RD has not developed performance yet specifically for drug control efforts.

Selected Measures of Performance	FY 2019 Achieved	FY 2020 Achieved	FY 2021 Enacted	FY 2022 Budget
Number of projects DLT funded that supported treatment and / or prevention of Opioid use disorder a/	51	35	40	40

a/ The set aside is for Substance used disorder and no specific to opioids.

Distance Learning and Telemedicine Grants: All distance learning and telemedicine projects are required to provide a project summary report upon implementation and completion of the project. Grant recipients are given up to 3 years to complete the project. With respect to DLT-Opioid projects, the number of projects successfully completed will be measured on a yearly basis. Through this approach and our outreach efforts, in 2020 we obligated about \$21.3 million in DLT grant funding towards opioid and other substance abuse related projects.

RD FY 2020 Opioid Related Obligations			
Agency	Program Area	Obligation Amount	Obligation #
RUS	DLT Grants - Substance Use Disorder	\$9,376,335	16
RUS	DLT Opioid Grants	\$11,905,895	19
Total		\$21,282,230	35

COURT SERVICES AND OFFENDER
SUPERVISION AGENCY FOR THE DISTRICT OF
COLUMBIA



COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$19.676	\$20.084	\$23.233
Treatment	34.381	34.868	44.307
Total Drug Resources by Function	\$54.057	\$54.952	\$67.540
Drug Resources by Decision Unit			
Community Supervision Program	\$35.535	\$36.147	\$47.106
Pretrial Services Agency	18.522	18.805	20.434
Total Drug Resources by Decision Unit	\$54.057	\$54.952	\$67.540
Drug Resources Personnel Summary			
Total FTEs (direct only)	278	277	298
Drug Resources as a Percent of Budget			
Total Agency Budget (in Millions)	\$248.524	\$245.923	\$283.425
Drug Resources Percentage	21.8%	22.4%	23.8%

Program Summary

MISSION

The mission of CSOSA is to effectively supervise adults under our jurisdiction to enhance public safety, reduce recidivism, support the fair administration of justice, and promote accountability, inclusion and success through the implementation of evidence-based practices in close collaboration with our criminal justice partners and the community. The CSOSA appropriation is comprised of two component programs: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

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

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

PSA is an independent entity within CSOSA whose mission is to promote pretrial justice and enhance community safety. PSA assists judicial officers in both the Superior Court of the District of Columbia and the United States District Court for the District of Columbia by conducting a risk assessment for every arrested person who will be presented in court and formulating release or detention recommendations based upon the arrestee's demographic information, criminal history, and substance use and/or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services that reasonably assure that they return to court and do not engage in criminal activity pending their trial and/or sentencing.

The effective supervision of pretrial defendants and convicted individuals is critical to public safety in the District of Columbia. Three strategic goals support CSOSA's mission. The first goal targets public safety by striving to decrease criminal activity among the supervised population and to increase the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on the delivery of preventive interventions to those with identified behavioral health, employment, and/or housing needs. The third goal targets the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers; namely, the Courts and the United States Parole Commission. The following four strategic goals support PSA's mission: 1. Judicial Concurrence with PSA Recommendations, 2. Continued Pretrial Release, 3. Minimize Rearrest, and 4. Maximize Court Appearance.

In March 2020, to respond to the CDC and White House public health guidance to the Coronavirus pandemic (hereafter referred to as COVID-19), CSOSA altered operations to enforce social distancing measures required to slow the spread of the virus. In coordination with the courts, PSA suspended defendant drug testing, treatment needs assessments and treatment services, all of which require close in-person contact. CSP temporarily suspended offender drug testing and significantly reduced treatment interventions.

Overall, the volume of PSA drug testing, and assessments and referrals to SUD treatment decreased. Testing results and drug-related performance indicators were generally consistent with prior years, except for a decrease in placement into SUD treatment (strategic objective 3.2.2), due to PSA's suspension of SUD treatment.

In response to the previous Administration's priorities to address drug addiction and opioid abuse, over the past few years, PSA studied the trends in fentanyl use among the DC criminal justice population. Universal testing of fentanyl and other opioids will provide data that can be used to support the following: aid in future decision-making on curbing use within the general population, provision of appropriate treatment protocols for the supervised population, assistance with keeping the community safe, and demonstration of reasonable efforts in supporting the nation-wide call to abate opioid abuse.

PSA planned to expand its substance use testing panel to include universal fentanyl testing in April 2020, but delayed this expansion due to a temporary suspension of the agency's laboratory testing

operations in response to the COVID-19 pandemic. PSA is ready to implement fentanyl screening upon the agency's return to normal operations.

METHODOLOGY

The methodologies used by PSA and CSP to determine Drug Budget resources remain unchanged from those used for the FY 2021 ONDCP Drug Budget.

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

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

BUDGET SUMMARY

The total drug control request for CSOSA for FY 2022 is \$67.5 million, an increase of \$12.6 million above the FY 2021 enacted level.

Community Supervision Program

FY 2022 Request: \$47.1 million

(\$11.0 million above the FY 2021 enacted level)

In FY 2022 the CSOSA request for CSP is \$47.1 million, an increase of \$10.9 million above the FY 2021 enacted level.

CSP Drug Prevention

FY 2022 Request: \$10.0 million

(Reflects \$2.2 million increase above FY 2021 enacted level)

In FY 2020, approximately 85 percent of those beginning CSP supervision self-reported a history of illicit substance use. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment.

Eligible individuals are drug tested at supervision intake and are then placed on a drug testing schedule by their Community Supervision Officer, with testing frequency dependent upon prior substance use history, supervision risk level, and length of time under CSP supervision. Offenders reporting to High

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Intensity Supervision Teams (HISTs) are subject to daily, random testing. Offenders submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center (RSC) and four CSP Illegal Substance Collection Units located throughout the District of Columbia. Due to the COVID-19 pandemic, CSOSA drug collection sites were closed from March 25, 2020 – July 5, 2020 and there were no samples collected/tested in this time period due to the closure of the collection sites and PSA's testing facility.

On average, CSP collected 8,195 samples from 2,787 unique offenders each month in FY 2020 during which operations took place at our collection unit sites. In FY 2020, each urine sample was tested by PSA for up to nine illicit substances [Marijuana, PCP, Opiates (codeine/morphine), Methadone, Cocaine, Amphetamines, Alcohol, Heroin, and Synthetic Cannabinoids]. In addition, samples are tested for Creatinine levels to determine sample validity and Ethyl Glucuronide (EtG) to confirm alcohol use and other substances. CSP offender urine samples are tested by PSA and results are provided to CSP within 48 hours after the sample is taken. Limited testing of oral fluid samples is performed and reported to CSP contractually.

CSP Treatment

FY 2022 Request: \$37.1 million

(\$8.7 million above FY 2021 enacted level)

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

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

In FY 2020, CSP made 585 treatment and transitional housing placements with contract vendors. FY 2020 placement activity was below FY 2019 levels due to COVID-19 restrictions put into place by our contract vendors. In addition, CSOSA's RSC at Karrick Hall typically provides high risk individuals with an intensive assessment, reentry, and treatment readiness counseling program in a residential setting. However, the RSC program was temporarily halted by the Agency in March 2020 due to COVID-19. The RSC program is specifically tailored for men and women with long histories of crime and SUDs coupled with long periods of incarceration, cognitive behavior issues and little outside support. These individuals are particularly vulnerable to both criminal and drug relapse. For FY 2021, CSP plans a resumption of RSC and contract vendor placement activities and to continue the adjustment of the RSC from a treatment readiness program to a treatment program with additional cognitive behavior interventions.

CSP performed a review of FY 2019 offender intakes to determine estimated annual treatment needs. That year, a total of 5,374 offenders entered CSP supervision. Roughly one-third of those intakes (1,540 offenders) tested positive for drugs (excluding positive tests for alcohol) on three or more occasions

within one year of their supervision start date. Sixty-three percent of the 1,540 persistent drug users (973 offenders) had a special condition for court-ordered treatment/treatment evaluation during their first year of supervision, and 75 percent (1,160 offenders) were supervised at the highest risk levels (intensive or maximum) at some point during that year. High-risk offenders, however, are not the only group to demonstrate a possible need for treatment. Of the 1,675 offenders who entered supervision in FY 2019 and were assessed at either the medium or minimum risk level, 332 exhibited persistent drug use during their first year of supervision.

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

Pretrial Services Agency for the District of Columbia

FY 2022 Request: \$20.4 million

(\$1.6 million above the FY 2021 enacted level)

In FY 2022 the CSOSA request for PSA is \$20.4 million, an increase of \$1.6 million above the FY 2021 enacted level.

PSA Drug Prevention

FY 2022 Request: \$13.3 million

(\$0.9 million above FY 2021 enacted level)

In FY 2022 the CSOSA request for PSA preventions is \$13.3 million, an increase of \$0.9 million above the FY 2021 enacted level.

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

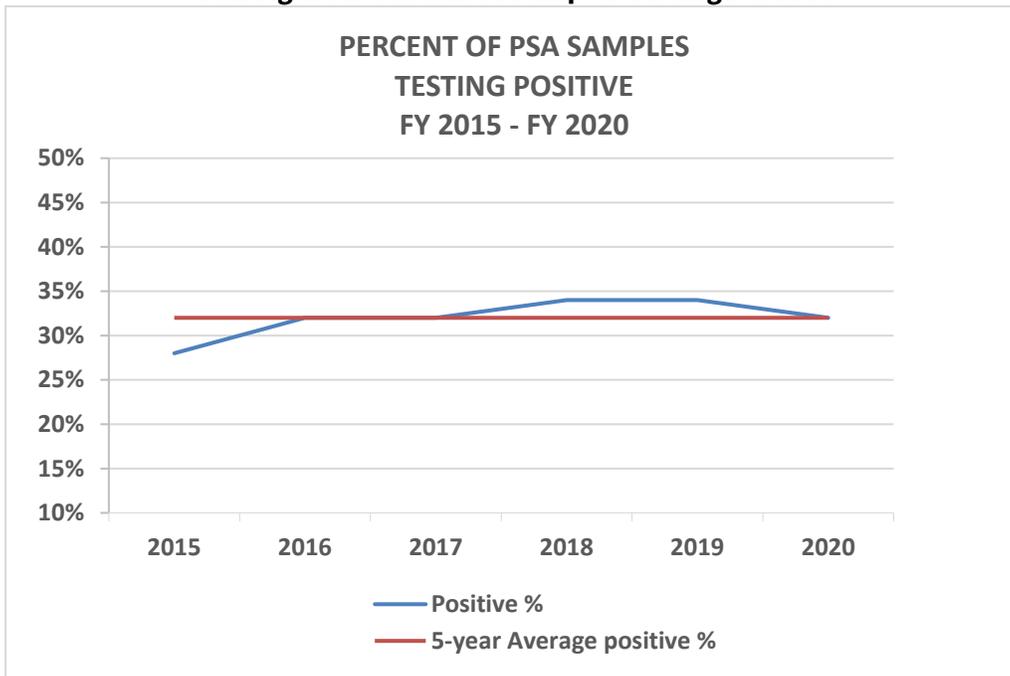
PSA's OFTS, which is certified by HHS's Clinical Laboratory Improvement Amendments (CLIA) program, plays a vital role in supporting the Nation's drug control priorities by performing forensic urine drug testing for defendants on pretrial release; offenders on probation, parole, and supervised release;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

Each specimen sample is tested for up to 36 illicit substances, including synthetic cannabinoids. In addition, samples are tested for creatinine levels to determine sample validity and for EtG to confirm alcohol use. All positive samples are retested for agreement and accuracy. Gas chromatograph/mass spectrometry (GC-MS) analyses are conducted to confirm test results and provide affirmation of the identity of a drug when results are challenged. Toxicologists conduct levels analysis to determine if the illicit substance detected is from new use or if it is residual, from previous use. These interpretations are essential to the courts for determining continued drug use by a defendant.

In FY 2020, PSA conducted 895,686 drug tests on 102,792 specimens.¹ About 99 percent of the specimens collected were urine specimens and one percent were oral fluid specimens collected from defendants who were unable to submit urine specimens. An estimated 26 percent of the specimens tested were from PSA defendants, 72 percent from CSP offenders, and two percent from respondents whose matters are handled in the Family Court.² The rate of positive test specimens averaged 32 percent, which is consistent with recent years (PSA Figure 1).³ On average, defendant specimens were tested within a day, and offender specimens within six days. All collected specimens were screened, and an estimated two percent went through confirmation GC-MS to address challenges and five percent went through levels analyses, which aid in the determination of continuing drug use.

In addition to conducting drug testing and analysis, PSA also provided expert witness court testimony and forensic consultations to assist the judicial officers in 34 cases to interpret drug test results challenged by defendants and during Drug Court daily pre-court interdisciplinary team meetings and 163 affidavits to support hearings and adjudications in parole and probation cases in US District Court.⁴

PSA Figure 1: Percent of Samples Testing Positive



¹ Due to COVID-19 and the interruption of PSA’s normal operations, data covers October 2019 through March 2020.

² Percentage may be greater than 100% because some defendants are dually supervised by PSA and CSP.

³ D.C. Superior Court (DCSC) hearings were suspended in March 2020, with the exception of arraignments, emergency and detention hearings, which were held virtually. US District Court (USDC) continued virtual court operations with the exception of jury trials.

⁴ Due to COVID-19 and the interruption of PSA’s normal operations, data covers October 2019 through March 2020.

Pretrial Services Agency (PSA) Drug Treatment

FY 2022 Request: \$7.2 million

(\$0.7 million above the FY 2021 enacted level)

Defendants with SUD present greater risks of non-compliance during the pretrial period as illustrated in the table below. Eighty-two percent of drug-users remained arrest-free during the pretrial period compared with 91 percent of non-drug users. Eighty-nine percent of drug-users made all scheduled court appearances during the pretrial period compared with 92 percent of non-drug users (PSA Table 1).

Arrest Free Rate and Court Appearance Rate by Drug Use

Performance Indicators		PSA Drug Treatment		
		FY 2018	FY 2019	FY 2020 ¹
» Percentage of Defendants who Remain Arrest-free During the Pretrial Release Period	Overall	87%	87%	88%
	Drug User	80%	79%	82%
	Non-Drug User	92%	92%	91%
» Percentage of Defendants who Make All Scheduled Court Appearances	Overall	89%	88%	91%
	Drug User	85%	87%	89%
	Non-Drug User	92%	93%	92%

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

An effective approach to minimizing pretrial misconduct is addressing underlying issues, such as SUDs, during the pretrial period. PSA responds to drug use by screening defendants for SUD history during the risk assessment screening and interview process, and formulating release recommendations to ensure defendants receive appropriate substance abuse interventions while on pretrial release. Due to COVID-19, SUD assessments were suspended in March 2020. In FY 2020, PSA conducted 859 SUD assessments and 367 alcohol use assessments for defendants under pretrial supervision.

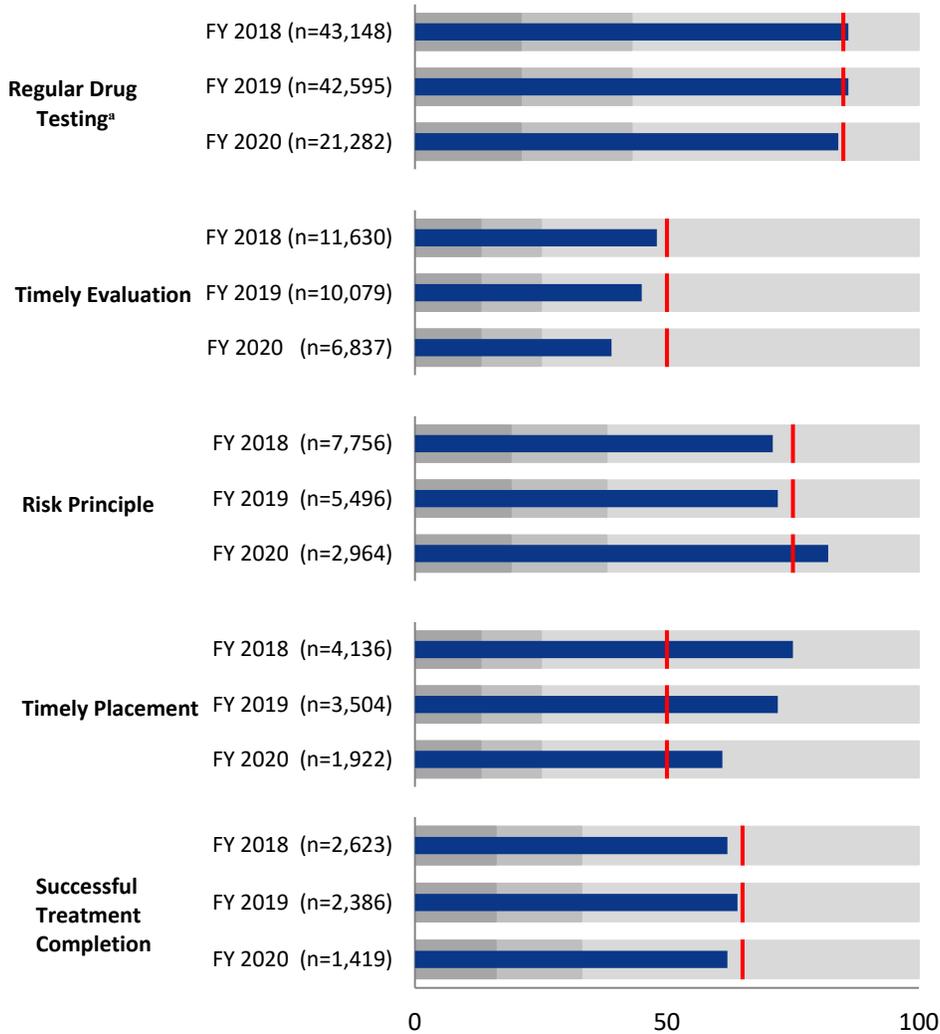
PSA provides appropriate SUD treatment to enhance supervision compliance. Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of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

Based on a defendant’s assessed treatment needs, PSA provides both close supervision and appropriate treatment. PSA utilizes contracted sanction-based treatment services (medical and social detoxification, residential, intensive outpatient services, transitional) to support the supervision process. Treatment providers utilize a full spectrum of interventions consistent with best practices to mitigate substance abuse. If sanction-based treatment is not available or is not ordered by the court, PSA provides supervision and refers defendants to community-based treatment providers, as available.

PERFORMANCE

Community Supervision Program

Drug testing and treatment are at the core of CSP’s approach to addressing offender needs regarding illicit substance use, and several performance goals were set forth in CSOSA’s Strategic Plan to address these items. Figure 1 shows CSP’s progress towards achieving these goals during FYs 2018 through 2020.⁵ The blue bars depict progress on the targets for each goal in relation to the red target line. The shades of gray represent areas of low, medium and high performance.



CSP performance on goals related to drug testing and treatment, FYs 2018–2020.

Overall estimates for these goals include substance use treatment and treatment readiness programs, as well as programs for other supportive services. Detailed data on the substance use and treatment readiness programs included in each goal are displayed in Appendix A.

⁵ Additional metrics for FY 2018–2022 are under development and being tested to ensure accuracy and are expected to be ready for reporting in our upcoming performance year.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

^a Performance is reflected through the second quarter of FY 2020 since drug testing operations were suspended in March 2020 amid the COVID-19 pandemic

Many CSP offenders are a high risk to public safety, have significant needs, and face many challenges to successfully completing supervision. Among these challenges is illicit substance use. In FY 2020, approximately 85 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use.

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

CSP temporarily suspended offender drug testing in March 2020 due to the COVID-19 pandemic. Prior to the temporary suspension, CSP tested samples from 4,034 unique offenders in March 2020. When drug testing operations resumed in August 2020, testing was limited to only the highest-risk offenders. Of the 442 offenders tested for illicit substances in September 2020, 50 percent tested positive for one or more of 11 tested substances.⁶

CSP places certain substance abusing offenders into treatment on a risk-based, priority basis. In addition to offering a variety of in-house and outpatient services, CSOSA's Re-entry and Sanctions Center (RSC) provides high-risk offenders and pretrial defendants with an intensive assessment and treatment readiness program (28 days for men; 42 days for women) in a residential setting. It is particularly suited for offenders/defendants with persistent substance abuse, long periods of incarceration and little outside support.

Due to limited resources, CSP attempts to focus its programs on the offenders who have the highest needs and present the highest risks. In FY 2020, despite challenges and constraints placed on resources amid the COVID-19 pandemic, CSP ensured that available resources were reserved for those at the highest risk to public safety. Seventy-eight percent of substance abuse treatment and treatment readiness placements were made for offenders supervised at the highest risk levels (maximum and intensive; see Appendix A, Figure 2, Risk Principle).

Once offenders are referred for substance abuse treatment or treatment readiness by their community supervision officers, they are evaluated by treatment staff to determine whether programming [or placement] is appropriate. If deemed appropriate for intervention, it is imperative that offenders are placed in treatment and support services in a timely manner. Two performance goals are used to monitor the timeliness in which evaluations and treatment placements occur. In FY 2020, 49 percent of offenders referred to substance abuse treatment or treatment readiness programs received a formal evaluation of need in a timely manner, and 66 percent of treatment placements were made in a timely

⁶ PSA tests samples obtained by CSP from offenders. Each sample may be tested for up to eleven substances [Marijuana, PCP, Opiates, Methadone, Cocaine, Amphetamines, Alcohol, Creatinine, Heroin, Etc, and Synthetic Cannabinoids].

fashion (see Appendix A, Figure 2, Timely Evaluation and Timely Placement). It is expected that the COVID-19 pandemic impacted CSP's performance, as staff adjusted to new techniques using tools to conduct virtual evaluations and dealt with the uncertainty of available resources. CSP has been working through these challenges so we can best serve our population and ensure they have access to the resources they need.

CSP also monitors offenders' completion of treatment. Sixty percent of the offenders who started substance abuse treatment or treatment readiness programs satisfactorily completed their programs during FY 2020 (see Appendix A, Figure 2, Successful Treatment Completion). Of the high-risk offenders who were discharged from the RSC in FY 2020, 64 percent satisfactorily completed the program⁷ (see Appendix A, Figure 2, Successful Treatment Completion). Relatively low treatment completion rates for offenders participating in transitional housing and, to a lesser extent, aftercare and outpatient treatment contributed to CSP not meeting its FY 2020 performance target (see Appendix A, Figure 2, Successful Treatment Completion [SA Tx modality]).

CSP is committed to making evidence-based decisions regarding its programs. CSP monitors the needs of its offender population to ensure programming is available to address those needs. In addition to substance abuse, many offenders present with mental health and cognitive disorders. As a result, in FY 2019, CSOSA deployed a new Extended Stay unit to provide longer-term support to defendants and offenders. And, in FY 2020, continued to restructure the RSC from a treatment-readiness program to a treatment program in FY 2020. Specifically, RSC services were expanded to include additional cognitive behavioral therapy and interventions for our highest risk offenders. While RSC operations were suspended in March 2020 as a result of the COVID-19 pandemic, CSP placed applicable offenders into contract residential treatment and/or increased supervision oversight. CSOSA expects to resume programming at the RSC once it is safe to do so.

Pretrial Services Agency

One of PSA's strategic objectives is to reduce drug usage among the defendants placed in treatment. Due to COVID-19, in March 2020, placement into SUD treatment was suspended. Although substance use disorder treatment placement is voluntary, PSA placed 33 percent of eligible defendants in treatment in FY 2020. Among defendants placed in a sanction-based treatment program, 85 percent had a reduction in drug use (PSA Table 2).

⁷ Pretrial defendants excluded from reporting

PSA Table 2

Pretrial Services Agency						
Drug-Related Agency Performance Indicators	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual ⁴	FY 2018-2022 Target
» Strategic Objective 3.2.1: SUD Assessments	92%	93%	91%	96%	95% 	95%
» Strategic Objective 3.2.2: Placement into SUD Treatment	49%	53%	55%	50%	33% 	50%
» Strategic Objective 3.2.3: Reduction in Drug Use	84%	85%	82%	85%	85% 	74%

⁴*Due to COVID-19 and the interruption in PSA’s normal operations, data covers October 2019 through March 2020.

Fifty-five defendants successfully graduated from the Drug Court Program and had the charge against them withdrawn by the prosecuting authority, or they received a favorable sentencing outcome from the Drug Court Judge, in exchange for their successful completion of the program.⁸ During the program, participants have immediate access to SUD treatment and receive specialized care, including gender-specific groups and individual and group therapy for trauma-impacted individuals.

FY 2020 Accomplishment Highlights

1. *Implemented Universal Fentanyl Testing*

In response to the nationwide public health emergency to address the opioid crisis and based on PSA’s research findings showing fentanyl use among its defendant population, PSA expanded its substance use testing panel to include fentanyl testing. While COVID-19 delayed the PSA’s originally scheduled plans to begin fentanyl testing in April 2020, PSA is ready to implement universal fentanyl screening upon the PSA’s return to normal operations.

⁸ Due to COVID-19 and the interruption of PSA’s normal operations, data covers October 2019 through March 2020.

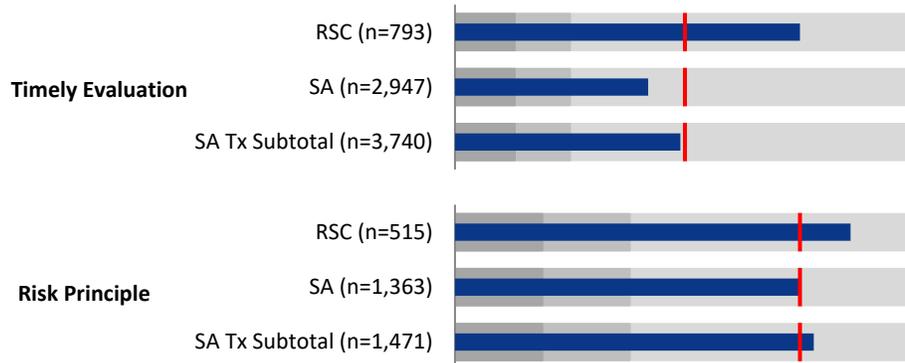
2. *Reduced Turnaround Times for Oral Fluid Screening*

Due to medical conditions and other factors, some defendants and respondents are unable to provide urine specimens for testing. As an alternative for these individuals, PSA conducts oral fluid testing.

From the inception of the PSA’s oral fluid testing program, PSA relied upon the services of an external contractor for the screening and confirmation testing of its oral fluid specimens. Use of the external contractor caused delays in the turnaround times for specimen results and resulted in increased testing expenses for the agency. To mitigate these issues, in July 2016, PSA began screening a limited number of oral fluid specimens with the use of in-house manual analysis and data entry technology. While this new screening method lowered testing expenses for PSA, delays in turnaround times for specimen results still persisted due to the manual analysis process.

In February 2020, PSA secured and introduced testing kits that allow for screening of oral fluid specimens using its high-capacity automated analyzers. The introduction of the new oral fluid specimen testing kit enabled PSA to reduce testing turnaround times from seven business days to five business days for routine oral fluid test results, and from four business days to two business days for spot test results. In addition to reducing turnaround times for oral fluid screening, the new kit expanded detection to include four additional substances: alcohol, methadone, methamphetamine, and oxycodone. This new kit enables detection of a total of nine substances. This includes the newly added substances mentioned above, plus the original five that were previously detected: amphetamines, cocaine/cocaine metabolites, marijuana, opiates, and PCP.

APPENDIX A



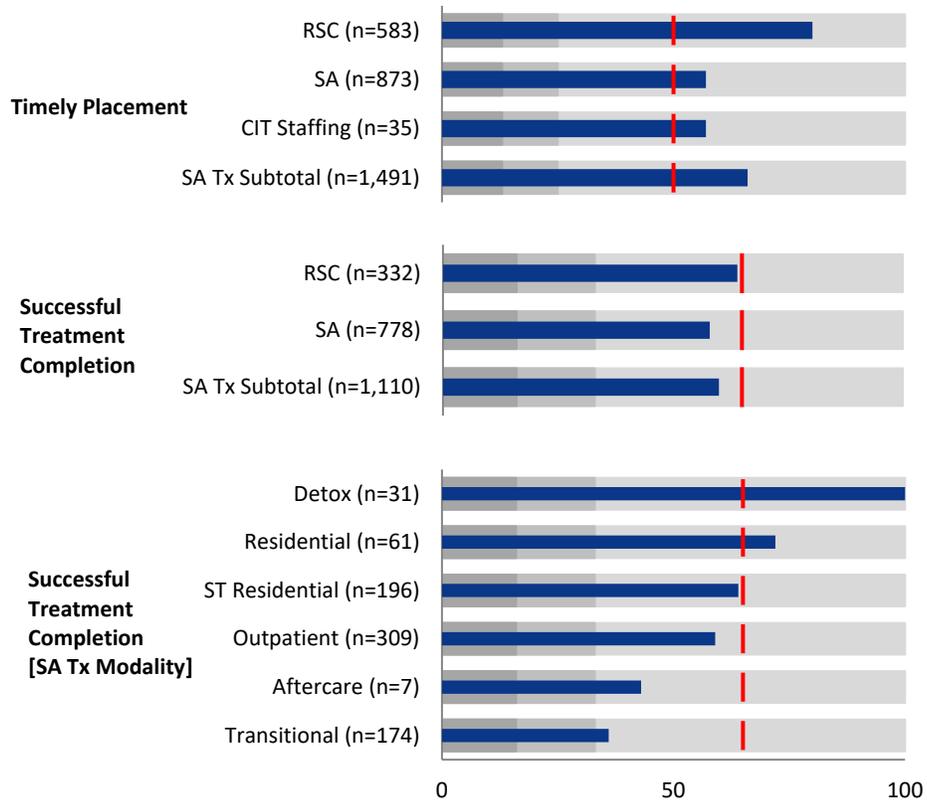


Figure 2. CSP performance on goals related to drug testing and treatment, by treatment type and drug treatment modality, FY 2020.

DEPARTMENT OF DEFENSE



DEPARTMENT OF DEFENSE Office of the Secretary of Defense

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$178.931	\$193.542	\$227.233
Interdiction	4,298.373	437.155	420.053
International	81.481	22.075	33.379
Prevention	124.922	127.704	126.024
State and Local Assistance	223.822	229.833	113.017
Total Drug Resources by Function	\$4,907.529	\$1,010.309	\$919.706
Drug Resources by Decision Unit			
Drug Interdiction and Counterdrug Activities ¹	\$4,719.059	\$914.429	\$821.908
Overseas Contingency Operations (OCO) ²	84.743	---	---
Operations Tempo (OPTEMPO)	103.727	95.880	97.798
Total Drug Resources by Decision Unit	\$ 4,907.529	\$1,010.309	\$919.706
Drug Resources Personnel Summary			
Total Full Time Equivalent (FTE) positions	1,528	1,528	1,528
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$ 723.2	\$ 703.7	\$ 715.0
Drug Resources percentage	0.7 %	0.1 %	0.1 %

¹ FY 2020 includes \$3,831 million reprogrammed from other DOD programs for barrier construction to block the smuggling corridors along the U.S. southern border in support of DHS under 10 USC §284(b)(7).

² Since FY 2021, funding to support enduring OCO requirements has been budgeted within DOD's base budget.

Program Summary

MISSION

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

The threat to United States national security posed by illicit drugs extends beyond traditional challenges and directly impacts public health and safety. Many of our Nation's adversaries, including nation-states, non-state actors, and violent extremist organizations (VEO), depend on proceeds

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

The Department's statutory mission to detect and monitor aerial and maritime transit of illicit drugs toward the United States remains a priority. By performing this mission, DoD helps deter, disrupt, and defeat potential threats before they reach the United States. This includes supporting interagency and international efforts to target TCOs at their source, and building international partnerships to prevent transnational threat networks from undermining sovereign governments and decreasing regional stability.

METHODOLOGY

The DoD Drug Interdiction and Counterdrug Activities budget is drug-related, and is therefore scored as a part of the National Drug Control Budget. Funds are programmed and budgeted for specific projects and activities, and then transferred during the fiscal year of execution to the most appropriate Military Service or Defense Agency for implementation. Operations Tempo (OPTEMPO) estimates are computed by the Services to support CD efforts, either by aircraft hours or ship days, and are reported by the Services to the office of the Deputy Assistant Secretary of Defense for Counternarcotics and Global Threats [DASD(CN>)].

BUDGET SUMMARY

For FY 2022, DoD requests \$821.9 million for drug control activities, a net decrease of \$92.5 million from the FY 2021 enacted level.

Drug Interdiction and CD Activities Decision Unit

Total FY 2022 Request: \$821.9 million

(\$92.5 million below the FY 2021 enacted level)

The FY 2022 request for the Drug Interdiction and CD Activities Decision Unit supports five National Drug Control Program Functions: Intelligence, Interdiction, International, Prevention, and State and Local Assistance. The FY 2021-22 net decrease of \$92.5 million includes an inflation increase of \$22.7 million, program increases of \$33.9 million, and a program decrease of \$149.1 to account for one-time FY 2021 congressional enhancements.

Intelligence

FY 2022 Request: \$227.2 million

(\$33.7 million above the FY 2021 enacted level)

DoD support of the Intelligence Drug Control Function includes funding for classified and sensitive unclassified intelligence and related technology programs to collect, process, analyze, and disseminate strategic, operational, and tactical intelligence and information required for combatant command and interagency CD and related counter transnational organized crime (CTOC) operations and activities. The interdiction intelligence functions of Joint Interagency Task Force-South (JIATF-S) and Joint

Interagency Task Force–West (JIATF-W) also support this drug control function. The FY 2021-22 increase of \$33.7 million includes a \$4.5 million inflation increase and a program increase of \$29.2 million.

Interdiction

FY 2022 Request: \$322.3 million

(\$19.0 million below the FY 2021 enacted level)

Pursuant to Title 10, U.S. Code §124, DoD support of the Interdiction Drug Control Function includes funding for programs to detect and monitor the aerial and maritime transit of illegal drugs toward the United States in support of U.S. and Partner Nation (PN) law enforcement interdiction operations. Funding for this function supports logistics and base operations support for maritime patrol, reconnaissance, and aerial tanker aircraft, to include operations from multiple forward operating locations; contracted operations and maintenance in support of DoD owned maritime patrol aircraft (MPA); multi-mission support vessel operations; multi-site Relocatable Over-The-Horizon Radar (OTH) system operations; and support for command and control centers, including the operations functions of JIATF-S. The FY 2021-22 net decrease of \$19.0 million includes a \$8.7 million inflation increase and a program decrease of \$27.7 million.

International

FY 2022 Request: \$33.4 million

(\$11.3 million above the FY 2021 enacted level)

Most DoD activities that support the International Drug Control Function are executed under Title 10, U.S. Code, Chapter 15 §284. Funding for this function supports CD and CD-related CTOC efforts within the six geographic Combatant Commands' Areas of Responsibility to detect, interdict, disrupt, or curtail activities related to substances, material, weapons or resources used to finance, support, secure, cultivate, process or transport illegal drugs. Activities include transportation support, PN D&M, and intelligence analysis in support of United States and international LEAs designed to complement DoD security cooperation efforts. The FY 2021-22 net increase of \$11.3 million includes an inflation increase of \$0.5 million and program increases of \$10.8 million.

Prevention

FY 2022 Request: \$126.0 million

(\$1.7 million below the FY 2021 enacted level)

DoD DDR efforts support the Prevention Drug Control Function and finance programs to detect and deter the misuse of illicit and prescription drugs among military and civilian personnel. Funding supports drug testing specimen collection, drug testing laboratories, and associated analysis costs and finances military service, National Guard, and defense agency outreach, prevention, and education programs. These funds support a minimum of 100% random drug testing for active duty military, National Guard and Reserve personnel; drug testing for all DoD civilian employee applicants and civilians in testing designated positions once every two years; and drug abuse prevention and education activities for military and civilian personnel and their dependents. The FY 2021-22 net decrease of \$1.7 million from the FY 2021 enacted level includes an inflation increase of \$2.8 million, a decrease of \$4.1 million to account for a one-time FY 2021 congressional enhancement, and a program decrease of \$0.4 million.

State and Local Assistance

FY 2022 Request: \$113.0 million

(\$116.8 million below the FY 2021 enacted level)

DoD programs executed under the State and Local Assistance Drug Control Function support federal, state and local drug law enforcement agency (DLEA) requests at the state and community level in efforts to reduce drug-related crime. Under Title 32 U.S. Code, §112, this activity funds National Guard support for domestic law enforcement under the Governors' State Plans and CD Schools programs. The FY 2021-22 net decrease of \$116.8 million includes an inflation increase of \$6.2 million, a program decrease of \$123.2 to account for one-time FY 2021 congressional enhancements, and a program increase of \$0.2 million.

Operations Tempo

FY 2022 Request: \$97.8 million

(\$1.9 million above the FY 2021 enacted level)

The OPTEMPO Decision Unit supports the Interdiction Drug Control Function and estimates the level of funding for DoD aircraft flight hours and ship steaming days that support CD activities. The military services derive these estimates by multiplying the aircraft cost per flight hour/ship steam days by the number of hours/days the system is employed in supporting CD missions and activities. Estimates may include transit time, on-station time, and training. The FY 2021-22 increase from the FY 2021 enacted level reflects an inflation increase of \$1.9 million.

PERFORMANCE

DoD delivers global support to the nation's CD and CTOC efforts via programs focused on the D&M of aerial and maritime drug threats bound for the United States, by supporting U.S. and international partner operations and information sharing, conducting global intelligence and counter threat finance analyses, and by encouraging a drug-free workplace through drug demand reduction and prevention programs.

Measures of performance assigned to these activities are used by decision makers to measure actual results for comparison to annual goals and progress toward strategic objectives; guide the allocation of budgetary resources during the annual planning, programming, budgeting, and execution process; provide management and oversight of DoD CD and CTOC programs; and facilitate communications and engagements with internal and external stakeholders. Selected examples of FY 2021 qualitative and quantitative program performance results are provided in the following table and accompanying narrative to communicate DoD's progress toward achieving operational objectives in support of the National Drug Control Program.

Office of the Secretary of Defense		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
Budget Decision Unit 1 – Drug Interdiction and Counterdrug Activities		
» Percentage of detected events successfully handed-off to interdiction and apprehension resources (JIATF-S)	80 %	68 %
» DoD military personnel testing positive for drug use	< 2 %	0.87 %
» DoD civilian personnel testing positive for drug use	< 1 %	0.40 %
» Heroin removal by Combined Task Force-150 (CTF-150) in the Indian Ocean Transit Zone	4,800 kg	4,054 kg
Budget Decision Unit 2 – Counterdrug Operations Tempo		
» Aircraft and ship OPTEMPO hours executed by the U.S. Armed Forces in support of global counterdrug operations	28,556	42,351

Budget Decision Unit 1: Drug Interdiction and Counterdrug Activities

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

This measure is the primary gauge for assessing the Department’s performance as the single lead agency of the federal Government for detecting and monitoring aerial and maritime transit of illicit drugs into the United States through the Western Hemisphere Transit Zone (WHTZ). The WHTZ includes the Caribbean Sea, the Gulf of Mexico, and the eastern Pacific Ocean. U.S. Southern Command’s (USOUTHCOM) JIATF-S facilitates drug interdiction by leveraging cued intelligence and other sources. The task force detects, monitors, and then hands-off potential targets to U.S. and international law enforcement agencies that possess the authorities to conduct subsequent interdiction and apprehension (I&A).

In FY 2020, JIATF-S logged 8,454 Critical Movement Alerts (CMAs) comprised of initial intelligence submissions, of which 7,481 were Drug Movement Alerts (DMAs), a subset of CMAs that capture an impending or ongoing illicit-drug movement. During quarterly Consolidated Counterdrug Data Base (CCDB) vetting sessions, each interagency partner-submitted event was examined to ensure strict adherence to agreed-upon criteria. This refinement process resulted in the designation of 2,658 validated JIATF-S maritime events for FY 2020. Of the 2,658 JIATF-S CCDB maritime events, JIATF-S was able to target 853 (32%). *Target* in this context, is the act of trying to locate an illicit conveyance with resources such as, aircraft, ships, helicopters, etc. Of the 853 targeted events, 278 (33%) were detected by U.S. or PN D&M assets. Of these, 188 were successfully handed-off to U.S. or PN law enforcement I&A assets. This resulted in a 68% success rate for disruptions once the illicit target was detected, falling short of the 80% target.

The 80% FY 2020 target was set as an incremental increase towards a goal of 100% (the target is reviewed on an annual basis). Many variables affect the hand-off success percentage, but each year U.S. and PNs strive to become more efficient and effective by increasing capabilities, capacities, and competencies with assets/resources, command and control, information sharing, and technological advancements to enable better detection to hand-off successes.

JIATF-S serves as a critical force multiplier for U.S. law enforcement agencies for evidence collection, grand jury proceedings, indictments, and extraditions leading to the interdiction or arrest of key drug trafficking organization members, Consolidated Priority Organization Targets (CPOT), and the disruption of prioritized transnational threat networks. Below is a summary of FY 2020 law enforcement statistics for drug seizures where JIATF-S provided assistance as compared to FY 2019:

- Arrests/Detainees: 707, decreased by 5%
- Conveyances (vessels and aircraft): 200, decreased by 12%
- Cocaine: 255.8 metric tons, decreased by 9% (estimated \$6.6B loss to traffickers)
- Marijuana: 39 metric tons, increased by 63% (estimated \$429M loss to traffickers)

Measures 2 and 3: DoD military and civilian personnel testing positive for drug use.

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

Measure 4: Indian Ocean Heroin Removal by Combined Task Force-150

This is an outcome indicator of maritime operations conducted by Combined Task Force-150 (CTF-150) in the Indian Ocean that were cued to targets by the Regional Narcotics Interagency Fusion Cell (RNIFC). Co-located with U.S. Naval Forces Central Command in Bahrain, RNIFC analyzes, fuses, develops and disseminates intelligence and law enforcement information to assist in the targeting of narcotics trafficking, transnational criminal organization networks, and other transnational threats.

In FY 2020, the RNIFC provided information and Contacts of Interests (Col) to regional law enforcement partners and CTF-150 that resulted in 8 Indian Ocean maritime narcotics seizures. Approximately 4,054 kilograms of heroin were confiscated, exploited for intelligence, and destroyed. In addition to heroin, CTF-150 ships confiscated and destroyed approximately 13,832 kg of hashish, 2,620.8 kg of methamphetamines, 62 kg of cocaine and 579 kg of other narcotics substances.

Budget Decision Unit 2: Counterdrug Operations Tempo (OPTEMPO)

Measure 1:

This measure supports the analysis of operational trends by tracking multiyear U.S. Armed Forces CD OPTEMPO hours in support of U.S. and PN law enforcement CD operations. In FY 2018, DASD CN> began coordinating with the Military Services to report data for aircraft flight and ship steaming hours in support of global CD operations to assist ONDCP in obtaining a more complete accounting of total DoD OPTEMPO provided in support of *National Drug Control Strategy* goals.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

In FY 2020, combined CD OPTEMPO hours exceeded the annual target by more than 48%. Military ship steaming hours exceeded the annual target by more than 400%. The OPTEMPO increases were primarily the result of an April 6, 2020, order by the President and Secretary of Defense to increase DoD aerial and maritime assets in the USSOUTHCOM Area of Responsibility to support enhanced CD operations in the Latin America/Caribbean region.

DEPARTMENT OF DEFENSE Defense Security Cooperation Agency

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Enacted	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
International	\$132.264	\$54.897	\$47.515
Total Drug Resources by Function	\$132.264	\$54.897	\$47.515
Drug Resources by Decision Unit			
Building Partner Capacity	\$127.295	\$49.980	\$42.500 ⁴
Regional Center CTOC	4.969	4.917	5.015
Total Drug Resources by Decision Unit	\$132.264	\$54.897	\$47.515
Drug Resources Personnel Summary			
Total FTEs (direct only)	11 ²	11	11
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.1	\$2.2	\$2.1
Drug Resources Percentage	6% ³	3% ³	2%

¹ Funding from DASD CN>. DSCA funds from FY21. Funds reprogrammed from DASD CN> are in that account and appear as non-add amounts.

² (##) FTEs at the Regional Center CTOC predominately focused on CN/CTOC activities.

³ Amounts rounded to the nearest one percent.

⁴ These are now provided via the GCMC as part of core O&M.

⁵ These are notional figures as the budget has not locked.

Program Summary

MISSION

The Defense Security Cooperation Agency’s (DSCA) mission is to advance U.S. national security and foreign policy interests by building the capacity of foreign security forces to respond to shared challenges. DSCA leads the broader U.S. security cooperation enterprise in its efforts to train, educate, advise, and equip foreign partners.

The threat to U.S. national security posed by illicit drugs extends beyond traditional challenges and directly impacts public health, safety and security. Many of our nation's adversaries, including nation-states, non-state actors, and VEO, depend on proceeds generated from drug trafficking and other illicit activities to fund their operations. Some state and non-state adversaries influence, oversee, or directly control criminal enterprises. The tasks of identifying and targeting drug trafficking and other illicit threat networks are complex and require close coordination among U.S. and international military, intelligence, law enforcement, and government partners. The DoD is directing operational and fiscal resources toward efforts that support National Defense Strategy objectives to disrupt, degrade, and dismantle threat networks and VEO that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism.

METHODOLOGY

The DSCA reports on two Decision Units: George C. Marshall European Center for Security Studies (GCMC) funded from the Regional Centers Account and the Security Cooperation Account. The GCMC receives internally reprogrammed funds while the Security Cooperation Account executes the Office of the Secretary of Defense’s (OSD) identified CN/Countering Transnational Organized Crime (CTOC) requirements through the Office of the Deputy Assistant Secretary of Defense for Security Cooperation. The DSCA Comptroller Division utilizes reports from the official accounting system, to track CN and CTOC funding activity. This information is captured for the fiscal year and reported annually in October. The data is pulled from the financial system by the identified accounting details based on the programs identified as counternarcotic programs.

DSCA CN activities are coded as Project Codes. The Project Code utilized by the GCMC CTOC program is designated by OSD as a transnational program, and as part of its transnational mandate, it is able to focus its building partnership capacity (BPC) efforts on a global audience sourced from all Geographical Combatant Commands (GCC). CN and CD funds for the GCMC CTOC program are used to fund both Civilian Pay and Non Pay requirements in direct support of CN/CTOC requirements as agreed upon during the initial year of funding in FY17. No more than 25 percent of CN/CTOC funds may be used for general overhead support costs and Civilian Pay full time employees (FTEs) must dedicate 75 percent of their job-related duties toward supporting CN requirements as executed under the central account for BPC and coded with one of the active project codes below.

DSCA utilizes Budget Activity, Budget Sub-Activity, and Budget Line item to generate a unique project identifier for program execution. These Project Codes are published in the Defense Finance and Accounting Services (DFAS) Manual 7097.01 dated 5 November 2019. Below is a list Project Codes used to execute CN/CTOC in FY 2019.

Project Code	Description
0400004G0444000000000000	CN - SEC 333 Base (1-Year)
0400004G0417000000000000	CN - SEC 333 Base (2-Year)
0400004G0418000000000000	CN - SEC 333 OCO (2-Year)
0400004G04A4000000000000	Regional Center CTOC

BUDGET SUMMARY

For FY 2022, DSCA requests \$47.5 million for drug control activities, a net decrease of \$7.4 million from the FY 2021 enacted level.

Building Partner Capacity

FY 2022 Request: \$42.5 million

(\$7.5 million below the FY 2021 enacted level)

DSCA supports foreign partners by providing Counter-Illicit Drug Trafficking (CIDT), CTOC (to potentially include maritime and border operations) training and equipment to national-level security forces of foreign countries for purposes of building capacity of partner nations. This support may include the provision and sustainment of defense articles, training, defense services, supplies, and small-scale construction supporting security cooperation programs. The FY 2022 net decrease of \$7.382 million from the FY 2021 level which is not reflective of reduced commitments but a reprioritization of resources.

Regional Center CTOC

FY 2022 Request: \$5.0 million

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

DoD support of the George C. Marshall Center (GCMC) program on CTOC focuses on the national security threats posed by transnational criminal activities and works to reach the Department's goals to reduce illicit drug availability, neutralize threat networks, and strengthen partners. The FY 2022 net increase of \$.01 million from the FY 2021 resourced level includes efforts to modify existing and develop new programs and activities to execute in a virtual environment, ensuring the GCMC continues to stay engaged until COVID-19 travel restrictions are lifted.

PERFORMANCE

DSCA uses the measures described below to report on its support for the national drug control program.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Defense Security Cooperation Agency		
Selected Measures of Performance	FY 2021 Target	FY 2021 Achieved
Budget Decision Unit 1 – International		
» Number of counterdrug/CTOC strategies and policies contributed	N/A	N/A
» Number of bilateral CTOC assistance provided	N/A	N/A
Regional Center CTOC		
» George C. Marshall Center CTOC Graduates two 100 participants classes	***	N/A ¹
» Conduct two workshops for 75 participants on Counter Threat Finance	N/A ¹	N/A ¹
» Conduct one CTOC International Forum of 50 participants	N/A ¹	N/A ¹
» Conduct two CTOC Strategy Development Workshops of 25 participants Develop distant learning engagement program for 75 participants****	N/A ¹	N/A ¹
Building Partner Capacity		
» Benin – number and value of programs notified	1/\$65,000	N/A
» Cabo Verde – number and value of programs notified	1/\$15,000	N/A
» Albania – number and value of programs notified	4/\$450,000	N/A
» Bosnia and Herzegovina – number and value of programs notified	3/\$370,000	N/A
» Bulgaria – number and value of programs notified	3/\$335,000	N/A
» Croatia – number and value of programs notified	5/\$4.05 ²	N/A
» Greece – number and value of programs notified	2/\$305,000	N/A
» Republic of North Macedonia – number and value of programs notified	3/\$335,000	N/A
» Romania – number and value of programs notified	3/\$335,000	N/A
» Serbia – number and value of programs notified	3/\$335,000	N/A
» Western Balkans – number and value of programs notified	1/\$30,000	N/A
» Mexico – number and value of programs notified	4/\$5.425 ²	N/A
» Colombia – number and value of programs notified	4/\$26.545 ²	N/A
» Ecuador – number and value of programs notified	1/\$2.350 ²	N/A
» Honduras – number and value of programs notified	1/\$6.815 ²	N/A
» USCAP – number and value of programs notified	1/\$2.015 ²	N/A

N/A – Data not available presently but will be provide in near term update.

*** Due to Covid-19 travel restrictions in FY 20, GCMC CTOC program conducted five significant virtual events (VE’s) of more than 150 participants from 40 different countries.

****For FY 21, CTOC will develop and conduct distant learning as part of its teaching methodology.

¹Attendance expected to exceed previous levels due to virtual classes.

²Amounts displayed in million.

International

The number of international officials attending and graduating from the George C. Marshall European Center for Security Studies CTOC programs, the number of strategies and polices provided/supporting partner nations, and the number of bilateral CTOC engagements by Marshall Center subject matter experts.

Regional Center CTOC

- **Building Partner Capacity:** DSCA supports GCMC CTOC program by ensuring program efforts are aligned to promote BPC across the CTOC continuum.

- **George C. Marshall European Center CTOC Program:** The George C. Marshall Center program on Countering Transnational Organized Crime (CTOC) focuses on the national security threats posed by transnational organized criminal activities. This program examines how TCOs impact a country's national security and builds partner capacity by teaching partner nation participants how to develop strategies and policies to counter illicit traffickers and the activities of TCOs. The course is designed for government officials and practitioners who are engaged in policy development, law enforcement, intelligence, and interdiction activities aimed at countering illicit narcotics trafficking, terrorist involvement in criminal activity, and the associated elements of transnational crime and corruption.

Although COVID-19 has impacted face-to-face programming, the GCMC continues to engage robustly with partners through modified and virtual programs and activities.

- **Counterdrug/CTOC Strategies and Policies Contributed:** The GCMC CTOC program will further BPC support to partner nations in their efforts to draft their national level CTOC strategies.
- **Number of Bilateral CTOC Assistance Provided:** GCMC CTOC will provide CTOC assistance to further BPC effort in support of requests from partner nations.

Building Partner Capacity

Critical to the success of drug control efforts is the support provided to building foreign partner government, law enforcement and military capacity for counterdrug operations. DSCA supports foreign partners by building the capacity of foreign security forces that enables them to conduct counternarcotic and CTOC operations. The performance indicators of success will focus on *Albania, Benin, Bosnia and Herzegovina, Bulgaria, Cape Verde, Colombia, Croatia, Ecuador, Greece, Honduras, Mexico, Republic of North Macedonia, Romania, Serbia, West Balkans.*

DSCA Planning Program and Design (PPD) Division supports training and equipping national-level security forces of foreign partners to build capability or capacity of such forces pursuant to 10 U.S.C. § 333 authority. Section 333 authorizes these capacity-building activities to encourage and enable partners to execute specified missions that support US security interests. These missions include counter-illicit drug trafficking (CIDT) operations and CTOC operations. DSCA conducts assessments, monitoring and evaluations at the program-level before, during and after delivery of the assistance using a Unit Type Assessment Framework, Monitoring Report, and eventual summation in a Country Report to determine the extent to which the measures of performance and measure of effectiveness were met. DSCA and the GCCs develop indicators of success to evaluate program success in building partner nation security force capacity to conduct CIDT and CTOC operations. Indicators of success are tailored to individual programs, but are relatively consistent across similar programs. The BPC areas to be evaluated for their performance may include programs related to logistics, ground and maritime interdiction, domain awareness, cyber operations and network security, border security, Intelligence Surveillance and Reconnaissance, and CIDT.

DEPARTMENT OF DEFENSE Defense Health Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Treatment	\$64.198	\$78.078	\$82.749
Research and Development	20.377	20.945	2.014
Total Drug Resources by Function	\$84.575	\$99.023	\$84.763
Drug Resources by Decision Unit			
Defense Health Program	\$84.575	\$99.023	\$84.763
Total Drug Resources by Decision Unit	\$84.575	\$99.023	\$84.763
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$37.8	\$34.1	\$34.8
Drug Resources Percentage	0.2%	0.2%	0.2%

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

Program Summary

MISSION

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

METHODOLOGY

Healthcare

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

Pharmacy

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

Healthcare and Pharmacy Exclusions

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

Research and Development

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

BUDGET SUMMARY

In FY 2022, The DHP requests \$84.8 million for drug control activities, a decrease of \$14.3 million from the FY 2021 enacted level.

Defense Health Program

FY 2022 Request: \$84.8 million

(\$14.3 million below the FY 2021 enacted level)

The program change between FY 2021 and FY 2022 is driven by the exclusion of one-time Congressional add funding, such as *Pain Management Research*, which is not included in the base DHP budget request. It is expected, based upon historical appropriated funding, that Congress will continue to add this funding to the final appropriated funding for the DHP.

PERFORMANCE

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

The DoD medical research portfolio aims to address the continuum of alcohol and substance abuse, including research aimed at prevention, screening, assessment, and diagnosis, as well as treatment and recovery services. The DHP appropriation continues to support the Congressionally directed Pain Management Research Program. The research efforts continue to focus on understanding the underlying mechanisms of pain management within the context of other behavioral health issues (e.g., post-traumatic stress, depression) in general and also within the military context (e.g., military service, deployment, reintegration, operational stressors).

DEPARTMENT OF EDUCATION



DEPARTMENT OF EDUCATION Office of Elementary and Secondary Education

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Estimate	FY 2022 Request
Drug Resources by Function			
Prevention	\$58.294	\$60.028	\$59.718
Total Drug Resources by Function	\$58.294	\$60.028	\$59.718
Drug Resources by Decision Unit and Program			
School Safety National Activities	\$58.294	\$60.028	\$59.718
<i>School Climate Transformation Grants (non-add)</i>	56.719	57.169	56.859
<i>Other Activities (non-add)</i>	1.575	2.859	2.859
Total Drug Resources by Decision Unit and Program	\$58.294	\$60.028	\$59.718
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget ¹ (in Billions)	\$72.3	\$73.0	\$102.8
Drug Resources percentage	<0.1%	<0.1%	<0.1%

¹The total agency budget reflects discretionary funds only, less rescissions.

Program Summary

MISSION

The Department of Education’s mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

METHODOLOGY

The programs funded under School Safety National Activities (SSNA) comprise the only Department of Education operations included in the drug control budget. SSNA programs help States and school districts foster a safe, secure, and drug-free learning environment; facilitate emergency management and preparedness, as well as recovery from traumatic events; and prevent drug use and violence by students and otherwise improve their well-being.

The Department of Education’s budget authority for drug control related programs includes all funding under SSNA, except for amounts corresponding to the following activities that have no explicit drug control nexus: (1) Project School Emergency Response to Violence, which provides education-related services to local educational agencies and institutions of higher education (IHEs) in which the learning environment has been disrupted due to a violent or traumatic crisis; (2) Project Prevent, which makes grants to LEAs to help schools in communities with pervasive violence to address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence; (3) School

Emergency Management Activities, such as Grants to States for Emergency Management and the Department's Readiness and Emergency Management for Schools Technical Assistance Center, which supports schools, school districts, and institutions of higher education in the development and implementation of high-quality emergency operations plans; (4) Mental Health Service Professional Demonstration Grants and School-Based Mental Health Services Grants, which help increase the number of counselors and other mental health professionals in order to provide services to students in high-need school districts; and (5) a small number of miscellaneous other school safety activities.

BUDGET SUMMARY

In FY 2022, the Department of Education requests \$59.7 million for drug control activities, a decrease of \$0.3 million from the FY 2021 level.

School Safety National Activities

FY 2022 Funding: \$59.7 million

(\$0.3 million below the FY 2021 enacted level)

In FY 2022, the Department of Education requests \$59.7 million for drug control activities, a decrease of \$0.3 million from the FY 2021 level.

School Climate Transformation Grants

FY 2022 Funding: \$56.9 million

(\$0.3 million below the FY 2021 enacted level)

The overdose and addiction crisis continue to have a devastating impact on families and communities across the United States, and the Administration believes that schools can play an important role in both preventing youth substance use and addressing the mental health and other needs of students affected by the epidemic. The request would provide \$56.9 million to fully fund the fifth year of 5-year School Climate Transformation grants to SEAs (2018 cohort) and fourth year of 5-year School Climate Transformation Grants to local educational agencies (2019 cohort), and related technical assistance, to help school districts implement multi-tiered, evidence-based strategies for improving school climate and safety, including interventions to prevent drug abuse by students and address associated behavioral and academic challenges. Nearly all funded projects include opioid abuse prevention and/or mitigation strategies, consistent with the competitive preference priority used in the FY 2018 and FY 2019 School Climate Transformation Grants competitions.

The multi-tiered decision-making framework of these grants guides the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students, while providing differing levels of support and interventions to students based on their needs.

Other School Safety National Activities

FY 2022 Request: \$2.9 million

(No change from the FY 2021 enacted level)

The request also includes \$2.9 for other SSNA, nearly all of which is for the National Center on Safe Supportive Learning Environments. The Center provides technical assistance to SEAs, local educational agencies, and IHEs to help improve conditions for learning in schools and classrooms and to provide safe and healthy environments to prevent substance use; support student academic success; and prevent violence at the elementary, secondary, and postsecondary levels. Among other things, the

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Center will continue to help SEAs, local educational agencies, schools, and IHEs respond effectively to the Nation’s opioid epidemic. For example, it has developed and provided opioid abuse prevention resources—such as publications and webinars—that are available to all schools and postsecondary institutions.

PERFORMANCE

Information regarding the performance of the drug control efforts of the School Safety National Activities is based on agency GPRMA documents and other information that measures the agency’s contribution to the *National Drug Control Strategy*. The table and accompanying text correspond to drug control-related achievements during FY 2020.

The Department has developed a variety of measures to assess the performance of the School Climate Transformation Grants, including (1) measures related to increasing the capacity of local educational agencies to implement a multi-tiered decision-making framework to improve behavioral and learning outcomes; (2) measures to demonstrate the progress of local educational agencies in achieving those

Department of Education		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» 2019 cohort - The number of schools annually that are implementing a multi-tiered system of support framework with fidelity	(1)	305
» 2019 cohort - The percentage of schools annually that are implementing a multi-tiered system of support framework with fidelity	(1)	45%
» 2019 cohort - The number of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol	(1)	281
» 2019 cohort - The percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol	(1)	61%
» 2019 cohort - The number of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs	(1)	288
» 2019 cohort - The percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs	(1)	57%
» 2019 cohort - The number of schools that are implementing opioid abuse prevention and mitigation strategies	(1)	196
» 2019 cohort - The percentage of schools that are implementing opioid abuse prevention and mitigation strategies	(1)	42%

outcomes as evidenced by decreasing student disciplinary actions; (3) measures of how many schools are implementing opioid abuse prevention and mitigation strategies; and (4) measures of how many

schools are improving their overall school climate. The selected measures included in the chart below most directly support the drug prevention function of the School Safety National Activities program. Data are based on analyses of grantee performance reports.

The first pair of measures support the drug prevention function of the School Safety National Activities program by implementing a multi-tiered system of support framework where selected drug and other prevention programs are (1) evidence-based and (2) more likely to be implemented effectively. These measures are designed to evaluate whether the local educational agencies School Climate Transformation Grants result in such increased capacities. The second pair include explicit references to alcohol and other drugs; and the third pair are specific to opioid abuse prevention and mitigation.

FEDERAL JUDICIARY



FEDERAL JUDICIARY

Resource Summary¹

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Corrections	\$525.916	\$541.305	\$566.971
Prosecution	412.348	424.547	453.049
Research and Development	6.976	7.075	7.315
Treatment	132.002	135.848	142.297
Total Drug Resources by Function	\$1,077.242	\$1,108.775	\$1,169.632
Drug Resources by Decision Unit			
Administrative Office of the U.S. Courts	\$1.980	\$2.009	\$2.108
Court Security	27.484	28.552	29.332
Defender Services	150.618	160.581	171.970
Federal Judicial Center	0.609	0.580	0.638
Fees of Jurors and Commissioners	14.372	9.114	14.719
Salaries and Expenses	875.294	900.951	943.646
U.S. Sentencing Commission	6.885	6.988	7.219
Total Drug Resources by Decision Unit and Function	\$1,077,242	\$1,108.775	\$1,169.632
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$7.8	\$8.0	\$8.4
Drug Resources Percentage	13.9%	13.8%	13.9%

¹ Includes Mandatory and Discretionary Resources

Program Summary

MISSION

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

METHODOLOGY

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

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

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

BUDGET SUMMARY

For FY 2022, the drug control budget request totals \$1,169.6 million, an increase of \$60.9 million above the FY 2021 enacted level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request generally reflects increases to maintain current services.

Administrative Office of the United States Courts

FY 2022 Request: \$2.1 million

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

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

Court Security

FY 2022 Request: \$29.3 million

(\$0.8 million above the FY 2021 enacted level)

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

Defender Services

FY 2022 Request: \$172.0 million

(\$11.4 million above the FY 2021 enacted level)

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

Federal Judicial Center

FY 2022 Request: \$0.6 million

(\$0.1 above the FY 2021 enacted level)

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

Fees of Jurors and Commissioners

FY 2022 Request: \$14.7 million

(\$5.6 million above the FY 2021 enacted level)

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

Salaries and Expenses

FY 2022 Request: \$943.6 million

(\$42.7 million above the FY 2021 enacted level)

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

United States Sentencing Commission

FY 2022 Request: \$7.2 million

(\$0.2 million above the FY 2021 enacted level)

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

PERFORMANCE

Information regarding the activities of the Judiciary is drawn from data collected by the Administrative Office. The information presented here is based on data for the fiscal year ending September 30, 2019, the last full year for which data are available. Of note, while data are available regarding drug related defendants, cases, filings, and other court activities, performance measures, targets, and actuals are not included. The work of the Federal Judiciary is guided by a Strategic Plan developed by the Judicial Conference. However, this branch of the federal Government is not covered by the requirements of the Government Performance and Results Modernization Act.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Filings for defendants charged with drug crimes increased 5 percent to 26,021 and constituted 28 percent of all defendant filings. Filings for defendants charged with crimes related to marijuana decreased 28 percent to 2,432. Filings for non-marijuana drug defendants rose 10 percent to 23,495. Filings related to the sale, distribution, or dispensing of illegal drugs dropped 32 percent to 1,256 for marijuana and went up 10 percent to 20,844 for all other drugs.

Forty-six percent of persons under post-conviction supervision had been convicted of drug offenses.

Cases in which the major offense charged involved drugs accounted for 25 percent of pretrial services cases (unchanged from 2018).

DEPARTMENT OF HEALTH AND HUMAN SERVICES



DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children and Families

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$30.000	\$20.000	\$27.000
Total Drug Resources by Function	\$30.000	\$20.000	\$27.000
Drug Resources by Decision Unit			
Promoting Safe and Stable Families – Regional Partnership Grants	\$30.000	\$20.000	\$27.000
Total Drug Resources by Decision Unit	\$30.000	\$20.000	\$27.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$60.0	\$62.0	\$83.0
Drug Resources percentage	<0.1%	<0.1%	<0.1%

Program Summary

MISSION

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

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

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

METHODOLOGY

The Targeted Grants To Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse within the PSSF program was established by the Child and Family Services Improvement Act of 2006 (Public Law 109-288). In 2011, these grants were renamed Targeted Grants to Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Substance Abuse and reauthorized through FY 2016 as part of The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). In 2018, these grants were renamed Targeted Grants to Implement IV-E Prevention Services, and Improve the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, and other Substance Abuse and reauthorized through FY 2021 as part of the Bipartisan Budget Act of 2018 (Pub. L. 115-123). Grants funded under this program support regional partnerships in establishing or enhancing a collaborative infrastructure to build a region's capacity to meet a broad range of needs for families affected by substance-use disorders and involved with or at risk for involvement with the child welfare system.

On the mandatory side, there are \$20 million in funds reserved for the Regional Partnership Grants (RPG) Program to provide services and activities to benefit children and families affected by a parent's or caretaker's substance abuse, including opioid addiction, who come to the attention of or are at risk for becoming involved with the child welfare system.

In addition to the funding authorized in title IV-B-2 of the Social Security Act, the FY 2018, FY 2019, and FY 2020 appropriations included additional discretionary funds for special initiatives. The FY 2018 and FY 2019 appropriations bills included an additional \$20 million in discretionary funding to increase funding for RPGs specifically. Using the additional discretionary funds provided in those appropriations, ACF awarded 10 three-year RPG projects in FY 2018 and 8 five-year RPG projects in FY 2019 and was able to build on the evaluation findings from previous RPG projects. Results from previous RPG projects demonstrate that the majority of children at risk of removal remained in their parent's custody following enrollment into RPG services. Among youth who were in an out-of-home placement, the rates of placement into permanent settings, including reunification with their parent(s), increased significantly in the year following RPG enrollment. In addition, the overall rates of child maltreatment decreased substantially in the year after enrollment in the RPG program. The FY 2020 appropriations included an additional \$10 million for the RPG program. The FY 2020 appropriations funded 24-month supplemental extensions of RPG projects funded in FY 2018. The purpose of this supplemental funding was to enhance the specific, well-defined program services and activities underway with a particular emphasis on activities for continuous data-informed partnerships, to institutionalize program strategies and evaluation activities, and to plan for the sustainability of the project.

BUDGET SUMMARY

In FY 2022, ACF requests \$27.0 million for drug control activities, an increase of \$7.0 million above the FY 2021 enacted level.

Regional Partnership Grants

FY 2022 Request: \$27.0 million

(\$7.0 million above the FY 2021 enacted level)

This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance abuse. Adult substance-use disorders, including opioid-use disorder, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance-use disorders, including opioid addiction, and child welfare involvement.

PERFORMANCE

Information regarding the performance of the drug control efforts of ACF is based on agency GPRMA documents and other agency information that measures the agency’s contribution to the FY 2018 – 2022 HHS Strategic Plan. The table and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2019, the latest year for which data are available.

Administration for Children and Families		
Selected Measure of Performance	FY 2019 Target	FY 2019 Actual
» Of all children who exit foster care in less than 24 months, percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption)	93.1%	92.2%

Since funding for RPG is part of the larger PSSF program, ACF considers those activities to be part of the larger program performance goals, which includes the key measure in the table above. In FY 2019, ACF placed 92.2 percent of all children who exited foster care in less than 24 months into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure through FY 2022 are to improve by at least 0.2 percentage points over the previous year’s actual result.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

RESOURCE SUMMARY

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$475.579	\$475.579	\$713.369
Total Drug Resources by Function	\$475.579	\$475.579	\$713.369
Drug Resources by Decision Unit			
Opioid Abuse and Overdose Prevention	\$475.579	\$475.579	\$713.369
Total Drug Resources by Decision Unit	\$475.579	\$475.579	\$713.369
Drug Resources Personnel Summary			
Total FTEs (direct only) ¹	178	234	351
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions) ^{2,3}	\$7.9	\$7.8	\$9.5
Drug Resources percentage	6.0%	6.1%	7.5%

¹ Includes vacancies.

² Excludes ATSDR and mandatory programs.

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

Program Summary

MISSION

The CDC serves as the nation’s public health agency and exercises its expertise in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. CDC plays a critical role in the Administration’s *National Drug Control Strategy* by preventing opioid-related harms and overdose deaths. To apply its public health expertise, CDC maintains a five-pillar approach for opioid abuse and overdose prevention:

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

CDC uses data to tailor its response as the overdose epidemic continues to evolve. For example, in response to the rise in deaths attributable to illicit opioids, stimulants and other emerging substance threats, CDC is improving the timeliness and comprehensiveness of fatal and non-fatal drug overdose,

as well as strengthening partnerships with public safety and scaling public health strategies to link individuals with substance use to care and treatment. CDC also has dedicated efforts to reach disproportionately affected populations (e.g., tribes and rural communities).

METHODOLOGY

CDC determined the drug control budget using the amount appropriated for the Opioid Overdose Prevention and Surveillance Program (previously the Prescription Drug Overdose and Illicit Opioid Use Risk Factors Programs) under the Consolidated Appropriations Act, 2020, P.L. 116-94 and Consolidated Appropriations Act, 2021, P.L. 116-260. CDC is committed to an approach that protects the public's health and prevents opioid and other drug overdose deaths.

BUDGET SUMMARY

In FY 2022, the CDC request request \$713.4 million for drug control activities, is \$237.8 million above the FY 2021 enacted level.

Opioid Abuse and Overdose Prevention

FY 2022 Request: \$713.4 million

(\$237.8 million above the FY 2021 enacted level)

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

Conduct surveillance and research: Timely, high-quality data are necessary for public health officials and other decision makers to understand the extent of the problem, focus resources, and evaluate the effectiveness of prevention and response efforts. CDC plays a critical role by helping states improve their surveillance systems to better monitor the overdose epidemic and optimize their response activities. In FY 2017, CDC began funding states to collect data on both fatal and nonfatal overdoses. CDC surveillance efforts have helped public health experts adapt to the rapidly changing epidemic, such as tracking trends in nonfatal and fatal overdoses to identify communities at risk and implementing more tailored strategies. Data have also equipped communities with the necessary information to help save lives in cases of nonfatal overdose. For example, Ohio detects drug-related anomalies to help identify suspected overdoses, and makes these data, the alerts regarding anomalies, and automated report functions available in the state's syndromic system. The Ohio state health department encourages local health departments to use these data to quickly inform action, and provides guidance on developing community response plans for increases in suspected drug overdoses.

CDC's State Unintentional Drug Overdose Reporting System (SUDORS) allows states to collect data on all unintentional or undetermined intent drug overdose deaths in one place. Data collected by SUDORS includes valuable contextual information from death scene investigations, detailed information on toxicology and drugs contributing to death, the route of administration, and other risk factors associated with fatal overdose. Mortality reporting has been incentivized to provide SUDORS data as quickly as 6-11 months after the death occurs. This is a critical data system that states spot trends and understand factors leading up to overdose deaths.

CDC continues to look for upstream prevention efforts, such as collecting data on key risk factors like Adverse Childhood Experiences (ACEs). In FY 2020, CDC supported all 50 states to include an ACEs module in their annual Behavioral Risk Factor Surveillance System (BRFSS) survey—a state-based phone survey that collects data on risk factors, chronic health conditions, and use of preventive services. The module includes questions related to substance use, which helps assess the relationship between substance use and ACEs. CDC also included ACEs and opioid misuse surveillance questions on an internet panel survey to provide better insight into trends in ACEs and their connection to opioid misuse over time—a key function of public health surveillance and one that is not currently supported by existing retrospective data systems.

Research is another critical component in CDC's role in responding to the epidemic. Once CDC experts identify successful strategies, they work to understand how the interventions can be implemented in other jurisdictions, then continuously evaluate and refine them. For example, CDC led an evaluation of medication for opioid use disorder (MOUD) to improve the evidence base and how it can be scaled up to achieve population-level impact. This research assessed the type of MOUD and the contextual, provider, and individual factors that influence implementation and improve patient wellbeing.

Build state, local, and tribal capacity: States, communities, and tribes play an important role in preventing overdoses and related harms. For instance, they coordinate Prescription Drug Monitoring Programs (PDMPs), license healthcare providers, respond to drug overdose outbreaks, and run large public insurance programs such as Medicaid and workers' compensation. The Overdose Data to Action (OD2A) program⁹ provides approximately \$300 million per year to 47 states, Washington, D.C., 16 localities, and two territories to advance the understanding of the opioid overdose epidemic and to scale up prevention and response activities. Through OD2A, CDC helps states, territories, and localities implement linkage to care activities that facilitate connection with recovery community organizations, including peer recovery, harm reduction groups, or local treatment providers. To improve local prevention and response, OD2A directly funds localities and requires state recipients to direct 20 percent of prevention funds to local communities.

In addition to supporting surveillance capacity, CDC supports jurisdictions to put what they learn into action. In Maryland, CDC funds support Overdose Fatality Review Teams—comprised of multi-agency and multi-disciplinary members—to conduct confidential case reviews of overdose deaths in order to prevent future deaths. Teams identify additional opportunities for prevention, gaps in the system, and areas for increased collaboration among agencies and local partners. CDC resources also build jurisdictions' capacity to use PDMP data to inform action, educate the public about risks, customize prevention activities to communities, and prioritize populations of need (including rural and tribal communities). For example, Washington made the PDMP available directly within electronic health records at emergency departments and urgent care sites.

CDC also helps jurisdictions establish and improve patient linkages to MOUD and other supportive services. For example, Kentucky used CDC funds to develop the state's "Find Help Now" website, which links individuals to over 530 treatment facilities that are represented by 230 different providers. In communities that experience high rates of overdoses, CDC addresses upstream risk factors for opioid misuse by supporting local public health departments to implement a comprehensive community

⁹ <https://www.cdc.gov/drugoverdose/od2a/index.html>

approach that prevents ACEs and strengthen resilience after any ACE exposure. This work integrates public health institutes to rigorously evaluate the approach and share lessons to scale up successful mechanisms. Finally, CDC supports its Essentials for Childhood (EfC) recipients to address risk and protective factors for opioid misuse and ACEs. This supplemental funding supports partnership development, program implementation, data collection, and evaluation activities conducted by state health departments.

Prevention efforts (e.g., harm reduction and linkage to care initiatives) had to adapt in the wake of the COVID-19 pandemic. In response, CDC identified and scaled up innovative practices across states. CDC also determined how substance use patterns and attitudes among youth changed due to COVID-19 and identified needs to support youth in decreasing or quitting substance use. CDC developed tailored public health messaging and interventions to prevent detrimental long-term consequences due substance misuse during COVID-19. These intervention strategies address both prescription and illicit opioids, emerging substances such as stimulants, and polysubstance use. Efforts support integration of state and local prevention and response efforts, linkage to care, provide support for providers and health systems prevention (including use of PDMPs as a clinical decision support tool), enhance partnerships with public safety and first responders, establish and improve linkages to MOUD and other supportive services, and empower individuals to make informed choices.

Support providers, health systems, and payers: CDC supports providers and healthcare systems with practices to increase safer prescribing, maximize the use of PDMPs, and advance insurer and health systems interventions at the federal, state, and local level. An impact study of the *CDC Guideline for Prescribing Opioids for Chronic Pain* (2016)¹⁰ found that there were approximately 14.2 million fewer opioid prescriptions filled from March 2016 to December 2017. A second study released in August 2018 showed that from 2017 to 2018, the number of high-dose opioid prescriptions decreased by 21%, and the number of naloxone prescriptions—a life-saving medication that can reverse the effects of an opioid overdose—increased 106 percent.

CDC also supports continuing medical education and other health professional training to advance better pain management practices, with specific focus on under-resourced populations (e.g. rural, tribal). In 2018, CDC published *Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain*¹¹ to help healthcare systems integrate the guideline and associated quality improvement measures into their clinical practice. This resource offers primary care providers, practices, and healthcare systems a framework for managing patients on long-term opioid therapy. Afterwards, CDC launched a Quality Improvement (QI) Collaborative in 11 health systems across 12 states to implement the QI measures and track progress. These systems are implementing the guideline recommendations in over 120 primary care practices, including clinics in underserved and rural communities. Many systems are reporting improvements in prescribing and greater guideline-concordant care.

Through OD2A, CDC supports collaborations between health systems and state health departments. This includes identifying and scaling up promising prevention practices such as overdose protocols, coordinated care models for high-risk opioid patients, and quality improvement strategies to improve opioid prescribing practices. CDC is collaborating with the Office of the National Coordinator for Health

¹⁰ <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

¹¹ <https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf>

Information Technology (ONC) to create sharable clinical decision supports to integrate guideline recommendations into electronic health records (EHRs), such as alerts in EHRs for morphine milligram equivalent thresholds, prompts to check the PDMP, and reminders for follow-up visits with patients.

Partner with public safety: Law enforcement is a critical partner in improving surveillance activities, sharing data, and tailoring interventions. CDC works with ONDCP to support the Overdose Response Strategy (ORS), which is an unprecedented public health/public safety partnership between CDC and HIDTAs across a majority of states. The ORS was created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and innovative strategies. The ORS aims to reduce fatal and nonfatal overdoses through prevention, law enforcement, response, treatment, and recovery. CDC funds yearly pilot projects in ORS states to build the evidence base for effective and local interventions. Projects include integrating overdose protocols into a mobile health program, conducting overdose education and naloxone distribution in jail/prison settings, and working with families and infants with Neonatal Abstinence Syndrome (NAS) to decrease opioid-related harms.

CDC also partners with ONDCP to provide funding for community-based projects as part of the ORS' Combatting Opioid Overdose through Community-level Intervention (COOCLI). This effort supports implementing strategies within a prioritized geographic area that other communities can employ. Projects include efforts on post-overdose linkage to care strategies using patient navigators and recovery coaches; justice-involved populations and access to MOUD; and buprenorphine induction in the emergency department. One example of this work is The Martinsburg Initiative, an innovative, multisector partnership focused on opioid overdose prevention. This project expands community resources and links law enforcement, schools, communities, and families to assess participants' ACE scores, then connect them to necessary resources and support.

Empower consumers to make safe choices: One of CDC's priorities is raising awareness about the risks of opioid misuse and providing individuals with the resources and information they need to make informed choices. CDC's *Rx Awareness* campaign features testimonials from people recovering from prescription opioid use disorder and people who have lost loved ones to opioid overdose. The campaign aims to increase awareness that prescription opioids can be addictive and dangerous, lower prescription opioid misuse, increase the number of patients seeking nonopioid pain management options, increase awareness about recovery, and to reduce stigma, which is a barrier for recovery and access to care. CDC continues promoting awareness of risks associated with nonmedical use of opioids, factors that increase risks (such as fentanyl in the local drug supply), and approaches to reduce risks. In FY 2020, CDC also began funding health education campaigns to educate the public about the risks of synthetic opioids, illicit drugs, and polysubstance use and abuse; promote harm reduction strategies; and increase empathy and compassion for people who use drugs (reducing stigma).

PERFORMANCE

In Fiscal Year 2021, CDC conducted cutting-edge overdose work across the five pillars of the response strategy. CDC continues to promote utilization of the Guideline, and spreads awareness that prescription opioids can be addictive and dangerous through the Rx Awareness campaign. Recently, 74% of survey respondents exposed to the Rx Awareness campaign pilot reported the campaign was effective or very effective at improving their related knowledge. CDC tracks two performance measures as part of its budget justification focused on overdose.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Reduce the age-adjusted rate of overdose deaths involving natural and semisynthetic opioids (T40.2) or methadone (T40.3) as a contributing cause of death among states funded through CDC's multi-state surveillance and prevention cooperative agreement(per 100,000 residents)

- Most recent result: 4.5 (2019, Overdose Data to Action state awardees[†])
- 4.9 (2018, Prevention for States state awardees^{*})
- Target: 3.6 (2022)

Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among states funded through CDC's multi-state surveillance and prevention cooperative agreement (per 100,00 residents) (Outcome)

- Most recent result: 12.4 (2019, Overdose Data to Action state awardees[†])
- 11.2 (2018, Prevention for States state awardees^{*})
- Target: 7.7 (2022)

[†]Denominator is states funded under CDC's Overdose Data to Action cooperative agreement:

^{*}Denominator was states funded under CDC's now-completed Prevention for States cooperative agreement: Arizona, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Nebraska, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

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

Resource Summary

	Outlays (in millions)		
	FY 2020 Estimate	FY 2021 Estimate	FY 2022 Estimate
Drug Resources by Function			
Treatment	\$8,970.000	\$9,790.000	\$10,120.000
Total Drug Resources by Function	8,970.000	9,790.000	10,120.000
Drug Resources by Decision Unit			
Medicaid Treatment	\$6,320.000	\$6,870.000	\$6,930.000
Medicare Treatment	2,740.000	2,920.000	3,190.000
Total Drug Resources by Decision Unit	\$8,970.000	\$9,790.000	\$10,120.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$1,368.3	\$1,407.1	\$1,460.2
Drug Resources percentage	0.7%	0.7%	0.7%

Program Summary

MISSION

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

METHODOLOGY

Medicaid

The projections provided in the above table were based on data from the Medicaid Analytic eXtract (MAX) for Fiscal Year (FY) 2007 through 2012, based on expenditures for claims with SUDs as a primary diagnosis. Managed care expenditures were estimated based on the ratio of SUD expenditures to all expenditures for fee-for-service by eligibility group. The estimates were trended forward to FY 2019 using the growth rate of expenditures by state and eligibility category from the form CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, MAX data, and estimates consistent with the FY 2022 President’s Budget. The annual growth rates were adjusted by comparing the rate of SUD expenditure growth from FY 2007 through 2012 to all service expenditure growth and adjusting the growth rate proportionately.

Medicare

The projections of Medicare spending for the treatment of substance abuse are based on the FY 2022 President's Budget baseline. These projections reflect estimated Part A and Part B spending into FY 2022 and are based on an analysis of historical fee-for-service claims through 2019, using the primary diagnosis code¹² included on the claims. The historical trend is then used to make projections into FY 2022. These projections are very similar to those for the FY 2021 President's Budget and vary only due to changes in the baseline.

Within this methodology, an adjustment was made to reflect spending for beneficiaries who are enrolled in Medicare Advantage (MA) plans, since their actual claims are not available. It was assumed that the proportion of costs related to substance abuse treatment was similar for beneficiaries enrolled in MA plans as for those enrolled in fee-for-service Medicare.

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

BUDGET SUMMARY

The total FY 2022 drug control outlay estimate for CMS is \$10,120.0 million. This estimate reflects Medicaid and Medicare populations and an inflation to account for the MA plans population (excluding Part D) benefit outlays for SUD treatment. Overall, year-to-year projected growth in SUD spending is a function of estimated overall growth in Medicare and Medicaid spending.

Grants to States for Medicaid

FY 2022 outlay estimate: \$6.9 billion
(\$60.0 million above the FY 2021 estimate)

Medicaid is a means-tested health care entitlement program financed by the States and the federal Government. Medicaid mandatory services include SUD services for detoxification and treatment for SUD needs identified as part of early and periodic screening, and diagnostic and treatment services for individuals under 21 years of age. Additional Medicaid SUD treatment services may be provided as optional services. The *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act* also requires states to cover medication-assisted treatment (MAT) from FY 2020 – FY 2025.

Medicare

FY 2022 outlay estimate: \$3.2 billion
(\$270.0 million above the FY 2021 estimate)

Medicare provides coverage of hospital, physician, skilled nursing facility, home health care, and other medical care services, as well as prescription drug coverage, to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare SUD treatment benefit payments are made by Medicare Part A and Medicare Part

¹² Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes; ICD-9 codes 7903, E9352, and E9401; and *Other Chronic and Potentially Disabling Conditions for Alcohol and Drug Use Disorders*, excluding V65.42 and V79.1. The applicable ICD-10 codes for substance abuse include a subset of the F10, F11, F12, F13, F14, F15, F16, F17, F18, and F19, G62, I42, K29, K70, O35, O99, P04, P96, Q86, R78, T40, T50, and T51 ICD-10 category of codes.

B. This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

PERFORMANCE

Both Medicaid and Medicare contain quality measurement programs that relate to substance abuse screening and treatment. However, none of the programs require reporting of specific measures, nor do they set specific performance targets for the measures.

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic within HHS. CMS is supporting HHS strategies by taking a number of steps to identify and stop inappropriate prescribing to help prevent the development of new cases of opioid use disorder (OUD) that originate from opioid prescriptions, while balancing the need for continued access to prescription opioids to support appropriate, individualized pain management.

CMS provides interactive online [Opioid Prescribing Mapping Tools](#) for Medicare Part D, which allows the public to search de-identified opioid prescription claims data at the state, county, and ZIP code levels, and Medicaid data at the state level. These tools allow users to see both the number and percentage of opioid claims, and helps users understand how this critical issue impacts communities nationwide.

Medicare Part B

In 2020, CMS implemented Section 2005 of the SUPPORT Act, which created a new Medicare benefit for OUD treatment services furnished by opioid treatment programs, including Medication-Assisted Treatment (MAT) with methadone. CMS implemented this benefit with flexibility for the delivery of OUD treatment counseling and therapy services using two-way interactive audio-video communication technology as clinically appropriate. CMS also implemented new Medicare policies to expand treatment options for beneficiaries with OUD: a set of bundled episodes of care for management and counseling for OUD in a doctor's office that are payable under the Physician Fee Schedule.

Medicare Part D

CMS has incrementally adopted successful opioid policies in the Part D program to address opioid overutilization, while preventing the interruption of medically necessary drug therapy. Part D sponsors are now expected to implement improved opioid safety alerts at the point of service that alert a pharmacist of possible overutilization. CMS expects all Part D sponsors to limit initial opioid prescription fills for the treatment of acute pain to no more than a seven days' supply, consistent with the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, to reduce the potential for chronic opioid misuse or abuse. CMS' Overutilization Monitoring System uses administrative data to identify potentially at-risk beneficiaries who meet certain clinical guidelines in quarterly reports to Part D plans. Part D plans may adopt drug management programs to address potential overutilization of frequently abused drugs by identified beneficiaries. If deemed necessary, a sponsor could limit at-risk beneficiaries' access to coverage for such drugs through pharmacy lock-in, prescriber lock-in, and/or a beneficiary-specific point-of-sale claim edit.

To increase access to MAT, which include a broad range of medications adjunctive to counseling and behavioral therapies to treat SUD; CMS requires that Medicare Part D formularies include covered

Medicare Part D drugs used for MAT. In 2020, Part D plans had at least one MAT product on a non-branded tier.

Medicaid

The federal government establishes general guidelines for State Medicaid programs, while states have significant authority to design, implement and administer their own programs. CMS works to ensure that states have the tools they need and to share best practices to improve care for individuals with OUD. States have long been required to develop a [Drug Utilization Review \(DUR\) program](#) aimed, in part, at reducing inappropriate prescribing of outpatient prescription drugs covered under the State's Medicaid Program. The Medicaid DUR Program promotes patient safety through state-administered utilization management tools and systems that interface with the claims processing systems. In December 2020, CMS published the final regulation rule Establishing Minimum Standards in Medicaid State Drug Utilization Review (DUR) and Supporting Value-Based Purchasing for Drugs Covered in Medicaid, Revising Medicaid Drug Rebate and Third Party Liability Requirements (CMS 2482-F) which includes provisions to implement new minimum standards in state Medicaid DUR programs. Some of these provisions went into effect March 2021. In addition, pursuant to section 1010 of the SUPPORT Act, CMS has provided [additional guidance](#) to states seeking to promote non-opioid options for chronic pain management.

While Medicaid programs vary by state, all 50 states currently offer some form of MAT. To further expand coverage, Section 5022 of the SUPPORT Act makes behavioral health a mandatory benefit for children and pregnant women covered under the Children's Health Insurance Program, requiring that child health and pregnancy-related assistance include coverage of services necessary to prevent, diagnose, and treat SUDs. In addition, CMS issued guidance on best practices in Medicaid for covering MAT in a joint informational bulletin with Substance Abuse and Mental Health Services Administration (SAMHSA), the CDC, and the National Institute on Drug Abuse.

CMS uses its demonstration authority under Section 1115 of the Social Security Act to provide a streamlined process for states interested in increasing access to the full continuum of care for beneficiaries with SUD. This opportunity allows coverage of services to Medicaid beneficiaries who are short-term residents in an institution for mental diseases, provided that coverage is part of a state's comprehensive OUD/SUD strategy. Over half of states have an approved SUD demonstration in place.

Models

Through the CMS Innovation Center's Maternal Opioid Misuse (MOM) Model, CMS awarded cooperative agreements designed to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with OUD. The primary goals of the model are to improve quality of care and reduce costs for pregnant and postpartum women with OUD and their infants. After an 18-month pre-implementation period, six states will begin enrolling Medicaid beneficiaries on July 1, 2021. The remaining two will begin enrollment in January 2022. In addition, CMS entered into cooperative agreements with eight lead organizations and seven states for the Integrated Care for Kids (InCK) Model to support model planning and implementation. InCK aims to improve child health, reduce avoidable inpatient stays and out-of-home placement, and create sustainable payment models to coordinate physical and behavioral health care. The InCK model is still operating in the two-year pre-implementation period, which also began on January 1, 2020. Awardees are currently working to establish or modify any necessary Medicaid and Children's Health Insurance Program authorities, and

develop the infrastructure and procedures necessary for model implementation across seven states. This includes data sharing, developing consents, screening tools, outreach strategies and stratification methods to begin serving beneficiaries on January 1, 2022.

In addition, CMS is implementing a new initiative, Value in Opioid Use Disorder Treatment (Value in Treatment). The Value in Treatment is a 4-year demonstration program authorized under section 1866F of the Social Security Act (Act), which was added by section 6042 of the SUPPORT Act. The purpose of the demonstration, as stated in the statute, is to “increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce [Medicare program expenditures].” The statute stipulates that a maximum of 20,000 applicable beneficiaries may participate in Value in Treatment at any given time, and makes available \$10,000,000 from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Act available each of FYs 2021-2024 for care management fees and incentive payments under Value in Treatment. Specifically, as required by statute, Value in Treatment created two new payments for OUD treatment services furnished to applicable beneficiaries participating in the demonstration program: A per beneficiary per month care management fee and a performance-based incentive.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Interdiction	\$44.500	\$44.500	\$54.500
Research	20.000	20.000	46.000
Total Drug Resources by Function	\$64.500	\$64.500	\$100.500
Drug Resources by Decision Unit			
Center for Drug Evaluation and Research	\$20.000	\$20.000	\$46.000
Office of Regulatory Affairs	44.500	44.500	54.500
Total Drug Resources by Decision Unit	\$64.500	\$64.500	\$100.500
Drug Resources Personnel Summary			
Total FTEs (direct only)	159	159	199
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$3.3	\$3.3	\$3.6
Drug Resources percentage	2.0%	2.0%	2.8%

Program Summary

MISSION

The FDA is the agency within HHS responsible for protecting and promoting public health by ensuring the safety, effectiveness, and security of human and animal drugs, biological products, and medical devices; ensuring the safety of human and animal food, cosmetics, and radiation-emitting products; and regulating tobacco products. FDA’s customers and key stakeholders include American patients and consumers; healthcare professionals; veterinarians; regulated industry; academia; and, state, local, federal and international governmental agencies.

Addressing the opioid crisis is one of the FDA’s highest priorities. Opioid analgesics are effective medications that can help manage pain when properly prescribed for the right condition and used properly. FDA regulates the drugs and devices used in the treatment of pain, as well as opioid addiction and overdose, to ensure that the actions taken are in the best interest of public health. FDA is working to improve the transparency of our benefit-risk paradigm for opioids, ensuring that we continue to consider appropriately the wider public health effects of prescription opioids, and we are engaged in many ongoing activities aimed at furthering the overarching strategy.

FDA recognizes both the benefits of these opioid medications for patients who need them, including those with debilitating chronic pain conditions as well as the risks associated with the treatment. We

are taking immediate steps to reduce the scope of the opioid addiction epidemic and continuously examine our role and policies in the regulation of opioids, drugs used in pain treatment, and in opioid addiction and overdose. To apply its public health expertise, FDA continues to accomplish goals laid out under the HHS Opioid Strategy – the comprehensive, evidence-based plan that provides the overarching framework to strategically leverage HHS resources and expertise. As part of the HHS Opioid Strategy, FDA is committed to examining all facets of the epidemic: opioid abuse, misuse, addiction, overdose, and death, in the U.S.

FDA has identified four priority areas to address the epidemic:

1. Decreasing Exposure and Preventing New Addiction
2. Supporting the Treatment of Those with Opioid Use Disorder
3. Fostering the Development of Novel Pain Treatment Therapies
4. Improving Enforcement and Assessing Benefit-Risk

METHODOLOGY

FDA identified the drug control budget by using the dedicated budget authority for opioids activities. This includes opioids dedicated base activities conducted by the Center for Drug Evaluation and Research (CDER) and the Office of Regulatory Affairs (ORA).

BUDGET SUMMARY

In FY 2022, the FDA requests \$100.5 million for drug control activities, \$36.0 million above FY 2021 enacted level.

Center for Drug Evaluation and Research

FY 2022 Request: \$46.0 million

(\$26.0 million above the FY 2021 enacted level)

The FY 2022 Budget for drug-related activities includes \$46.0 million for CDER. FDA requests an additional \$26.0 million to further develop and advance strategies to confront the opioid crisis.

CDER is committed to supporting research that addresses questions that are critical to our work on the opioid crisis. In particular, the FY 2019 appropriation provided CDER with base funding for regulatory science, enforcement, and innovation activities, to combat the opioid epidemic. In FY 2020, CDER utilized the \$20.0 million in opioids base funding to further develop and implement evidence-based actions to address FDA's opioid priority areas.

Some of CDER's recent research initiatives include:

- Advancing the development of evidence-based clinical practice guidelines on the appropriate management of acute dental pain (as part of SUPPORT Act Sec. 3002 implementation)
- Research on chronic pain therapies to inform the ongoing discussion about the appropriate use of opioid analgesics in chronic pain care
- Study on how comparative feedback to providers would impact the number of left-over opioid pills to help inform and improve safety of opioid prescribing practices for acute pain
- Studies to enhance FDA's opioids systems model, a U.S. population-level systems dynamics model, used to improve understanding of/reaction to the opioid crisis and inform FDA's decision-making regarding the treatment of OUD

- Research using predictive modeling to evaluate drug interactions, risk assessment, and drug development to further inform FDA's regulatory actions on opioids and other drug products with abuse potential
- Enhancing the Opioid Data Warehouse, a cloud-based large data warehouse and analytical capability which allows FDA to better assess opioid vulnerability points in the population, anticipate changes in the opioid crisis, and target regulatory changes required for opioids
- Continuing implementation of the "Remove-the-Risk" campaign to advance FDA's consumer-focused outreach efforts, which has been an asset for the agency in efforts to address the opioid crisis on an individual level
- Studies examining characteristics of abuse deterrent formulations (ADF) to help FDA evaluate the best approach to assessing generic ADF formulations, support the FDA's regulatory science capabilities, and improve access to opioid alternatives

FDA supported research initiatives that have enhanced our understanding of appropriate opioids use as pain treatments, as well as risks and mitigating factors to address opioid misuse, abuse, overdose, and death. However, as opioid related deaths continue to increase in the U.S., further research is needed to address the opioid crisis including the impact of COVID-19 on patients with opioid use disorder.

Office of Regulatory Affairs – Field Activities

FY 2022 Request: \$54.5 million

(\$10.0 million above FY 2021 enacted level)

The FY 2022 Budget for drug-related activities includes \$54.5 million for the ORA. FDA requests an additional \$10.0 million for ORA:

- to establish satellite laboratories at the International Mail Facilities (IMFs) to include staffing by scientists along with expanding ORA's use of analytical tools for expedited screening of packages, and,
- expand the current IMF initiative to interdict shipments of opioids, unapproved foreign drugs, counterfeit pharmaceuticals, and health fraud related shipments.

In response to the current opioid crisis, ORA prioritized protecting the public health by monitoring FDA-regulated products shipped into the nation's nine IMFs in order to prevent unsafe, counterfeit, and unapproved drugs from entering the U.S. FDA's IMF staff works diligently to examine and document suspicious contents, however FDA investigators are only able to inspect a fraction of the incoming international mail packages. It is estimated that FDA is able to physically inspect less than 0.06 percent of the packages that are presumed to contain drug products that are shipped through the IMFs. Recognizing these hurdles, FDA is increasing existing resources, working more efficiently, and identifying innovative ways to expand the impact of its efforts. During FY 2018, FDA increased the number of investigators it has in the IMFs from 8 to 22 full-time employees (FTEs). The 2018 Omnibus Spending Bill provided FDA with additional resources for the IMFs, that will bring FDA to a total of 70 FTE in the IMFs when fully staffed. Thus far over 90 percent of these FTE have been hired and it is anticipated the IMFs will be fully staffed by the end of the 2021 calendar year. In FY 2020, FDA reviewed over 50,000 products at the IMFs. When fully staffed and once the additional space and IT improvements are completed at the IMFs, FDA is planning to increase the number of products reviewed.

Section 3022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, added section 801(u) [21 U.S.C. § 381(u)] to the Food Drug and Cosmetic Act (FD&C Act), giving the FDA authority to treat an FDA-regulated article as a drug if it is or contains an Active Pharmaceutical Ingredient (API) in an approved drug or licensed biologic, or an API in a drug or biologic that has been granted an investigational use exemption, and for which substantial clinical trial has been instituted and made public, if the article is an “ingredient that presents significant public health concern.”

FDA first implemented this new authority in FY 2019, developing an initial list of nine APIs meeting the 801(u) criteria. FDA IMF staff began using the initial list of indicated APIs in March 2019. In January 2020, FDA added nine more APIs to the 801(u) list, bringing the total number of APIs on the list to 18. FDA will continue to update the API list, as additions are approved through the established review process. In FY 2018, ORA destroyed approximately 6% of refused drug products; in FY 2019, prior to implementing 801(u), that number was about 16%. Since 801(u) implementation, FDA has raised the overall destruction rate to more than 77% of violative drug products offered for import via international mail, and that destruction rate continues to increase.

Improvements at IMFs will continue, as ORA implements new authorities included in the SUPPORT Act. Section 3014 of the SUPPORT Act calls for strengthening coordination and capacity between the FDA and CBP on activities designed to improve detection and response to illegal controlled substances and drug imports, particularly those imported through the nine IMFs throughout the country. The FDA and CBP signed a Letter of Intent (LOI) on April 4, 2019, memorializing the intent of each agency to establish and implement collaborative strategies addressing information sharing, and operational coordination for better targeting of higher-risk parcels. The LOI notes the history of collaboration between FDA and CBP to protect the public from illegal or harmful products entering the United States and outlines the intent of each agency to establish and implement strategies through separate written agreements by the end of FY 2019 to enhance knowledge-transfer to increase efficiency, reduce duplication of efforts and facilitate mission responsibilities.

FDA, CBP, and HSI have since signed a Memorandum of Understanding (MOU) on October 28, 2020. The MOU addresses the areas of cooperation outlined in Section 3014, including information sharing, operational coordination for better targeting of higher risk parcels, and collaborative strategies specific to each agency’s respective regulatory enforcement requirements, expansion of the presence of scientific personnel at selected IMF locations, and facility improvements at the IMFs.

FDA’s ORA Office of Criminal Investigations (OCI) continues to selectively target rogue healthcare providers misusing their positions of public trust, breaches in the FDA-regulated pharmaceutical supply chain, and bad actors operating on the surface and dark nets who distribute counterfeit and other illicit opioid products to unsuspecting consumers.

In an attempt to better understand and disrupt the threat posed by illicit pharmaceuticals, including opioid products, in FY 2020 ORA, with the support of CBP, executed the first joint international enforcement operation conducted by the Indian Directorate of Revenue Intelligence. In recognition of the shared threat posed by illicit opioid products, Operation Broadsword, which was supported by the Indian diplomatic mission to the U.S. as well as senior customs officers flown in from India, targeted inbound parcels from India at the U.S. Chicago O’Hare IMF, some of which included opioid products.

Preliminary discussions have taken place with the Government of India, regarding the potential for conducting a second Operation Broadsword at an IMF in India, COVID-19 dependent, during FY 2021.

Section 3022 of the SUPPORT Act also amended section 306 of the FD&C Act to give FDA new authority to debar persons from importing drugs into the U.S. if they have been convicted of a felony for conduct related to the importation of any drug or controlled substance. On June 24, 2019, FDA issued its first notice of debarment for a felony conviction involving two counts of illegal importation of a drug under this new authority. Since that time, FDA has issued eight more notices of debarment based on felony convictions. Additionally, the first debarment case for a U.S. addressee, not based on a conviction but who exhibited a pattern of attempted importation posted in the Federal Register November 30, 2020. This individual attempted to import several shipments consisting of large amounts of sildenafil in various forms into the U.S. via international mail. The amounts, frequency, and dosage this individual attempted to import were inconsistent with personal or household use.

ORA continues to increase analytic capability and capacity at the IMFs. Based on benchmarking with federal partners and discussions with OCC, ORA identified specially trained field-based scientists using an established set of analytical tools to be the most scientifically reliable and efficient approach to rapid identification of illicit FDA-regulated products, such as counterfeit pharmaceuticals, including opioids, and adulterated supplements. Ten ORA chemists were trained at the Forensic Chemistry Center (FCC) on the use of these instruments, a satellite laboratory unit was procured, and pilot operations were initiated at the U.S. Chicago O'Hare IMF. These chemists participated in 30-day details and working with ORA Consumer Safety Officers, processed over 900 samples in 68 working days. Twenty percent of the samples were found to contain either DEA scheduled substances or violative FDA products. The pilot was halted in March 2020 due to the COVID-19 pandemic. A pilot summary report was issued in July 2020. Additional scientists are being hired and trained with plans to establish full operations at two IMF locations by the end of CY 2021.

PERFORMANCE

At this time, FDA does not have specific performance measures tracking completion of drug control activities such as efforts related to opioids. FDA is reviewing the potential and practicality of developing specific performance measures for tracking these activities for inclusion in future Drug Control Budget submissions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$109.300	\$93.600	\$123.500
Treatment	543.700	556.400	581.500
Total Drug Resources by Function	\$653.000	\$650.000	\$705.000
Drug Resources by Decision Unit			
Bureau of Primary Health Care	\$543.000	\$540.000	\$540.000
Federal Office of Rural Health Policy	110.000	110.000	165.000
Total Drug Resources by Decision Unit	\$653.000	\$650.000	\$705.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	--	--	--
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$11.9	\$12.1	\$14.2
Drug Resources percentage	5.5%	5.4%	5.0%

Program Summary

MISSION

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

METHODOLOGY

BPHC

For each of fiscal years 2016 – 2019, HRSA provided new annual ongoing grant funding supporting SUD/MH service expansion in health centers totaling \$545 million projected to remain in Health Center Program base continuation funding in subsequent fiscal years.

Subsequently in FY 2020, HRSA found that 36 health centers were unable to demonstrate sufficient progress to merit continuing their AIMS awards, resulting in a \$2 million total reduction in drug control funding. For FY 2021, HRSA found that 63 health centers were unable to demonstrate sufficient progress to merit continuing their SUD-MH awards, resulting in a \$3 million total reduction in drug control funding. All of this targeted supplemental funding is scored as drug control funding.

FORHP

The allocation of funds for the Rural Community Opioid Response Program (RCORP) is through competitive grants and cooperative agreements. The entirety of these programs is scored as drug control funding.

BUDGET SUMMARY

The drug control budget for HRSA in the FY 2022 President's Budget Request is \$705.0 million, which is \$55.0 million above the FY 2021 Enacted.

Bureau of Primary Health Care

FY 2022 Request: \$540.0 million

(No change from the FY 2021 enacted level)

In FY 2022, the Health Center program plans to support more than 1,400 grantees and provide primary health care services to over 31 million patients, including access to ongoing SUD services. Health centers will continue to provide SUD services for all age groups.

In FY 2019, the Health Center Program awarded \$201 million in new SUD/MH ongoing annual awards. The FY 2020 and FY 2021 Health Center Program enacted levels and the FY 2022 President's Budget Request include no additional targeted drug resources. As a result, the reported amount of estimated drug resources for FY 2019 and FY 2020, and those projected for FY 2021 through FY 2022, reflect the ongoing annual SUD/MH awards initiated in FY 2016 through FY 2019, health center continuation awards made in FY 2020, and projections for FY 2021 through FY 2022.

Federal Office of Rural Health Policy

FY 2022 Request: \$165.0 million

(\$55.0 million above FY 2021 enacted level)

In FY 2022, the Federal Office of Rural Health Policy will continue to invest in initiatives and support evidence-based strategies that address the specific SUD issues and mental health services needs in rural communities. The FY 2022 President's Budget Request will fund new and continuing grants and cooperative agreements for RCORP to strengthen the infrastructure and capacity within rural communities at high risk for SUDs and provide needed prevention, treatment, and recovery services to rural residents.

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

- **RCORP-Implementation** provides multi-year support to rural communities to yield large-scale organizational and infrastructural improvements at the regional and state levels to address opioid use disorder, with a particular focus on treatment and recovery. The Implementation grants that HRSA fully funded in FY 2020 and FY 2021 will remain active in FY 2022. HRSA will also make new Implementation awards in FY 2022.
- **RCORP-Neonatal Abstinence Syndrome** provides multi-year support to rural communities to reduce the prevalence of neonatal abstinence syndrome by improving systems of care, family supports, and social determinants of health. HRSA will support the continuation of 30 awards in FY 2022.

- **RCORP-Psychostimulant Support** provides multi-year funding to rural communities to address psychostimulant misuse, including methamphetamine misuse, through prevention, treatment, and recovery interventions. The three-year grants that HRSA will fully fund in FY 2021 will remain active in FY 2022. HRSA will also make new Psychostimulant Support awards in FY 2022.

In FY 2022, HRSA will continue funding the Rural Centers of Excellence on Substance Use Disorders program that supports the dissemination of best practices related to the treatment for and prevention of SUDs within rural communities. HRSA will also continue supporting a cooperative agreement to conduct program-wide evaluation activities for the RCORP Initiative and will re-compete funding for one cooperative agreement award to provide technical assistance to RCORP grantees. Additionally, HRSA will continue to support the Rural Behavioral Health Workforce Centers cooperative agreements, which aim to improve access to behavioral health care services and gainful employment opportunities for rural residents in the Northern Border Regional Commission service area.

The request will also provide HRSA with flexibility to respond to the evolving needs of the opioid epidemic. Drug overdose deaths in rural counties have increased from 4.0 per 100,000 in 1999 to 19.6 in 2019. In 2019, the rate of drug overdose deaths involving psychostimulants with abuse potential was 1.4 times higher in rural counties than in urban counties.¹³ Moreover, drug overdose deaths have accelerated during the COVID-19 pandemic.¹⁴ In FY 2021, HRSA expanded RCORP's focus to include psychostimulants such as methamphetamines and for FY 2022, HRSA plans to fund additional awards to address psychostimulants as well as continue to allow rural communities to broaden their focus on other SUDs in addition to opioids.

Additionally, HRSA recognizes that about half of those who experience a SUD during their lives will also experience a mental illness, and vice versa.¹⁵ RCORP award recipients have noted continuing problematic or worsening COVID-19 impacts on behavioral health. Approximately 58 percent of Mental Health Professional Shortage Areas are in rural areas, representing nearly 26 million people who do not have adequate access to mental healthcare providers.¹⁶ As a result, in FY 2022, HRSA will fund new awards for a pilot program allowing rural communities to respond to new and ongoing behavioral health needs of rural residents impacted by SUD/OD. HRSA will also continue to solicit feedback from rural stakeholders and engage and partner with other federal agencies to promote a coordinated approach to combatting this devastating epidemic and identifying additional priority areas. HRSA will include health and racial equity as a key component of any FY 2022 funded RCORP programs.

PERFORMANCE

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

¹³ <https://www.cdc.gov/nchs/products/databriefs/db403.htm>

¹⁴ <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>; see also <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

¹⁵ <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

¹⁶ [Designated HPSA Quarterly Summary, 2020](#)

Health Resources and Services Administration		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Number of Health Center Program grantees providing SBIRT services	730	802
» Number of Health Center Program grantees providing SUD counseling and treatment services	760	865

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

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

Screening for SUDs has increased 93 percent since 2016 with the number of patients receiving screening, brief intervention, referral and treatment (SBIRT) increasing from 716,677 in 2016 to 1,381,408 in 2019. From 2016–2019, the number of health center providers eligible to prescribe MAT increased over 300 percent (from 1,700 in 2016 to 7,095 in 2019) and the number of patients receiving MAT increased 266 percent (from 39,075 in 2016 to 142,919 in 2019).

In 2019, 865 health centers provided SUD counseling and treatment services, exceeding the program 2019 target. Also in 2019, 802 health centers provided SBIRT services, exceeding the program FY 2019 target.

The RCORP’s goal is to reduce the morbidity and mortality associated with opioid overdoses in rural communities through the strengthening of the organizational and infrastructural capacity of multi-sector consortiums. HRSA has developed OMB-approved performance measures to support this large-scale initiative, and the baseline data is being analyzed in order to identify appropriate targets.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$33.794	\$34.233	\$35.179
Treatment	98.371	101.034	106.823
Total Drug Resources by Function	\$132.165	\$135.267	\$142.002
Drug Resources by Decision Unit			
Alcohol and Substance Abuse	\$128.518	\$131.645	\$138.380
Urban Indian Health Program	3.647	3.622	3.622
Total Drug Resources by Decision Unit	\$132.165	\$135.267	\$142.002
Drug Resources Personnel Summary			
Total FTEs (direct only)	171	171	171
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$6.0	\$6.2	\$8.5
Drug Resources percentage	2.2%	2.2%	1.7%

Program Summary

MISSION

The Indian Health Service (IHS), an agency within HHS, is responsible for providing federal health services to American Indian and Alaska Native (AI/AN) people. IHS supports substance abuse treatment and prevention services as part of this mission.

METHODOLOGY

The IHS includes the appropriation for Alcohol and Substance Abuse (excluding the amount designated as Adult Alcohol Treatment) and the portion of Urban Indian Health funds that partially come from the National Institute on Alcohol Abuse and Alcoholism programs transferred to the IHS under the Urban Indian Health budget.

BUDGET SUMMARY

In FY 2022, IHS requests \$142.0 million for drug control activities, an increase of \$6.7 million above the FY 2021 enacted level.

Alcohol and Substance Abuse

FY 2022 Request: \$138.4 million

(\$6.7 million above the FY 2021 enacted level)

In FY 2022, the IHS budget request for its drug control activities supports ONDCP funding priorities as well as the *National Drug Control Strategy*, which emphasizes the partnership between federal agencies and their state, local, tribal, and international counterparts and reduce drug-induced mortality. IHS is also working with federal partners to implement ONDCP’s efforts to address the current opioid crisis and reduce the number of American’s dying from dangerous drugs.

Urban Indian Health Program – Alcohol and Substance Abuse Title V Grants

FY 2022 Request: \$3.6 million

(No change from the FY 2021 enacted level)

The 41 UIOs are an integral part of the Indian health care system and serve as resources to both tribal and urban communities. Urban Indians are often invisible in the urban setting and face unique challenges when accessing healthcare. A large proportion of Urban Indians live in or near poverty and face multiple barriers such as the lack of quality and culturally relevant health care services in cities. UIOs are an important support to Urban Indians seeking to maintain their tribal values and cultures and serve as a safety net for our urban patients. UIOs that offer inpatient and outpatient SUD treatment have become reliable referral sites for Tribes and Urban Indians. In FY 2022, IHS is proposing \$3.6 million for the urban ONDCP budget.

PERFORMANCE

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

In FY 2022, the IHS will track the number of unique patients receiving office-based MAT (buprenorphine or naltrexone) within the Indian Healthcare System. The IHS will continue to track the number of naloxone prescriptions as part of efforts to increase access to naloxone.

The table and accompanying text below represent highlights of IHS achievements during FY 2020, the latest year for which data are available. The selected performance measures reported in the table provide targets and results from both Tribally Operated Health Programs and Federally Administered Health Programs.

Indian Health Service		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Universal Alcohol Screening	42.4%	37.1%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	100%
» Report on number of emergency department patients who receive SUD intervention	40,781	44,451
» Report on number of SUD services in primary care clinics	145,006	137,907

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

To provide more comprehensive routine screening, IHS retired the alcohol screening measure for female patients and expanded the new alcohol screening measure to include all patients 9 through 75 years of age. The FY 2020 universal alcohol screening target of 42.4 percent was not met with final results achieving 37.1 percent screened.

The accreditation measure for YRTCs reflects an evaluation of the quality of care associated with accreditation status by either The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), state certification, or regional Tribal health authority certification. For youth with SUDs, the YRTCs provide invaluable treatment services. In FY 2020, all YRTCs in operation 18 months or longer achieved accreditation status.

The IHS monitors two program measures on the number of SUD encounters provided in emergency departments and primary care clinics. The final results for the FY 2019 number of SUD encounters provided in emergency department was 44,451 while SUD encounters provided in primary care clinics totaled 137,907. IHS monitors the overall SUD encounters provided in all clinical settings across the health system to aid in promoting integrated SUD services. The final results for FY 2020 SUD intervention services provided across all I/T/U clinics that report in the IHS national data warehouse was 718,873 en

DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Research and Development	\$1,518.315	\$1,541.808	\$1,915.696
Total, Drug Resources by Function	\$1,518.315	\$1,541.808	\$1,915.696
Drug Resources by Decision Unit			
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	\$60.591	\$61.499	\$63.193
National Institute on Drug Abuse (NIDA)	1,457.724	1,480.309	1,852.503
Total, Drug Resources by Decision Unit	\$1,518.315	\$1,541.808	\$1,915.696
Drug Resources Personnel Summary			
Total FTEs (direct only)	363	388	388
Drug Resources as a Percent of Budget			
Total Agency Discretionary Budget (in Billions)	\$40.3	\$41.5	\$50.5
Drug Resources percentage	3.8%	3.7%	3.8%

Program Summary

MISSION

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), two of the 27 Institutes and Centers of the National Institutes of Health (NIH), support research in pursuit of the objectives of the *National Drug Control Strategy*.

NIDA is the lead federal agency supporting scientific research on drug use and its consequences. Its mission is to advance science on drug use and addiction and apply that knowledge to improve individual and public health. This includes basic and clinical research on drug use (including nicotine), addiction, and the underlying neurobiological, behavioral, and social mechanisms involved. NIDA also works to ensure the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUD and to enhance public awareness of addiction as a brain disorder. While NIDA’s mission broadly encompasses substance use, addressing opioid misuse and addiction is a top priority at NIDA.

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

NIAAA's mission is research on the prevention and treatment of underage drinking and its harmful consequences.

Substance use and SUD cost the U.S. more than \$740 billion a year in healthcare, crime, and lost productivity;¹⁷ but dollars cannot capture the devastating human cost of addiction to individuals, families, and communities. Drug overdose is now the leading cause of unintentional fatal injury in our nation. In 2019, more than 20 million Americans had SUD,¹⁸ and drug overdose claimed more than 71,000 lives, about 70% of which were from illicit or prescription opioids.¹⁹ For every fatal overdose it is estimated that there are 10 non-fatal overdoses and 20 opioid-related hospitalizations.²⁰

The collision of the overdose crisis with the coronavirus disease 2019 (COVID-19) pandemic puts people with SUD at particular risk. Early data show increases in drug use and overdose since the pandemic began,²¹ and the highest number of overdose deaths (over 90,000) ever recorded occurred in the 12 months ending in September 2020.²² Individuals with SUD, especially Blacks/African Americans and those with OUD, are at higher risk for COVID-19 and its adverse outcomes.²³

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, costing the United States an estimated \$249 billion per year. NIAAA is committed to reducing the burden of alcohol misuse for individuals at all stages of life and supports a diverse portfolio of research to accomplish this goal. Research areas include biological and behavioral mechanisms underlying alcohol misuse, alcohol use disorder (AUD), and alcohol-related health conditions; epidemiological assessments of patterns and trends in alcohol use; and the development and evaluation of interventions to identify, prevent, and treat alcohol misuse and its consequences, including among youth. NIAAA also supports efforts to translate research findings to improve prevention and treatment of alcohol-related problems and co-occurring conditions and to disseminate evidence-based information to health care providers, researchers, policy makers, and the public. These ongoing efforts have significantly broadened our understanding of alcohol misuse and AUD and have provided support for the integration of alcohol prevention and treatment services into mainstream health care.

METHODOLOGY

NIDA's entire budget is drug-related and classified as a part of the National Drug Control Budget. The prevention and treatment components of NIAAA's underage drinking research program are classified as a part of the National Drug Control Budget. Underage drinking research is defined as research that focuses on alcohol use by youth (individuals under the legal drinking age of 21), as well as the negative consequences of underage alcohol use (e.g., alcohol-related injuries, impact on adolescent development including on the developing brain, and risk for AUD). It includes basic biological and behavioral research, epidemiological research, screening studies, the development and testing of preventive and treatment interventions, and efforts to disseminate evidence-

¹⁷ <https://www.drugabuse.gov/related-topics/trends-statistics>

¹⁸ 2018 National Survey on Drug Use and Health, 2019. SAMHSA

¹⁹ <https://www.cdc.gov/drugoverdose/index.html#:~:text=The%20number%20of%20drug%20overdose>

²⁰ Rudd, R. et al. MMWR Morb. Mortal. Wkly. Rep. 65, 1445-1452, (2016).

²¹ <https://emergency.cdc.gov/han/2020/han00438.asp>

²² <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

²³ pubmed.ncbi.nlm.nih.gov/32929211/

based information. NIAAA's methodology for developing budget estimates for the Budget and Performance Summary is a two-step process. First, NIAAA identifies its underage drinking projects using NIH's automated, electronic text mining system for research, condition, and disease categorization. Once these projects are verified as underage drinking projects, NIAAA conducts a manual review of the project listing and codes each verified project as relevant to prevention or treatment.

BUDGET SUMMARY

In FY 2022, NIH requests \$1,915.7 million for drug control activities, a \$373.9 million increase above FY 2021 enacted level.

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

Another top priority continues to be the development and deployment of therapeutic interventions to treat SUD, including medications, biologics, behavioral interventions, and non-pharmacological interventions such as transcranial magnetic stimulation or neurofeedback. NIH is now poised to capitalize on a greater understanding of the neurobiology underlying addiction, and of newly identified candidate molecules and brain circuits that show promise as potential targets for the treatment of SUD. However, discovering new therapies is not sufficient to combat SUD if these therapies do not reach the people who need them. In many cases, such as MOUD, studies suggest that effective treatments are under-utilized despite strong evidence of their effectiveness. To address this issue, NIH is also exploring ways of improving the dissemination and implementation of evidence-based practices (implementation science) in real world settings to improve the prevention and treatment of SUD and co-occurring conditions such as HIV and psychiatric disorders, thereby enhancing the public health impact of NIH-supported research.

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

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

- Enhancing the NIDA Clinical Trials Network to Address Opioids²⁴
- Focused Medication Development to Treat Opioid Use Disorder and Prevent/Reverse Overdose²⁵
- Determining strategies to reduce opioid overdose in communities hardest hit by the opioid crisis (the HEALing Communities Study)²⁶
- Determining ways to improve the effectiveness and adoption of interventions within justice systems. (The Justice Community Opioid Innovation Network)²⁷
- Preventing At-Risk Adolescents Transitioning into Adulthood from Developing Opioid Use Disorder²⁸
- Prevention of Progression to Moderate or Severe Opioid Use Disorder²⁹
- Optimizing the Duration, Retention, and Discontinuation of Medication Treatment for Opioid Use Disorder³⁰
- Studying the effects of environmental factors, including opioids and other substance use, on early brain development from pregnancy through early childhood (HEALthy Brain and Child Development Study)³¹

Stimulants have also emerged as an overdose threat. From 2012 through 2019, the number of deaths involving methamphetamine increased more than 6-fold (from around 2,600 to more than 16,100), and the number involving cocaine more than tripled (from around 4,400 to nearly 16,000).³² Given the urgent need to confront these dramatic increases, NIDA has prioritized the development of medications to treat stimulant use disorders.

National Institute on Drug Abuse

FY 2022 Request: \$1,852.5 million

(\$373.9 million above the FY 2021 enacted level)

NIDA's efforts consist of Neuroscience and Behavioral Research; Epidemiology, Services and Prevention Research; Therapeutics and Medical Consequences; Clinical Trials Network; High-Tech Biomedical Product Development; Responding to the Opioid Crisis; Intramural Research Program (IRP); and Research Management and Support (RMS). The section entitled "Responding to the Opioid Crisis" details how NIDA is using dollars budgeted to the HEAL Initiative for the purpose of opioid research, but those dollars supplement base funding for opioid and pain research that are included within other NIDA program areas. Funding for both the HEAL initiative and other opioid and pain research will be increased from the FY 2021 Enacted level within NIDA's overall FY 2022 Request.

Neuroscience and Behavioral Research

FY 2022 Request: \$603.8 million

(\$111.0 million above the FY 2021 enacted level)

NIDA's Division of Neuroscience and Behavior (DNB) advances knowledge of the basic biological mechanisms that underlie drug use and guide the development of novel prevention strategies and

²⁴ <https://heal.nih.gov/research/research-to-practice/enhancing-clinical-trials-network>

²⁵ <https://heal.nih.gov/research/medication-options/focusing-development>

²⁶ <https://heal.nih.gov/research/research-to-practice/healing-communities>

²⁷ <https://heal.nih.gov/research/research-to-practice/jcoin>

²⁸ <https://heal.nih.gov/research/new-strategies/at-risk-adolescents>

²⁹ <https://heal.nih.gov/research/new-strategies/prevent-progression>

³⁰ <https://heal.nih.gov/research/new-strategies/duration-retention-discontinuation>

³¹ <https://heal.nih.gov/research/infants-and-children/healthy-brain>

³² www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

treatments for SUD. This includes identifying the effects of illicit substances on brain structure and function throughout the lifespan and across stages of drug use and SUD. Areas of support include studies to identify genetic variants and epigenetic modifications that influence vulnerability to SUD, the effects of drugs on gene expression and brain development and function; the interaction of genes with environmental conditions, including how they influence brain development; and basic processes underlying vulnerability and resilience to SUD. DNB supports research to elucidate the pharmacology of drugs and to leverage this knowledge towards the development of therapeutics to treat SUD, the adverse consequences of illicit drugs, and pain. One recent DNB-supported study found that prenatal exposure to cannabinoids altered the ways the brains of male, but not female, adolescent rats respond to cannabis, and identified a drug that could normalize those responses.³³ The DNB portfolio also includes research on non-pharmacological SUD treatments including transcranial magnetic stimulation, transcranial direct current stimulation, deep brain stimulation, and neurofeedback. Research on the interactions of complex neural circuits that underlie substance use, aversive responses to drugs that can inhibit drug-seeking, and interactions between neural and non-neuronal cells in these circuits is also supported in this portfolio. DNB funds technology development that enables studies of the functional organization of the living brain from cells to circuits to networks, and advanced computational approaches including theoretical modeling and novel methods for analyzing large, diverse data sets. One recent study found that activity in two different brain regions is linked with nicotine addiction severity and nicotine withdrawal, which is of particular interest because current smoking cessation treatments only affect one of those areas.³⁴ Such studies can help inform the creation of new and improved treatments with basic data on neural circuits. Finally, DNB supports mechanistic research to address real-world challenges faced in clinical care of SUD, such as polysubstance use, co-occurring conditions, and sex and gender differences in the development of SUDs.

One of NIDA's flagship basic science projects is the Adolescent Brain Cognitive Development (ABCD) study, which will follow children over 10 years, beginning at ages 9-10. Scientists are using techniques such as advanced brain imaging, interviews, and behavioral testing to determine how childhood experiences interact to affect brain development and—ultimately—social, behavioral, academic, and health outcomes, including substance use. Understanding how drugs interact with individual genetic, neurobiological, environmental, social, and developmental factors is essential to understanding what puts a person at risk for or confers resilience to addiction. Enrollment is complete with a total of 11,878 youth and their families participating. The study has already released baseline and one-year follow-up data from the full cohort, and more than 70 research papers have been published using these data, leading to a better understanding of the association between certain traits and experiences and brain structure and function, cognitive ability, and mental health. For example, a recent study has found that certain measures of obesity correlate with measurements of the density of an area of the brain responsible for motivation and reward, suggesting a possible neural mechanism for behavioral changes that lead to obesity.³⁵

³³ pubmed.ncbi.nlm.nih.gov/31611707/

³⁴ europepmc.org/article/med/22493758

³⁵ pubmed.ncbi.nlm.nih.gov/31816020/

Epidemiology, Services, and Prevention Research

FY 2022 Request: \$418.0 million

(\$76.9 million above the FY 2021 enacted level)

NIDA's Division of Epidemiology, Services, and Prevention Research (DESPR) supports integrated approaches to understanding and addressing the interactions between individuals and environments that contribute to drug use, addiction, and related health problems. Through Monitoring the Future, the Population Assessment of Tobacco and Health study, and other studies, DESPR monitors trends in drug use, including marijuana, vaping/e-cigarettes, and other drugs, as well as the potential risks and health outcomes related to these behaviors.

Preventing the initiation of substance use to minimize risks of harmful consequences is an essential part of addressing SUD. To this end, DESPR funds a portfolio of prevention research to understand and intervene upon mechanisms that underlie risk for and resilience to addiction and common comorbidities. This includes studies on how biological, psychosocial, and environmental factors operate to enhance or mitigate an individual's propensity to initiate substance use or to escalate from use to misuse to SUD across different developmental stages. This information, along with rapidly growing knowledge about substance use and addiction, is helping to inform the development of evidence-based prevention strategies.

DESPR also supports research on integrating prevention and treatment services into healthcare and community systems to reduce the burden of drug problems across the lifespan. For example, ongoing research is examining efforts to implement evidence-based SUD treatment in jails and prisons, expand the use of effective medications for OUD in primary care settings, develop strategies to reduce transmission of viral infections related to substance use (e.g., HIV and Hepatitis C), and increase uptake and retention in treatment for SUD and HIV. DESPR also funds research into the efficacy of screening, brief intervention, and referral to treatment in primary care settings for reducing drug use and SUD.

Therapeutics and Medical Consequences

FY 2022 Request: \$142.3 million

(\$26.2 million above the FY 2021 enacted level)

NIDA's Division of Therapeutics and Medical Consequences (DTMC) supports research to evaluate the safety and efficacy of pharmacotherapies and devices to treat SUD. This work spans all phases of medical product development including synthesis and preclinical evaluation of potential therapeutics, clinical trial design and execution, and preparing regulatory submissions. Through these investments, NIDA helps to mitigate risks of developing new treatments for SUD. For example, in collaboration with US WorldMeds, DTMC supported clinical trials on LUCEMYRA™, the first medication targeted specifically to treat the physical symptoms associated with opioid withdrawal,³⁶ which was approved by the FDA in May 2018. NIDA also supports research to identify promising compounds and make them more feasible for pharmaceutical companies to complete costly clinical studies for SUD indications. As part of the HEAL InitiativeSM, described below, DTMC leads efforts to develop new and repurposed medications to treat OUD.

NIDA is also prioritizing the development of pharmacological treatments for stimulant use disorders. This portfolio includes approaches from repurposing approved medications for other SUDs, to

³⁶ www.drugabuse.gov/about-nida/noras-blog/2018/05/nida-supported-science-leads-to-first-fda-approved-medication-opioid-withdrawal

developing a novel monoclonal antibody that could prevent or reduce methamphetamine intoxication (see program portrait “Medications Development for Stimulant Use Disorder”).

Clinical Trials Network

FY 2022 Request: \$48.6 million

(\$8.9 million above the FY 2021 enacted level)

The overarching mission of the NIDA Clinical Trials Network (CTN) is to allow medical and specialty treatment providers, treatment researchers, patients, and NIDA to cooperatively develop, validate, refine, and deliver new treatment options to patients. The CTN comprises: 16 research nodes with 31 principal investigators affiliated with academic medical centers and large health care networks; two research coordinating centers; and more than 240 community-anchored treatment programs. This unique partnership enables the CTN to conduct studies of behavioral, pharmacological, and integrated treatment interventions in multisite clinical trials to determine effectiveness across a broad range of settings and populations. It also allows the CTN to ensure the transfer of research results to providers and patients. The network evaluates interventions, implementation strategies, and health system approaches to addressing SUD and co-occurring conditions such as mental illnesses and HIV. Using support from HEAL, the CTN has been able to expand its geographical reach, adding 5 new nodes in 2020 that can develop and test interventions in new populations.

The CTN is conducting studies to evaluate strategies for integrating OUD screening and treatment into emergency departments, primary care clinics, and American Indian/Alaska Native communities. The CTN is also conducting a study to examine the effects of medications for OUD in pregnant women. It has supported studies to capture important data for research on SUD in electronic health record (EHR) systems in primary care and emergency departments, and is currently developing and testing a clinical decision support tool that integrates with EHR systems to help doctors diagnose OUD and provide treatment or refer patients to appropriate care. Complementing the work supported through NIDA’s DTMC, CTN studies are investigating the effectiveness and safety of pharmacotherapies (e.g., ADAPT-2), and transcranial magnetic stimulation for methamphetamine and cocaine use disorders.

High-Tech Biomedical Product Development

FY 2022 Request: \$55.9 million

(\$10.3 million above the FY 2021 enacted level)

NIDA’s Office of Translational Initiatives and Program Innovations (OTIPI) takes research discoveries in prevention, detection, and treatment of SUD into candidate health applications for commercialization. OTIPI manages NIDA’s Small Business Innovation Research/Small Business Technology Transfer Programs to advance health applications. It also uses novel fit-for-purpose funding authorities, such as Prizes and Open Competitions, and establishes teaching programs that equip scientists with the competence to translate advances in addiction research into products.

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

Responding to the Opioid Crisis

FY 2022 Request: \$405.4 million

(\$135.1 million above the FY 2021 enacted level)

Through the HEAL InitiativeSM, NIDA continues to expand its support for research to combat opioid addiction. For example, NIDA is supporting a study to prevent the high rate of opioid misuse initiation associated with the transition from adolescence to adulthood. HEAL funds are also being used to accelerate the availability of novel treatments for OUD and overdose, including to develop longer-acting formulations of existing OUD drugs like buprenorphine, repurpose approved drugs for other indications for OUD, and develop novel antibodies to prevent the action of opioids in the brain.

The HEAL InitiativeSM leveraged NIDA's existing CTN to expand the network by adding 5 new nodes that are supporting the development of 26 new research protocols. Two large projects address knowledge gaps around treatment initiation and retention. The first is a study of the efficacy of prevention interventions to halt the progression from risky opioid use to OUD. Researchers will test the efficacy of a Subthreshold Opioid Use Disorder Prevention (STOP) intervention in primary care settings to identify and address early-stage opioid misuse. The second is a study to test strategies to improve retention in medication treatment for OUD, as well as strategies to improve outcomes for patients stabilized on OUD medications who want to stop taking them. This will be the first study of medications to treat OUD to follow prospectively a large sample of patients through discontinuation.

HEAL also supports studies that are developing effective implementation strategies for evidence-based interventions. The Justice Community Opioid Innovation Network (JCOIN) is testing strategies to expand effective OUD treatment and care for people in justice settings in partnership with local and state justice systems and community-based treatment providers, which will fully launch as clinical trials in early 2021. The HEALing Communities Study, a multisite implementation research study, is investigating coordinated approaches for deploying evidence-based strategies to prevent and treat opioid misuse and OUD tailored to the needs of local communities. The goal of the study is to reduce opioid-related overdose deaths by 40 percent over 3 years. Research sites are partnering with 67 communities highly affected by the opioid crisis in 4 states to measure the impact of these efforts.

Finally, the HEALthy Brain and Child Development Study is a NIDA and HEAL-led, trans-NIH effort to add to our understanding of early brain development trajectories. This study will establish a cohort of pregnant women and follow their children through the first decade of their lives to determine how environmental factors, including maternal drug exposure and genetics, influence early brain development and behavioral and clinical outcomes such as mental illnesses and addiction.

Intramural Research Program

FY 2022 Request: \$105.2 million

(\$3.1 million above the FY 2021 enacted level)

NIDA conducts research in high priority areas through its Intramural Research Program (IRP). The IRP portfolio includes research to: 1) elucidate the mechanisms underlying the development of SUDs; 2) evaluate potential new therapies for SUDs, including pharmacological and non-pharmacological interventions; and 3) identify and characterize emerging drugs such as synthetic opioids, stimulants, and cannabinoids.

One example of treatment evaluation at the IRP is a bench-to-bedside project in which IRP investigators are testing a novel compound to treat OUD that activates the same receptors as traditional opioids but has only a subset of their cellular actions. IRP investigators are testing whether the compound reduces

self-administration of opioids in animal models and people with OUD, and whether it prevents opioid withdrawal with fewer side effects than medications in current use. If successful, this compound could be a new medication for OUD.

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

Non-pharmacological addiction treatments are also being developed in NIDA's IRP. The on-site treatment-research clinic includes efforts to develop a smartphone app that uses machine learning to detect or predict stress, craving, and drug use within hours—and a parallel project to develop content that the app could deliver “just in time.” Because current apps purporting to serve these functions do not meet scientific standards of evidence, IRP is addressing a major gap in mobile health. Using passive measurement and digital phenotyping techniques, the IRP is also developing interventions and big data methodologies to prevent HIV transmission associated with unprotected sex in the context of substance use.

Research Management and Support

FY 2022 Request: \$73.3 million

(\$0.7 million above the FY 2021 enacted level)

Research Management and Support activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of RMS encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. RMS staff at NIDA play leadership roles in helping to coordinate NIDA's involvement in the NIH HEAL InitiativeSM, spearheading NIH's response to the opioid overdose epidemic.

In addition to the infrastructure required to support research and training, NIDA strives to provide evidence-based resources and educational materials about substance use and addiction, including information about timely public health topics such as opioid overdose prevention, marijuana research, use and consequences of vaping, synthetic drug trends, and medications for treatment of SUD, including OUD. To this end, the RMS portfolio incorporates education and outreach activities to inform public health policy and practice with the goal of ensuring that NIDA is the primary trusted source for scientific information on drug use and addiction. Staff supported by NIDA's RMS budget coordinate key activities that help to train the next generation of addiction scientists. In addition, NIDA's RMS portfolio includes the NIDAMED initiative,³⁷ which is aimed at engaging and educating clinicians in training and in practice in the latest science related to drug use and addiction.

³⁷ www.drugabuse.gov/nidamed-medical-health-professionals

National Institute on Alcohol Abuse and Alcoholism

FY 2022 Request: \$63.2 million

(\$1.7 million above the FY 2021 enacted level)

Although the prevalence of alcohol consumption among 8th, 10th, and 12th graders has declined by one-third over the past decade, alcohol remains the most widely used substance among U.S. youth. Binge drinking³⁸ and high intensity drinking (i.e., two or more times the gender-specific binge drinking thresholds) among young people remain significant concerns. These drinking patterns are particularly troubling as they increase risks for poor academic performance, alcohol-related blackouts, injuries, overdoses, sexual assault, unsafe sexual behavior, AUD, and other detrimental consequences.

Characterizing the effects of alcohol exposure on the developing adolescent brain

Basic research is key to informing the development of innovative prevention and treatment strategies for underage drinking. NIAAA's Neurobiology of Adolescent Drinking in Adulthood (NADIA) consortium enables investigators to examine, using animal models, the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood. For example, preclinical research conducted through NADIA established a link between adolescent alcohol exposure and specific molecular changes in the brain that contribute to increased anxiety in adulthood. Building on basic research, NIAAA funds collaborative research to assess the impact of adolescent drinking on brain development in longitudinal studies in humans. The National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), a longitudinal study of approximately 800 youth ages 12-21, was designed to identify brain characteristics that may predict alcohol misuse and to elucidate the neurodevelopmental effects that occur as a consequence of alcohol exposure. NCANDA research has characterized the alterations in brain development that occur after adolescent alcohol exposure, including weakened connections between brain networks involved in the regulation of emotional and cognitive functioning. Recent studies have linked childhood trauma with future alcohol misuse in adolescence, suggesting potential benefits of targeted alcohol interventions among trauma-exposed youth. NCANDA laid the methodological foundation for NIH's ABCD study, the largest longitudinal study of brain development and child health in the United States.

Preventing underage drinking

NIAAA's underage drinking portfolio includes studies to develop, evaluate, and implement evidence-based prevention programs for youth. These programs include individual-, family-, school-, community-, and environmental-level interventions for underage individuals at large, as well as those designed or adapted for underserved populations and specific settings, including the college setting. The college environment remains a high priority target for reducing underage drinking. NIAAA developed the College Alcohol Intervention Matrix (CollegeAIM) to assist college and university officials in addressing alcohol misuse on their campuses. CollegeAIM is a user-friendly guide and website that rates over 60 evidence-based alcohol interventions in terms of effectiveness, cost, and other factors, allowing school officials to select among the many potential interventions to address harmful and underage student drinking. NIAAA is also interested in addressing alcohol misuse in young adults who are not enrolled in college, and challenges remain for targeting this population.

³⁸ NIAAA defines binge drinking as a pattern of drinking that increases an individual's blood alcohol concentration to 0.08 percent or higher. This typically occurs after 4 drinks for women and 5 drinks for men – in about 2 hours. Research suggests that fewer drinks in the same timeframe result in the same blood alcohol concentration in youth.

Promoting implementation of alcohol screening and brief intervention among youth and young adult populations

Increasing implementation of alcohol screening and brief intervention among youth and young adult populations in health care and other appropriate settings is a priority area for NIAAA. Alcohol screening and brief intervention in primary care has been recognized as a leading preventive service for reducing alcohol misuse in adults, and a growing body of evidence demonstrates its effectiveness in preventing and reducing alcohol misuse in youth. NIAAA-supported research has found that, relative to usual care, adolescent patients (ages 12-18) subjected to screening, brief intervention, and referral to treatment in pediatric primary care settings had improved substance use, mental health, and health outcomes over a three-year follow up period. To facilitate the integration of screening and brief intervention into primary care, NIAAA developed a youth alcohol screening tool, Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide, to enable pediatric and adolescent health practitioners to identify patients at risk for underage drinking and associated problems. This screening tool has been validated among youth in pediatric emergency room settings, in school settings, in primary care settings (including among racially and ethnically diverse youth), and among youth with chronic health conditions.

PERFORMANCE

Information regarding the performance of the drug control efforts of NIH is based on agency documents related to the Government Performance and Results Modernization Act and other information that measures the agency's contribution to the *National Drug Control Strategy*. NIH's performance measures are representative of Institute and Center contributions to NIH's priorities regarding specific scientific opportunities, identified public health needs, and Presidential priorities. Such measures, reflecting NIH's broad and balanced research portfolio, are not Institute- or Center-specific. Some measures are trans-NIH, encompassing lead and contributing Institutes and Centers. This approach reflects NIH's commitment to supporting the best possible research and coordination of research efforts across its Institutes and Centers.

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

One of these measures, created by NIDA, is SRO-5.2: "By 2025, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for SUDs." This new measure, which began reporting in FY 2020, is indicative of NIDA's portfolio of efforts to support the development and testing of prevention interventions for SUD. The annual targets for this goal reflect targeted investments in particular areas of need or opportunity, including vulnerable periods during critical life transitions for OUD, and reduction of vaping in teens. This measure replaces NIDA's reporting for SRO-5.15, which focused on SUD and prescription misuse in adolescent populations. NIDA's contribution to SRO-5.15 ended in FY 2019 as planned.

NIDA also created SRO-4.9: "By 2023, evaluate the efficacy of new or refined interventions to treat opioid use disorders." This measure began in FY 2018 and reflects NIDA's increasing focus on finding solutions to the current crisis of opioid overdose and addiction. As part of the NIH HEAL Initiative, NIDA has been supporting a variety of focused medications development research at varying stages of the clinical

pipeline. Originally scheduled to be discontinued beginning in FY 2021, this measure has been extended through FY 2023 to reflect the five-year time horizon of FY 2018 investments in the development and evaluation of OUD interventions within HEAL.

SRO-5.15, created by NIAAA, aims to: “By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUDs and their consequences in underage populations.” This measure, which began in FY 2014, is indicative of NIAAA’s efforts to support research to foster the development and implementation of prevention-based strategies for reducing substance misuse and addiction. NIH’s prevention portfolio encompasses a broad range of research on the efficacy and cost effectiveness of primary prevention programs—designed to prevent substance use before it starts, or prevent escalation to misuse or addiction—and how these programs can be enhanced by targeting prevention efforts toward populations with specific vulnerabilities (genetic, psychosocial, or environmental) that affect their likelihood of substance use or SUDs.

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

National Institute on Drug Abuse		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
Scientific Research Outcome-5.2: By 2025, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for SUDs (SUD).	Conduct 3-5 pilot studies to test the efficacy of promising prevention interventions for SUD.	Nine prevention pilot studies were conducted as part of the Helping to End Addiction Long-term (HEAL SM) Initiative.
Scientific Research Outcome-4.9: By 2023, evaluate the efficacy of new or refined interventions to treat OUD.	Conduct 1 pre-clinical and 1 clinical study of a longer acting formulation of a medication for the treatment of opioid use disorders or opioid overdose.	NIH conducted a pre-clinical development study of a novel long-acting formulation of nalmefene for treating OUD, and a clinical study of a novel long-acting implant that delivers naltrexone, an effective treatment for OUD.

Prevention – Scientific Research Outcome-5.2

The FY 2020 target was met. NIH funded nine prevention pilot studies that were conducted in FY 2020, under the auspices of the Helping to End Addiction Long-term (HEALSM) Initiative. These grants used the two-phase, milestone-based UG3-UH3 grant mechanism, which allows for grants that successfully complete pilot-study progress milestones to apply to advance into larger clinical studies. Of those nine pilot studies, seven completed their pilots and were eligible for transition. (Two of the studies had planned for two-year pilot phases, so were not eligible for transition.) Three of the seven transitioning studies are highlighted as examples below.

One transitioning study involves modifying an existing alcohol and drug prevention intervention designed for American Indian/Alaska Native youth to be appropriate for opioid prevention in young adults. The study conducted focus groups to determine how best to engage the target population, adapted and enhanced the intervention to specifically address opioid use, and pilot-tested the intervention. The scaled-up study will test the intervention in larger groups over a 12-month period, examine the mechanisms by which it produces change, and explore approaches to making it sustainable over time.

Another transitioning study is focused on preventing OUD among adolescents/young adults ages 18-24 years experiencing homelessness and explores whether providing housing in addition to opioid and related risk reduction services could improve outcomes. The pilot study demonstrated feasibility of recruitment, locating housing and placement into housing, and delivery of prevention services through strengths-based outreach and advocacy. Partnerships with community-based homeless youth service providers and landlords have been established for the post-pilot phase, housing has been identified, and Institutional Review Board (IRB) approval has been obtained. The scaled-up study will compare individuals randomly assigned to receive housing alongside opioid and related risk prevention services to individuals who receive those services alone.

A third study developed a plan to leverage technology that is appealing to adolescents and young adults to facilitate delivery of an emergency department-based intervention via health coaches. In their transitioning pilot, researchers were able to adapt promising health coach-delivered intervention and pilot test feasibility/acceptability in adolescents and young adults, as well as actively engage hospital administration leadership in the study. As the project transitions to the next phase, it will begin testing the intervention in a sample of over 1,000 adolescents and young adults in emergency department settings.

Treatment – Scientific Research Outcome-4.9

The FY 2020 target was met. NIH funded the pre-clinical development of a new implant that will deliver nalmefene, a drug that blocks opioid signaling, over a six-month period. The goal is to advance this compound to be tested in humans for the prevention of relapse to opioid addiction in patients following opioid detoxification. This long-acting formulation will use the Proneura® technology that has been successful in an FDA-approved long-acting formulation of buprenorphine. This long-acting nalmefene is completing the necessary nonclinical safety, toxicology, pharmacokinetic and manufacturing activities to start studies in humans (clinical trials) and begin the process of applying for FDA approval.

In FY 2020, NIH also funded a clinical trial to evaluate the safety and efficacy of GM0017, an implant that delivers the opioid antagonist naltrexone for six months. This compound is being developed for prevention of opioid relapse in individuals with OUD who have been detoxified. Recruitment for this study has been delayed due to the COVID-19 pandemic, but it is expected that clinical results will soon be presented to the FDA.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
Scientific Research Outcome 5.15: By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUDs and their consequences in underage populations.	Develop a digital technology-based intervention to prevent or reduce alcohol misuse in underage individuals.	Researchers developed and tested technology-based interventions to prevent and reduce underage drinking.
Scientific Research Outcome 4.15: By 2021, evaluate three interventions for facilitating treatment of alcohol misuse in underage populations.	Test a behavioral therapy for intervening with alcohol misuse in an underage population.	Researchers tested the effectiveness of multiple behavioral interventions for reducing alcohol use and other harmful behaviors in underaged incarcerated and homeless youth.

Prevention – Scientific Research Outcome-5.15

The FY 2020 target was met. NIAAA-funded investigators developed and evaluated digital technology-based interventions to prevent or reduce alcohol misuse among underage college and high school students.

Research indicates that perceived norms about alcohol use are a strong correlate of alcohol misuse that predict alcohol consumption over time. Perceived norms among college students tend to be exaggerated relative to actual drinking norms and may have adverse effects on both individuals and the community. NIAAA-supported researchers recently created a text messaging intervention for heavy drinking, underage college students that was designed to realign perceived drinking norms with actual drinking norms of their campus peers. Heavy drinking in the study was defined as more than four drinks per day or more than 14 drinks per week for males, and more than three drinks per day or more than seven drinks per week for females in the past 30 days. Participants were assigned to either an experimental or control condition. The experimental group received text messages containing information about campus-specific drinking norms while the control group received text messages containing unique facts unrelated to alcohol. Text messages were sent daily to participants over a period of 10 weeks. The intervention was shown to be effective at reducing peak alcohol consumption and alcohol-related consequences three months after the beginning of the study. These intervention effects, however, were not maintained another three months later. This study demonstrates the feasibility of text-based norms interventions in reducing alcohol use and its consequences around the time of engagement with the intervention.

In FY 2020, NIAAA also supported research to develop and test digital, school-based interventions aimed at preventing and reducing alcohol use among high school students. One ongoing study focuses on developing and testing the efficacy of an e-learning intervention to improve school staff’s knowledge, skills, and self-efficacy in supporting sexual minority youth and protecting them from bullying

victimization. Prior research has demonstrated that sexual minority youth have an increased risk of future alcohol and other substance use and supportive school environments can help reduce substance use.

Another school-based study recently demonstrated that eCHECKUP TO GO is effective in reducing alcohol-related cognitive risk factors and alcohol use in both male and female high school seniors. eCHECKUP TO GO is a brief, web-based personalized feedback intervention designed to reduce alcohol use by targeting cognitive risk factors (e.g., perceived drinking norms among peers) and protective behavioral strategies (e.g., behaviors that minimize the risk of alcohol-related consequences).

In combination with the FY 2019 actual performance which demonstrated the efficacy of interventions designed to prevent alcohol misuse among college-age individuals, the digital interventions described above contribute to the Institute's goal of evaluating and promoting evidence-based intervention strategies to prevent substance misuse in underage populations.

Treatment – Scientific Research Outcome-4.15

The FY 2020 target was met. NIAAA-supported investigators evaluated a treatment invention in an underage, incarcerated population. Research suggests that combining evidence-based behavioral interventions – e.g., motivational interviewing plus cognitive behavior therapy (MI/CBT) – that focus on motivation, problem-solving, communication, mental health, and substance use may be useful in improving outcomes for incarcerated youth. In the current study, NIH-supported researchers conducted a randomized controlled clinical trial to evaluate the effectiveness of MI/CBT in mitigating alcohol and marijuana use and aggression among incarcerated youth. The control condition, RT/SET, was a combined intervention consisting of relaxation training (a mindfulness approach) and treatment as usual (substance-education and twelve step programming). Eligibility criteria included using alcohol or marijuana at least monthly; heavy drinking (defined as more than five standard drinks for boys, more than four standard drinks for girls) at least once; or alcohol or marijuana use in the four weeks before either the offense for which they were incarcerated, or before they were incarcerated. The researchers found RT/SET to be slightly more effective than MI/CBT in reducing percent of heavy drinking days and significantly more effective in reducing alcohol-related aggression after the youths' release from incarceration. RT/SET and MI/CBT both reduced aggression after release but neither showed significant effects on marijuana-related behavioral outcomes. These results suggest that RT/SET may be a viable, lower-cost intervention for delivery in youth correctional settings; however, additional research on RT/SET is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted ¹	FY 2022 Request
Drug Resources by Function			
Prevention	\$600.900	\$1,232.300	\$942.420
Treatment	3,557.380	6,122.970	5,803.850
Total Drug Resources by Function	\$4,158.280	\$7,355.270	\$6,746.270
Drug Resources by Decision Unit			
Programs of Regional and National Significance – Prevention	\$202.470	\$208.220	\$216.670
Programs of Regional and National Significance – Treatment	479.680	526.680	650.860
Substance Abuse Prevention and Treatment Block Grant ²	1,858.080	5,008.080	3,508.080
State Opioid Response Grants	1,500.000	1,500.000	2,250.000
Health Surveillance and Program Support ³	114.050	112.290	120.660
Total Drug Resources by Decision Unit	\$4,158.280	\$7,355.270	\$6,746.270
Drug Resources Personnel Summary			
Total FTEs (direct only)	428	336	426
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$5.9	\$9.2	\$9.7
Drug Resources percentage	70.7%	80.0%	69.3%

¹Includes \$3.2 billion in American Rescue Plan supplemental appropriations.

²The SAPTBG is split 20 percent to the Prevention function and 80 percent to the Treatment function.

³The Health Surveillance and Program Support (HSPS) Appropriation funded activities are split between Mental Health and Substance Abuse as follows: The Drug Abuse Warning Network is allocated fully to substance abuse. Program Support, Health Surveillance and Performance Quality Information Systems are split the same proportion as drug control to the overall SAMHSA budget as defined by the substance abuse portions divided by the mental health and substance abuse portions combined. Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are allocated 50 percent to drug control activities. The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%).

PROGRAM SUMMARY

MISSION

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA supports the President’s *Strategy* through a broad range of programs focusing

on prevention, treatment and recovery from substance abuse. Major programs for FY 2021 will include the SAPTBG, SOR grants, competitive grant programs reflecting Programs of Regional and National Significance (PRNS), and HSPS. SAMHSA's Centers for Substance Abuse Prevention and Substance Abuse Treatment as well as SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) and the Office of Communications administer these programs.

METHODOLOGY

SAMHSA distributes drug control funding into two functions: prevention and treatment. Both functions include a portion of funding from the HSPS appropriation. Within the program 20 percent is prevention and 80 percent treatment.

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

- The Drug Abuse Warning Network is allocated fully to substance abuse prevention and treatment.
- The Health Surveillance, Program Support, and PQIS portions of the HSPS appropriation are divided between Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.
- The Public Awareness and Support, Behavioral Health Workforce Data and Development, and Data Request and Publication User Fees portion of the HSPS appropriation is divided evenly between Mental Health and Substance Abuse. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.
- The prevention function also includes all of the Substance Abuse Prevention appropriation, including the Substance Abuse Prevention PRNS, and 20 percent of the SAPTBG funds specifically appropriated for prevention activities from the Substance Abuse Treatment appropriation.
- The treatment function also includes the Substance Abuse Treatment appropriation, including the Substance Abuse Treatment PRNS, SOR grants, and 80 percent of the SAPTBG funds.

BUDGET SUMMARY

In FY 2022 SAMHSA requests \$6,746.3 million, a decrease of \$609.0 million from FY 2021 enacted level. The FY 2021 enacted level includes \$3.2 billion in supplemental funding appropriated in the American Rescue Plan. Therefore, the SAMHSA request of \$6,746.3 million is \$2,571.0 million above the FY 2021 base enacted level.

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

Programs of Regional and National Significance – Prevention

FY 2022 Request: \$216.7 million

(\$8.5 million above the FY 2021 enacted level)

In FY 2022, SAMHSA requests \$216.7 million for PRNS – Prevention, an increase of \$8.5 million above the FY 2021 enacted level. This funding will support the programs and activities identified below.

Strategic Prevention Framework

FY 2022 Request: \$126.7 million

(\$7.2 million above the FY 2021 enacted level)

SAMHSA's Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. The Strategic Prevention Framework – Partnerships for Success program addresses underage drinking among youth and young adults age 12 to 20 and allows states to prioritize state-identified top data driven substance abuse target areas.

Strategic Prevention Framework for Prescription Drugs

Due to alarming trends related to prescription drug misuse and overdoses involving opioids, SAMHSA is prioritizing efforts to address prescription drug misuse. SAMHSA implemented the Strategic Prevention Framework for Prescription Drugs to raise awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA's program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success.

Federal Drug-Free Workplace

FY 2022 Request: \$4.9 million

(No change from the FY 2021 enacted level)

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

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

Sober Truth on Preventing Underage Drinking

FY 2022 Request: \$10.0 million

(No change from the FY 2021 enacted level)

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 109 - 422) was the nation's first comprehensive legislation on underage drinking. One of the primary components of the STOP Act is the community-based coalition enhancement grant program, which provides up to \$50,000 per year over four years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction

in underage drinking in their communities. The STOP Act was reauthorized in the 21st Century Cures Act.

Centers for the Application of Prevention Technologies

FY 2022 Request: \$7.5 million

(No change from the FY 2021 enacted level)

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

Science and Service Program Coordination

FY 2022 Request: \$4.1 million

(No change from the FY 2021 enacted level)

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around substance abuse prevention. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI).

This funding will support SAMHSA's substance abuse prevention efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native communities.

Tribal Behavioral Health Grants

FY 2022 Budget Request: \$21.2 million, an increase of \$0.4 million from the FY 2021 Enacted level

SAMHSA's Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of substance abuse and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance abuse, trauma, and suicide and by promoting the mental health of AI/AN young people.

This request, along with \$21.2 million in the Center of Mental Health Services will continue to support grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

Programs of Regional and National Significance –Treatment

FY 2022 Request: \$650.7 million

(\$124.1 million above the FY 2021 enacted level)

In FY 2022, SAMHSA requests \$650.7 million for PRNS – Treatment, an increase of \$124.1 million above the FY 2021 enacted level. The FY 2021 enacted level includes \$30.0 million in supplemental funding appropriated in the American Rescue Plan. Therefore, the SAMHSA request of \$216.7 million is \$154.2

million above the FY 2021 base enacted level. This funding will support the programs and activities identified below.

Targeted Capacity Expansion

FY 2022 Request: \$148 million

(\$45.7 million above the FY 2021 base enacted level)

The Targeted Capacity Expansion (TCE) program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for SUD treatment and recovery support services. Examples of such needs include limited or no access to medication-assisted treatment (MAT) for opioid use disorders; lack of resources needed to adopt and implement health information technologies (HIT) in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process. This will continue support for TCE-PTP and TCE-Special Projects

Opioid Treatment Programs/Regulatory Activities

FY 2022 Request: \$13.1 million

(\$4.4 million above the FY 2021 base enacted level)

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid dependence. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the DEA, states, territories, and the District of Columbia. SAMHSA also funds the Opioid Treatment Programs Medical Education and Supporting Services project aimed at preparing Opioid Treatment Programs to achieve accreditation and providing technical assistance and clinical training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs.

This request supports the Secretary's five-prong strategy to address the opioid crisis priorities. In this program, this is through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

Treatment Systems for Homeless

FY 2022 Request: \$37.1 million

(\$0.73 million above the FY 2021 base enacted level)

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with SUDs and who are experiencing homelessness, including veterans, and those experiencing chronic homelessness. This funding is to support grants to reduce homelessness for nearly 4,000 people.

Pregnant and Postpartum Women

FY 2022 Request: \$49.4 million

(\$16.5 million above the FY 2021 base enacted level)

The Pregnant and Postpartum Women supports grants for residential treatment and the Pregnant and Postpartum Women Pilot, authorized in the Comprehensive Addiction and Recovery Act (CARA), helps state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings and promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot. In FY 2018, SAMHSA funded new state PPW pilot grants and continuation state PPW pilot grants for program

implementation, supplement for direct technical assistance, and continuation evaluation contract to provide an array of services and supports to pregnant women and their children.

Building Communities of Recovery

FY 2022 Request: \$20.0 million

(\$10.0 million above the FY 2021 base enacted level)

The Building Communities of Recovery program mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from SUDs who reflect the community served. Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including primary care, other recovery networks, child welfare system, criminal justice system, housing services and employment systems. Grantees will also work to reduce negative attitude, discrimination, and prejudice around addiction and addiction recovery. These funds will support continuation grants for the Building Communities of Recovery program to develop, expand, and enhance recovery support services.

Criminal Justice Activities

FY 2022 Request: \$124.4 million

(\$35.4 million above the FY 2021 base enacted level)

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

Drug Court Activities

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

Ex-Offender Re-Entry Program

In addition to the drug court portfolio, SAMHSA supports Offender Reentry Program (ORP) grants, as well as other criminal justice activities, such as evaluation and behavioral health contracts. These grants will provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include wraparound and recovery support services such as recovery housing and peer recovery support designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements.

SAMHSA budget request continues to support grants and contracts of the program.

First Responder Training

FY 2022 Request: \$63.0 million

(\$21.0 million above the FY 2021 base enacted level)

First Responder Training supports efforts to help first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

FY 2022 Request: \$18.0 million

(\$6.0 million above the FY 2021 base enacted level)

Opioid overdose is a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics), such as fentanyl). SAMHSA's Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program seeks to help states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other overdose death prevention strategies, support education on these strategies, provide materials to assemble and disseminate overdose kits.

This funding will provide grants to states to reduce the number of opioid overdose-related deaths. Funding will help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other overdose-related death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

Other PRNS Treatment Programs

FY 2022 Request: \$45.9 million

(\$3.8 million above the FY 2021 base enacted level)

The budget request includes resources for several Treatment Capacity programs including: Recovery Community Services Program; Children and Families; Improving Access to Overdose Treatment; and Addiction Technology Transfer Centers. The funding will enhance overall drug treatment quality by incentivizing treatment and service providers to achieve specific performance targets. Examples of grant awards could include supplements for treatment and service providers who are able to connect higher proportions of detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods.

Peer Support Technical Assistance Center

FY 2022 Request: \$1.5 million

(\$0.5 million above the FY 2021 base enacted level)

The program is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance

Center for Addiction Recovery Support, or the Center. The Center provides technical assistance and support to recovery community organizations and peer support networks. The technical assistance is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations.

Treatment, Recovery, and Workforce Support

FY 2022 Request: \$9.0 million

(\$3.0 million above the FY 2021 base enacted level)

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

Emergency Department Alternatives to Opioids

FY 2022 Request: \$9.0 million

(\$3.0 million above the FY 2021 base enacted level)

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

Substance Abuse Prevention and Treatment Block Grant

FY 2022 Request: \$3,508.1 million

(\$1,500.0 million below the FY 2021 enacted level)

In FY 2022, SAMHSA requests \$3,508.1 million for SAPTBG, a decrease of \$1,500.0 million below the FY 2021 enacted level. The FY 2021 enacted level includes \$3,150.0 million in supplemental funding appropriated in the American Rescue Plan. Therefore, the SAMHSA request of \$3,508.1 million is \$1,650.0 million above the FY 2021 base enacted level.

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

Funding will aid in having a positive effect on the health and lives of individuals with substance use disorders as evidenced by demonstrated positive client outcomes in all six treatment domains; greater provide as a major impetus for improving state prevention and treatment systems' infrastructure and capacity thereby increasing availability of services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of state data management systems; strengthen the requirements, resources, and federal

guidance that can be leveraged to sustain and improve state systems and emphasize the importance of the SABG in the development of the same; and further contribute to the development and maintenance of successful state collaborations with other agencies and stakeholders concerned with preventing and treating SUDs.

State Opioid Response Grants

FY 2022 Request: \$2,250.0 million

(\$750.0 million above the FY 2021 enacted level)

Substance Abuse and Mental Health Services Administration established the State Opioid Response Grants (SOR) program in FY 2018. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding is awarded grants to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program also includes a \$75 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to allow the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. States and communities across the country are dealing with rising rates of stimulant use and its negative health, social, and economic consequences.

Health Surveillance and Program Support

FY 2022 Request: \$120.7 million

(\$8.3 million above the FY 2021 enacted level)

The budget request represents the Substance Abuse portion of the Health Surveillance and Program Support appropriation and supports staffing and activities to administer SAMHSA programs as described below.

Health Surveillance and Program Support

FY 2022 Request: \$90.7 million

(\$3.1 million above the FY 2021 enacted level)

Health Surveillance and Program Support (HSPS) provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the Center for Disease Control and Prevention's National Health Information Survey, and the data archive. This request represents the total funding available for these activities first divided between Mental Health and Substance Abuse using the same percentages splits that exist between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

SAMHSA intends to continue funding the continuation of the NSDUH, BHSIS, SAMHDA, and EBPRC contracts and payroll Program Support funding will continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

Public Awareness and Support

FY 2022 Budget Request: \$6.6 million

(\$0.1 million above FY 2021 enacted level)

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders and substance abuse issues. This represents the total funding available for these activities first divided evenly between Mental Health and Substance Abuse. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. The funding for Public Awareness and Support will support contracts that will allow SAMHSA to manage media relationships, maintain its web and social media presence, manage critical helplines, and deliver publications and resources.

Performance and Quality Information Systems

FY 2022 Request: \$7.1 million

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

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

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

Drug Abuse Warning Network

FY 2022 Request: \$15.0 million

(\$5.0 million from the FY 2021 enacted level)

DAWN is a nationwide public health surveillance system that will improve emergency department monitoring of substance use crises, including those related to opioids. Authorized by the 21st Century Cures Act, this program is necessary to respond effectively to the opioid and addiction crisis in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. This request represents the total funding available for these activities. The Drug Abuse Warning Network is allocated fully to substance abuse. This funding will continue to support contract to fund the expansion of additional hospitals for FY 2021 to inform stimulant abuse prevention and response strategies. DAWN's expansion to additional hospitals will allow for SAMHSA DAWN data-based estimates to be more generalizable and more representative across the country and will also allow SAMHSA to produce more accurate and complete assessment of geographic patterns (e.g. substance use disparities in urban, suburban and rural areas) and temporal trends (e.g. emerging or new substance misuse or abuse) in substance use related ED visits in the United States.

Behavioral Health Workforce Data and Development

FY 2022 Request: \$0.5 million

(No change from the FY 2021 enacted level)

The purpose of this program is to provide comprehensive data and analysis on individuals who comprise the prevention and treatment fields to address mental and SUDs. The goal of the program is to provide valid data on the existing practitioners and usable information to SAMHSA on which to make policy and planning decisions.

Data Request and Publication User Fees

FY 2022 Request: \$0.8 million

(No change from the FY 2021 enacted level)

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

PERFORMANCE

Performance measures and data for SAMHSA are presented in the section below.

Programs of Regional and National Significance – Prevention

Performance measures for PRNS – Prevention are provided in the table below:

Prevention: Selected Measures of Performance		
Program	FY 2020 Target	FY 2020 Achieved
SPF: Partnerships for Success		
» Increase the number of sub-recipient communities that improved one or more targeted NOMs indicators	315	234
» Increase the number of EBPs implemented by sub-recipient communities	1,414	1,421
SPF: Rx		
» Increase the percent of funded states reporting reductions in opioid overdoses	62%	56%
STOP Act		
» Increase the percent of coalitions that report at least a 5 percent improvement in the past 30-day use of alcohol in at least 2 grades	58%	62%
» Increase the percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades	75%	46%

Tribal Behavioral Health Grants		
» Increase the number of programs/organizations that implemented specific mental health-related practices/activities as a result of the grant	6,880	3,076

Programs of Regional and National Significance – Treatment

Performance measures for PRNS – Treatment are provided in the table below:

Treatment: Selected Measures of Performance		
	FY 2020 Target	FY 2020 Achieved
Criminal Justice		
» Drug Courts: Increase the percentage of adult clients receiving services who had no past month substance use	87%	84%
» Offender Reentry: Increase the percentage of adult clients receiving services who had no past month substance use	70%	76%

Substance Abuse Prevention and Treatment Block Grant

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

An independent evaluation of the SABG demonstrated how states leveraged the statutory requirements to expand existing or establish new treatment capacity in underserved areas of states and territories and to improve coordination of services with other state systems.³⁹ SAMHSA data show that on average, the SABG has been successful in expanding treatment capacity by annually supporting approximately two million⁴⁰ admissions to treatment programs receiving public funding. Outcome data for the Block Grant program show positive results as reported through Behavioral Health Services Information System/Treatment Episode Data Set (TEDS) administered by SAMHSA’s Center for Behavioral Health Statistics and Quality. In FY 2019, at discharge, clients demonstrated above average abstinence rates from both illegal drug (56 percent) and alcohol (77 percent) use. State substance abuse authorities reported in the FY 2020 SABG Annual Report the following outcomes for services⁴¹ provided during FY 2019, the most recent year for which data is available:

³⁹ Substance Abuse and Mental Health Administration. Retrieved from

<https://www.samhsa.gov/sites/default/files/grants/sapt-bg-evaluation-final-report.pdf>.

⁴⁰ Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01 May 2018.

⁴¹ Services include services from Short-term residential, Long-term residential, Outpatient, and Intensive outpatient only.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

For the 50 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, Palau, Puerto Rico, Red Lake, and Virgin Islands that reported data concerning abstinence from alcohol use, 50 of the 60 identified improvements in client abstinence; Similarly, for the 50 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, Palau, Puerto Rico, Red Lake, and Virgin Islands that reported data concerning the abstinence from drug use, 42 of 60 identified improvements in client abstinence; For the 50 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, Palau, Puerto Rico, Red Lake, and Virgin Islands that reported employments data, 53 of 60 identified improvements in client employment; For the 50 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, Palau, and Puerto Rico that reported criminal justice data, 50 of 58 reported an increase in clients with no arrests based on data reported to TEDS; For the 50 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia Northern Marianas, Palau, Puerto Rico, Red Lake, and Virgin Islands that reported housing data, 53 of 60 identified improvements in stable housing for clients based on data reported to TEDS; and For the 50 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, Puerto Rico, and Red Lake that reported recovery support data, 58 states out of 60 identified improvements in client engagement in recovery support programs.

Substance Abuse Prevention and Treatment Block Grant: Selected Measures of Performance		
	FY 2020 Target	FY 2020 Achieved
Prevention Set-Aside		
» Increase the percent of states showing a decrease in state level estimates of percent of survey respondents to report 30 day use of other illicit drugs (age 12 – 17)	43%	50%
» Increase the percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 18+)	25%	20%
Treatment Activities		
» Percentage of clients reporting no drug use in the past month at discharge.	74%	54%
» Increase the percentage of clients reporting being employed/in school at discharge.	40%	35%
» Increase the percentage of clients reporting no involvement with the criminal justice system.	92%	93%
» Increase the percentage of clients receiving services who had a permanent place to live in the community.	92%	88%

Health Surveillance and Program Support

Performance measures for Health Surveillance and Program Support are provided in the table below:

Health Surveillance and Program Support: Selected Measures of Performance		
Public Awareness and Support	FY 2020 Target	FY 2020 Achieved
» Increase the number of individuals referred for behavioral health treatment resources.	667,783	784,638
» Increase the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.	45,000,000	55,238,274

DEPARTMENT OF HOMELAND SECURITY



DEPARTMENT OF HOMELAND SECURITY Customs and Border Protection

Resource Summary

Budget Authority (in Millions)	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$504.967	\$494.051	\$502.052
Interdiction	2,648.742	2,546.257	2,581.850
Total Resources by Function	\$3,153.710	\$3,040.308	\$3,083.902
Drug Resources by Decision Unit			
Operations and Support	\$2,985.192	\$2,924.347	\$3,017.534
<i>Border Security Operations</i>	708.407	673.164	717.779
<i>Trade and Travel Operations</i>	1,541.045	1,503.692	1,546.484
<i>Integrated Operations</i>	675.506	690.471	696.213
<i>Mission Support</i>	60.234	57.020	57.058
Procurement, Construction, and Improvements	168.518	115.961	66.368
<i>Border Security Operations</i>	20.068	20.700	8.147
<i>Trade and Travel Operations</i>	39.366	--	24.640
<i>Integrated Operations</i>	109.084	95.261	33.581
Total Resources by Decision Unit	\$3,153.710	\$3,040.308	\$3,083.902
Drug Resources Personnel Summary			
Total FTEs (direct only)	11,644	10,782	11,424
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$16.9	\$16.2	\$16.3
Drug Resources Percentage	18.6%	18.7%	18.9%

Program Summary

MISSION

Titles 8 USC and 19 USC authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this statutory authority that CBP plays a key role in the overall anti-drug effort at the border. CBP's jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the Bank Secrecy Act (P.L. 99-570), "USA PATRIOT Act" (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), and other laws.

METHODOLOGY

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

Office of Field Operations

OFO is the law enforcement component within CBP responsible for carrying out CBP's complex and demanding border security mission at all Ports of Entry (POEs). OFO manages the lawful access to our Nation and economy by securing and expediting international trade and travel. OFO operates 328 POEs and 16 Preclearance locations, 47 User Fee Facilities, and 19 Express Consignment Carrier Facilities. POEs welcome travelers and facilitate the flow of goods essential to our economy 24 hours a day, 7 days a week. OFO estimates that for FY 2021 there will be 3,336 CBP officer positions related to drug control efforts on enforcement teams. These enforcement teams work closely with the Passenger Enforcement Rover Team and Passenger Analytical Unit teams to coordinate all enforcement activities. CBP estimates that 69 percent of the enforcement teams' time is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities. As of November 2018, OFO had 506 canine teams, the vast majority of which are certified to detect the odors of controlled substances.

United States Border Patrol

USBP is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2,000 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. In the FY 2021 Budget, USBP requests funding to hire and sustain up to 20,555 Border Patrol agents (funded within Operations and Support (O&S) – Border Security operations – US Border Patrol), assigned to the mission of detecting and apprehending illegal entrants between the POEs. These illegal entrants include aliens and drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated POEs due to their undocumented status. It has been determined that 15 percent of the total agent time nationwide is related to drug activities, which equates to 3,083 Border Patrol Agent FTE. Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence and 96.5 percent to drug interdiction. These activities include staffing a total of 36 permanent border traffic checkpoints nationwide (35 permanent checkpoints on the Southern border, 1 permanent checkpoint on the Northern border) and 182 tactical immigration checkpoints including 972 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.

In addition to staffing and canine units, the USBP manages several programs focused on the acquisition and deployment of technology and tactical infrastructure to secure the Southern and Northern borders of the United States. Some examples of technology programs include the Remote Video Surveillance System program, Integrated Fixed Towers program, and Tactical Communications Modernization

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

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

Office of Training Development

OTD calculates the portion of its budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed, and subject matter experts determine course hours delivered related to drug enforcement activities under interdiction and intelligence efforts for this report. If specific courses offered through the NTP contain drug enforcement-related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours). Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers, agents, and intelligence analysts. OTD's day-to-day operational resources (to include pay and general operating budgets) are attributed to drug enforcement activities at the same rate as the percentage of NTP course delivery costs attributable to drug enforcement activities for both interdiction and intelligence efforts, which are projected at 17.7 percent for interdiction and 0.05 percent for intelligence during FY 2021. These percentages vary during the year of execution depending upon the actual course delivery funding obligation rates.

Office of Information and Technology

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

Air and Marine Operations

AMO's core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit, and Arrival Zones. In FY 2020, AMO P-3 aircraft flew 5,786 hours in drug control efforts, which represent 79 percent of all AMO P-3 hours. These hours were in support of JIATF-S in the Source and Transit zones. AMO P-3's participated in the interdiction of 111,134 pounds of cocaine in the Source and Transit zones. This equates to 19.2 pounds of cocaine for every counternarcotic hour flown.

AMO partners with USBP on land border security to provide close tactical ground support. Through operations such as wide-area surveillance, investigations, patrols and tactical response in diverse environments, AMO is effectively able to perform counter-narcotics, prevention of imported and exported illegal merchandise or contraband, and other anti-smuggling/trafficking missions.

AMO also operates the Air and Marine Operations Center (AMOC). The AMOC is a key element in CBP's counter-network strategy, responsible for assessing and countering terrorism, transnational organized crime, and other illegal activities. The AMOC advises, guides, and directs the operational employment of sensor technologies for DHS and CBP, managing the air and maritime domain awareness architecture. It integrates multiple sensor technologies, intelligence, law enforcement databases, information, and an extensive communications network. It monitors the airspace of major security events, and houses and collaborates with the Office of Intelligence via its Processing, Exploitation, and Dissemination cell that collects and analyzes multi-domain intelligence from a variety of sources, including CBP and USCG aircraft.

Using flight hours spent performing drug-related activities, AMO has determined that 80 percent of the budget resources that support AMO are considered drug-related. Of the total flight hours flown by AMO, 21 percent were related to intelligence and 79 percent were related to interdiction in FY 2020.

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

BUDGET SUMMARY

In FY 2022, CBP requests \$3,083.9 million, a net increase of \$43.6 million above the FY 2021 enacted level.

Operations and Support

FY 2022 President's Budget: \$3,017.5 million

(\$93.2 million above the FY 2021 enacted level)

Operations and Support funds CBP's primary field occupations, including CBP Officers, Border Patrol Agents, Air and Marine Interdiction Agents, Aviation Enforcement Agents, Detection Enforcement Officers, import and entry specialists, and agricultural specialists. The agency's field organization comprises 20 Border Patrol Sectors, with 135 stations and substations, and 35 immigration checkpoints between the POEs. CBP also manages 20 Field Operations Offices; 328 associated POEs, of which 16 are pre-clearance locations; 47 User Fee Airports; and 19 Express Consignment Carrier Facilities. Field personnel use a mix of air and marine assets, non-intrusive technology such as large-scale x-rays and radiation portal monitors, targeting systems, and automation to ensure the detection and apprehension of high-risk travelers, illegal entrants, and smugglers and the seizure of contraband.

Border Security Operations

FY 2022 President's Budget: \$717.8 million

(\$44.6 million above the FY 2021 enacted level)

The President's Budget provides funding for border security between the POEs. The Border Patrol has primary responsibility for drug interdiction between the land POEs. In pursuit of drugs, Border Patrol agents engage in surveillance activities supported by computer-monitored electronic ground sensors.

Traffic check operations are also conducted along major routes of travel to restrict access to the interior by drug and alien smugglers. Transportation centers are placed under surveillance for the same reason.

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

The Border Patrol also participates in numerous interagency drug task force operations with other federal, state, and local LEAs through Operation Alliance along the southern border. The Border Patrol is an active participant in the Southwest Border HIDTA in Texas, New Mexico, Arizona, and California. To further assist the Border Patrol in this endeavor, all Border Patrol Agents receive DEA Title 21 cross-designated authority as part of their basic training. The recent rise in fentanyl has also affected operational requirements due to the need to purchase large amounts of technology to detect the presence of fentanyl and equipment to protect USBP agents.

Trade and Travel Operations

FY 2022 President's Budget: \$1,546.5 million

(\$42.792 million above the FY 2021 Enacted level)

The FY 2022 Request is \$42.8 million above the FY 2021 Enacted level for drug-related resources associated with border security and trade facilitation at the POEs, which provide continued support for front-line CBP Officers. Additional funding is comprised of resources dedicated to opioid detection and increased personnel costs for baseline CBP Officers.

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

The OFO National Targeting Center (NTC) recognizes the value of establishing and enhancing collaboration with key stakeholders, both here at home and abroad to combat opioids. Because the opioid epidemic is a global problem, NTC partners with foreign governments to identify and exchange opioid related-data with our partners to enhance intelligence products, targeting initiatives, and inter-

agency operations. NTC has been aggressively targeting the illegal importation of fentanyl and other opioids transiting or destined to the United States.

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

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

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

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

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

CBP is working to develop an electronic tool to assist IMF staff in managing the international mail. CBP continues to work with the OIT on the development of an International Mail Dashboard to assist in the

tracking of CBP targeting activity at each IMF. This will allow CBP to compare and confirm presentment rates provided by the USPS in order to assess the performance of the mail pilots.

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

Southwest Border Efforts

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

Northern Border Efforts

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

Integrated Operations

***FY 2022 President's Budget: \$696.2 million
(\$5.7 million above the FY 2021 Enacted level)***

AMO secures the borders against terrorists, acts of terrorism, drug smuggling, and other illegal activity by operating air and marine branches at strategic locations along the borders. The FY 2022 President's Request includes a \$5.742 million increase in the drug-related resources associated with CBP's AMO Operations and Support account.

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

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

P-3 Airborne Early Warning and P-3 Long Range Tracker are the only D&M assets solely dedicated to the CD mission.

In the transit zone, CBP AMO crews work in conjunction with the law enforcement agents and military forces of other nations in support of their counternarcotic programs. CBP is prepared to support CD missions in the source zone. Counter narcotics missions include D&M, surveillance, interceptor support, and coordinated training with military and other law enforcement personnel.

Mission Support

FY 2022 President's Budget: \$57.1 million

(\$38.0 million above the FY 2021 enacted level)

The FY 2022 Request of \$57.1 million for Mission Support funds training courses that contain any items related to drug enforcement policy and operational direction, and technical expertise to CBP mission operations. This account also supports critical information technology support to CBP frontline personnel and contract support for acquisition management. It additionally provides for support contracts to assist in the development, deployment, operation, and maintenance of border technology.

Procurement, Construction, and Improvements

FY 2022 President's Budget: \$66.4 million

(\$49.6 million below the FY 2021 enacted level)

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

Border Security Operations

FY 2022 President's Budget: \$8.1 million

(\$12.6 million below the FY 2021 enacted level)

The request includes \$8.1 million for Border Security Operations aligned to the drug control mission. This account will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for CBP's frontline agents and officers.

Trade and Travel Infrastructure

FY 2022 President's Budget: \$24.6 million

(\$24.6 million above the FY 2021 Enacted level)

The PC&I budget for Trade and Travel Infrastructure includes a small request for Non- Intrusive Inspection technology funding in FY 2022.

Integrated Operations

FY 2022 President's Budget: \$33.6 million

(\$61.7 million below the FY 2021 Enacted level)

The PC&I Integrated Operations account funds the procurement of new AMO platforms. CBP Air and Marine aviation assets include: Sensor-equipped MULTI ROLE ENFORCEMENT AIRCRAFT, long-range trackers and MPA; high performance helicopters; and single/multi-engine support aircraft. CBP AMO's range of maritime assets includes interceptor, safe-boat, and utility-type vessels. The FY 2022 Request

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

includes a \$61.680 million decrease in the drug-related resources associated with CBP’s AMO Procurement, Construction, and Improvements account.

PERFORMANCE

Information regarding the performance of the drug control efforts of CBP is based on agency GPRMA documents and other information that measures the agency’s contribution to the *National Drug Control Strategy*. The table and accompanying text represent CBP drug- related achievements through September 30, 2020.

Customs and Border Protection		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Amount of smuggled outbound currency seized at the POE (in millions)	\$30.0M	\$66.6M
» Percentage of JIATF-South annual mission hour objective achieved	100%	100%
» Interdiction Effectiveness Rate on the Southwest border between the POE	81.0%	86.3%
» Percent of time TECS is available to end users	99.0%	99.9%

Discussion

The measure “Amount of smuggled outbound currency seized at the POE” provides the total dollar amount of all currency, in millions, seized during outbound inspection of exiting passengers and vehicles, both privately-owned and commercial. The scope of this measure includes all POEs on both the southwest and northern borders and all modes of transportation (land, air, and sea). This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking at the land border POEs, a key outcome for the *National Drug Control Strategy*. This measure provides an indicator of success for CBP’s Outbound Enforcement Program (OEP) in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to criminal or transnational groups.

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

a Statement of Intent, which details a baseline level of effort in terms of assets and resources. AMO typically supports JIATF-S requests with P-3 Airborne Early Warning and P-3 Long-Range Tracker aircraft but has also supported JIATF-S with other aircraft, including its DHC-8 and C-12M fixed-wing aircraft, Black Hawk rotary-wing aircraft, and unmanned aircraft systems (UAS).

The measure “Interdiction Effectiveness Rate (IER) on the Southwest border between the POE” is the percent of detected illegal entrants who were apprehended or turned back after illegally entering the U.S. between the Southwest Border POE. Border Patrol agents detect and intercept any combination of threats that present themselves along the borders including terrorists, weapons of terrorism, smuggling of narcotics and other contraband, and people who illegally enter the United States. The interdiction of people frequently coincides with the interdiction of drugs in the border environment; therefore, the IER can be associated with effectiveness in resolving all cross-border entries, including those involving persons transporting narcotics. This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking between the land border POE, a key outcome for the *National Drug Control Strategy*.

The measure, “Percent of time TECS is available to end users,” quantifies the availability of the TECS service to all end-users based on a service level of 24/7 service. TECS is a CBP mission-critical law enforcement application system designed to identify individuals and businesses suspected of or involved in violation of federal law. TECS is also a communications system permitting message transmittal between the DHS law enforcement offices and other National, state, and local law enforcement agencies, access to FBI's National Crime Information Center and the National Law Enforcement Telecommunication Systems (NLETS). NLETS provides direct access to state motor vehicle departments. This measure assists in evaluating CBP’s success in improving information systems for Analysis, Assessment, and Local Management, a key outcome for the *National Drug Control Strategy*.

DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
State and Local Assistance	\$13.500	\$13.500	\$13.500
Total Drug Resources by Function	\$13.500	\$13.500	\$13.500
Drug Resources by Decision Unit			
Operations & Support	\$13.500	\$13.500	\$13.500
Total Drug Resources by Decision Unit	\$13.500	\$13.500	\$13.500
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$4.6	\$5.0	\$5.2
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

Program Summary

MISSION

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

METHODOLOGY

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

As OPSG is not specifically a drug enforcement grant program there is no statutory or programmatic requirement under OPSG to specifically delineate drug interdiction activities or expenditures. OPSG grant funds are primarily used for personnel costs, which are not reported by activity therefore the exact specific amount expended for drug enforcement cannot be determined.

BUDGET SUMMARY

In FY 2022, FEMA requests \$13.5 million for drug control activities, which is no change from the from the FY 2021 enacted level.

Operation Stonegarden

FY 2022 Request: \$13.5 million

(No change from the FY 2021 enacted level)

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

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

PERFORMANCE

Below is the associated narcotics enforcement performance data in (kilos and pounds) resulting from OPSG funded patrols as reported by the OPSG partners in Daily Activity Reports for calendar year 2020.

Type	CY 2020 Totals (Kgs.)	CY 2020 Totals (Lbs.)
Narcotics Cases	2,387	2,387
Cocaine	621.17	1,369.45
Heroin	200.90	442.92
Marijuana	37,862.59	83,472.62

DEPARTMENT OF HOMELAND SECURITY

Federal Law Enforcement Training Centers

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Enacted	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$46.395	\$55.600	\$57.180
State & Local Assistance	1.450	1.740	1.790
International	0.483	0.580	0.600
Total Drug Resources by Function	\$48.328	\$57.920	\$59.570
Drug Resources by Decision Unit			
Operations & Support	\$48.328	\$57.920	\$59.570
Total Drug Resources by Decision Unit	\$48.328	\$57.920	\$59.570
Drug Resources Personnel Summary			
Total FTEs (direct only)	219	219	219
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.3	\$0.3	\$0.4
Drug Resources Percentage	15.2%	17.1%	16.8%

Program Summary

MISSION

The Federal Law Enforcement Training Centers (FLETC) is an interagency law enforcement training institution that serves a leadership role as the federal Government's principal provider of world-class, interagency law enforcement training to more than 95 Federal Participating Organizations, as well as training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills related to investigation. FLETC supports the *National Drug Control Strategy* by providing drug investigations training for law enforcement agents and officers.

METHODOLOGY

The portion of FLETC's total budget considered to be drug resources is identified by historical trends of drug-related training relative to total student-weeks of training and the associated budget authority required to conduct that training. Advanced training programs with a drug nexus are considered to provide 100 percent support to drug enforcement activities. State, local, and international training programs with a drug nexus are also considered to provide 100 percent support. All international training has a drug nexus and is also considered to provide 100 percent support. FLETC drug enforcement training support is in the following three training functions: Investigations, 96 percent;

State and Local Training and Assistance, 3 percent; and International Training and Technical Assistance, 1 percent.

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

BUDGET SUMMARY

In FY 2022, FLETC requests \$59.6 million for drug control activities, an increase of \$1.7 million above the FY 2021 enacted level.

Operations and Support

**FY 2022 Budget Request: \$59.6 million
(\$1.6 million above the FY 2021 enacted level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly used illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The FY 2022 request reflects an increase in the total drug resources funding available due to increased FLETC training funds to accommodate increased training requirements.

PERFORMANCE

The FY 2020 performance of FLETC’s drug support mission is based on agency GPRMA documents and other agency information. The FY 2020 performance information for FLETC’s drug-related training is shown below.

Federal Law Enforcement Training Centers		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Percent of Participating Organizations that agree the FLETC CD related training meets identified training needs.	90%	94%

Discussion

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

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

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

In FY 2020, FLETC trained 46,137 students, equating to 127,894 student-weeks of training. The curriculum for about 20 percent of these students includes training in drug investigation activities.

In FY 2012, FLETC established a new metric to more accurately reflect the satisfaction of Participating Organizations with the CD-related training provided by FLETC to their officers and agents. In order to establish the new performance goal (against which to set a baseline), FLETC examined its actual and targeted historical training-related performance measures. Additionally, discussions were held with a sampling of Participating Organizations to gauge their satisfaction with FLETC's drug control-related training to date. For FY2020, the target was set to 90 percent. Results of the 2020 Participating Organization Satisfaction Survey that FLETC conducted indicate that 94 percent of Participating Organizations are satisfied with FLETC CD-related training.

FLETC provides training in basic and advanced programs designed to acquaint law enforcement students with the traditional and current drugs of choice, as well as the laws concerning those drugs, including opioids. The ability to recognize the symptoms of abuse and withdrawal, proper handling of substance abusers, and the administration of emergency medical assistance to sustain life until advanced medical assistance arrives are also included in the training. Examination of recent trends in drug use throughout the country are also discussed.

DEPARTMENT OF HOMELAND SECURITY Immigration and Customs Enforcement

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$61.771	\$64.439	\$65.369
Investigations	531.354	556.736	563.289
International	10.268	11.499	13.479
Total Drug Resources by Function	\$603.393	\$632.674	\$642.137
Drug Resources by Decision Unit			
Operations & Support	\$603.393	\$632.674	\$642.137
Total Drug Resources by Decision Unit	\$603.393	\$632.674	\$642.137
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,637	2,650	2,666
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.3	\$8.3	\$8.3
Drug Resources Percentage	7.2%	7.5%	7.6%

Program Summary

MISSION

U.S. Immigration and Customs Enforcement Homeland Security Investigations (ICE-HSI), a multi-mission law enforcement agency, a multi-mission LEA, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and ill-gotten gains across the Nation's borders and dismantle related smuggling organizations. ICE achieves these objectives by maintaining an aggressive cadre of Title 21 cross-designated Special Agents and enforcing multi-disciplined money laundering control initiatives to investigate financial crimes and interdict bulk currency shipments exported out of the United States. This mission is executed through the enforcement of hundreds of federal statutes and focuses on smart immigration enforcement, preventing terrorism and combating the illegal movement of people and goods.

ICE-HSI is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. ICE-HSI supports U.S. drug control policy, specifically the President's *National Drug Control Strategy* and other ONDCP initiatives, such as Disrupting Domestic Drug Trafficking and Production, Strengthening Law-Enforcement and International Partnerships to Reduce the Availability of Foreign-Produced Drugs in the United States, and by supporting the overall ICE mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of DHS action items are disruption of domestic drug trafficking and production; strengthening of international partnerships; and reduction in the availability of foreign-produced drugs in the United States. Increased hours incurred on drug-

related cases directly lead to increased detection, disruption and dismantlement of drug smuggling organizations.

METHODOLOGY

ICE-HSI's approved drug methodology is based on investigative case hours recorded in the ICE Investigative Case Management System. ICE agents record the hours they work, categorized by the type of investigation, in the system. Following the close of the FY, a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, showing all investigative case hours logged. CN activity percentages are determined separately for each ICE HSI program responsible for CN enforcement. The percentages for Domestic Investigations, International Investigations, and Intelligence programs are determined by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours logged by each program. In FY 2020, 30 percent of case hours were drug-related for HSI Domestic Investigations, 9 percent for HSI International Investigations, and 66 percent for Intelligence. The ICE drug budget is projected by applying these ratios to the annual appropriations request for each ICE program executing CN activities.

HSI utilizes the Significant Case Report (SCR) process to report on its impact on the mission. SCRs encompass the diverse categories investigated by HSI Special Agents, including illicit trade, travel, and finance (non-drug-related); illicit trade, travel, and finance (drug related); counter-proliferation; national security; transnational gangs; transnational crimes against children; worksite enforcement; and cyber-enabled crime.

SCRs demonstrate how HSI investigations have disrupted and dismantled significant investigations of TCOs. ICE coordinated with the ONDCP and established new performance metrics in FY 2021 to better indicate the success of counter-narcotics enforcement across all investigative areas. In FY 2021, HSI officially retired its prior "Percent of" performance measure to implement its current "Number of" measure.

The primary measure that is derived from the SCR process for CN is the "Number of significant drug-related, illicit trade, travel and finance investigations that result in a disruption or dismantlement of a criminal organization." Drug-related illicit trade, travel, and finance investigations include the earning, laundering, moving, or preventing the movement of more than \$10 million annually in drug proceeds; investigations of CPOTs; or investigations of Regional Priority Organization subjects.

BUDGET SUMMARY

In FY 2022, ICE requests \$642.1 million for drug control activities, an increase of \$9.5 million above the FY 2021 Enacted Budget.

Operations and Support

FY 2022 Request: \$642.1 million

(\$9.5 million above the FY 2021 enacted level)

The Operations and Support account contributes to the ICE mission of bringing a unified and coordinated focus to the enforcement of federal immigration and customs laws. Salaries and Expenses resources are used to address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, TCOs, and disruption of criminal

trade and money laundering associated with illicit drugs. ICE-HSI investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the goals and objectives of the *National Drug Control Strategy* to disrupt, dismantle, and destroy the pathways used by TCOs to transport drugs and the proceeds of drug trafficking across our borders.

Intelligence

FY 2022 Request: \$65.4 million

(\$0.9 million above the FY 2021 enacted level)

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

Domestic Investigations

FY 2022 Request: \$563.3 million

(\$6.6 million above the FY 2021 Enacted Budget)

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

In FY 2022, ICE will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). ICE-HSI has expanded the BEST program to 79 locations throughout the United States consisting of over 115 investigative teams situated in airports, seaports and land border POE. BEST now leverages more than 1600 federal, State, local, Tribal, and foreign law enforcement agents and officers representing over 245 law enforcement agencies.

The requested resources will support investigative efforts, coordination with federal, state, local, and foreign LEAs, and participation in task forces, such as the OCDETF and its Fusion Center (OFC), HIDTAs, Strike Force, the International Organized Crime Intelligence and Operations Center (IOC2), DEA's Special Operations Division (SOD), and the BEST initiative to counter the flow of all illicit drugs into and out of the United States.

In further support of interagency collaboration, ICE-HSI will continue active participation in the DEA SOD, OFC and IOC2, which are interagency coordination centers consisting of representatives from multiple federal agencies that include DEA, FBI, and IRS. During HSI field investigations, these centers allow HSI to target the command and control of communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level. These centers also allow ICE-HSI to deconflict and coordinate this information as well as investigative efforts among LEAs, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

As TCOs continue to explore methods to conceal illicit smuggling at the land border POEs by blending into the legitimate mass cross-border traffic, TCOs also seek to exploit the international mail facilities

(IMFs) and express consignment facilities (ECCs) who handle and sort through large volumes of mail and parcels entering and crossing the United States to conceal their illicit activities. Law enforcement face the challenge to find adequate resources to target, identify, interdict and investigate every prospective 10-gram parcel of fentanyl, which is approximately the size of two and a half packets of sugar. ICE, to prevent the opioid trafficking through the IMFs and ECCs, relies on advance data, targets supply chain networks, coordinates with domestic and international partners, and through the BEST platform provides field training to include officer safety and smuggling trends.

Implemented in FY 2006 and reinforced by the *Border Enforcement Security Taskforce Act of 2012*, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. The BEST teams incorporate personnel from ICE (HSI & ERO), as well as personnel from over 245 agencies to include CBP, USPS, DEA, ATF, FBI, USCG, and the U.S. Attorney's Office (USAO), along with other key federal, state, local, tribal and foreign LEAs. In response to the TCO activities, HSI has assigned more than 1,500 special agents and almost 150 intelligence research specialists to Southwest Border Offices.

Additionally, the BESTs have been designated by DHS as a response element to three “whole of government” initiatives to counter southbound firearms trafficking including DHS’ Operation Without a Trace (WaT) targeting the command, control, finance, and logistics networks used by the Sinaloa and Jalisco New Generation (CJNG) drug cartels to procure and smuggle weapons from the U.S. to Mexico. ICE-HSI will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center (BCSC), which targets bulk cash smuggling both domestically and internationally. Bulk cash smuggling is a preferred method of operations for TCOs to smuggle funds into or out of the United States. BCSC is focused on disrupting facilitation pipelines used to move currency and other forms of value derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption. HSI has refined its ability to target money laundering and financial violations through the National Bulk Cash Smuggling Center which generates long-term, multi-jurisdictional bulk cash smuggling investigations.

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

Additionally, the ICE-HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center continues to provide the analytic infrastructure supporting financial and trade investigations. The TTU identifies and analyzes complex trade-based money laundering systems. The TTU’s unique ability to analyze domestic trade and financial data, in addition to the trade and financial data of foreign cooperating partners, enables ICE to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. A total of eighteen (18) operational HSI TTUs are in existence globally, with the TTU in Mexico City, Mexico, as an example, having been established in 2008. The Mexico City TTU comprises Mexican law enforcement assigned under the

Finance Ministry within the Central Tax Authority developed to support Mexican Customs. Like all TTUs, representatives from the TTU in Mexico City use trade and financial data to develop criminal targets involved in trade-based money laundering.

By developing relationships with foreign counterparts through TTUs, ICE is building the framework to successfully investigate and prosecute international money laundering and illicit trade cases. With a systematic program of expansion, training, support, and flexibility, TTU maintains the highest levels of expertise and institutional knowledge in the financial and trade investigations arenas. TTU maintains partnerships with Argentina, Australia, Brazil, Colombia, Ecuador, Guatemala, Mexico, Panama, Paraguay, United Kingdom, Philippines, Dominican Republic, Uruguay, Chile, Peru, France, and Bolivia.

International

FY 2022 Request: \$13.5 million

(\$2.0 million above the FY 2021 Enacted Budget)

With 80 offices in 53 countries around the world, including nine DoD liaison offices, ICE is the largest investigative component of DHS. ICE is responsible for enhancing national security by conducting and coordinating international investigations involving TCOs and serving as ICE's liaison to foreign law enforcement counterparts overseas. ICE coordinates with DEA on its overseas narcotics investigations.

In Colombia, Ecuador and Peru, HSI has formed and continues to grow multinational task forces focused on bilateral investigations and joint efforts in the identification and interdiction of narcotics bound for the United States, with an emphasis of prosecution of the TCOs responsible. The prosecutions are supported through extraditions and mutual legal assistance agreements and treaties that are aimed at the dismantlement of cocaine laboratories, in addition to the identification and investigation of pre-cursor chemicals entering those host countries for the purposes of cocaine production.

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

The *Homeland Security Act of 2002* authorizes the deployment of DHS officers to diplomatic posts to perform visa security activities and provide advice and training to DOS consular officers. This critical mission is accomplished through ICE-HSI's Visa Security Program (VSP). VSP operations are presently functioning at 38 diplomatic posts in 28 countries. Through VSP, ICE-HSI utilizes deployed special agents and the Pre-Adjudicated Threat Recognition Intelligence Operations Team (PATRIOT) to investigate suspect travelers during the visa application process. VSP PATRIOT, administered by HSI International Operations in collaboration with CBP, conducts centralized screening and vetting in the National Capital Region (NCR) in support of VSP operations. At post, deployed special agents utilize available investigative resources – to include but not limited to PATRIOT analysis, interviews at post, and liaison with host and domestic partners – to identify, exploit, and disrupt the travel of suspect applicants. Investigative findings, including those linked to illicit drug activity, by HSI special agents are then shared for utilization by both HSI and its law enforcement and intelligence community (IC)

partners. These efforts allow the VSP to operate as a counterterrorism tool that disrupts and investigates the travel of illicit actors mitigating threats posed by transnational terrorist and criminal networks.

On September 27, 2011, ICE-HSI officially established the Transnational Criminal Investigative Unit (TCIU) Program. HSI TCIUs are comprised of foreign law enforcement officials, customs officers, immigration officers, and prosecutors who undergo a strict vetting process to ensure that shared information and operational activities are not compromised. ICE-HSI TCIUs facilitate information exchange and rapid bilateral investigation of weapons trafficking and counter-proliferation, money laundering and bulk cash smuggling, human smuggling and trafficking, narcotics trafficking, intellectual property rights violations, customs fraud, child exploitation, cyber-crime, and many of the other 400 violations of law within ICE-HSI's investigative purview. There are over 400 foreign law enforcement officers that comprise the 11 TCIU countries and two International Taskforce units in 13 countries.

For example, in Madrid, HSI works with its International Task Force composed of major law enforcement agencies within the Government of Spain to blend partner nation capacity building and training with real-time intelligence, interdiction, and investigative operations at international seaports, airports, land borders, mail facilities and other field locations.

ICE HSI, in collaboration with CBP and DoD, developed and manages the Biometric Identification Transnational Migration Alert Program (BITMAP). BITMAP is a host country-led initiative in which ICE-HSI trains and equips TCIUs and partner nations to collect biometric and biographic data by targeting high risk subjects utilizing illicit pathways and criminals convicted of serious crimes. Foreign partners share this data with HSI who then screen the data against U.S. Government databases. HSI currently conducts dedicated BITMAP operations in 18 countries.

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

Additionally, ICE-HSI plays a critical role in developing our foreign partners abilities to detect and intercept illicit drugs in their domestic mail and express consignment systems. For example, following successful significant seizures of methamphetamine in foreign mail centers bound for Europe from other regions of the world in 2019, HSI and our law enforcement partners in Spain investigated and dismantled a clandestine laboratory used to process methamphetamine within the Iberian Peninsula. HSI offices in Mexico, Colombia, Ecuador and Peru are actively working through multinational task forces, as well as providing capacity building to those law enforcement partners, and outreach and training with private sector entities in those nations to identify and interdict narcotics prior to their entering the United States. HSI cooperates with European law enforcement agencies in joint investigations at post, package and airport facilities to identify and intercept narcotics shipments being

sent via mail and parcel post to the U.S. after their purchase from darknet marketplaces. In South Africa, ICE HSI continues to work with postal authorities to identify and investigate internet pharmacies who illicitly ship controlled medications, including opioids, to the United States. HSI also continues to work closely with our Chinese counterparts to identify illicit manufacturers based on seizures made at U.S. and foreign ports of entries and mail facilities.

PERFORMANCE

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2021 Target*	FY 2020 Achieved
» Number of significant high-risk drug related illicit trade and finance investigations that result in a disruption or dismantlement	21	10.96%
» Total illegal currency and monetary instruments seized (\$) from drug operations	N/A*	\$216.3 M
» Percent of Cocaine seizures considered high impact (lbs)*	N/A*	52%
» Percent of Heroin seizures considered high impact (lbs)*	N/A*	50%
» Percent of Marijuana seizures considered high impact (lbs)*	N/A*	22%
» Percent of Fentanyl considered high impact (lbs)*	N/A*	88%
» Percent of Methamphetamine seizures considered high impact (lbs)*	N/A*	73%

*ICE does not set targets for seized counternarcotic metrics.

Information supporting ICE’s drug control performance efforts is based on agency GPRMA documents and other information measuring ICE contribution to the goals and objectives of the *National Drug Control Strategy*. The table and accompanying text represent ICE HSI drug-related achievements during FY 2020.

Discussion

ICE coordinated with ONDCP and established new performance metrics in FY 2021 to better indicate the success of counter-narcotics enforcement across all investigative areas. In FY 2021, HSI officially retired its current “Percent of” performance measure to implement its new “Number of” measure. These measures are consistent with the HSI vision and mission and are meaningful measures that relate to the work of HSI. Cases are deemed high impact or high risk based on a pre-defined set of criteria and are reviewed monthly by a case panel. A disruption is defined as actions taken in furtherance of the investigation that impede the normal and effective operation of the target organization or targeted criminal activity.

Dismantlement is defined as destroying the target organization’s leadership, network, and financial base to the point that the organization is incapable of reconstituting itself. Agents submit enforcement actions that meet the definition of either a disruption or dismantlement, which are cases deemed high-impact or high-risk based on a pre-defined set of criteria and are reviewed by an SCR panel. The SCR panel reviews enforcement actions and examines each submission to ensure it meets the requirement of a disruption or dismantlement. These investigations include HSI investigations directly related to the disruption and/or dismantlement of CPOTs and RPOTs in accordance with targets designated by

the OCDETF.

ICE-HSI's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. HSI tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations.

In FY 2020, HSI seized \$216.3 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminal activity.

OPIOIDS

In the FY 2022 budget submission, ICE requested funding which was inclusive of Opioids. A summary of the enhancement is described below:

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

HSI has observed a dramatic decrease throughout FY 2019 and 2020 in fentanyl seizures, shipped directly from overseas, at ECCs and IMFs; while conversely, there has been a steady increase in seizures of fentanyl smuggled along the Southwest land border (SWLB). It has also been observed that fentanyl shipping to the United States has decreased significantly and that now precursor chemicals, such as 4-Anilinopiperidine Hydrochloride, the primary component in manufacturing fentanyl, are being shipped to Mexico. There, clandestine and criminal laboratories, operated by Mexican based drug cartels, are using the chemicals to manufacture fentanyl and other dangerous drugs for eventual smuggling and distribution to the United States.

Though fentanyl seizures made at land border POEs along the southern border are higher in number and larger in volume, the fentanyl seizures from mail and ECC facilities are much higher in purity and are therefore much deadlier. Laboratory results of tested fentanyl has identified that most of the illicit fentanyl seized in the international mail and ECC environments is shipped in concentrations of over 90%, whereas most of the fentanyl in the land border port of entry environment is seized in concentrations of less than 10% percent. Purchasers can also access open source and Dark Web marketplaces directly for fentanyl and other illicit opioids, where they can be easily purchased.

ICE-HSI's strategy concerning the fentanyl/opioid threat encompasses several campaigns which restrict the flow of fentanyl and precursors into the country. HSI's unique and far-reaching authorities to enforce and regulate the movement of carriers, persons, and commodities between the U.S. and other nations enables HSI to play a key role, in conjunction with state and local law enforcement partners, across the country to combat large-scale fentanyl trafficking organizations.

HSI has developed a methodology, "Operation Hydra," which is an intelligence based counternarcotic operation designed to target the illicit shipment of fentanyl and fentanyl precursors from foreign locations that are destined for the United States. "Operation Hydra" works by enabling HSI to identify and analyze criminal networks by processing large amounts of financial data combined with additional government data holdings, open source/social media, and communication records, and electronic search warrants to identify suspicious shipments and transactions between China, India, the United

States, and narcotics source countries such as Mexico. In FY 2020, “Operation Hydra” using this methodology, successfully interdicted approximately 844 kilograms in multiple and almost weekly seizures of 4-Anilinopiperdine Hydrochloride. These dangerous chemicals which, if processed by Mexican cartel operatives, would have resulted in an estimated 15,192 kilograms of fentanyl worth an estimated \$486 million eventually destined for the United States.

Finally, HSI BEST has been the largest platform used to carry out ICE-HSI’s comprehensive, multi-layered strategy to combat TCOs involved in the smuggling of poly shipments of drugs into the United States. To that end, HSI has increased the number of BESTs at Memphis, Newark, JFK, LAX and Northern Kentucky IMFs and ECC’s as part of its strategy to combat the Opioid Epidemic. BEST collects investigative information and intelligence that is shared with DHS stake holders and the IC community to identify new threats, security gaps and smuggling trends affecting public safety and the national security of the United States. This strategy facilitates the immediate application of investigative techniques on seized parcels, which aid in establishing probable cause needed to effect enforcement actions on individuals associated with fentanyl laden parcels. Consequentially, these seizures and arrests disrupt the movement of illicit opioids and opioid precursors transiting through the mail and express consignment shipments, and aid in the dismantling of distribution networks.

Recognizing that transactions conducted on the Dark Web often involve the utilization of cryptocurrency, the ICE HSI Illicit Finance and Proceeds of Crime Unit and Computer Crimes Unit instituted the Illicit Digital Economy Program (IDEP) in FY 2017 to combat the fentanyl crisis and related financial crimes. IDEP is a concerted effort in cryptocurrency and Dark Web training and outreach for internal ICE investigators and analysts as well as federal, state, local, and international law enforcement partners to strengthen the global awareness and knowledge needed to combat the emerging threat. In FY 2020, IDEP conducted 13 trainings reaching approximately 456 law enforcement, government and non-government attendees, and contributed to the initiation of approximately 275 ICE-HSI led investigations, 143 arrests, 143 convictions, 83 indictments and seizure of \$5.4 Million in Cryptocurrency.

DEPARTMENT OF HOMELAND SECURITY Science and Technology Directorate

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Research and Development	\$8.500	\$6.000	\$6.300
Total Drug Resources by Function	\$8.500	\$6.000	\$6.300
Drug Resources by Decision Unit			
Research and Development	\$8.500	\$6.000	\$6.300
Total Drug Resources by Decision Unit	\$8.500	\$6.000	\$6.300
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a Percent of Budget			
Total Agency Budget (in billions)	\$0.7	\$0.7	\$0.8
Drug Resources Percentage	1%	1%	1%

Program Summary

MISSION

The scope and diversity of DHS’s missions requires the Science and Technology Directorate (S&T) to address a wide range of programs including DHS Components’ near-term needs for new operational capabilities and improved operational effectiveness, efficiency, and safety for the Homeland Security Enterprise (HSE). S&T has responsibilities related to understanding and creating solutions for explosives, border security, cyber security, biological and chemical threats, and conducting the research and development test and evaluation (RDT&E) required to meet other Homeland Security needs. S&T performs research and development (R&D) related to drug control in support of CBP and ICE.

METHODOLOGY

S&T’s methodology is based on RDT&E projects that directly support drug control efforts. Since the Opioid/Fentanyl Detection project directly supports drug interdiction, the entirety of the Project resources was used to calculate S&T’s drug control efforts.

BUDGET SUMMARY

Research and Development

FY 2022 Budget Request: \$6.3 million

(\$0.3 million above the FY 2021 enacted level)

The FY 2022 S&T request is \$6.3 million for drug control activities, an increase of \$0.3 million above the FY 2021 Enacted Budget. There are challenges that limit DHS’s ability to detect and interdict synthetic

opioids, like fentanyl, that cross U.S. land, sea, and air borders, including international mail. The top challenges that DHS face include: both the physical detection and interdiction of opioids due to the ability of synthetic opioids to be smuggled in very small or dilute quantities; the low number of available automated detection systems, among others; and the discovery and disruption of TCOs/DTOs, criminal networks, and individuals who exploit open source and dark web marketplaces to support illicit manufacturing and smuggling. DHS Components and law enforcement partners have identified critical needs for advanced technologies to aid in their missions to target, investigate, and dismantle illicit opioid and other narcotic smuggling into the United States.

In coordination with DHS operational components, S&T will develop a layered set of solutions, including detection hardware, fusion of sensor data, advanced analytics, and training, which can be deployed rapidly within existing operational environments to support interdiction missions within the mail and express consignment missions. Under the existing program, hardware and associated analytics for those technologies will be developed through FY 2021 with a yearend transition to include technologies and/or knowledge products to CBP or to follow on S&T projects with continued development in FY 2022 and beyond. To enable agile and responsive support to DHS drug detection missions, S&T will pursue an iterative, integrated developmental approach and operational assessments. S&T will first make use of technologies, such as those used for explosives detection, and then, where technologies do not exist, employ rapid prototyping of capabilities to fill operational needs. S&T will develop analytics to exploit available data (e.g., advanced electronic data, NTC, dark web commerce, law enforcement/ investigative holdings, sensors) and fuse sensor information with other investigative holdings to discover and target supply chain networks and automate information sharing and collaborative efforts. S&T will also develop training focused on investigation of illicit drug trafficking for law enforcement partners. These efforts will begin in FY 2021 and are anticipated to continue through FY 2024. This effort will prioritize development of capabilities to support continuity of the entirety of the DHS and HSE counterdrug missions, regardless of changes in trafficking behaviors.

This effort will provide DHS Components and law enforcement partners with advanced, operationally effective detection, intelligence, and investigative capabilities to enable confident discovery and interdiction of opioids and other narcotics being smuggled across U.S. borders without disrupting the flow of legitimate commerce.

PERFORMANCE

S&T's first Drug Budget submission was the FY 2021 President's Budget and recently developed one drug specific measure for the FY 2021 performance period.

S&T's drug control measure (Percent of stakeholder counterdrug related requests fulfilled) reflects the percent at which S&T fulfills requests from stakeholders for counterdrug-related research and development program outputs and accomplishments. Stakeholder requests are information, data, or technology needs related to the detection, identification, and investigation of narcotics, such as opioids/fentanyl, and trafficking networks. Outputs and accomplishments encompass the delivery, demonstration, transfer, or transition of knowledge or technology products. Knowledge products include, but are not limited to, standards, technology assessments, test and evaluation results, training, data, and documents for decision support. Technology products are pieces of equipment, system, or component of a system, such as an algorithm to be embedded into a piece of software. This measure reflects the value that S&T provides in delivering capabilities to meet critical needs to support and improve homeland counterdrug missions.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

In FY 2021, S&T aims to fulfill sixty-five percent of stakeholder counterdrug related requests. This target was established upon reviewing prior year baseline data during development of this performance measure.

DEPARTMENT OF HOMELAND SECURITY

United States Coast Guard

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Interdiction	\$1,841.106	\$2,074.570	\$2,038.247
Research and Development	0.678	1.490	1.112
Total Drug Resources by Function	\$1,841.784	\$2,076.060	\$2,039.359
Drug Resources by Decision Unit			
Operations & Support	\$1,279.526	\$1,355.480	\$1,435.296
Procurement, Construction, & Improvements	561.580	719.090	602.951
Research and Development	0.678	1.490	1.112
Total Drug Resources by Decision Unit	\$1,841.784	\$2,076.060	\$2,039.359
Drug Resources Personnel Summary			
Total FTEs (direct only)	7,611	7,680	7,732
Drug Resources as a Percent of Budget			
Total Agency Budget (in billions)	\$12.2	\$13.1	\$13.1
Drug Resources Percentage	15.1%	15.9%	15.6%

Program Summary

MISSION

The USCG is America’s principal federal agency for maritime safety, security, and stewardship. It enforces all applicable federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. This includes the United States’ territorial seas, the contiguous zone, the Exclusive Economic Zone, and the high seas. As part of its maritime security strategic goal, the USCG’s drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. Interdicting illicit drug-related trafficking as close to the source as possible helps dismantle TCO networks that directly threaten the national security of the United States, exploit United States citizens, and destabilize our Western Hemisphere neighbors. This goal is accomplished through projection of an effective law enforcement presence over the six-million-square-mile transit zone of the Caribbean Sea, the Gulf of Mexico, and the Eastern Pacific Ocean.

The USCG has a comprehensive approach to maritime CD law enforcement in the source, transit, and arrival zones. The key objectives of the USCG strategy are to:

- (1) maintain an interdiction presence based on the availability of assets, deny smugglers access to maritime routes, and deter trafficking activity;

(2) strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and

(3) support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

METHODOLOGY

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

Operations and Support

O&S funds are used to operate assets and facilities; maintain capital equipment; improve management effectiveness; and recruit, train, and sustain all active-duty military and civilian personnel. Budget presentations for current and future years use the most recent O&S asset cost data and systematically allocate costs in the following manner:

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

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

Procurement, Construction, & Improvements

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

Research & Development

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

BUDGET SUMMARY

In FY 2022, the USCG requests \$2,039.4 million for drug control activities, a decrease of \$36.7 million from the FY 2021 enacted level.

Operations and Support

FY 2022 Request: \$1,435.3 million

(\$79.8 million above the FY 2021 enacted level)

In the FY 2022 budget, O&S will fund sustainment of operations and readiness investments from the FY 2021 budget, including military pay and allowances, new asset follow on costs, and depot level maintenance for aging assets. These assets contribute significantly to the drug interdiction mission.

Procurement, Construction, and Improvements

FY 2022 Request: \$603.0 million

(\$116.1 million below the FY 2021 enacted level)

The FY 2022 budget requests funding for the continued replacement or refurbishment of outdated, deteriorating assets. Recapitalization is crucial to preserving surface, air, and shore asset capability and remains a critical investment for the Nation. FY 2022 investments will provide the USCG with assets that will be in service for decades. These assets will enhance the USCG's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve our economic resources and vitality, and protect the environment.

FY 2022 Changes:

The FY 2022 budget provides funding to acquire new assets and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance (C4ISR) investments needed to support them. Specifically, the FY 2022 budget:

- Supports small-unmanned aerial systems (sUAS), which provide NSCs a key D&M capability in support of counter-drug operations.
- Supports funding for the 270-foot Medium Endurance Cutter (MEC) Service Life Extension, enabling legacy assets to continue to conduct drug interdiction operations.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

- Continues to support the Offshore Patrol Cutter (OPC) acquisition as part of the recapitalization of the Coast Guard fleet by funding construction of the fourth, and funding long lead-time parts for the fifth OPC. The OPC will bridge the capabilities of the NSC and FRC, and will replace the Coast Guard’s rapidly aging MEC fleet.
- Supports program management and acquisition of OTH and Long Range Interceptor (LRI) cutter boats for the NSCs and OPCs, extending the interdiction reach of deployed assets.
- Continues C-27J aircraft missionization; supporting the medium-range surveillance and transport aircraft’s ability to provide additional D&M support in the Western Hemisphere Drug Transit Zone.

Research and Development

FY 2022 Request: \$1.1 million

(\$38,000 below the FY 2021 enacted level)

R&D funding allows the Coast Guard to sustain critical missions for DHS. The requested R&D funding supports all 11 statutorily mandated Coast Guard mission programs. These mission programs, in turn, directly support the Coast Guard’s role as the principal federal agency for ensuring maritime safety, security, and stewardship.

FY 2022 Changes:

FY 2022 resources will continue to support the development of technologies, such as opioid detection technology, unmanned aircraft, unmanned surface vessels, and unmanned subsurface vessels that give operational commanders a wider range of options to detect and/or stop fleeing vessels. Additional efforts in the FY 2022 budget request with impacts to the counter drug mission include enhanced Maritime Domain Awareness technology and an operational performance improvements modeling project to enhance the effectiveness of tactical force packages.

PERFORMANCE

Information regarding the performance of the drug control mission of the Coast Guard program is based on agency GPRMA documents and Coast Guard data. The table and accompanying text represent highlights of their achievements in FY 2020.

United States Coast Guard		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	10.0%	7%
Metric Tons (MT) of Cocaine Removed	240.0	144.7

The Coast Guard continues to use the Interagency Consolidated Counterdrug Database (CCDB) as its source for tracking cocaine movement estimates. The CCDB quarterly event-based estimates are the best available authoritative source for estimating illicit drug flow through the Transit Zone. These estimates permit the Coast Guard to objectively evaluate its performance on a quarterly basis.

In FY 2020, the Coast Guard removed 144.7 metric tons of cocaine, a decrease of 30% from FY 2019. The overall removal rate decreased from 9.3% in FY 2019 to 7% in FY 2020. Known cocaine flow through the transit zone via non-commercial means decreased by 12% to 1,959 metric tons in FY 2020, down from

2,226 metric tons in FY 2019.

The Coast Guard's target for FY 2020 was to remove ten percent of the known cocaine flow moving via non-commercial maritime means toward the United States, and to remove a total of 240MT of cocaine. However, inherent challenges associated with reduced narcotics flow coupled with intelligence limitations during the COVID-19 pandemic had significant impact on the FY 2020 removal rates.

FY 2020 Performance Highlights

- In June 2020, a forward-deployed Air Station Clearwater HC-130H detected the motor vessel CAP WHITE in the Western Caribbean Sea. CGC VIGILANT and the Colombian Navy conducted a multiday boarding of the 75-foot vessel. Extensive efforts during the at-sea and dockside boarding by multiple U.S. and Colombian agencies led to the seizure of 7,575 kilograms of cocaine mixed with a soft white clay concealed within 50-pound bags. This marked the largest Coast Guard cocaine interdiction in the Caribbean region in 12 years.
- In October 2019, a Maritime Patrol Aircraft (MPA) detected a self-propelled semi-submersible (SPSS) in the Eastern Pacific Ocean. CGC HARRIET LANE diverted to intercept, launching their boats to complete the interdiction. The MPA and boat were able to remain covert until the over the horizon vessel was within only a few hundred yards of the SPSS, increasing the probability of preserving evidence. The Boarding Team seized 2,295 kilograms of cocaine, apprehended four suspected smugglers for U.S. prosecution, and seized valuable electronics.
- Starting April 1st, 2020, U.S. Southern Command (SOUTHCOM) began enhanced counter-narcotics operations in the Western Hemisphere to disrupt the flow of illicit drugs in support of Presidential National Security Objectives. As a part of this effort and in collaboration with DoD, the Coast Guard surged resources that included flight deck equipped cutters, maritime patrol aircraft, and Deployable Specialized Forces comprised of Law Enforcement Detachments (LEDET) with precision marksmen and Maritime Safety and Security Teams (MSST) with surface use of force-capable pursuit teams. This surge resulted in a 44 % increase in cocaine and other drugs interdicted by the USCG from April through September, compared to the first half of FY 2020.
- Multiple cocaine interdictions in the Caribbean region involved suspects armed with weapons, presenting officer safety challenges in close quarters situations. During a multi-agency high-speed nighttime pursuit off the southern California coast, a smuggling vessel became non-compliant and used aggressive tactics, ramming both a Coast Guard and CBP boat after refusing to comply with law enforcement direction. Fortunately, Coast Guard and CBP officers ultimately completed the interdiction and subsequent boarding; this case yielded the largest Coast Guard methamphetamine interdiction in four years.
- In FY 2020, the four bilateral agreements enacted most, for conducting registry check of a suspect vessel were those with Costa Rica (76), Colombia (47), Ecuador (31), and Dominican Republic (19). Usage of the bilateral agreement with Colombia, resulted in a drug removal 85 percent of the time (similar to FY 2019), the highest among the four most used agreements. (Dominican Republic 58 percent, Ecuador 42 percent, Costa Rica 29 percent).

DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Community Planning and Development

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Treatment	\$583.000	\$633.175	\$745.675
Total Drug Resources by Function	\$583.000	\$633.175	\$745.675
Drug Resources by Decision Unit			
Continuum of Care: Homeless Assistance Grants	\$558.000	\$608.175	\$720.675
Section 8071 Pilot Recovery Housing Program ¹	25.000	25.000	25.000
Total Drug Resources by Decision Unit	\$583.000	\$633.175	\$745.675
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in billions)	\$56.5	\$60.3	\$68.7
Drug Resources Percentage	1.0%	1.0%	1.0%

¹HUD requests \$25 million in 2022 for the Pilot Program to Help Individuals in Recovery from a Substance Use Disorder Become Stably Housed (Recovery Housing Program), which was authorized under Section 8071 of the Support for Patients and Communities (SUPPORT) Act. The Recovery Housing Program (RHP) allows states and the District of Columbia to provide stable, transitional housing for individuals in recovery from a substance-use disorder. The program was first funded in 2020.

Program Summary

MISSION

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

METHODOLOGY

The Office of Special Needs Assistance Programs in HUD does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in our communities, including individuals with chronic mental health or substance use issues, persons living with HIV/Acquired Immune Deficiency Syndrome (AIDS), and formerly incarcerated individuals. Recipients of resources provided by the Office of Special Needs Assistance Programs report to HUD annually how many people they intend to serve through the Continuum of Care (CoC) Program funding. The most

recent CoC Competition data (from FY 2019) shows that 22.5 percent of clients served will receive substance use treatment.

Section 8071 (Pilot Program to Help Individuals in Recovery from a Substance Use Disorder become Stably Housed) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act allows states and the District of Columbia to provide stable, transitional housing for individuals in recovery from a SUD. The Consolidated Appropriations Act, 2021 (P.L. 116-260) provided \$25 million for such purposes.

BUDGET SUMMARY

In FY 2022, HUD requests \$745.7 million, an increase of \$112.5 million above the FY 2021 enacted appropriation.

Continuum of Care Homeless Assistance Grants

FY 2022 Request: \$720.7 million

(\$112.5 million above the FY 2021 enacted level)

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

Section 8071 Pilot Recovery Housing Program

FY 2022 Request: \$25.0 million

(No change from the FY 2021 enacted level)

HUD's Recovery Housing Program provides funds to states and the District of Columbia to supply stable, transitional housing for individuals in recovery from a substance-use disorder. The funding covers a period of not more than two years or until the individual secures permanent housing, whichever is earlier.

PERFORMANCE

Information regarding the performance of the drug control efforts of HUD is based on data collected from programs receiving funding through the annual CoC Program competition. The table and accompanying text below highlight HUD's achievements during fiscal year 2019

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Office of Special Needs Assistance Programs					
Selected Measures of Performance	FY 2016 Achieved	FY 2017 Achieved	FY 2018 Achieved	FY 2019 Achieved	FY 2020 Achieved
» Percentage of participants exiting CoC-funded transitional housing, rapid rehousing, and supportive services only projects that move into permanent housing.*	47.3%	49.3%	52.0%	66.8%	72.0%
» Percentage of participants in CoC-funded permanent supportive housing remaining in or exiting to permanent housing.*	93.3%	93.3%	93.5%	93.6%	93.8%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	73,755	71,748	70,871	69,004	69,087

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

In the first performance measure – exits from transitional housing, rapid rehousing, and supportive services only projects to permanent housing destinations – there was a 5-percentage point increase between 2019 and 2020 from 66.8 percent to 72.0 percent. There was virtually no change during the same time period for the second measure (an increase from 93.6 percent in 2019 to 93.8 percent in 2020), which looks at the percent of persons served in CoC Program-funded permanent supportive housing projects that remain in or exit to permanent housing. Both measures reflect the importance for persons who receive homeless services through HUD-funded programs to exit to a stable housing situation.

The final measure tracks the number of persons proposed to be served by HUD’s CoC-funded programs who enter with chronic substance abuse issues. There was a slight increase of 83 persons projected to be served between 2019 and 2020.

DEPARTMENT OF THE INTERIOR



DEPARTMENT OF THE INTERIOR Bureau of Indian Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	13.419	13.419	13.419
Prevention	1.000	1.000	1.000
Total Drug Resources by Function	\$14.919	\$14.919	\$14.919
Drug Resources by Decision Unit			
Drug Initiative	\$14.919	\$14.919	\$14.919
Total Drug Resources by Decision Unit	\$14.919	\$14.919	\$14.919
Drug Resources Personnel Summary			
Total FTEs (direct only)	78	78	78
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.0	\$2.0	\$2.7
Drug Resources Percentage	0.7%	0.7%	0.5%

Program Summary

MISSION

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

METHODOLOGY

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

BUDGET SUMMARY

In FY 2022, BIA requests \$14.9 million for drug control activities focusing on the disruption and dismantling of DTOs; level funding from the FY 2021 enacted level.

Drug Initiative

FY 2022 Request: \$14.9 million

(Reflects level from FY 2021)

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

In FY 2022, \$11.9 million in requested funding will support drug enforcement efforts that allow BIA Drug Enforcement Officers (DEOs) to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by DEOs include eradicating illegal marijuana cultivations; conducting criminal investigations; surveilling criminals; infiltrating drug trafficking networks; confiscating illegal drug supplies and establishing and maintaining cooperative relationships with other federal, state, local, and tribal law enforcement organizations in the efforts against drug-related activity.

In FY 2022, \$1.0 million is requested to continue support for the School Resource Officer (SRO) program. The SRO program has proven to be an important part of the OJS drug initiative allowing interaction of officers and students in the students' environment. SROs provide instruction in drug awareness and gang resistance using nationally recognized and adopted curricula to educate students on the negative aspects of illegal drug use and gang activity. The SROs play a key role in providing a visual deterrent and identifying potential threats of school violence.

The Victim/Witness Services (VWS) program (\$0.5 million) provides needed support to cooperative witnesses and victims of violent and drug crimes. The protection of witnesses and victims is essential during drug investigations, and VWS can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, VWS staff provides guidance to tribes in developing their own VWS programs. VWS also includes assessments of existing victim/witness programs for potential expansion to all BIA law enforcement districts.

The budget request also provides \$0.5 million to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

Approximately \$0.5 million of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts as well. Through the academy, BIA provides advanced training courses with content specific to drug enforcement to law enforcement officers that assist in drug investigations throughout the nation. Also, students that graduate from Basic Police and/or Criminal Investigator Training have completed an introduction to drug awareness and investigations component. The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

PERFORMANCE

Information regarding the performance of the drug control efforts of BIA is based on agency 2010 GPRMA documents and other information that measure the agency's contribution to drug control. In FY 2014, the BIA Division of Drug Enforcement (DDE) began using the newly developed Incident Management Analysis and Reporting System (IMARS) system to assist the BIA capture crime data,

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

including drug information for DDE. As we move forward with enhancing the IMARS system, drug data collection from BIA programs will continue to improve and allow for more in-depth analysis.

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

Bureau of Indian Affairs		
Selected Measures of Performance	FY 2020	FY 2020
	Target	Achieved
» Number of patrol officers receiving drug training	625	667
» Number of drug cases worked*	12,000	7,720
» Amount of drugs seized: Meth (ICE)**	74.1 lbs.	336 lbs.
» Amount of drugs seized: Meth (Powder)**	485.2 lbs.	1,019.9 lbs.
» Amount of drugs seized: Cocaine (Crack)**	1.0 lbs.	1.4 lbs.
» Amount of drugs seized: Cocaine (Powder)**	98.7 lbs.	38.5 lbs.
» Amount of drugs seized: Prescription drugs**	108.3 lbs.	12.3 lbs.
» Amount of drugs seized: Heroin**	42.9 lbs.	64.5 lbs.
» Amount of drugs seized: Marijuana (processed)**	5,570.1 lbs.	4,413.5 lbs.
» Amount of drugs seized: Marijuana (plants)**	679.4 lbs.	10,862.7 lbs.
» Amount of drugs seized: MDMA (Ecstasy)**	7.9 lbs.	2.6 lbs.

* Includes cases reported by tribes.

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

Note: Some tribal and BIA field programs submit minimal monthly drug reports; as a result, the number of drug offenses and amount of drugs seized in Indian Country may be understated.

In FY 2020, the BIA responded to a wide range of illegal drug activity on Indian lands. BIA DDE agents supported highly technical investigations, such as court ordered Title III wire intercepts, OCDETF cases, Racketeer Influenced and Corrupt Organization (RICO) cases, HIDTA cases, synthetic marijuana cases, and multi-jurisdictional cases involving the Indian Brotherhood Gang. BIA DEO's continued to provide technical assistance and training to tribal law enforcement agencies throughout the nation and

leverage those partnerships to continuously improve law enforcement programs servicing Indian Country.

In FY 2020 the BIA Division of Drug Enforcement was impacted by the COVID-19 nationwide pandemic. This resulted in numerous reservation closures from April to September. During the year, employees were quarantined for their health and the safety of others, sometimes multiple times for short periods. federal and Tribal courts were also impacted by the pandemic which resulted in modified schedules, delayed caseloads and stopped grand jury hearings. Most jurisdictions continue to limit the intake of prisoners for the safety of other inmates and staff. However, the Indian Police Academy modified the presentation mode of standard training and developed numerous virtual trainings for law enforcement. This resulted in some of the highest number of students who received training throughout the reporting year.

Collaboration among BIA DDE, DEA, BIA and Tribal officers continues to be particularly important. BIA DDE Agents are responsible for managing drug investigations and providing direct technical assistance to reduce the effects of drugs and drug-related crime in Indian Country. As a result of DDE's technical assistance, there has been a notable growth in annual drug cases worked in Indian country since FY 2011. During FY 2020, BIA DDE, BIA, and Tribal officers worked 7,720 cases in Indian country, an overall decrease of approximately 30 percent from the number of cases worked during FY 2019. Though the number of drug cases reported for FY 2020 reflects a downward trend due to COVID-related impacts, Indian Country continues to see disproportionately high use and distribution of illegal narcotics on reservations as compared to non-Indian areas.

BIA DDE opened 434 cases in FY 2020, 236 of which were closed by arrest, indictment, or referral to another agency for a 54 percent closure rate. 197 cases remained open and under active investigation at fiscal year-end. Of the 434 cases opened, 418 investigations, or 96 percent of DDE investigations, occurred within reservation boundaries or upon trust/allotted lands. The remaining 4 percent of investigations held a direct nexus to Indian country.

In FY 2020, BIA DDE continued involvement in drug trafficking conspiracy cases that resulted in numerous drug related arrests across Indian Country. DEOs continued to focus on the methamphetamine trafficking organizations that remain the largest supplier of illegal narcotics throughout Indian Country. In FY 2020, BIA DDE also witnessed a continued growth of Heroin availability in Indian Country Communities. As a result, DEOs focused heavily on efforts to identify and disrupt heroin trafficking organizations.

In 2020, a total of 667 law enforcement officers received drug training from BIA OJS, according to the BIA Indian Police Academy. This was a 12% increase over FY 2019 figures. A total of 73 students graduated from the IPA basic police program, known as the BIA Indian Country Police Officers Training Program, 9 students graduated from the Police Officer Bridge Program, and 9 students graduated from FLETCS Criminal Investigator Training Program and the DOI Investigator Training Program, all of which included an introduction to drug awareness and investigations. An additional 130 students graduated from the Dangerous Drug Lab Recognition Training Program and BIA-DEA-DOJ illicit drug trafficking program. An additional 345 students graduated from opioid drug community training attended by service providers and tribal community members at 33 locations throughout Indian Country.

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
Total, Drug Resources by Function	\$5.100	\$5.100	\$5.100
Drug Resources by Decision Unit			
Resource Protection and Law Enforcement	\$5.100	\$5.100	\$5.100
Total, Decision Unit	\$5.100	\$5.100	\$5.100
Drug Resources Personnel Summary			
Total FTEs (direct only)	20	20	20
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.4	\$1.4	\$1.2
Drug Resources Percentage	0.4%	0.4%	0.4%

Program Summary

MISSION

The overall mission of the Bureau of Land Management (BLM) is to sustain the health, diversity, and productivity of the public lands for the use and enjoyment of present and future generations. In support of that mission, one of the primary goals of the Resource Protection and Law Enforcement program is the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

METHODOLOGY

The Bureau's FY 2021 Appropriation in the Resource Protection and Law Enforcement sub-activity includes \$5.1 million for drug enforcement. The primary focus of these funds is the identification, investigation, and eradication of marijuana cultivation on public lands and rehabilitation of the cultivation sites. Bureau costs associated with identifying, investigating, and eradicating marijuana cultivation; interdicting marijuana smuggling; and rehabilitating the public lands damage caused by these activities are scored as drug control. As part of BLM's GPRMA Performance Plan, the Bureau utilizes specifically defined Program Element designations to calculate and track expenditures associated with its patrol, investigative, and drug enforcement activities.

BUDGET SUMMARY

In FY 2022, the BLM requests \$5.1 million for drug control activities, which is unchanged from the FY 2021 level. The budget directs resources to the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

Resource Protection and Law Enforcement

**Total FY 2022 Request (just the drug control component): \$5.1 million
(Reflects no change from FY 2021)**

Resource Protection and Law Enforcement Program strategies in support of the *National Drug Control Strategy* include:

- (1) directing significant funding to address large scale marijuana cultivation activities by DTOs on BLM-managed public lands in California;
- (2) directing funding to public lands in Idaho, Oregon, Nevada, Utah, and other States as needed to combat the expansion of marijuana cultivation activities into those areas; and
- (3) directing funding to public lands in Arizona, New Mexico, and California to address resource impacts and public safety concerns stemming from narcotic smuggling activities occurring along the Southwest Border.

Associated activities include:

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

PERFORMANCE

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

Information regarding the performance of the Bureau’s drug control mission is based on law enforcement statistics extracted from the Department’s Incident Management Analysis and Reporting

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

System (IMARS) database, and other agency information. The below table and associated text present activities and achievements during FY 2020.

	FY 2020	FY 2020	FY 2021	FY2022
Selected Measure of Performance	Target	Achieved	Target	Target
» Number of marijuana plants seized	590,558 ¹	602,369	619,792 ²	TBD ³

¹ Target based on FY 2019 seizure level.

² Target based on 2% increase over FY 2020 seizure level.

³ Target will be based on 2% increase over FY 2021 seizure level.

Discussion

Due to the scope of the marijuana cultivation problem on public lands and the large number of federal, State, and local agencies involved in combatting the issue, it is difficult to establish a direct cause for the fluctuations seen in marijuana plant seizure statistics to include an increase in FY20. However, several factors are believed to be affecting large scale marijuana cultivation on public lands, to include:

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of DTOs.
- Active participation of BLM law enforcement personnel in federal, State, and local task forces, including California and Oregon HIDTA task forces, DEA-led Organized Crime Drug Enforcement Task Forces, and a number of State and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations.
- Prosecution of individuals at all levels of multi-State DTOs is disrupting organizational structures, and reducing their cultivation and distribution capabilities.
- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.
- Several State medical marijuana laws provide for the lawful cultivation of marijuana on private lands. Quantities of this lawfully cultivated marijuana are known to be diverted to sale for non-medical use. This unlawful sale of legally cultivated marijuana, combined with the public's ability to lawfully cultivate marijuana for personal recreation and medicinal purposes, may be altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on public lands.

DEPARTMENT OF THE INTERIOR National Park Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Enacted	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$3.450	\$3.450	\$3.450
Total Drug Resources by Function	\$3.450	\$3.450	\$3.450
Drug Resources by Decision Unit			
National Park Protection Subactivity	\$3.450	\$3.450	\$3.450
Total Drug Resources by Decision Unit	\$3.450	\$3.450	\$3.450
Drug Resources Personnel Summary			
Total FTEs (direct only)	27	27	27
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$3.37	\$3.11	\$3.49
Drug Resources Percentage	0.10%	0.11%	0.10%

Program Summary

MISSION

The National Park Service (NPS) works to preserve the resources and values of the national park system for the enjoyment, education, and inspiration of this and future generations. The NPS is required to enforce all federal laws and regulations within its parks to create a safe environment for the general public and its employees.

METHODOLOGY

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

BUDGET SUMMARY

In FY 2022, the NPS requests \$3.5 million for drug control activities; resulting in no change from FY 2021 Enacted.

National Park Protection Subactivity

FY 2022 Request: \$3.5 million

The National Park Service works diligently to ensure that all pertinent federal laws and regulations are enforced within park units. This includes national parks located along international borders that encounter issues that threaten park lands and visitor safety, such as drug trafficking. The efforts of the NPS are an integral component in keeping our natural and cultural resources unimpaired for future

generations, providing the public the opportunity to enjoy parks in a safe manner, and providing employees a safe place of employment. Through the utilization of law enforcement rangers and special agents, in collaboration with federal, State, and local authorities, the NPS is actively engaged in visitor and resource protection efforts that include:

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

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

PERFORMANCE

Information regarding the performance of the drug control mission of NPS is based on agency GPRMA documents and other agency information. The table and accompanying text represent highlighted achievements during FY 2020.

National Park Service Visitor and Resource Protection Program		
	FY 2020	FY 2020
Selected Measure of Performance	Target	Achieved
» Number of marijuana plants seized in the Pacific West region	3,942	28,028

To support the efforts to eradicate drug production on public lands, Congress provided NPS an increase of \$3.3 million beginning in FY 2009, and the NPS directed this funding to units in the Pacific West. In utilizing these resources, interdiction and investigation operations have been strengthened, resulting in weakened cultivation efforts on NPS lands. From 2002-2009 an average of 61,000 plants were removed from parks, followed by 113,000 plants in 2010. Since that time, concerted and sustained efforts have supported significant decreases, reaching as low as fewer than 30 plants in FY 2019.

The downward trend seen in recent years reversed in FY 2020 as seizures rose to a level of 28,028 plants. Moreover, in FY 2021 a single grow operation with an estimated 15,000 plants has been discovered in one park via aerial patrol. Due to the extreme remoteness of the area along with difficult terrain, the park continues to monitor the grow site as a plan is developed. Additionally, another park has

discovered the infrastructure components that support clandestine grow operations and this area will continue to be monitored using covert capabilities while a plan is developed.

DEPARTMENT OF JUSTICE



DEPARTMENT OF JUSTICE Asset Forfeiture Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Budget Function			
Investigations	\$140.281	\$151.337	\$156.634
State and Local Assistance	86.859	89.543	89.275
Total Drug Resources by Function	\$227.140	\$240.880	\$245.909
Drug Resources by Decision Unit			
Asset Forfeiture	\$227.140	\$240.880	\$245.909
Total Drug Resources by Decision Unit	227.140	240.880	245.909
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.9	\$2.4	\$1.3
Drug Resources Percentage	12.2%	9.9%	19.5%

Program Summary

MISSION

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

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

The Assets Forfeiture Fund (AFF) is a special fund established in the Treasury to receive the proceeds of forfeitures pursuant to any law enforced or administered by DoJ, as defined in 28 U.S.C. 524(c), as well as the federal share of forfeitures under state, local, and foreign law, and the proceeds of investments of AFF balances. The AFF provides a stable source of resources to cover the costs of an effective AFP, including the costs of seizing, evaluating, inventorying, maintaining, protecting, advertising, forfeiting, and disposing of property seized for forfeiture. Prior to the creation of the AFF in 1985, the costs of these activities had to be diverted from agency operational funds. The more effective an agency was in seizing property, the greater the drain on its appropriated funds. The AFF has supported the increase of forfeited criminal assets through coordinated investigative efforts and effective asset management. Increases in resources have permitted the AFP to remove more assets essential to criminal activity.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

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

METHODOLOGY

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

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

BUDGET SUMMARY

In FY 2022, AFF requests \$245.9 million for drug control activities, an increase of \$5.0 million above the FY 2021 enacted level.

Asset Forfeiture Program

FY 2022 Request: \$245.9 million

(\$5.0 million above the FY 2021 enacted level)

AFF funds are allocated to the DEA and OCDETF to carry out their drug-related activities, providing a stable source of resources to cover operating expenses including Case-Related, Contracts to Identify Assets, Awards for Information, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure.

The request for DEA and OCDETF investigative activities is \$156.6 million, \$5.3 million greater than the FY 2021 Enacted level. Additionally, DEA and OCDETF State and local assistance funding is approximately \$89.5 million, \$286,000 less to the FY 2021 Enacted level. The FY 2022 request will support the following:

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

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

PERFORMANCE

Information regarding the performance of the drug control efforts of the AFP is based on data from the Attorney General’s Management Initiatives, the GPRMA, and other information that measures the agency’s contribution to the *National Drug Control Strategy*. The table and accompanying text represent AFP drug-related achievements during FY 2020.

Assets Forfeiture Fund		
Selected Measure of Performance	FY 2020 Target	FY 2020 Achieved
» Achieve effective funds control as corroborated by an unqualified opinion on the AFF financial statements	100%	100%

The challenges that have an impact on achievement of the AFP goal remain complex and dynamic. These challenges are both external and internal and include changes in legislation, technology, and the cooperation of all participating organizations. In FY 2020, the AFP achieved 100 percent of its effective funds control as corroborated by an unmodified opinion on the AFF financial statements.

Internally, the Asset Forfeiture Management Staff (AFMS) is working with the participating agencies to enhance the financial reporting process to include reconciling and researching differences in budgetary information reported in the financial statements, and in their gathering and evaluating the supporting judicial information prior to recognizing revenue and evaluating adjustments to revenue accounts. These efforts also include coordination with AFP participating agencies on:

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

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

DEPARTMENT OF JUSTICE

Bureau of Alcohol, Tobacco, Firearms, and Explosives

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$37.130	\$39.188	\$41.216
Total Drug Resources by Function	\$37.130	\$39.188	\$41.216
Drug Resources by Decision Unit			
Law Enforcement Operations	\$37.130	\$39.188	\$41.216
Total Drug Resources by Decision Unit	\$37.130	\$39.188	\$41.216
Drug Resources Personnel Summary			
Total FTEs (direct only)	174	177	180
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.4	\$1.5	\$1.6
Drug Resources Percentage	2.7%	2.6%	2.7%

Program Summary

MISSION

Established as an independent Bureau in 1972, ATF is responsible for the enforcement and administration of federal laws and regulations involving firearms and explosives, and for the enforcement of federal criminal statutes relating to arson. Therefore, its mission is to protect the public from crimes involving firearms, explosives, arson, and the diversion of alcohol and tobacco products; regulate lawful commerce in firearms and explosives; and provide worldwide support to law enforcement, public safety, and industry partners.

The link between gun violence and illegal drugs is well-established. Consequently, the ATF's primary mission -- combatting armed criminals and those who supply them with firearms -- is an important component of the *National Drug Control Strategy*. Firearms are a primary tool used by drug traffickers and DTOs to commit acts of violence and intimidation, therefore the ATF firearms investigations frequently involve those criminals and organizations. The ATF works closely with law enforcement partners to identify, investigate, and prosecute firearm traffickers, straw purchasers, and gun thieves who supply firearms to drug traffickers and DTOs.

METHODOLOGY

The ATF does not receive a specific appropriation for drug-related work relative to the *National Drug Control Strategy*. However, the ATF does contribute through its mission to combat violent firearms crime by drug offenders in American communities.

To quantify how the ATF supports the *National Drug Control Strategy*, the total number of cases involving a drug or narcotics charge identified in the ATF's case management system are divided by the total number of actual cases to arrive at a ratio of criminal investigations with a drug or narcotics nexus. Cases with drug attributes include charges filed under 18 USC 922(g)(3); 18 USC 924(c); 18 USC 922(d)(3); narcotics violations (federal/state); 21 USC 844(a); 21 USC 846 and several other provisions related to narcotics crimes to derive the drug nexus ratio. Further, the ATF factors in drug charges as a percentage of all charges in drug-related cases. Since many cases involve criminal possession and use of firearms, illegal firearms trafficking, and gang-related violent crime, many offenders and gang members arrested are often in possession of illegal drugs or narcotics. While not the ATF's primary mission, the seizure of these drugs/narcotics and the filing of criminal charges under the drug statutes do support the *National Drug Control Strategy*.

BUDGET SUMMARY

In FY 2022, ATF requests \$41.2 million for drug control activities, an increase of \$2.0 million above the FY 2021 enacted level.

Law Enforcement Operations

FY 2022 Request: \$41.2 million

(\$2.0 million above the FY 2021 enacted level)

In America, much of the violence associated with drug trafficking is committed at the retail level, thus the ATF investigations of firearms thefts, straw purchasers, and firearms trafficking incidentally expand those investigations to include armed drug traffickers and often involve relatively small amounts of illegal drugs. One of the techniques the ATF utilizes to develop evidence in investigations involving armed drug trafficking is the controlled purchases of drugs by undercover agents and confidential informants. These purchases often provide the probable cause needed to obtain search and arrest warrants that allow the ATF to recover firearms used by criminals to protect drug supplies, intimidate competitors, customers, and witnesses, and commit direct acts of violence, including murder. Although the ATF also endeavors to make undercover purchases of firearms in drug-related investigations, drug traffickers and DTOs are often reluctant to part with firearms because they are such an essential tool of the trade.

Furthermore, The ATF supports the drug control policy in other less visible ways. For instance, the ATF has primary responsibility for investigating unlawful drug users who possess firearms, or who attempt to purchase firearms from federal firearm licensees, and for retrieving firearms from unlawful drug users when firearms are transferred to them prior to a denial by the background check system.

Finally, under the ATF's jurisdiction to investigate the criminal misuse of explosives, the ATF also investigates cases when drug traffickers turn to extremes and use explosives during the course of their illegal activities. The ATF cases over the years have included known and suspected domestic drug dealers in possession of explosive devices; possession or attempted possession of firearms and explosive devices for transport into Mexico for use by trans-national DTOs; and possession of explosives while attempting to cross the US border into Mexico.

PERFORMANCE

Information regarding the performance of the drug control efforts of ATF is based on agency GPRMA documents and other information that measures the agency’s contribution to the *National Drug Control Strategy*. The table and accompanying text represent ATF drug-related achievements during FY 2021.

ATF		
Selected Measure of Performance	FY 2021 Target	FY 2021 Achieved
» Percentage of criminal cases ATF refers for prosecution with drug nexus	N/A	26%
» Percentage of firearms traces ATF conducts with drug nexus	N/A	26%

Note: The ATF does not set target percentages for both measures as the ATF has no control over the number of cases or the quantify and frequency of trace requests. The ATF reports actuals achieved through its case management system.

The ATF’s focus remains on enforcement strategies to reduce violent gun crime. Years of investigative experience shows that pursuit of this objective inevitably implicates the investigation of interrelated drug-related crime. Consequently, to assess contributions of the ATF, it established as a performance indicator the percentage of criminal cases it refers for prosecution that have a drug nexus. The second performance indicator the ATF established is the percentage of firearm traces it conducts for all law enforcement partners that have a nexus to drugs.

DEPARTMENT OF JUSTICE Bureau of Prisons

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Budget Function			
Corrections	\$3,490.788	\$3,651.832	\$3,516.684
Treatment	155.017	230.977	237.516
Total Drug Resources by Function	\$3,645.805	\$3,882.809	\$3,754.200
Drug Resources by Decision Unit			
Salaries and Expenses	\$3,506.590	\$3,832.135	\$3,671.505
<i>Inmate Care and Programs (non-add)</i>	1,391.660	1,594.784	1,455.619
<i>Institution Security and Administration (non-add)</i>	1,552.771	1,613.541	1,597.332
<i>Contract Confinement (non-add)</i>	444.494	464.594	464.136
<i>Management and Administration (non-add)</i>	117.665	151.216	154.418
Buildings and Facilities	139.215	58.674	82.695
<i>New Construction (non-add)</i>	81.812	0.924	0.924
<i>Modernization and Repair (non-add)</i>	57.403	57.750	81.771
Total Drug Resources by Decision Unit	\$3,645.805	\$3,882.809	\$3,754.200
Drug Resources Personnel Summary			
Total FTEs (direct only)	16,051	16,690	16,761
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$7.9	\$8.1	\$7.8
Drug Resources Percentage	46.1%	47.5%	47.6%

Program Summary

MISSION

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

Preparing inmates for eventual release to the community has been one of BOP's key objectives. The BOP's drug treatment program facilitates the successful reintegration of inmates into society,

consistent with community expectations and standards. Treatment programs assist inmates in identifying, confronting, and altering the attitudes, values, and thinking patterns that led to criminal behavior and substance use.

METHODOLOGY

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

BUDGET SUMMARY

In FY 2022, the BOP requests \$3,754.2 million for drug control activities, a decrease of \$128.6 million from the FY 2021 enacted level. The majority of federal inmates are in BOP facilities, but others are housed in privately operated facilities, Residential Reentry Centers (RRCs or halfway houses), and bed space secured through Intergovernmental Agreements with State and local entities. Inmates can participate in drug abuse treatment and other programs in these facilities.

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

In connection with implementing the First Step Act of 2018, the BOP is proceeding with implementation of a program to provide MOUD for inmates with opioid use disorder, utilizing all three FDA-approved medications (i.e., methadone, buprenorphine, naltrexone). The BOP is not yet certain of the number of inmates who will qualify for MOUD; however, State departments of correction report MOUD utilization rates at 10 percent of the inmate population. BOP plans to direct approximately \$84 million toward MOUD spending for FY 2022.

The BOP has taken further steps to implement the 2018 First Step Act. Specifically, in FY 2021, the BOP is investing \$409.5 million:

- to improve and expand services to inmates through inmate-focused IT improvements, such as improvements to Wi-Fi infrastructure that will enhance delivery of drug treatment and programming;
- to expand capacity for halfway houses and home confinement;
- to expand and improve the provision of MOUD to inmates with opioid use disorders at BOP prisons nationwide;
- to expand evidence-based recidivism reduction programs;
- to evaluate the programs and services provided to inmates;
- to fund innovative approaches in reentry and corrections; and,
- to expand group classroom spaces at prisons to expand the BOP's capacity for programming.

The FY 2022 President's Budget will utilize \$409.5 million in base funding to continue and further build on the program expansions and implementation that occur in FY 2021. The drug-related resources referenced herein reflect BOP's methodology for scoring drug resources.

Salaries and Expenses

FY 2022 Request: \$3,671.5 million

(\$152.6 million above the FY 2021 enacted level)

Salaries and Expenses encompasses four decision units – Inmate Care and Programs, Institution Security and Administration, Contract Confinement, and Management and Administration. The BOP reduction below the FY 2021 Enacted level reflects the drug portion of a \$267.0 million in savings within base resources from population reduction and criminal justice reforms.

Inmate Care and Programs

FY 2022 Request: \$1,455.6 million

(\$139.1 million above the FY 2021 enacted level)

Inmate Care and Programs covers the costs of food, medical supplies, clothing, education, welfare services, release clothing, transportation, gratuities, staff salaries, and operational costs of functions directly related to providing inmate care. Inmate Care and Programs support the following treatment programs/activities:

Drug Program Screening and Assessment: Upon entry into a BOP facility, an inmate's records are assessed to determine if there is a history of drug use, a judicial recommendation for drug treatment, a violation due to drug use, or if the instant offense is related to drug use. If so, the inmate is required to participate in the Drug Abuse Education course.

Drug Abuse Education: Participants in the Drug Abuse Education course receive factual information on the relationship between drug use and crime – the impact the substance use has on the inmate psychologically, biologically and socially – while also motivating inmates to volunteer for the appropriate drug treatment programs. In FY 2020, over 14,000 inmates participated in Drug Abuse Education.

Nonresidential Drug Abuse Treatment: Unlike residential programs, inmates are not housed together in a separate unit; they are housed with the general inmate population. Nonresidential treatment was designed to provide maximum flexibility to meet the needs of the offenders, particularly those individuals who have relatively minor or low-level substance use problems. A second purpose of the program is to provide those offenders who have a moderate to severe drug use problem with supportive program opportunities during the time they are waiting to enter the Residential Drug Abuse Program (RDAP), or those who have little time remaining on their sentence and are preparing to return to the community. In FY 2020, more than 15,000 inmates participated in Nonresidential Drug Abuse Treatment program.

Residential Drug Abuse Program: The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate residential substance use treatment for 100 percent of inmates who have a diagnosis for SUDs and who volunteer for treatment. More than half of the BOP's facilities operate RDAPs. RDAPs, based on Cognitive Behavioral Therapy (CBT) wrapped into a modified therapeutic community model of treatment, are located in separate units away from the general population. CBT and therapeutic communities are proven effective treatment models with inmate populations. The BOP was able to provide appropriate substance use treatment to 100 percent of eligible inmates in FY 2020, with 11,556 inmates participating in RDAP.

In coordination with NIDA, the BOP conducted a rigorous three-year outcome study of the RDAP beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition, female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

Nonresidential Follow-up Treatment: If an inmate has time to serve in the institution after completing the RDAP, he or she must participate in follow-up treatment in the institution. Follow-up treatment ensures the inmate remains engaged in the recovery process and is held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts 12 months or until the inmate is transferred to a RRC.

Institution Security and Administration

FY 2022 Request: \$1,597.3 million

(\$16.2 million below the FY 2021 enacted level)

Institution Security and Administration covers costs associated with the maintenance of facilities and institution security, including institution maintenance, motor pool operations, powerhouse operations, institution security, and other administrative functions.

Contract Confinement

FY 2022 Request: \$464.1 million

(\$0.5 million above the FY 2021 enacted level)

Contract Confinement provides for the confinement of sentenced federal offenders in a government-owned, contractor-operated facility, and State, local, and private contract facilities and contract community residential reentry centers. Contract Confinement also supports the following treatment program:

Community Treatment Services: Community Treatment Services (CTS): The CTS, of the Community Reentry Affairs Branch, provides a comprehensive network of 204 contracted community-based treatment providers, screens over 2, 700 inmates for various services, and provides clinical case management for over 3,800 inmates monthly, who are located nationwide. This network of professionals consists of licensed individuals (e.g. certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies who can offer individual and group therapy for SUD, M, mental health, psychiatric, and sex offender treatment services for offenders throughout the country. In addition to providing SUD services to RDAP participants, treatment for offenders with mental illness and sex offenses, including oversight for the final phase of the Sex Offender Treatment Program, is available. Moreover, crisis intervention counseling for situational anxiety, suicidality, depression, grief/loss, and/or adjustment issues during an inmate's community placement are available. The CTS also authorizes crisis intervention and appropriate follow-up mental health services following a Prison Rape Elimination Act-related allegation reported in the community. The CTS recognizes the release from the institution is stressful for the offender as well as for the family members. As a means to facilitate successful reentry, family counseling for the offender and his/her family members is another treatment service offered. In addition to contract

oversight, CTS staff provide extensive clinical oversight of the offenders' progress while in treatment.

Management and Administration

FY 2022 Request: \$154.4 million

(\$3.2million above the FY 2021 enacted level)

Management and Administration covers all costs associated with general administration and oversight functions and provides funding for the central office, six regional offices, and staff training centers.

Buildings and Facilities

FY 2022 Request: \$82.7 million

(\$24.0 million below the FY 2021 enacted level)

Buildings and Facilities includes two decision units - New Construction and Modernization and Repair Costs.

New Construction

FY 2022 Request: \$0.9 million

(Same as the FY 2021 enacted level)

New Construction includes the costs associated with land payments of the federal Transfer Center in Oklahoma City, salaries and administrative costs of architects, project managers, site selection, and other staff necessary to carry out the program objective. It also includes the costs associated with land and building acquisition and new prison construction when needed. In FY 2022, the Administration proposes a rescission of \$505 million in prior year unobligated new construction balances.

Modernization and Repair

FY 2022 Request: \$81.8 million

(\$24.0 million below the FY 2021 enacted level)

Modernization and Repair (M&R) includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs. The FY 2022 President's Budget includes a \$39.0 million enhancement for energy saving M&R projects to replace aging equipment with energy efficient models, resulting in reduced energy costs and consumption, as well as other environmentally sound operational benefits.

The BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the United States taxpayer. The BOP remains committed to acting as a sound steward of valuable taxpayer dollars and will continue to seek cost avoidance and find efficiencies while successfully executing its mission responsibilities.

PERFORMANCE

Information regarding the performance of the drug control efforts of BOP is based on agency GPRMA documents and other information that measures the agency's contribution to the *National Drug Control Strategy*. The table and accompanying text represent BOP drug-related achievements during FY 2020.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Bureau of Prisons		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Number of inmates participating in Residential Drug Abuse Treatment	15,280	11,556
» Number of inmates participating in Nonresidential Drug Abuse Treatment	21,999	15,632

The BOP operates 83 RDAPs in 71 Bureau institutions. In FY 2020, the BOP provided RDAP to 11,556 inmates, and 15,632 inmates participated in the Nonresidential Drug Abuse Treatment Program.

DEPARTMENT OF JUSTICE Criminal Division

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Budget Function			
Prosecution	\$42.573	\$45.081	\$48.042
Total Drug Resources by Budget Function	\$42.573	\$45.081	\$48.042
Drug Resources by Decision Unit			
Enforcing Federal Criminal Laws	\$42.573	\$45.081	\$48.042
Total Drug Resources by Decision Unit	\$42.573	\$45.081	\$48.042
Drug Resources Personnel Summary			
Total FTEs (direct only)	163	172	176
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources percentage	21.8%	22.9%	22.3%

Program Summary

MISSION

CRM develops, enforces, and supervises the application of all federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 United States Attorneys' Offices (USAOs), is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys prosecute many nationally significant cases, and they also formulate and implement criminal enforcement policy and provide advice and assistance to LEAs and USAOs. In executing its mission, CRM dedicates specific resources in support of the *National Drug Control Strategy* that focus on disrupting domestic drug trafficking and production, and strengthening international partnerships.

METHODOLOGY

The drug budget represents the level of efforts each Section or Office within CRM estimates spending on drug-related activities. That estimate, a percentage, is then applied to the pro-rata base funding figure for each Section or Office to determine CRM's total base funding for drug-related activities.

BUDGET SUMMARY

In FY 2022, CRM requests \$48.04 million for drug control activities, an increase of \$2.96 million above the FY 2021 Enacted level. The increase is due to adjustments-to-base as well as the technical adjustment applied to base resources dedicated to CRM's drug-related activities.

Enforcing Federal Criminal Laws

FY 2022 Request: \$48.0 million

(\$3.0 million above the FY 2021 Enacted level)

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

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

PERFORMANCE

Information regarding the performance of the drug control efforts of CRM is based on agency GPRMA documents and other data that measure the agency’s contribution to the *National Drug Control Strategy*. The below table and accompanying text represent CRM’s drug-related achievements during FY 2020.

Criminal Division		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Number of new drug-related investigative matters and cases	30	34
» Number of OCDETF Title III wiretaps reviewed	2,225	1,714
» Number of drug-related Mutual Legal Assistance Treaty requests closed	N/A	559
» Number of drug-related extradition requests closed	N/A	329

In FY 2020, the NDDS met its target for opening new drug-related investigative matters and cases. The NDDS set its FY 2020 targets for new drug-related prosecutions and investigations based on historical trend analysis, while considering the available litigation resources.

CRM’s Office of Enforcement Operations (OEO) is responsible for reviewing and approving all applications submitted by federal prosecutors to intercept wire, oral, and electronic communications in order to obtain evidence of crimes. A subset of these applications relates to investigations and prosecutions of OCDETF cases. These efforts support two National Drug Control Program activities – “Disrupt Domestic Drug Trafficking and Production” and “Strengthen International Partnerships.” The

Division quantifies its number of OCDETF Title III wiretaps reviewed, a measure of the drug-related Title III wiretap work achieved by the OEO during a fiscal year.

In FY 2020, the OEO reviewed a significant number of OCDETF wires. Of the total facilities reviewed by the OEO during that time period, nearly 70% were for OCDETF investigations. Although in FY 2020 OEO reviewed approximately 23% fewer OCDETF Title III wiretaps than its projected target, this decrease is in line with the overall reduction of Title III applications submitted to the OEO following the nationwide spread of COVID-19. The OEO's workload is wholly dependent on the needs of the field, therefore the effects of COVID-19 at the investigative level, including stay-at-home orders, temporary shutdowns, and social distancing measures, directly impacted the number of Title III wiretaps submitted. The OEO expects that as federal prosecutors, agents, and the courts continue to adapt to the challenges posed by investigating and prosecuting criminal cases in the current environment, the number of submissions will start to return to pre-COVID-19 levels. Additionally, federal prosecutors and agents continued to face numerous challenges associated with new and emerging communications technologies, most notably end-to-end encryption. End-to-end encryption continued to have a significant impact on whether to pursue wiretaps and the implementation of Title III wiretaps in numerous investigations. Notwithstanding the challenges posed by end-to-end encryption and COVID-19, the OEO remained flexible and responsive to the needs of the field. After COVID-19 restrictions and court closures commenced, the OEO quickly provided extensive initial guidance to the field on several Title III issues impacted by these unprecedented conditions and worked closely with federal investigative agencies and prosecutors to respond and adapt to these challenges. The OEO also expanded upon its outreach to the field in other areas, including continuing to increase its consultations with prosecutors on suppression motions and critical appellate matters involving wiretaps. Most notably, in response to COVID-19, the OEO shifted to conducting virtual trainings on a regular basis in order to continue to meet the needs of the field, the vast majority of which were directly to OCDETF agents and prosecutors.

CRM's Office of International Affairs (OIA) is responsible for negotiating and securing the return of fugitives from abroad, for obtaining foreign evidence needed in U.S. criminal investigations, for approving sensitive overseas actions by U.S. LEAs, and for responding to extradition and Mutual Legal Assistance Treaty requests from foreign governments. A single extradition request can include more than one fugitive and be time-consuming to process and obtain. These efforts support two National Drug Control Program activities – "Disrupt Domestic Drug Trafficking and Production" and "Strengthen International Partnerships." In FY 2020, the OIA was actively involved in executing requests for assistance in drug-related cases and in closing 559 Mutual Legal Assistance Treaties and 329 extradition requests.

DEPARTMENT OF JUSTICE Drug Enforcement Administration

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$182.472	\$187.451	\$196.210
International	447.508	438.358	443.784
Investigations	2,065.905	2,122.556	2,258.300
Prevention	8.114	8.337	9.338
State and Local Assistance	13.647	12.430	12.550
Total Drug Resources by Function	\$2,717.646	\$2,769.132	\$2,920.182
Drug Resources by Decision Unit			
Salaries and Expenses	\$2,294.153	\$2,336.263	\$2,408.523
<i>Domestic Enforcement</i>	1,806.747	1,859.471	1,925.862
<i>International Enforcement</i>	473.759	464.363	470.111
<i>State and Local Assistance</i>	13.647	12.430	12.550
Diversion Control Fee Account	\$423.493	\$432.869	\$511.659
Total Drug Resources by Decision Unit	\$2,717.646	\$2,769.132	\$2,920.182
Drug Resources Personnel Summary			
Total FTEs (direct only)	8,000	8,273	8,435
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$2.7	\$2.8	\$2.9
Drug Resources Percentage	100%	100%	100%

Program Summary

MISSION

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

METHODOLOGY

All DEA appropriations are scored as part of the National Drug Control Budget.

BUDGET SUMMARY

The FY 2022 President's Budget requests \$2,920.2 million for DEA's Salaries and Expenses Appropriation and its Diversion Control Fee Account (DCFA), an increase of \$151.1 million above the FY 2021 enacted level.

Salaries & Expenses

FY 2022 Request: \$2,408.5 million

(\$72.3 million above the FY 2021 enacted level)

DEA's Salaries and Expenses (S&E) resources are divided into three strategic focus areas to achieve the maximum impact against the full spectrum of drug trafficking activities: Domestic Enforcement, International Enforcement, and State and Local Assistance.

Domestic Enforcement

FY 2022 Request: \$1,925.9 million

(\$66.4 million above the FY 2021 enacted level)

The Domestic Enforcement Decision Unit comprises the majority of DEA's investigative and support resources, and through FY 2020, includes: 23 Field Divisions, 49 District Offices, 108 Resident Offices and 58 Posts of Duty. These resources, in conjunction with DEA's foreign offices, create a seamless intelligence and investigative network to pursue DTOs ranging from multi-national and poly-drug conglomerates to independent specialty one-function cells.

SOD's mission is to establish seamless law enforcement strategies and operations aimed at dismantling major TCOs by attacking their command and control networks. The SOD controls approval and funding for most Title III wiretaps, coordinates overlapping investigations, and ensures the sharing of intelligence. In February, 2017, the President signed Executive Order 13776 – Enforcing federal Law with Respect to TCOs. Within this EO, the President called for the SOD to be maximized in the coordination of efforts towards combatting TCOs. There are approximately 500 people stationed at the SOD, including representatives from over 30 agencies.

The DEA's intelligence program comprises several sections responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions, and provides policymakers with drug trend information upon which tactical and strategic decisions are based. The DEA is represented in the U.S. Intelligence Community (IC) through the Office of National Security Intelligence (ONSI), which facilitates information sharing with other members of the IC. The DEA routinely shares approximately 5,000 reports with the IC annually. DEA's El Paso Intelligence Center (EPIC) provides tactical, operational, and strategic intelligence support to all EPIC users (federal, State, local, Tribal, and international) within the Western Hemisphere with a focus on the Southwest Border. EPIC provides 24/7 real-time tactical information to state and local law enforcement partners in all 50 States and houses employees from 18 domestic and foreign law enforcement agencies.

The FY 2022 request includes current services funding to support domestic operations and to fund mandatory increases of existing costs. Funding also supports programmatic enhancements to include:

- \$3.7 million to expand Operation Engage, the DEA's community outreach and drug prevention program, by placing Community Outreach Specialists in each domestic field division and delivering prevention programs and publications for communities nationwide.

- \$2.7 million to deploy additional personnel on a temporary basis to the DEA's Tulsa, Oklahoma, Resident Office due to the Supreme Court's decision in *McGirt v. Oklahoma* revoking the State of Oklahoma's law enforcement capabilities on certain tribal lands.
- \$2.0 million to provide software and storage to store data and video from the body worn cameras (BWCs) of the DEA's Federally-deputized Task Force Officers (TFOs).

International Enforcement

FY 2022 Request: \$470.1 million

(\$5.7 million above the FY 2021 enacted level)

As the U.S. Government's single point of contact for coordinating drug investigations in foreign countries, the DEA provides interagency leadership in the effort to disrupt and dismantle TCOs. To date, the DEA's global footprint is organized into eight DEA foreign regions which include 91 offices located in 69 countries. Specifically, the DEA focuses these resources on DEA Priority Target Organizations (PTOs) with and without a direct connection to a CPOT. The disruption or dismantlement of these organizations is accomplished primarily through bilateral investigations with host nation counterparts as well as multi-agency coordination. These investigations emphasize developing intelligence-driven, multi-regional efforts to identify and target international PTOs that play significant roles in the production, transportation, distribution, financing, or other support of large-scale drug trafficking.

In response to constantly evolving international drug threats, the DEA continues to maintain its Sensitive Investigative Unit (SIU) Program throughout the world. The SIU Program provides the DEA with a controlled and focused investigative force multiplier that allows the DEA access to a global transnational enforcement and intelligence network. Additionally, this program has proven to be the foundation for building an effective and trustworthy host nation unit capable of conducting complex investigations targeting major DTOs. These SIUs are groups of host nation investigators that are polygraphed, trained, equipped, and guided by the DEA. Presently the DEA manages 15 SIUs with a combined staffing capacity of over 1,300 host nation law enforcement officials. These SIUs are currently located in Afghanistan, Colombia, the Dominican Republic, Ecuador, El Salvador, Ghana, Guatemala, Honduras, Kenya, Mexico, Nigeria, Panama, Paraguay, Peru, and Thailand.

The FY 2022 request includes current services funding to support international programs and funds mandatory increases of existing costs, including DOS charges and Government Services Administration rent.

State & Local Assistance

FY 2022 Request: \$12.5 million

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

The DEA has the responsibility to respond to the clandestine laboratory training requirements, hazardous waste cleanup, and cannabis eradication/suppression needs of the U.S. law enforcement community. The DEA supports State and local law enforcement with methamphetamine-related assistance and training, which allows State and local agencies to better address the methamphetamine threat in their communities and reduce the impact of methamphetamine on the quality of life for Americans. By providing training in the techniques of clandestine laboratory drug enforcement, hazardous waste cleanup, and cannabis eradication/suppression, the DEA is able to expand drug enforcement across the United States in a cost-effective manner. In addition to these DEA-funded programs, the DEA State & Local Assistance efforts administer the Asset Forfeiture Program's domestic

cannabis eradication/ suppression program. The DEA also provides First Responder/Awareness training and a train-the-trainer program that benefits State and Local law enforcement personnel in responding to the opioid epidemic and in the administration of the life-saving drug Naloxone (Narcan).

In the FY 2021 Enacted budget, the DEA received expanded authority to support State and local agencies in addressing additional illicit hazardous environments where controlled substances are clandestinely processed, such as fentanyl. Due to the differing natures of the various hazards associated with clandestine processing of many different controlled substances, the DEA is spending FY 2021 updating the training courses and guidance documents to ensure proper waste handling and the safety of the State and local law enforcement working within the agreed upon parameters of the Container Program. Additional Personal Protective Equipment (PPE) and other equipment are under evaluation for inclusion and disposal contracts were updated to anticipate all potentially hazardous waste streams. Strategic implementation is planned for FY 2022 to allow for a controlled and safe expansion. Larger illicit hazardous environments that do not fall under the scope of the Container Program are being evaluated on a case-by-case basis in FY 2021 to determine which situations would best be addressed through this expanded appropriation.

Diversions Control Fee Account

FY 2022 Request: \$511.7 million

(\$78.9 million above the FY 2021 enacted level)

The Diversion Control (DC) Division's mission is to prevent, detect and investigate the diversion of pharmaceutical controlled substances and listed chemicals from legitimate channels while ensuring an adequate and uninterrupted supply of pharmaceutical controlled substances and chemicals to meet medical, commercial and scientific needs. The Diversion Control Program actively monitors more than 1.9 million individuals and companies that are registered with the DEA to handle controlled substances or listed chemicals through a system of scheduling, quotas, recordkeeping, reporting, and security requirements.

The DEA is using both investigative and regulatory tools to assist in the identification of individuals and organizations involved in violating the Controlled Substances Act. One such tool is the expanded use of Tactical Diversion Squads (TDSs) that incorporate the skill sets of DEA Special Agents, Diversion Investigators, other federal law enforcement, and State and local task force officers. TDSs were initiated to investigate the criminal actions by DEA registrants. In 2011, there were 40 operational TDSs across the Nation. As of FY 2021, this increased to 86 in 48 states, the District of Columbia, and Puerto Rico.

The DEA's 360 Strategy was deployed in 2016 with the goal to engage in community outreach and education to fill the time and space created by successful DEA enforcement and regulatory operations. Since the inception of the program, the DEA has deployed this strategy in over 20 cities and is using the three-pronged approach in all DEA Field Divisions.

Moving forward in FY 2021 and building on the success of its 360 Strategy, the DEA launched Operation Engage – a comprehensive approach that targets the top drug threat(s) identified by the local DEA division while continuing to focus on drug trafficking, violence, and crime reduction while working with communities through enhance outreach efforts that are focused on public safety and public health. To date, Operation Engage is funding 11 divisions: Boston, MA; Philadelphia, PA; Washington, DC; Los

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Angeles, CA; New Orleans, LA; Miami, FL; Detroit, MI; El Paso, TX; Phoenix, AZ; Seattle, WA; and St. Louis, MO.

The goals of Operation Engage will include the following:

- Identify and affect local drug threat enforcement priorities and drug use trends
- Support and contribute to local drug use prevention efforts
- Bridge public safety and public health efforts

The National Prescription Drug Take Back Initiative (NTBI) aims to provide a safe and easy means of disposing of unused or expired medications, while also educating the public about prescription drug abuse. To increase awareness of NTBI and prescription medication abuse, the DEA has partnered with organizations including the National Football League and Major League Baseball to advertise take-back events. As of April 2021, a total of 20 separate National Prescription Drug Take Back Initiative events have collected a total of 13,684,848 pounds (6,842.42 tons) of unused pharmaceuticals from the medicine cabinets of U.S. citizens across the country and its territories, at 203,379 collection sites, in conjunction with 155,909 law enforcement partners.

The FY 2021 request includes current services funding, including pay raises, change in compensable days, and Government Services Administration rent. Funding also reflects the restoration of the FY 2019 sequester.

The FY 2022 request supports a total of \$43.3 million in enhancements:

- \$15.4 million to support 90 positions (24 agents and three attorneys) and expand diversion efforts against opioid misuse; strengthen its enforcement capabilities and regulatory controls; and enhance its outreach program to educate registrants, industry, and communities;
- \$9.0 million and seven positions to improve data intake, storage, and interoperability of the DEA's Registrant Support Network;
- \$8.8 million and 60 positions to improve the DEA's outreach to the public and to registrants by conducting a study to refine and expand virtual education and assess on-site destruction methods and develop products and policies aimed at providing disposal instructions to registrants and end-users;
- \$3.1 million and two positions to add two new Diversion Investigators and a mock pharmacy to the Quantico Hogan's Alley training area; and,
- \$700,000 to address an existing radio communications gap, using a cellular-based Tactical Communications Devices (TCDs) technology.

PERFORMANCE

Information regarding the performance of the drug control efforts of DEA is based on agency GPRMA documents and other data that measure the agency's contribution to the *National Drug Control Strategy*. The table and accompanying text represent DEA drug-related achievements during FY 2020.

Drug Enforcement Administration		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Number of International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted or dismantled ¹	195	234
» Number of International, Domestic, and Diversion Priority Targets <i>not</i> linked to CPOT targets disrupted or dismantled ¹	1,533	1,635

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

The DOJ focuses its drug law enforcement efforts on reducing the availability of drugs by disrupting and dismantling the largest DTOs and related money laundering networks operating internationally and domestically, including those on the Attorney General’s CPOT List – the “Most Wanted” drug trafficking and money laundering organizations believed to be primarily responsible for the Nation’s illicit drug supply.

An organization is considered linked to a CPOT if credible evidence exists of a nexus between the primary investigative target and a CPOT target, verified associate, or component of the CPOT organization. Additionally, “disrupted” means impeding the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership or changes in methods of operation; and “dismantled” means destroying the organization's leadership, financial base, and supply network such that the organization is incapable of reconstituting itself.

The DEA uses data analytics to maximize the allocation of scarce resources and personnel. These initiatives improve the way data drives leadership, management, and operational decisions. In FY 2017, the DEA implemented the Threat Enforcement Planning Process (TEPP), a drug control strategy that shifts agency performance from a quantitative based approach to a more qualitative, results oriented approach that focuses on outcomes that proactively manages enforcement efforts and resources utilization by identifying the biggest threats in each division and ensuring that the field offices have the necessary resources allocated to mitigate those threats. By prioritizing operational activities against high value targets threatening national security and public safety (i.e. CPOT linked to PTOs) the DEA has identified PTO dispositions as its primary intermediate outcome to date.

In FY 2020, the DEA reported the disruption or dismantlement of 1,869 domestic, foreign, and diversion priority targets including 234 CPOT linked targets. The number of total and CPOT-linked PTO dispositions exceeded their annual goals achieving 120% and 107% to target, overall and CPOT-linked, respectively.

The DEA’s targets for the number of PTO Dispositions (CPOT-linked and Not CPOT-linked) reflect an optimal inventory of active investigations worked and disposed based on anticipated resources. Throughout the year the actual inventory of Active PTOs will fluctuate based on available resources and case complexity. This metric accounts for the aggregate performance of DEA against PTOs linked to CPOTs across its International, Domestic and Diversion Control Areas of Responsibility (AOR a.k.a. Budget Decision Units). Sensitive law enforcement operations involve close, publicly based activities, and as such, the DEA asserts that the COVID-19 pandemic has had an increasingly negative, but disparate effect on the performance of each of the aforementioned AORs.

Moreover, in FY 2020, DEA performance continued to be impacted by an ongoing decline in the number of Field Special Agents on board; a net decrease of 392 or 9.8 percent from FY 2014 through FY 2020. In response to its staffing challenges, DEA leadership continued to amend TEPP's implementation schedule to a more prudent timeline of exploratory deployments prioritized by specific threats and anticipated, community-based outcomes that reinforces TEPP's feasibility and long-term sustainability.

Nevertheless, in spite of the impact of COVID-19 and the agency's ongoing efforts to increase Special Agent staffing, the DEA refocused its investigative efforts, marginally increased the number of CPOT and Non-CPOT linked PTO dispositions, and thereby exceeded its FY 2020 target. This highlights the agility and ability of the DEA to adapt and perform under very extreme and adverse conditions.

DEA personnel will continue to prioritize investigative efforts to disrupt and dismantle OCDEF Targeted, CPOT-linked TCOs and address the illicit drug activity and violence attributed to these organizations despite constrained resources, and as such, the DEA will work with OCDEF partner agencies to apprehend and prosecute the leaders and other members of TCOs. Additionally, with the lifting of COVID-19 related restrictions, the DEA will sustain or exceed its level of effort against drug trafficking networks in coordination with OCDEF partner agencies, federal, State and local, and foreign law enforcement counterparts to meet or exceed its established performance targets for FY 2021 and FY 2022.

Finally, the DEA will continue to review and evaluate its PTO program and the utility of its PTO case management and reporting system, PTARRS (Priority Target Activity Resource and Reporting System) in the context of the TEPP to facilitate its seamless integration and ensure that investigations are aligned to meet the mandates outlined in the President's Executive Orders and the Department's Strategic Plans that address emerging threats to our nation.

All of the aforementioned actions help to focus the DEA's ability to report on the impact of its efforts to balance quantitative metrics (statistics) with qualitative assessments of casework that affect positive outcomes within communities. In collaboration with International, federal, State and local partners, the DEA anticipates that the recent change in its reporting protocols will continue to greatly enhance performance without jeopardizing the inherent quality of PTO investigations given the already stringent review and validation criteria to which PTOs are already held to account.

DEPARTMENT OF JUSTICE Federal Bureau of Investigation

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$7.028	\$7.070	\$7.117
Investigations	144.564	140.648	145.800
Total Drug Resources by Function	\$151.592	\$147.718	\$152.917
Drug Resources by Decision Unit			
Criminal Enterprises Federal Crime	151.592	147.718	152.917
Total Drug Resources by Decision Unit	\$151.592	\$147.718	\$152.917
Drug Resources Personnel Summary			
Total FTEs* (direct only)	817	865	865
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$9.4	\$9.7	\$10.2
Drug Resources Percentage	1.6%	1.5%	1.5%

* All funding listed are Direct Funds and do not account for any reimbursable funding used for this effort.

Program Summary

MISSION

The mission of the FBI is to protect the American people and uphold the Constitution of the United States. As part of its mission, the FBI employs a multidisciplinary approach to address the drug crisis in America. The FBI is utilizing the full spectrum of its most sophisticated investigative techniques against the illicit narcotic threat.

METHODOLOGY

The FBI's resources that are scored to the *National Drug Control Strategy* include three priority initiatives within the Criminal Program: Transnational Organized Crime - Western Hemisphere (TOC-W), Joint Criminal Opioid Darknet Enforcement (JCODE), and the Prescription Drug Initiative (PDI). Non-personnel funding reported here is determined by programmatic requirements and was calculated by evaluating both the allocated resources to these three initiatives, as well as the proportion of the criminal program's investigative and intelligence efforts dedicated to drug control. Personnel resources are based on the FBI's actual and projected workload related to drug control activities.

BUDGET SUMMARY

In FY 2022, the FBI requests \$152.9 million for drug control activities, which is \$5.2 million above the FY 2021 enacted level.

Criminal Enterprises Federal Crime

FY 2022 Request: \$152.9 million

(\$5.2 million above FY 2021 enacted level)

The FBI has established strategic initiatives to focus on the largest TCOs in order to identify, target, disrupt, degrade, and dismantle the organizations. To accomplish the mission, the FBI utilizes resources to develop technological advances to overcome encrypted communication devices and applications leading to a better ability to identify those involved and their distribution networks. The JCODE Team is responsible for a coordinated government effort to detect, disrupt, and dismantle the most prolific criminal enterprises which are reliant on the Internet or advanced technology to facilitate the trafficking of illicit narcotics. The JCODE mission is accomplished by increasing technical and intelligence collection capabilities across law enforcement and intelligence communities, exploiting technical infrastructure, directing strategic offensive campaigns, infiltrating criminal enterprises, and educating buyers on the dangers of Darknet marketplaces. Success is achieved with the creation of uncertainty across markets, fewer opportunities for buyers to purchase illicit drugs, fear of law enforcement attention and reduced opportunities for overdose deaths due to disruptions of Darknet DTOs. The FBI’s PDI is designed to address the fraudulent dispensing and distribution of prescription drugs by healthcare professionals who knowingly prescribe opioids for personal gain, without a legitimate medical need. Fraudulent dispensing and distribution directly contribute to the opioid epidemic. The objective of the PDI is to identify and target criminal enterprises, including healthcare professionals, engaged in prescription drug schemes; identify and prosecute organizations with improper corporate policies related to prescription drugs; and identify and prosecute organizations with improper provider drug prescribing and dispensing practices.

PERFORMANCE

Information regarding the performance of the drug-control efforts of the FBI is based on agency GPRMA documents and other data that measure the agency’s contribution to the *National Drug Control Strategy*. The following table represents the FBI’s drug-related achievements during FY 2020.

Federal Bureau of Investigation		
Selected Measure of Performance	FY 2020 Target	FY 2020 Achieved
» Number of gang/criminal enterprise disruptions (CPOT)	50	76
» Number of gang/criminal enterprise dismantlements (CPOT)	20	11
» Number of JCODE investigations opened into marketplaces and/or vendors (Marketplace / Vendors)	4 Marketplace / 20 Vendors	19 / 76

JCODE was established in 2018 and initial tracking of investigative and programmatic accomplishments were limited. JCODE focuses efforts and attention on areas of interest that are not traditionally captured or easily quantified via measures and metrics. Regardless, the FBI continues to work on

developing measurable and viable performance metrics that reflect mission success and are working to formalize reporting requirements for all JCODE partner agencies in FY 2021.

The statistical information on FY 2020 JCODE Team accomplishments is drawn from FBI's investigative system of record, which does not include other agencies' results unless they are FBI's task force members. While investigative and programmatic statistics for FY 2020 are limited, some information on JCODE's accomplishments is available. For example, JCODE's third major enforcement action, Operation DisrupTor, was a coordinated international effort targeting DTOs operating on the Darknet. As a result of Operation DisrupTor, U.S. and international law enforcement agencies made 179 arrests. Law enforcement executed 65 search warrants, seizing over 500 kilograms of opioids and other drugs, 63 firearms, and more than \$6.5 million dollars in cryptocurrency, U.S. currency, and gold. Operation DisrupTor resulted in a 67% increase in opioid and other drug seizures over Operation SaboTor (FY 2019). Operation DisrupTor and the significant accomplishments of JCODE in FY 2020, despite the COVID-19 pandemic, further demonstrates the resiliency of the JCODE, its partner agencies, and JCODE's impact on illicit darknet opioid and illicit drug distribution.

In January 2021, Europol announced an international operation which resulted in the takedown of the dark web marketplace DarkMarket. The marketplace maintained approximately 500,000 users, 2,400 vendors, and over 320,000 completed transactions. Capitalizing on lessons learned from Operations Disarray, SaboTor and DisrupTor, JCODE has initiated Operation Dark HunTor in FY 2021.

DEPARTMENT OF JUSTICE Office of Justice Programs

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Budget Function			
Prevention	\$27.500	\$29.500	\$41.500
State and Local Assistance	163.620	172.500	177.850
Treatment	360.572	385.092	412.504
Total Drug Resources by Function	\$551.692	\$587.092	\$631.854
Drug Resources by Decision Unit			
Byrne Criminal Justice Assistance Grant Program	\$44.720	\$48.400	\$51.350
Byrne Criminal Justice Innovation Program	5.100	6.600	7.500
Comprehensive Opioid, Stimulant, and Substance Abuse Program	180.000	185.000	190.000
COPS Anti-Heroin Task Forces*	35.000	35.000	35.000
COPS Anti-Methamphetamine Task Forces*	13.000	15.000	15.000
Drug Court Program	80.000	83.000	95.000
Harold Rogers' Prescription Drug Monitoring Program	31.000	32.000	33.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	17.000
Justice and Mental Health Collaboration	4.950	5.250	6.000
Mentoring for Youth Affected by the Opioid Crisis	16.000	16.500	16.500
Opioid-Affected Youth Initiative	10.000	10.000	16.000
Project Hope Opportunity Probation with Enforcement	4.500	4.500	5.000
Regional Information Sharing System	13.300	14.000	14.000
Residential Substance Abuse Treatment	31.000	34.000	35.000
Second Chance Act	27.172	35.350	38.136
Veterans Treatment Courts	23.000	25.000	25.000
Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	14.450	17.492	23.368
Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program	\$1.500	\$3.000	\$9.000
Total Drug Resources by Decision Unit	\$551.692	\$587.092	\$631.854
Drug Resources Personnel Summary			
Total FTEs (direct only)	42	42	45
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$2.7	\$2.8	\$3.6
Drug Resources Percentage	20.7%	21.3%	27.5%

*The COPS Anti-Heroin Task Force Program and COPS Anti-Methamphetamine Task Force Program are administered by the Office of Community Oriented Policing Services (COPS).

Program Summary

MISSION

The Office of Justice Programs (OJP) was established by the Justice Act of 1984. Its mission is to provide leadership, resources, and solutions for creating safe, just, and engaged communities.

METHODOLOGY

The OJP scores as drug control the dedicated, specific resources in support of the *National Drug Control Strategy* that focus on combating drug-related crime and breaking the cycle of drug abuse through drug treatment and drug abuse prevention. In collaboration with ONDCP, the OJP reviewed and updated its drug budget methodology for use in the FY 2019 Drug Control Budget; this revised methodology has been applied to all three of the fiscal years included in the FY 2022 submission. The methodology is described in detail below:

Byrne Criminal Justice Assistance Grant Program (JAG): Amounts reported for the Byrne Justice Assistance Grant Program reflect 10 percent of total funding for this program as drug-related. In the FY 2020 Enacted funding level for this program, the \$100 million provided for Presidential Nominating Convention Security grants is excluded from the overall Byrne Justice Assistance Grants funding due to its specialized purpose.

Byrne Criminal Justice Innovation Program: Amounts shown for the Byrne Criminal Justice Innovation Program (Innovations in Community-Based Crime Reduction) reflect 30 percent of total funding for this program as drug-related.

Forensic Support for Opioid and Synthetic Drug Investigations / Mentoring for Youth Affected by the Opioid Crisis / Opioid-Affected Youth Initiative: These three programs were created as new funding carve-outs included under existing OJP programs in the Consolidated Appropriations Act, 2018 (Public Law 115-141). The FY 2022 President's Budget proposes to continue these programs.

- The Forensic Support for Opioid and Synthetic Drug Investigations program is funded as a carve-out of Paul Coverdell Forensic Science Improvement Grants program. In FY 2020, approximately 57 percent of the \$30 million appropriated for the Paul Coverdell program (or \$17 million) is scored as drug related and will be dedicated to the Forensic Support program, which will be focused on state and local assistance activities. In FY 2021, approximately 52 percent of the \$30 million appropriated (or \$17 million) is scored as drug related. In FY 2022, approximately 49 percent of the \$30 million requested (or \$17 million) is scored as drug related.
- The Opioid-Affected Youth Initiative is funded as a carve-out under the Delinquency Prevention Program. In FY 2020 and FY 2021, \$10 million was appropriated for this program, which is scored as 100 percent drug related, to support prevention activities. The FY 2022 President's Budget requests \$16 million for this program.
- The Mentoring for Youth Affected by the Opioid Crisis program is funded as a carve-out of the Youth Mentoring program. In FY 2020, approximately 16.5 percent of the \$97 million appropriated for the Youth Mentoring program (or \$16 million) is scored as drug related and will be dedicated to the Youth Affected by the Opioid Crisis program, which will be focused on prevention activities. In FY 2021, approximately 16 percent of the \$100 million appropriated for

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

the Youth Mentoring Program (or \$16.5 million) is scored as drug related for this carve-out. In FY 2022, approximately 14 percent of the \$120 million requested for the Youth Mentoring Program (or \$16.5 million) is scored as drug related for this carve-out.

Justice and Mental Health Collaboration: Amounts shown for the Justice and Mental Health Collaboration Program reflect 15 percent of total funding for this program as drug-related.

Regional Information Sharing System: Amounts reported for the Regional Information Sharing System reflect 35 percent of total funding for this program as drug-related.

Second Chance Act: Funding for the Second Chance Act (SCA) Program is jointly managed by the Bureau of Justice Assistance (BJA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Funding for the Project HOPE program, which is typically funded as a carve-out of the SCA Program, is excluded from this total since it is shown on a separate line in the drug budget. It is estimated that BJA will manage approximately 86% of total SCA funding and OJJDP will manage the remaining 14 percent in FY 2020 - FY 2022.

- Of the total SCA funding managed by BJA, 35 percent of this total is reported as drug-related in support of treatment activities.
- Of the total managed by OJJDP, 12 percent is reported as drug-related in support of treatment activities.

Tribal Set Aside - Amounts shown for the Coordinated Tribal Assistance Solicitation (CTAS) Purpose Area 3 are based on estimates of how much funding from the Tribal Assistance appropriation will be used to support awards in this purpose area based on awards data from prior years. The amounts shown for CTAS Purpose Area 9: Tribal Youth Program are based on the funding amounts provided for the Tribal Youth Program (a carve-out of the Delinquency Prevention Program). Of the total funding estimated for CTAS Purpose Area 3, 80 percent is reflected as drug-related in support of treatment activities. Of the total funding estimated for CTAS Purpose Area 9, 30 percent is reflected as drug-related in support of prevention activities.

BUDGET SUMMARY

The total FY 2022 drug control request for OJP is \$631.9 million, an increase of \$44.8 million from the FY 2021 enacted level. The FY 2022 budget proposes to increase several programs, including the Drug Courts Program; Comprehensive Opioid, Stimulant, and Substance Abuse Program; programs funded under Purpose Areas 3 and 9 of the Coordinated Tribal Assistance Solicitation; and the Opioid-Affected Youth Initiative.

Regional Information Sharing Systems

FY 2022 Request: \$14.0 million

(No change from the FY 2021 enacted level)

The Regional Information Sharing Systems (RISS) program is a national criminal intelligence system operated by and for State and local LEAs. Six regional intelligence centers operate in all 50 states, the District of Columbia, and U.S. territories, with some member agencies in Canada, Australia, and England. These regional centers facilitate information sharing and communications to support member agency investigative and prosecution efforts by providing state-of-the-art investigative

support and training, analytical services, specialized equipment, secure information-sharing technology, and secure encrypted e-mail and communications capabilities to approximately 9,400 federal, State, county, and municipal LEAs nationwide.

Drug Court Program

FY 2022 Request: \$95.0 million

(\$12.0 million above the FY 2021 enacted level)

The Drug Court program provides grants and technical assistance to State, local, and Tribal governments to support the development, expansion, and enhancement of drug courts. This program also supports evaluations of the effectiveness of drug courts and drug court strategies. Drug courts have proven to be a solid investment of federal dollars with a 25-year track record of success in diverting drug-addicted individuals from incarceration, reducing their risk of recidivism, and improving public safety and health.

Justice and Mental Health Collaboration

FY 2022 Request: \$6.0 million

(\$0.8 million above the FY 2021 Enacted level)

The Justice and Mental Health Collaboration program will provide grants, training, and technical and strategic planning assistance to help state, local, and tribal governments develop multi-faceted strategies to promote a system-wide response to the needs of mentally ill individuals who have been arrested for or convicted of crimes. These strategies typically bring together criminal justice, social services, public health agencies, as well as community organizations.

Residential Substance Abuse Treatment

FY 2022 Request: \$35.0 million

(\$1.0 million above the FY 2021 Enacted level)

The Residential Substance Abuse Treatment (RSAT) program was established to help State governments develop, implement, and improve residential substance abuse treatment programs in state and local correctional facilities. RSAT funding may also be used to establish and maintain community-based aftercare services for probationers and parolees. The program's goal is to improve public safety and reduce criminal recidivism by helping ex-offenders become drug-free and successfully re-integrate into society.

Prescription Drug Monitoring Program

FY 2022 Request: \$33.0 million

(\$1.0 million above the FY 2021 Enacted level)

The purpose of the PDMP is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. In coordination with HHS, the program aims to assist state and local governments in establishing or enhancing PDMP systems. Objectives of the program include building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

Second Chance Act

FY 2022 Request: \$38.1 million

(\$2.8 million above the FY 2021 Enacted level)

The Second Chance Act Program builds on the OJP's past reentry initiatives by providing grants to establish and expand adult and juvenile offender reentry programs that improve public safety by reducing criminal recidivism. This program awards funding to government agencies and nonprofit groups to provide employment assistance, substance use treatment, housing, family programming, mentoring, victims support, and other services. These services help individuals who have completed prison or jail sentences successfully reintegrate into their communities, leading to lower recidivism rates and reductions in the number of violations of probation and parole.

Project Hope Opportunity Probation with Enforcement

FY 2022 Request: \$5.0 million

(\$0.5 million above the FY 2021 enacted level)

This program is modeled on the HOPE program, a court-based program initiated in 2004. It assists State, local, and Tribal governments in developing and implementing community supervision programs based on the HOPE model and other approaches that emphasize the use of "swift, certain, and fair" (SCF) sanctions for violating conditions of probation.

Byrne Criminal Justice Innovation Program

FY 2022 Request: \$7.5 million

(\$0.9 million above the FY 2021 enacted level)

The Byrne Criminal Justice Innovation Program assists local and Tribal communities as they address priority crime problems by creating place-based, community-oriented strategies. It provides grants and technical assistance to help communities plan and implement initiatives that focus on three major goals: 1) integrating crime control efforts with community revitalization strategies; 2) improving the use of data and research to problem solve and guide program strategies; and 3) promoting community engagement in crime prevention and revitalization efforts.

Byrne Justice Assistance Grant Program

FY 2022 Request: \$15.4 million

(\$3.0 million above the FY 2021 enacted level)

Byrne Justice Assistance Grants (JAG) are the primary source of flexible federal criminal justice funding for State, local, and Tribal jurisdictions. This funding supports all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention, courts, corrections, treatment, and justice information sharing initiatives. Projects funded by JAG awards address crime through direct services to individuals and communities and improve the effectiveness and efficiency of State, local, and Tribal criminal justice systems.

Veterans Treatment Courts

FY 2022 Request: \$25.0 million

(Equal to the FY 2021 enacted level)

This program provides grants, training, and technical assistance to State, local, and Tribal governments to support the creation and development of Veterans Treatment Courts. These courts are a hybrid of existing drug and mental health court programs that use the problem-solving courts model to serve veterans struggling with addiction, serious mental illness, and co-occurring disorders. Veterans

Treatment Courts are a rapidly growing response to the challenges associated with assisting veterans involved in the criminal justice system.

Comprehensive Opioid, Stimulant, and Substance Abuse Program

FY 2022 Request: \$190.0 million

(\$5.0 million below the FY 2021 enacted level)

The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), previously known as the Comprehensive Opioid Abuse Program (COAP), provides grants and technical assistance to support State, local, and Tribal governments in effectively responding to the opioid epidemic, stimulants, and other substance abuse challenges. Grant programs are designed to strengthen law enforcement and community responses to the opioid epidemic and addiction crisis, as well as to provide support for diversion and alternatives to incarceration programs for individuals responsible for low-level, non-violent offenses.

Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse

FY 2022 Request: \$23.4 million

(\$5.9 million above the FY 2021 enacted level)

The DOJ's Coordinated Tribal Assistance Solicitation (CTAS) allows federally-recognized Indian Tribes and Native Alaskan communities to seek funding from most DOJ Tribal justice assistance grant programs through a single application. Grantees may choose to request funding in one of nine broad purpose areas. CTAS Purpose Area 3 focuses on helping Tribes respond to the threats posed by drug abuse and strengthen and enhance their courts and justice systems. This purpose area supports all of the activities previously funded by OJP's Tribal Courts and Indian Alcohol and Substance Abuse programs. The funding request shown for this purpose area is estimated based on overall funding levels included in the FY 2022 President's Budget.

Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program

FY 2022 Request: \$9.0 million

(\$6.0 million above the FY 2021 enacted level)

The DOJ's Coordinated Tribal Assistance Solicitation (CTAS) allows federally-recognized Indian Tribes and Native Alaskan communities to seek funding from most DOJ Tribal justice assistance grant programs through a single application. Grantees may choose to request funding in one of nine broad purpose areas. CTAS Purpose Area 9 focuses on supporting and enhancing Tribal efforts to prevent and respond to juvenile delinquency (including responding to youth drug and alcohol use) and improving tribal juvenile justice systems. This purpose area supports all of the activities previously funded under OJP's Tribal Youth Program. The funding request shown for this purpose area is estimated based on overall funding levels included in the FY 2022 President's Budget.

COPS Anti-Heroin Task Forces

FY 2022 Request: \$35.0 million

(Equal to the FY 2021 enacted level)

The COPS Anti-Heroin Task Force Program provides grants to law enforcement agencies in States with high rates of primary treatment admissions for heroin and other opioids. These grants may be used for the purpose of locating or investigating illicit activities through statewide collaboration relating to the distribution of heroin, fentanyl, or carfentanil or to the unlawful distribution of prescription opioids.

COPS Anti-Methamphetamine Task Forces

FY 2022 Request: \$15.0 million

(Equal to the FY 2021 enacted level)

The COPS Anti-Methamphetamine Task Force Program assists State law enforcement agencies in addressing the persistent threats related to methamphetamine production, distribution, and abuse. This program helps State law enforcement agencies, in collaboration with other service providers and stakeholders, to establish or enhance comprehensive methamphetamine reduction efforts; expand the use of community policing strategies to address production, distribution, and abuse of illicit drugs; and improve collaboration in support of drug prevention, investigation, intervention, and treatment efforts.

Forensic Support for Opioid and Synthetic Drug Investigations

FY 2022 Request: \$17.0 million

(Equal to the FY 2021 enacted level)

This Forensic Support for Opioid and Synthetic Drug Investigations program, funded as a carve-out under the Paul Coverdell Forensic Science Improvement Grants program, provides grants and training and technical assistance to assist medical examiners' and coroners' offices analyze evidence associated with investigations related to opioid and synthetic drug abuse and distribution.

Opioid-Affected Youth Initiative

FY 2022 Request: \$16.0 million

(\$6.0 million below the FY 2021 enacted level)

The Opioid-Affected Youth Initiative, funded as a carve-out under the Delinquency Prevention Program, provides funding and training and technical assistance to help communities develop data-driven, coordinated initiatives that identify and address challenges resulting from opioid abuse that are affecting youth and community safety.

Mentoring for Youth Affected by the Opioid Crisis

FY 2022 Request: \$16.5 million

(Equal to the FY 2021 enacted level)

The Mentoring for Youth Affected by the Opioid Crisis program provides grant funding to support evidence-based mentoring programs designed to help youth affected by opioid drug abuse to avoid negative outcomes (such as delinquency, dropping out of school, or substance abuse).

PERFORMANCE

Information regarding the performance of the OJP's drug-control efforts is based on agency GPRMA documents and other data that measure the agency's contribution to the *National Drug Control Strategy*. The table and accompanying text represent OJP drug-related achievements during calendar years (CY) 2019 and/or FY 2020.⁴²

⁴² In accordance with OJP's January 25, 2018 agreement with ONCDP, OJP will not report on measures for the Byrne Criminal Justice Innovation Program (Innovations in Community Based Crime Reduction Program) and Project Hope Opportunity with Enforcement Program since they currently do not have a drug related focus. OJP will report on performance measures for the Forensic Support for Opioid and Synthetic Drug Investigations program beginning in FY 2022.

Regional Information Sharing Systems Program

Regional Information Sharing Systems Program		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Percent Increase in RISS Inquiries for the RISS Program	10%	12%

In FY 2020, the target for the RISS Program was 10 percent, which was achieved

Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Graduation Rate of Program Participants in the Drug Court Program	55%	59%

In FY 2020, the target for Drug Court Programs was 55 percent, which was achieved.

Residential Substance Abuse Treatment Program

Residential Substance Abuse Treatment Program		
Selected Measures of Performance	CY 2019 Target	CY 2019 Achieved
» Number of participants in the Residential Substance Abuse Treatment program	22,000	31,454

In CY 2019, the target for the RSAT program was exceeded. Going forward, the RSAT program will report measures on a fiscal year basis rather than on a calendar year basis.

Prescription Drug Monitoring Program

Prescription Drug Monitoring Program		
Selected Measures of Performance	CY 2019 Target	CY 2019 Actual
» Number of interstate solicited reports produced	8,600,000	175,327,434
» Number of interstate unsolicited reports produced	16,208	3,83,846
Selected Measures of Performance (New for FY 2020)	FY 2020 Target	FY 2020 Actual
» Percent of grantees with a regular prescriber rate of 65%	70%	71%

In CY 2019, the targets for the PDMP were exceeded. These measures will be replaced with “Percent of grantees with a Registered Prescriber Rate Above 65 percent in Their PDMPs” beginning in FY 2020, as this measure better reflects the growing utility of PDMPs. In FY 2020, OJP slightly exceeded the FY 2020 target of 70 percent.

Second Chance Act

Second Chance Act		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Percent of Participant Exits from Improving Reentry for Adults with Substance Use Disorders program that are successful completions	60%	77%

In FY 2020, the target for the SCA program was 60 percent, which was achieved.

Byrne Justice Assistance Grants

Byrne Memorial Justice Assistance Grants		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Overall Graduation/Completion Rate of JAG-Funded Drug Court Programs	59%	51%

The FY 2020 actual for this measure was 51 percent, which is 8 percentage points below the target. Historically, the OJP has found that is difficult to estimate completion rates given the small number of JAG grantees who have chosen to fund drug-related programs. One grantee reported zero completions bringing the overall average down. If that anomaly is excluded, the FY 2020 actual would be 54 percent, which is closer to the target and 9 percentage points higher than the FY 2019 actual of 45 percent.

Comprehensive Opioid, Stimulant, and Substance Abuse (COSSAP) Program

Selected Measures of Performance	FY 2020 Target	FY 2020 Actual
» The Percent of High-Risk Individuals Receiving Services and Referrals through COSSAP who do not Experience a Subsequent Overdose in Six Months	90%	92% ⁴³

In FY 2020, the target for the COSSAP program was 90 percent, which was achieved.

Consolidated Tribal Assistance Solicitation (CTAS) Purpose Areas Three and Nine

Selected Measures of Performance	FY 2020 Target	FY 2020 Actual
» Overall Graduation Rate of Healing-to Wellness Court/Drug Court Participants - CTAS Purpose Area Three (BJA)	43%	34%
» Overall Graduation Rate of Healing-to Wellness Court/Drug Court Participants – CSAT Purpose Area Nine (OJJDP)	40%	TBD

The completion rate target for purpose area three (BJA) was missed in FY 2020 (34 percent actual versus the target of 43 percent). This is likely due to an emphasis on high risk/high needs individuals and the combined effects of COVID-19 on delivering services and more participants in the programs who used opioids and stimulants.

⁴³ The FY 2020 percentage could be undercounted since grantees indicated that it is difficult to track former participants.

The FY 2020 target for Purpose Area Nine (OJJDP) is 40 percent. The FY 2020 actual is listed as TBD as data is not yet available for this measure based on reporting cycles.

Mentoring for Youth Affected by the Opioid Crisis and Opioid- Affected Youth Initiative

Selected Measures of Performance	FY 2020 Target	FY 2020 Actual
» Percent of Program Youth Who Exhibited a Reduction in Substance Use Behavior	73%	TBD

The FY 2020 target for this measure is 23 percent. The FY 2020 actual is listed as TBD as data is not yet available for this measure based on reporting cycles.

Justice and Mental Health Collaboration Program (JMHCP)

Selected Measures of Performance	FY 2020 Target	FY 2020 Actual
» Percent of Participants Who Were Tested That Did Not Test Positive for the Presence of Alcohol or Illicit Substance during the Reporting Period	76%	54%

The FY 2020 target for this measure is 76 percent, which is appropriate given the types of programs funded. The BJA encourages grantees to target resources to a high risk/high needs population that may be more likely to test positive for illegal substances while participating in the program.

DEPARTMENT OF JUSTICE Organized Crime Drug Enforcement Task Forces

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Budget Function			
Investigations	\$381.240	\$381.240	\$ 381.513
Prosecution	169.218	169.218	168.945
Total Drug Resources by Function	\$550.458	\$550.458	\$550.458
Drug Resources by Decision Unit			
Interagency Crime Drug Enforcement	\$550.458	\$550.458	\$550.458
Total Drug Resources by Decision Unit	\$550.458	\$550.458	\$550.458
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,785	2,702	2,573
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$0.6	\$0.6	\$0.6
Drug Resources Percentage	100%	100%	100%

Program Summary

MISSION

The Interagency Crime and Drug Enforcement appropriation funds the OCDETF Program. The mission of OCDETF is to reduce the supply of illegal drugs in the United States and to diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. Additionally, in support of the Attorney General's Organized Crime Council, OCDETF similarly facilitates the disruption and dismantlement of Priority TOC organizations engaged in polycrime activities that most impact the Nation's security.

METHODOLOGY

All OCDETF resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2022, OCDETF requests \$550.5 million for drug control activities, which is the same amount as the FY 2021 Enacted level. The FY 2022 OCDETF request does not include any enhancements.

Investigations

FY 2022 Request: \$381.5 million

(\$0.3 million above the FY 2021 enacted level)

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the U.S. illicit drug supply. OCDETF Regional Coordination Groups also target and identify RPOTs, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

Bureau of Alcohol, Tobacco, Firearms, and Explosives

FY 2022 Request: \$12.7 million

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

Agents from the ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, the ATF jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent DTOs. The FY 2022 request will continue to support ATF investigative activities as a member of the OCDETF Program.

Drug Enforcement Administration

FY 2022 Request: \$195.9 million

(\$0.2 million above the FY 2021 enacted level)

The DEA is the agency most actively involved in the OCDETF Program, with a participation rate in investigations that exceeds 80 percent. Also, the DEA is the only federal agency in OCDETF that has drug enforcement as its sole mission. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with state and local authorities have made the DEA an essential partner. The FY 2022 request will continue to support the personnel and operational costs for the DEA's participation in the OCDETF Program.

Federal Bureau of Investigation

FY 2022 Request: \$137.4 million

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

The FBI brings to OCDETF its expertise in the investigation of traditional organized crime and white collar/financial crimes. The FBI also has developed valuable relationships with foreign and state and local law enforcement. The FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. The FBI contributes to the OCDETF Program and to the goal of targeting major DTOs and their financial infrastructure. The FY 2022 request will continue to support the personnel and operational costs for the FBI's participation in the OCDETF Program.

United States Marshals Service

FY 2022 Request: \$10.5 million

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

The USMS is the agency responsible for the apprehension of OCDETF fugitives. Fugitives are typically repeat offenders who flee apprehension only to continue their criminal enterprise elsewhere. Their arrest by the USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2022 request will continue to support the personnel and operational costs for the USMS' participation in the OCDETF Program.

OCDETF Fusion Center

FY 2022 Request: \$20.5 million

(\$0.5 million above the FY 2021 enacted level)

The FY 2022 request will support operations at the OCDETF Fusion Center, a comprehensive data center containing all drug and related financial intelligence information from the eleven OCDETF-member investigative agencies, the Financial Crimes Enforcement Network, and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and RPOTs. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency SOD to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks. In addition, the OFC creates strategic intelligence products to enhance the threat analysis and support the national strategic efforts against transnational organized crime.

International Organized Crime Intelligence and Operations Center

FY 2022 Request: \$4.4 million

(\$0.2 million above the FY 2020 enacted level)

The mission of the International Organized Crime Intelligence and Operations Center (IOC-2), in partnership with the OCDETF Fusion Center and the DEA's SOD, is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United States. The IOC-2 leverages the existing tools of the OCDETF Fusion Center and the SOD while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation.

Prosecution

FY 2022 Request: \$168.9 million

(\$0.3 million above the FY 2021 enacted level)

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for U.S. Attorneys) and the DOJ CRM.

Criminal Division

FY 2022 Request: \$2.5 million

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

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/ Money Laundering and Asset Recovery Section attorneys support Mexican Cartel prosecutions. The FY 2022 request will continue to support the personnel and operational costs for CRM's participation in the OCDETF Program.

Threat Response Unit

FY 2022 Request: \$1.5 million

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

The request will fund the OCDETF Executive Office attorneys detailed to the CRM’s Office of Enforcement Operations to enhance its support of OCDETF Southwest Border-related wiretap applications and requests for approval to employ sensitive investigative techniques, and to CRM’s Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

United States Attorneys’ Offices

FY 2022 Request: \$164.9 million

(\$0.44 million above the FY 2021 enacted level)

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled. The FY 2022 request will continue to support the personnel and operational costs for the U.S. Attorneys’ participation in the OCDETF Program.

PERFORMANCE

Information regarding the performance of the drug control efforts of OCDETF is based on agency GPRMA documents and other data that measure the agency’s contribution to the *National Drug Control Strategy*. The table below and accompanying text include selected performance measures, targets, and achievements for the latest year for which data are available. OCDETF monitors performance in two program areas,0 investigations and prosecutions. For investigations, OCDETF tracks the percent of active investigations linked to the Attorney General’s CPOT list and the number of CPOT-linked organizations dismantled or disrupted. For prosecutions, OCDETF tracks leadership convictions and financial convictions.

Organized Crime Drug Enforcement Task Force Program		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Percent of OCDETF investigations linked to CPOTs	20%	20%
» Percent of OCDETF investigations with indictments/information resulting in financial convictions	28%	28%
» Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	88%	87%
» Number of CPOT-linked drug trafficking organizations disrupted	148	111
» Number of CPOT-linked drug trafficking organizations dismantled	65	54
» Percent of OCDETF investigations linked to RPOTs	17%	17%

Law enforcement activity targeting CPOTs involved complex and coordinated intelligence-driven investigations, with exceptional cooperation between U.S. LEAs and international partners. During FY 2020, 20 percent of active OCDETF investigations were linked to CPOT targets.

Furthermore, despite court closures and travel restrictions resulting from the Fiscal Year 2020 COVID-19 pandemic, OCDETF achieved impressive results in dismantling and disrupting DTOs. Eighty-seven percent of OCDETF investigations have resulted in the disruption or dismantlement of the targeted organizations, nearly meeting the target of 88 percent. Despite the complexity and difficulty of achieving financial convictions, 28 percent of OCDETF investigations with indictments/information resulted in financial convictions, which is on par with the 28 percent target. Fifty-four percent of OCDETF investigations with indictments/information resulted in assets forfeited. In certain instances, it should be noted that offices may be unable to report asset forfeitures until after a case has reached judgment or after a case is closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, adjustments could increase the final percentage of investigations resulting in assets forfeited for the fiscal year.

DEPARTMENT OF JUSTICE United States Attorneys

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prosecution	\$89.164	\$98.905	\$98.905
Total Drug Resources by Function	\$89.164	\$98.905	\$98.905
Drug Resources by Decision Unit			
Salaries and Expenses	\$89.164	\$98.905	\$98.905
Total Drug Resources by Decision Unit	\$89.164	\$98.905	\$98.905
Drug Resources Personnel Summary			
Total FTEs (direct only)	510	546	546
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.3	\$2.3	\$2.5
Drug Resources Percentage	4.0%	4.2%	3.9%

Program Summary

MISSION

The Nation’s 94 USAOs play a critical role in reducing the supply of illicit controlled substances, one of the key priorities identified in the Biden-Harris Administration’s Statement of Drug Policing Policies for Year One. The USAOs work with federal, State, and local law enforcement agencies to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. These investigations and prosecutions target drug trafficking operations such as drug smuggling across the southwest border, domestic distribution networks moving drugs from the border to the streets, the use of the internet for drug sales, and money laundering. A core mission of each of the USAOs is to prosecute high level producers, suppliers, and traffickers for violations of federal drug laws to disrupt both international and domestic DTOs and to deter continued illicit drug distribution and use in the United States.

As noted in the Biden-Harris Administration’s Statement, drug overdose deaths in the United States have been increasing at an alarming rate, driven primarily by fentanyl and fentanyl analogues. In recent years, the USAOs have intensified their efforts to prosecute cases involving opioids, and particularly in synthetic opioids. Pursuant to the Department of Justice’s policies under the past two administrations, each USAO has developed a district-specific opioid strategy that holistically focuses on prevention, enforcement, and treatment, and each USAO has appointed an Assistant United States Attorney to serve as the district’s Opioid Coordinator responsible for coordinating the USAO’s strategy. Moreover,

the USAOs have bolstered their investigations of overdose cases, identifying and pursuing those supplying the drugs responsible for causing deaths. The USAOs investigate not only dealers of illicit drugs, but medical professionals, too, who contribute to the opioid crisis through the unlawful diversion of prescription opioids. Both the prosecutorial and the preventive aspects of the USAOs' drug control mission are fully consistent with the Administration's Statement as both are intended to reduce illicit drug distribution and drug use.

METHODOLOGY

The USAOs do not have a specific appropriation for drug control activities. The USAOs' drug budget estimates are derived by calculating the costs of attorney and non-attorney FTE dedicated to non-OCEDEF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system.

BUDGET SUMMARY

In FY 2022, the United States Attorneys requests \$98.9 million for drug control activities; identical to the FY 2021 enacted funding level. There are no program increases in FY 2022.

Salaries and Expenses

FY 2022 Request: \$98.9 million

(Equal to the FY 2021 enacted level)

The USAOs work with federal, State, and local law enforcement to disrupt domestic and international narcotics production and drug trafficking. The funding requested will be used to support the personnel and expenses necessary to prosecute federally-controlled substance laws and associated, money laundering.

In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths. The USAOs have focused, too, on cases involving overdose deaths caused by both illicit and pharmaceutical opioids. While criminal enforcement is the mainstay of the USAOs' anti-drug efforts, it is only one of the three prongs of the Department of Justice's opioid strategy, pursuant to which each USAO has developed a district-specific strategy that includes enforcement, prevention, and treatment efforts, coordinated in each district by an Assistant United States Attorney serving as an Opioid Coordinator.

PERFORMANCE

The table below and accompanying text represent highlights of their achievements during FY 2020.

United States Attorneys		
Selected Measures of Performance	FY 2019 Target	FY 2019 Achieved
» Conviction rate for drug-related defendants	NA	93%
» Percentage of defendants sentenced to prison	NA	89%

Note: The USAOs do not set conviction rate targets. The USAOs reports actuals achieved through its case management system, United States Attorney's CaseView System.

The USAOs investigate and prosecute the vast majority of criminal drug cases brought by the federal government. USAOs receive most of their criminal case referrals from federal investigative agencies,

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

including the DEA, the FBI, the ATF, HSI in the DHS, the United States Secret Service, USPIS, and various DoD law enforcement components. Consistent with the Biden-Harris Administration's Statement of Drug Policing Policies for Year One, the USAOs work with these agencies in a number of investigative contexts, including in concert with multi-jurisdictional task forces to disrupt the most significant DTOs.

By their investigative and prosecutorial efforts, the USAOs play a vital role in executing the Department's Strategy and in pursuing the priority outlined in the Biden-Harris Administration's Statement of Drug Policing Policies for Year One of reducing the supply of illicit drugs. In FY 2020, 92% of drug-related defendants were convicted and 88% were sentenced to prison.

DEPARTMENT OF JUSTICE United States Marshals Service

Resource Summary

	Budget Authority (in millions)		
	FY 2020	FY 2021	FY 2022
	Final	Enacted	Request
Drug Resources by Budget Function			
Corrections	\$744.276	\$732.586	\$741.541
International	1.414	1.461	1.603
Investigations	139.958	144.628	158.699
Prosecution	156.652	165.739	180.628
Total Drug Resources by Function	\$1,042,200	\$1,044.414	\$1,082.471
Drug Resources by Decision Unit			
Salaries and Expenses	\$298.024	\$311.828	\$340.930
<i>Fugitive Apprehension (non-add)</i>	<i>141.372</i>	<i>146.089</i>	<i>160.302</i>
<i>Judicial and Courthouse Security (non-add)</i>	<i>102.690</i>	<i>109.453</i>	<i>121.777</i>
<i>Prisoner Security and Transportation (non-add)</i>	<i>53.692</i>	<i>56.286</i>	<i>58.851</i>
Federal Prisoner Detention	744.176	732.586	741.541
Total Drug Resources by Decision Unit	\$1,042,200	\$1,044.414	\$1,082.471
Drug Resources Personnel Summary			
Total FTEs (direct only)	992	1,000	1,025
Drug Resources as a percent of Budget			
Total Agency Budget (in billions)	\$3.3	\$3.7	\$3.8
Drug Resources Percentage	31.5%	28.5%	28.4%

Program Summary

MISSION

The United States Marshals Service (USMS) is the enforcement arm of the federal courts and works in concert with other federal agencies, including the DEA, FBI, BOP, ICE, ATF, IRS, and USCG. The USMS also works in cooperation with the CRD, the Tax Division, and the 94 US Attorney's Offices (USAO), the Superior Court for the District of Columbia, and State and local law enforcement.

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

METHODOLOGY

The USMS does not receive a specific appropriation for drug-related work in support of the *National Drug Control Strategy*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and Average Daily Population (ADP) for drug offenses to determine the drug prisoner population cost for detention services decision unit.

Three decision units – Fugitive Apprehension, Judicial and Courthouse Security, and Prisoner Security and Transportation – are calculated using drug-related workload ratios applied to the Salaries and Expenses (S&E) Appropriation. For the Fugitive Apprehension decision unit, the USMS uses drug-related workload ratios based on the number of all warrants cleared, including felony offense classifications for federal, state, and local warrants such as narcotics possession, manufacturing, and distribution. To calculate the drug-related workload percentage for this decision unit, the USMS divides the number of drug-related warrants cleared by the total number of warrants cleared. For the Judicial and Courthouse Security and Prisoner Security and Transportation decision units, the USMS uses drug-related workload ratios based only on in-custody, drug-related, primary federal offenses, such as various narcotics possession, manufacturing, and distribution charges. “Primary offense” refers to the crime with which the accused is charged that usually carries the most severe sentence. To calculate the drug-related workload percentage for these two decision units, the USMS divides the number of drug-related offenses in custody by the total number of offenses in custody.

The previously discussed drug workload ratios by decision unit are then applied to the total S&E to develop the drug-related obligations. Detention services obligations are funded through the federal Prisoner Detention (FPD) Appropriation. The USMS is responsible for federal detention services relating to the housing and care of federal detainees remanded to USMS custody, including detainees booked for drug offenses. The FPD Appropriation funds the housing, transportation, medical care, and medical guard services for the detainees. FPD resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to the BOP. The FPD Appropriation does not include specific resources dedicated to the housing and care of the drug prisoner population. Therefore, the methodology used to determine the cost associated with the drug prisoner population for the Detention Services decision unit multiplies the average daily population for drug offenses by the per diem rate (housing cost per day), which is then multiplied by the number of days in the year.

BUDGET SUMMARY

In FY 2022, the USMS requests \$1,082.5 million for drug control activities, an increase of \$38.1 million above the FY 2021 level. The USMS does not receive a specific appropriation for drug-related work including housing and care of the drug prisoner population. Therefore, to calculate drug resources, the USMS uses drug-related workload to develop drug control ratios for some of S&E’s decision units, and ADP for drug offenses to determine the drug prisoner population cost for the Detention Services decision unit.

Salaries and Expenses

FY 2022 Request: \$340.9 million

(\$29.1 million above the FY 2021 enacted level)

The FY 2022 request for S&E is \$340.9 million, an increase of \$29.1 million above the FY 2021 level. The USMS request supports the Administration's goals of reducing violent crime, enhancing judicial security, addressing domestic terrorism, and restoring police-community relationships.

Fugitive Apprehension

FY 2022 Request: \$160.3 million

(\$14.2 million above the FY 2021 enacted level)

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. The USMS is authorized to locate and apprehend federal, state, and local fugitives both within and outside of the United States under 28 U.S.C. 566(e)(1)(B). The USMS has a long history of providing assistance and expertise to other LEAs in support of fugitive investigations. The broad scope and responsibilities of the USMS concerning the location and apprehension of federal, State, local, and foreign fugitives is detailed in a series of federal laws, rules, regulations, DOJ policies, Office of Legal Counsel opinions, and memoranda of understanding with other federal LEAs.

Judicial and Courthouse Security

FY 2022 Request: \$121.8 million

(\$12.3 million above the FY 2021 enacted level)

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a federal courthouse facility), to include security maintenance for prisoners in custody during court proceedings. Deputy U.S. Marshals are assigned to 94 federal judicial districts (93 federal districts and the Superior Court for the District of Columbia) to protect the federal judicial system, which handles a variety of cases, including drug trafficking. The USMS determines the level of security required for high-threat situations by assessing the threat level, developing security plans based on risk and threat levels, and assigning the commensurate security resources required to maintain a safe environment.

Prisoner Security and Transportation

FY 2022 Request: \$58.9 million

(\$2.6 million above the FY 2021 enacted level)

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house federal detainees. As each prisoner is placed into USMS custody, a Deputy U.S. Marshal is required to process that prisoner. Processing consists of interviewing the prisoner to gather personal, arrest, prosecution, and medical information; fingerprinting and photographing the prisoner; preparing an inventory of any received prisoner property; and entering/placing the data and records into automated tracking systems. The cellblock is the secured area for holding prisoners in the courthouse before and after appearance in a court proceeding. Deputy U.S. Marshals follow strict safety protocols in the cellblocks to ensure the safety of the USMS employees and members of the judicial process.

Federal Prisoner Detention

FY 2022 Request: \$741.5 million

(\$9.0 million above the FY 2021 enacted level)

The FPD appropriation is responsible for the costs associated with the care of federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System (JPATS), and other related transportation for federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to BOP. The USMS aims to better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components. The USMS request responds to current detention population trends.

PERFORMANCE

Information regarding the performance of the drug control efforts of the USMS is based on agency GPRMA documents and other data that measure the agency’s contribution to the *National Drug Control Strategy*. The table and accompanying text represent the USMS’ drug-related achievements during FY 2020.

United States Marshals Service		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Percent of warrants cleared for drug-related charges	N/A	28.0%
» Percent of drug-related offenses of federal detainees in custody	N/A	16.3%
» Per Day Jail Costs (non-federal)*	\$86.29	\$90.91

* The Per Day Jail Cost reflects average daily costs for the total detainee population, including detainees convicted of drug offenses.

The Fugitive Apprehension decision unit has responsibility for investigating and apprehending fugitives and provides assistance to other federal, state, and local LEAs. “Percent of fugitives cleared for drug-related charges” identifies the percentage of felony federal, State, and local illegal narcotics-related fugitives apprehended/cleared. In FY 2020, about 25.0 percent of approximately 100,100 fugitives apprehended/cleared were on drug-related charges. Because the USMS does not control the nature of warrants it pursues and does not target fugitives based on the type of felony alleged (financial, drug, armed robbery), the USMS does not establish targets for these measures.

The Prisoner Security and Transportation decision unit is responsible for the detention and movement of prisoners during the judicial process and while in USMS custody. It has one workload measure: “Percent of drug-related offenses of federal detainees in custody.” The USMS does not establish targets for this measure because the USMS does not control the nature of prisoner offenses in its custody in any given year. In FY 2020, about 21.3 percent of approximately 98,500 offenses in custody of federal detainees were drug-related.

The Detention Services decision unit is responsible for the care of federal prisoners in USMS custody, including providing housing, subsistence, medical care, and medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related transportation for federal prisoners in USMS custody. The USMS does not have performance measures for costs associated

exclusively with housing the drug prisoner population. The USMS has no control over the detention population count. The “Per Day Jail Cost” represents the average price paid by the USMS to house federal prisoners at non-federal detention facilities. The average price paid is weighted by actual jail day usage at individual detention facilities. To regulate the average daily rate, the USMS actively negotiates or limits the extent of upward price adjustments; limits the frequency of adjustments; and maintains economies of scale through partnered contracting to achieve the best cost to the government.

The detainee population is dependent upon the number of persons arrested by the federal LEAs, coupled with the length of time defendants are detained pending adjudication, release, or subsequent transfer to the BOP following conviction and sentencing. Currently, the challenges facing law enforcement officials at the Southwest Border (SWB) directly affect the detention population overseen by the USMS. At peak enforcement levels, immigration offenders comprised almost 50 percent of all persons received by the USMS. During FY 2020, almost half of all prisoners the USMS received were in the five SWB judicial districts (Arizona, Southern California, New Mexico, Southern Texas, and Western Texas).

DEPARTMENT OF LABOR



DEPARTMENT OF LABOR Employment and Training Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$26.000	\$26.000	\$26.000
Total Drug Resources by Function	\$6.000	\$26.000	\$26.000
Drug Resources by Decision Unit			
Job Corps	\$6.000	\$6.000	\$6.000
<i>Trainee Employee Assistance Program</i>	5.300	5.300	5.300
<i>Drug Testing Support</i>	0.700	0.700	0.700
Training and Employment Services	20.000	20.000	20.000
<i>National Health Emergency Grants</i>	*	*	*
<i>SUPPORT Act</i>	\$20.000	\$20.000	\$20.000
Total Drug Resources by Decision Unit	\$26.000	\$26.000	\$26.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$2.0	\$2.0	\$2.1
Drug Resources percentage	1.3%	1.3%	1.2%

*No specific request/appropriation has been made within the reporting period. Please see below for more information on the National Health Emergency Grants.

Program Summary

MISSION

The Job Corps program is administered by the DOL's Employment and Training Administration (ETA). Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic and career technical training program for economically disadvantaged youth, ages 16-24. There are currently Job Corps centers in all 50 states, Puerto Rico, and the District of Columbia providing services to at-risk youth to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program (TEAP), which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

National Dislocated Worker Grants (DWGs), formerly known as National Emergency Grants, are discretionary grants awarded by the Secretary of Labor, under Section 170 of the Workforce Innovation and Opportunity Act (WIOA). This funding is intended to temporarily expand capacity to serve dislocated workers, including military service members, and meet the increased demand for WIOA

employment and training services, with a purpose to reemploy laid off workers and enhance their employability and earnings. Disaster DWGs provide funding to create temporary employment opportunities to assist with recovery efforts, when an area is declared eligible for public assistance by a federal agency with authority or jurisdiction over federal response to the emergency or disaster. The HHS's declaration of opioid abuse as a national health emergency permits the DOL to award Disaster Recovery Dislocated Worker grants. This appropriation may be used for these grants until HHS's health emergency declaration expires. In addition, the SUPPORT for Patients and Communities Act (P.L. 115-271) requires that the Department create a pilot grant program and award \$20,000,000 in competitive grants to address the economic and workforce impacts associated with high rates of SUD. The provisions of the law that create the pilot grant program build upon the model established by the National Health Emergency grants.

METHODOLOGY

Job Corps' (JC) expenditures for the TEAP program are for counselors to prepare Job Corps program participants for employment, including: education on the dangers of alcohol, drug and tobacco use; abuse and prevention awareness activities; development of programs to prevent alcohol, drug and tobacco use and abuse among the student population; development and coordination of community resources to educate students on substance use and abuse; and identification of and provision of counseling services to students with substance abuse problems and arrangement of appropriate treatment. In addition, the budget includes 100 percent of the cost of drug testing each student. Each student is tested upon entry and for those that test positive on the initial test; they are re-tested within 45 days.⁴⁴ If they test negative on the 2nd test, they may continue in the program. If they test positive on the 2nd test, they are removed from the program.

The Department will be awarding \$20.0 million in competitive grants related to the SUPPORT Act. In addition, the Department will continue to award opioid crisis DWGs to applicants who meet the outlined grant requirements until HHS's health emergency declaration expires. Available funds for the emergency grants may be depleted by other DWG funding needs, such as natural disasters that cause large loss of employment.

The National Reserve operates on a program year, and funds appropriated to this account in FY 2020 are available for federal obligation from July 1, 2020 through September 30, 2021. The amount of money that will be utilized for the opioid crisis DWGs will depend on the number of states that provide qualified applications and the availability of funds. Because Program Year 2020 has not concluded, the Department cannot provide an accurate estimate of how much money will be awarded with the FY 2020 appropriation. In total, Congress appropriated \$270.9 million that can be used for the National Dislocated Worker Grants, although there are some set-asides within that appropriation.

BUDGET SUMMARY

With the FY 2022 Request, the Employment and Training Administration estimates using \$26.0 million for drug control activities; no change from the FY 2021 Enacted level.

⁴⁴ P.L. 116-260 waived the drug testing requirements for students participating in Job Corps virtually. The drug testing requirements will resume for enrollees participating on-site at a Job Corps center or returning to on-site participation at a Job Corps center after participating in distance learning.

Trainee Employment Assistance Program and Drug Testing Support

Total FY 2022 Request: \$6.0 million

(no change from the FY 2021 enacted level)

Costs associated with Job Corps' TEAP include salaries of the counselors and the cost of administering drug testing. The approximate cost for this portion of the program is \$5.3 million per year for the TEAP counselors and \$0.7M for the drug testing. As Job Corps resumes on-site participation in the Job Corps program, drug-testing and counselor contract costs are expected to remain relatively constant.

SUPPORT Act Grants

Total FY 2022 Request: \$20.0 million

(no change from the FY 2021 enacted level)

The Department's FY 2022 request for the Dislocated Worker National Reserve is \$380.859 million. This funding level assumes continuation of the \$20.0 million for the SUPPORT Act grants. Grants awarded during FY 2020 were obligated from funds appropriated through the American Recovery and Reinvestment Act (P.L. 111-5). There remains a small amount available that will be used for grant awards made during FY 2021, but the majority of the FY 2021 awards and future awards will be funded from the Dislocated Worker National Reserve account described below.

Disaster Recovery Dislocated Worker Grants (DWGs)

Total FY 2022 Request: \$0.0 million

(Funding levels have not yet been determined for FY 2020 or FY 2021)

The Department's FY 2022 budget does not include a specific amount to be used for the opioid crisis DWGs. The availability of resources for these grants is subject to continuation of the HHS's health emergency declaration and will be affected by other DWG needs, such as grants provided to states in response to natural disasters.

In Program Year 2018, the Department provided guidance for how states can apply for Disaster Recovery Dislocated Worker Grants (DWGs) to respond to the opioid crisis. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees may also use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in mental health treatment, addiction treatment, and pain management. Successful opioid Disaster Recovery DWG projects will accomplish the following: facilitate community partnerships that are central to dealing with this complex health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure timely delivery of appropriate, necessary career, training, and support activities; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

Since the guidance was issued, the Department considered and awarded opioid crisis Disaster Recovery DWGs to applicants who met the Department's criteria and will continue to do so in future program years until HHS's health emergency declaration expires. The funds that can be used for this purpose are appropriated to the Dislocated Worker National Reserve budget activity within ETA's Training and Employment Services. In total, during Program Year 2018, ETA awarded grants totaling "up to" \$69.4 million to thirteen different states and the Cherokee Nation with \$25.3 million released initially. During Program Year 2019, ETA awarded grants totaling "up to" \$20.9 million with \$8.1 million released initially. In total during Program Year 2019, the Department obligated \$12.7 million for opioid-related grants. This includes \$8.1 million in initial grants and \$4.6 million for second increment grants provided

to Program Year 2018 grantees. In FY 2021 and beyond, grants authorized by the SUPPORT Act will come from funds appropriated in the Dislocated Worker National Reserve. The National Health Emergency grants are intended to enable eligible applicants to serve or retrain workers in communities impacted by the health and economic effects of widespread opioid use, addiction, and overdose. Recipients could use national health emergency grant funds toward worker upskilling and reskilling needed to increase availability of addiction treatment services, pain management and therapy services, and mental health treatment. These grants required comprehensive partnerships across the spectrum of health, justice, and community organizations, among others, to align and coordinate the form and delivery of employment and related services that best meet the needs of impacted individuals and offer the best opportunities for reemployment.

PERFORMANCE

Job Corps

The Job Corps program performance is outcome oriented, primarily focused on ETA’s GPMRA and other agency goals. These goals measure students’ credential attainment and post-program placement in jobs, advanced training, or the military. They do not include specific measures related to drug education program success. The table below includes Job Corps performance measures, targets and achievements related to drug prevention, education, and employability for the most recent program year for which data are available.

Job Corps		
Selected Measures of Performance	PY 2020 Target	PY 2020 Achieved
» Percent of students tested for drugs upon entry	100%	100% ¹

¹ In March 2020, Job Corps began an extended spring break with the majority of students sent back to their homes. The program began to operate virtually in May 2020. In the first quarter of FY 2021, select centers began resuming on-center operations. In April 2021, Job Corps announced the launch of virtual enrollment and the beginning of online career preparation period. Students enrolled virtually will not be drug tested until they begin their on-campus learning.

Job Corps operates on a Program Year (PY) schedule that runs from July 1 through June 30. Thus, funds appropriated in Fiscal Year (FY) 2020 were available from July 1, 2020 – June 30, 2021. In PY 2020, Job Corps has continued providing training to both students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol abuse on employability. Job Corps continues to include this training as part of career readiness training for all students.

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

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

In addition, OJC participates in national drug prevention and treatment campaigns such as Red Ribbon Week, National Drug Facts Week, and Alcohol Awareness Month, and utilizes anti-drug guest speakers at Job Corps centers nationwide. Job Corps also developed and implemented a system-wide program with accompanying curriculum to promote healthy lifestyle practices for students that included components on the avoidance of drug and alcohol abuse.

Disaster Recovery DWGs and SUPPORT Act Grants

Successful opioid crisis Disaster Recovery DWG projects will facilitate community partnerships that are central to dealing with this complex public health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure the timely delivery of appropriate, necessary career, training, and support activities to dislocated workers, individuals laid off due to the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or significantly underemployed as a result of the opioid public health emergency; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

National Reserve		
Selected Measures of Performance	PY 2020 Target	PY 2020 Achieved
» Number of people served	TBD	TBD
» Employment rate, second quarter after exit	66.8%	TBD
» Employment rate, fourth quarter after exit	67.5%	TBD

The National Reserve runs on a program year, with FY 2020 money available for federal obligation from July 1, 2020 through September 30, 2021. Outcome measurements are calculated after participants exit from the program, and by definition, are unable to be reported until the conclusion of the services.

The SUPPORT Act grants awarded during FY 2021 will be from funds appropriated in FY 2020.

DEPARTMENT OF LABOR Office of Workers' Compensation Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Treatment	\$7.769	\$7.769	\$7.769
Total Drug Resources by Function	\$7.769	\$7.769	\$7.769
Drug Resources by Decision Unit			
Prescription Management Unit	\$2.615	\$2.615	\$2.615
Pharmacy Benefit Management Services	0.974	0.974	0.974
Federal Employees Compensation Act and Opioid Control Unit	4.180	4.180	4.180
Total Drug Resources by Decision Unit	\$7.769	\$7.769	\$7.769
Drug Resources Personnel Summary			
Total FTEs (direct only)	68	68	64
Drug Resources as a Percent of Budget			
Total Special Benefits Budget (in billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	10.4%	9.7%	9.6%

* FY 2021 reflects a Shared Services realignment of four FTE.

Program Summary

MISSION

The Special Benefits program is administered by the DOL's Office of Workers' Compensation Programs (OWCP). The Special Benefits fund comprises two accounts representing obligations for benefits under the Federal Employees' Compensation Act (FECA), as amended, with extensions, and the Longshore and Harbor Workers' Compensation Act (LHWCA), as amended, with extensions. The requested funding provides resources necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits made to eligible claimants or their survivors as mandated by each of the Acts. Under extensions of FECA, the program pays benefits to certain groups, such as War Hazards Compensation Act claimants, non-federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers.

Spending authority is also provided for FECA program administration out of annual "Fair Share" collections. Fair Share assessments are mandated under Section 8147(c) of the FECA for 23 nonappropriated agencies, including the USPS, with each paying a pro rata share of OWCP's cost to administer FECA claims filed by their employees.

Section 10(h) of the amended LHWCA authorized annual adjustments in compensation to beneficiaries in cases of permanent total disability or death occurring on or prior to October 27, 1972, with the federal Government paying half the costs of the annual increase for compensation of those cases. A direct appropriation provides the necessary resources to meet the required annual increase in benefits for the federal share of the costs for compensation and related benefits for the pre-1972 cases. Private insurance companies and/or employers pay the remaining 50 percent of the compensation.

METHODOLOGY

Pharmacy Benefits Management (PBM) services will implement drug controls that will improve the safety, quality, and cost-effectiveness of prescription care provided to claimants across the four agency programs. This, in turn, may improve return-to-work outcomes for the two OWCP programs that have return-to-work responsibilities: the federal Employees' Compensation Program and the Longshore and Harbor Workers' Compensation programs. Additionally, the drug controls offered by a PBM will reduce the costs of treatment to all federal agencies covered by the FECA, and for other OWCP programs as well.

In the FECA program, OWCP is already improving the safety and quality of care through prior authorization requirements and reimbursement controls for prescription drugs. These controls have reduced monthly-compounded drug reimbursements from an average of \$23.1 million per month during the first half of 2016 to under \$250,000 per month since the second half of 2018. However, as new drugs enter the market and as questionable prescribing and billing practices evolve to circumvent controls, the program will need new controls to address the changing environment. The program will perform ongoing program integrity efforts through data analytics, payment audits, and improper payment reporting which supports the objective of improving access and use of data by providing high quality and timely information to inform evidence-based decision-making and the Secretary's initiative to reduce improper payments.

In late FY 2021, the FECA Program will complete implementation of its PBM services to improve the safety, quality, and cost-effectiveness of prescription care provided to claimants under the FECA. The FECA Program will implement this cost-sharing service for use by all federal Departments/Agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with its Program Integrity, Prescription Management and Fraud Prevention activities, enables the FECA Program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate.

BUDGET SUMMARY

In FY 2022, the Special Benefits program requests \$7.8 million for drug control activities; no change from the FY 2021 Request level.

Prescription Management Unit

Total FY 2022 Request: \$2.6 million

(no change from the FY 2021 enacted level)

The requested resources for the FECA Prescription Management Unit (PMU) will improve monitoring of opioid drug use among injured workers receiving benefits under the FECA. The funding will support the actions required to monitor and approve opioid medication use including administrative functions, medical management, and claims adjudication, so that injured workers only receive opioids that are medically necessary, and have the chance to appropriately ease off high dosages that carry risk of overdose or creating dependence.

Pharmacy Benefits Management

Total FY 2022 Request: \$1.0 million

(no change from the FY 2021 enacted level)

The PBM services will improve the safety, quality, and cost-effectiveness of prescription care provided to claimants. The FECA program will implement this cost-sharing service for use by all federal Departments/Agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with the PMU, will enable the program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate. Decreasing opioid use will assist in return-to-work efforts for beneficiaries whose use of certain medication limits activity, leading to greater savings on wage-loss

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

compensation payments. It will also assist the program in certifying the necessity of payments made for medical treatment under the FECA.

Federal Employees Compensation Act Opioid Control and Prevention Unit

Total FY 2022 Request: \$4.2 million

(no change from the FY 2021 enacted level)

The FECA program continued its efforts to reduce the potential for opioid misuse and addiction among injured federal workers in FY 2019. The program used data to implement new policies and institute targeted controls and tailored treatment that resulted in a series of successes:

- 49 percent decline in overall opioid use (measured as FECA claimants that have had an opioid prescription within the prior 180 days)
- 30 percent drop in new opioid prescriptions
- 62 percent decline in new opioid prescriptions lasting more than 30 days
- 81 percent drop in claimants with an Morphine Equivalent Dose (MED) of 500 or more
- 56 percent drop in users with an MED of 90 or more

In FY 2020, the PMU processed approximately 2,526 letters of medical necessity for new opioid users. In FY 2022, the FECA program will continue to work with medical providers and injured workers to provide opioid treatment where needed, reduce the opioid risk level, and assist in securing the benefits needed for pain management. OWCP established a FY 2018-2019 Agency Priority Goal (APG) to reduce both the percentage of initial opioid prescriptions and duration of new opioid prescriptions for federal employees with work-related injuries by 30% from the FY 2016 baseline by September 30, 2019. OWCP exceeded the FY 2019 goal with a reduction of 59% in FY 2018 making OWCP’s achievement the most successful APG in DOL history.

PERFORMANCE

The Special Benefits program performance will monitor and manage pharmaceutical costs using a prior authorization requirement for new recipients of opioid prescriptions.

Special Benefits			
Selected Measures of Performance	FY 2021 Target	FY 2021 Achieved through 2nd Q	FY 2022 Target
» Number of Letters of Medical Necessity processed for opioid medications	2,800	938	3,000

DEPARTMENT OF LABOR Office of Inspector General

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$0.5	\$1.8	\$1.8
Total Drug Resources by Function	\$0.5	\$1.8	\$1.8
Drug Resources by Decision Unit			
Fighting Fraud Involving Opioids and Compounded Medications in the Federal Employees' Compensation Act (FECA) Program	\$0.5	\$1.8	\$1.8
Total Drug Resources by Decision Unit	\$0.5	\$1.8	\$1.8
Drug Resources Personnel Summary			
Total FTEs (direct only)	4	9	9
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	0.5%	1.9%	1.9%

MISSION

The Office of Inspector General (OIG) has dedicated significant investigative resources over the years to improve the Federal Employees' Compensation Act (FECA) program because of its significant cost to taxpayers and impact on injured federal workers and their dependents. In particular, the FECA program, along with other federal government workers' compensation programs, has experienced a dramatic increase in the costs and abuse of compounded drug medications. Because of the high-dollar reimbursement for these drugs, compounded drug medication claims are highly susceptible to abuse and fraud. In addition, the OIG has initiated more criminal investigations relating to fraudulent activity involving opioids in the FECA program.

METHODOLOGY

For FY 2022, the OIG will continue work with the Office of Workers' Compensation Programs (OWCP) to identify and investigate the most egregious health care providers who attempt to defraud the OWCP program and in particular those relating to the fraudulent activity involving opioids in the FECA program.

The OIG will also continue working with OWCP and other OIGs facing similar problems with compounded drug medications and opioids in an effort to identify best practices and programmatic changes that reduce susceptibility to fraud. In addition, the OIG's focus on using data analytics will increase the ability of the OIG to identify new and changing trends in criminal activity more quickly and end fraud sooner, thus saving taxpayer funds.

BUDGET SUMMARY

In FY 2022, the Office of Inspector General requests \$1.8 million for drug control activities; no change from the FY 2021 Enacted level.

Fighting Fraud Involving Opioids and Compounded Medications in the Federal Employees' Compensation Act (FECA) Program

Total FY 2022 Request: \$1.8 million

(no change from the FY 2021 enacted level)

In FY 2022, the OIG will continue working with OWCP and other OIGs that face similar problems with opioids in an effort to identify best practices and programmatic changes that reduce susceptibility to fraud. The OIG will also continue its review of OWCP's management of pharmaceutical costs and compounded drug medications in all of its compensation programs, including reviewing OWCP's management of the use of opioids, which has become an area of concern for the OIG. The FY 2022 funding that OIG requests will allow the Agency to continue important criminal law enforcement and audit oversight activities.

PERFORMANCE

Performance information for the Department of Labor Office of Inspector General is provided below.

Office of Inspector General			
Selected Measures of Performance	FY 2020 Achieved	FY 2021 Target	FY 2022 Target*
» Number of Closed FECA Investigative Matters	55	70	50

*Target is being reduced because of the significant influx of Unemployment Insurance Investigations.

OFFICE OF NATIONAL DRUG CONTROL POLICY



OFFICE OF NATIONAL DRUG CONTROL POLICY

High Intensity Drug Trafficking Areas

Resource Summary

	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Intelligence	\$70.288	\$72.746	\$71.940
Interdiction	21.627	22.383	22.135
Investigations	177.412	178.615	176.569
Prevention	3.194	3.738	3.738
Prosecution	6.010	6.049	6.049
Research and Development	2.700	2.700	9.300
Treatment	3.769	3.769	3.769
Total Drug Resources by Function	285.000	290.000	293.500
Drug Resources by Decision Unit			
HIDTA	285.000	290.000	293.500
Total Drug Resources by Decision Unit	\$285.000	\$290.000	\$293.500
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources Percentage	67.1%	66.4%	65.6%

Program Summary

MISSION

The HIDTA program was established by the Anti-Drug Abuse Act of 1988 to provide assistance to federal, state, local, and tribal law enforcement entities operating those areas most adversely affected by drug trafficking. The mission of the program is to disrupt the market for illegal drugs in the United States by assisting federal, state, local, and tribal law enforcement entities participating in the HIDTA program to dismantle and disrupt DTOs in critical drug trafficking regions of the United States.

METHODOLOGY

All HIDTA resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2022, ONDCP requests \$293.5 million for the HIDTA Program, an increase of \$3.5 million above the FY 2021 enacted level.

HIDTA

Total FY 2022 Request: \$293.5 million

(\$3.5 million above the FY 2021 enacted level)

For FY 2022 request level for HIDTA is \$293.5 million. This is an increase of \$3.5 million from the FY 2021 enacted level. The request includes up to \$5.8 million for auditing services and associated activities. This is an increase from the \$2.7 million for auditing services and associated activities. The new allocation is needed to enhance oversight and accountability by enabling us to make periodic and strategic investments in targeted areas. These areas include, but are not limited to: cybersecurity and data protection, compliance with statutory regulations (e.g., the National Defense Authorization Act), and technological solutions to performance management and financial compliance and oversight. The request also includes an increase of \$3.5 million to fund a new Grants Management System.

The HIDTA accomplishments are detailed below:

- The ORS (formerly the Heroin Response Strategy and the Opioid Response Strategy) was launched in 2015 with an initial investment of \$2.5 million in funds to address the heroin and opioid epidemic by coordinating the efforts of regional HIDTA programs across 15 states. In FY 2016, ONDCP provided \$3.9 million to expand into five additional states. In FY 2017, the initiative received \$4.5 million in HIDTA funds and was expanded to two more states. In 2018, the initiative received \$4.9 million in HIDTA funds and covered 11 HDTAs and 24 states. In 2019, funding for the initiative was increased to \$5 million to support efforts of 21 HDTAs covering 34 states involved in the ORS. In 2020, ONDCP committed \$5.4 million to support the current staffing levels of drug intelligence officers (DIOs), HIDTA-funded ORS management staff, and the expansion of DIO positions in all 50 states and two territories, encompassing all 33 HDTAs and the NHAC. Supporting the expansion of the HIDTA-funded DIOs in the 33 HDTAs completes the ORS public safety national implementation plan. 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 HDTAs. The HIDTA baseline plan also supports two public safety advisory positions, situated at the National HIDTA Assistance Center, who coordinate the efforts of the DIOs and serve as central liaisons with their public health counterparts. Finally, the baseline plan provides funding for annual meetings and training. As a complement to HIDTA funding, the Centers for Disease Control and Prevention (CDC) has committed to provide funding to support full time PHA positions in all 33 regional HDTAs. 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' Conference Report to support HDTAs in states with high levels of drug addiction. This allocation also responds to statutory language that permits ONDCP to implement a drug ORS in HDTAs 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 heroin and illicit fentanyl 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. For example, DIOs track, provide information about drug-related felony arrests of out-of-state residents, and report this information to the individuals’ home LEA. In 2020, DIOs shared nearly 10,000 of these felony arrest notifications. In multiple instances, sharing drug intelligence across the ORS network has resulted in the identification and arrest of heroin and/or fentanyl distributors linked to outbreaks of fatal and nonfatal overdoses. Surveys of notification recipients show that over 95% of these notifications are judged as valuable by the receiving agency and that more than half have led to new investigations or contributed to ongoing investigations by the time of the survey.
- In 2020, HIDTA initiatives identified 8,658 DTOs and money laundering organizations (MLOs) operating in their areas of responsibility and reported disrupting or dismantling 3,007 DTOs/MLOs. Nearly 57 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 \$17.7 billion (wholesale value) of drugs from the market and seized \$827.7 million in cash from drug traffickers.

OFFICE OF NATIONAL DRUG CONTROL POLICY Other Federal Drug Control Programs

Resource Summary

Budget Authority (in millions)			
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$105.250	\$107.000	\$111.200
Research and Development	13.965	18.182	18.417
Treatment	2.500	3.000	3.000
Total Drug Resources by Function	121.715	128.182	132.617
Drug Resources by Decision Unit			
Drug-Free Communities	101.250	102.000	106.000
Anti-Doping Activities	10.000	14.000	14.000
World Anti-Doping Agency Dues	2.715	2.932	3.167
Model Acts Program	1.250	1.250	1.250
Section 103 of Public Law 114-198	4.000	5.000	5.200
Drug Court Training and Technical Assistance	2.500	3.000	3.000
Total Drug Resources by Decision Unit	\$121.715	\$128.182	\$132.617
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources Percentage	28.6	29.4%	29.6%

Program Summary

MISSION

This account is for other drug control activities authorized by the Anti-Drug Abuse Act of 1988, and the ONDCP Reauthorization Act of 1998, as amended through Public Law 115-271. The funds appropriated support high-priority drug control programs and may be transferred to drug control agencies.

METHODOLOGY

All ONDCP Other Federal Drug Control Programs resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2022, ONDCP requests \$132.6 million for Other Drug Control Activities, an increase of \$4.4 million above the FY 2021 enacted level.

Other Federal Drug Control Programs

Total FY 2022 Request: \$132.6 million

(\$4.4 million above the FY 2021 enacted level)

The request includes funding for the programs detailed below.

Drug Free Communities (DFC)

Total FY 2022 Request: \$106.0 million

(\$4.0 million above the FY 2021 enacted level)

The Drug Free Communities Support (DFC) Program provides small grants (no more than \$125,000 per year for an initial 5-year period) to established local community drug free coalitions. The grants are awarded competitively to community coalitions that organize multiple sectors of a community to focus on local needs as a means for reducing and/or preventing youth substance use.

The FY 2022 request level for DFC is \$106.0 million and 2 FTE. This is an increase of \$4.0 million from the FY 2021 enacted amount. ONDCP is requesting up to 12% for administrative costs associated with the program. This is a change from the current 8% cap for administrative costs. The increase of \$4.0 million is to provide for the additional 4% increase in administrative costs without reducing DFC grants.

The following are summary findings from the DFC 2020 National Cross-Site Evaluation End-of-Year 2020 Report:

- To summarize Middle School findings:
 - prevalence of alcohol use by middle school youth declined by 25%;
 - prevalence of tobacco use by middle school youth declined by 34%;
 - prevalence of marijuana use by middle school youth declined by 13%; and
 - prevalence of (illicit) prescription drug use by middle school youth declined by 10% 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 21%;
 - prevalence of tobacco use by high school youth declined by 31%;
 - prevalence of marijuana use by high school youth declined by 7%; and
 - prevalence of (illicit) prescription drug use by high school youth declined by 28%.

Anti-Doping Activities

Total FY 2022 Request: \$14.0 million

(No change from the FY 2021 enacted level)

This funding continues the effort to educate athletes on the dangers of drug use and to eliminate illegal drug use in Olympic and associated sports in the United States.

World Anti-Doping Agency (WADA) Dues

Total FY 2022 Request: \$3.2 million

(\$0.2 million above the FY 2021 enacted level)

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

Model Acts Program

Total FY 2022 Request: \$1.3 million

(No change from the FY 2021 enacted level)

This funding provides resources to: (1) advise states on establishing laws and policies to address illicit drug use issues; and (2) 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.

Sec. 103 of Public Law 114-198

Total FY 2022 Request: \$5.2 million

(\$0.2 million above the FY 2021 enacted level)

This funding provides grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises and emerging drug abuse issues within the area served by the eligible entity. The \$0.2 million increase will fund an increase to 12% for administrative costs associated with the program—from the current 8% cap for administrative costs—without reducing funding for grants.

Drug Court Training and Technical Assistance

Total FY 2022 Request: \$3.0 million

(No change from the FY 2021 enacted level)

This program furthers the development and sustainability of drug courts in the United States through the review and dissemination of science-based methods to overcome barriers to drug court sustainability, provide up-to-date guidance and training to practitioners and inter-disciplinary drug court teams to increase drug court participant retention and completion rates, and provide a state-by-state examination of drug courts.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Salaries and Expenses

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Interdiction	\$3.680	\$3.680	\$4.260
International	3.680	3.680	4.260
Investigations	2.392	2.392	2.769
Prevention	3.128	3.128	3.621
State and Local Assistance	2.392	2.392	2.769
Treatment	3.128	3.128	3.621
Total Drug Resources by Function	18.400	18.400	21.300
Drug Resources by Decision Unit			
Operations	18.400	18.400	21.300
Total Drug Resources by Decision Unit	\$18.400	\$18.400	\$21.300
Drug Resources Personnel Summary			
Total FTEs (direct only)	65	65	72
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources percentage	4.3%	4.2%	4.8%

Program Summary

MISSION

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. ONDCP advises the President on national and international drug control policies and programs and works to ensure the effective coordination of drug control programs within the Federal Government and with various other governmental, non-profit, and private entities. ONDCP works to reduce drug trafficking, use and their consequences by leading and coordinating the development, implementation, and assessment of United States drug policy.

METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2022, ONDCP requests \$21.3 million, an increase of \$2.9 million above the FY 2021 enacted level.

Operations

FY 2022 Request: \$21.3 million

(\$2.9 million above the FY 2021 enacted level)

The FY 2022 request for ONDCP S&E Operations is \$21.3 million and supports a level of 72 FTE. This is an increase of \$2.9 million over the FY 2021 enacted level of \$18.4 million. The request includes 7 additional FTE, as well as cost of living adjustments.

The reauthorization included a number of new requirements for ONDCP. However, these new staff-intensive requirements came without additional funding. This has impeded ONDCP in meeting the requirements of its authorizing statute. Therefore, in order to perform its mission to reduce substance use disorder and its consequences by coordinating the nation's drug control policy, ONDCP requires, at a minimum, 7 additional FTE to support our mission, as required by the SUPPORT for Patients and Communities Act (Public Law 115-271).

The following are some accomplishments in the First 100 Days of the Biden Administration:

- American Rescue Plan investment - The American Rescue Plan includes \$4 billion in investments for behavioral and substance use disorder services.
- \$10.7 billion for substance use disorder in FY 2022 President's Budget - President Biden's FY 2022 Budget includes \$10.7 billion to support research, prevention, treatment, and recovery support services, a \$3.9 billion increase.
- X-Waiver announcement - ONDCP convened an interagency working group that lifted burdensome restrictions to buprenorphine, an evidence-based medication for opioid use disorders.
- Temporary extension of fentanyl class-wide scheduling - ONDCP convened an interagency working group that arrived at a whole-of-government stance on temporarily extending class-wide scheduling of fentanyl analogues.
- Fentanyl test strips - ONDCP convened an interagency working group that revised rules to authorize grantees to use Federal dollars to purchase rapid fentanyl test strips, which can determine if drugs have been mixed or cut with fentanyl.
- Commission on Combatting Synthetic Opioid Trafficking - ONDCP worked to stand up this Commission. It has already met once.
- Progress towards a new, holistic approach to Colombia - ONDCP has led NSC, State, USAID, and others to define a new, holistic approach to counternarcotics in Colombia. Priorities met: reducing the supply of illicit substances.
- Co-led U.S. delegation to the Commission on Narcotic Drugs (CND) - ONDCP once again helped lead the US delegation to CND.
- Delivered testimony to Energy & Commerce Subcommittee on Health - The Acting Director delivered testimony on the Administration's Drug Policy Priorities.

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

- Historic baseline funding for HIDTAs - ONDCP disbursed \$273 million to 33 HIDTAs, which included \$5 million to expand the Overdose Response Strategy to all 50 states.
- Interagency group to address GAO high risk designation - “Drug misuse” was classified by GAO in the high-risk category in March. ONDCP has convened a working group to address the designation.
- Delivering Statement of Policy Priorities on time - ONDCP consulted nearly 100 stakeholders in developing the Statement of Policy Priorities, which was delivered to Congress by the April 1st deadline.

DEPARTMENT OF STATE



DEPARTMENT OF STATE

Bureau of International Narcotics and Law Enforcement Affairs

Resource Summary

Budget Authority (in Millions)			
	FY 2020 Final	FY 2021 Enacted**	FY 2022 Request
Drug Resources by Function			
International	\$425.415	\$425.415	\$406.812
Total Drug Resources by Function	\$425.415	\$425.415	\$406.812
Drug Resources by Decision Unit			
International Narcotics Control and Law Enforcement	\$425.415	\$425.415	\$406.812
Total Drug Resources by Decision Unit	\$425.415	\$425.415	\$406.812
Drug Resources Personnel Summary			
Total FTEs	134	142	118
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)*	\$37.3	\$37.1	\$41.2
Department of State Drug Resources Percentage	1.3%	1.3%	1.0%

* Total Agency Budget is the entire foreign assistance budget (both State and USAID).

** The FY 2021 CN level is an estimate based on FY 2020 levels and does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2021 appropriation.

Program Summary

MISSION

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

To support its mission, INL publishes the United States Government International Narcotics Control Strategy Report (INCSR) and develops, implements, and monitors foreign assistance programs that support the INCSR. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and other illegal drugs. INL commodity, technical assistance, and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering activities. Training and assistance also supports drug use and demand prevention and treatment programs and projects designed to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. INL's aviation program assists with drug crop eradication, surveillance, and CD enforcement operations.

Projects funded by INL are also directed at improving foreign law enforcement and intelligence gathering capabilities; enhancing the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; effectively investigating, prosecuting, and convicting major narcotics criminals; and breaking up major DTOs. INL also provides technical assistance to federal law enforcement authorities working overseas in order to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives related to CN in the international arena.

METHODOLOGY

DOS – through INL – supports counter drug activities through foreign assistance appropriated for the International Narcotics Control and Law Enforcement (INCLE) foreign assistance account. The Department allocates all foreign assistance funding according to the Foreign Assistance Standardized Program Structure. INCLE resources are allocated to achieve the Peace and Security and the Democracy, Human Rights, and Governance program objectives. Within the Peace and Security program objective, INCLE resources support the Citizen Security and Law Enforcement, CN, Trafficking in Persons, and Transnational Threats and Crime program areas. The Department scores as drug control all funding that is allocated under the CN program area. INL tracks the performance activity of various programs across the world that are either CN programs or have other direct or indirect links to the CN capacity of that host nation.

The FY 2022 budget totals for country programs in this document only include program funds. Consistent with FY 2021 Congressional Budget Justification (CBJ), all country program development and support (PD&S) funds for FY 2022 have been centralized into the INL – Program Development and Support (PD&S) operating unit. PD&S funding reflects the necessary costs of administering and conducting proper oversight of INL foreign assistance programming, including CN programming. Centralizing all PD&S funds for the bureau in this manner, will afford INL increased agility and flexibility in addressing the evolving administrative requirements of its programs as well as enable INL to access funding for critical staffing and related costs more quickly. This change results in the appearance of decreases in funding for several bilateral operating units from FY 2020 to FY 2022; these CN-related PD&S funds are reflected in the INL – Program Development and Support operating unit in the attached budget submission.

BUDGET SUMMARY

In the FY 2022 CBJ, the Department requested \$406.8 million in INCLE program funds for drug control activities (\$346.8 million) and related PD&S (\$60.0 million), a decrease of \$20.1 million from the FY 2020 initial actual level of \$425.4 million in program funds (\$351.6 million) and related PD&S (\$73.8 million). Excluding PD&S, the total decrease in CN programming in the FY 2022 CBJ is \$4.8 million.

In support of the President’s agenda that prioritizes the well-being of Americans, bolsters U.S. national security, secures our borders, and advances U.S. economic interests, the FY 2022 INCLE request concentrates resources where they offer the most value and impact to these priorities. INCLE resources for CN will focus on programs that directly deter the flow of illegal drugs. To stem the flow of cocaine destined for the United States, Colombia remains INL’s top country priority, focusing on integrated eradication programming given Colombian President Duque’s strong commitment to fight the threat posed by coca production. INL’s top drug control priority remains addressing the opioid epidemic where INL leads the Department’s contribution to the Comprehensive Opioid Crisis Response Initiative

through INL's Drug Supply Reduction program. In the 12-month period leading up to July 2020, the United States estimates approximately 86,000 Americans died as a result of a drug overdose – this is a greater rate of increase than any other type of injury death, and the highest number ever recorded in a 12-month period. Nearly 60 percent of overdose deaths involved synthetic opioids. Fentanyl and its analogues continue to drive the increase in overdose deaths. At the same time, overdose deaths involving cocaine and psychostimulants, such as methamphetamine, are also on the rise, and illicitly manufactured fentanyl is increasingly contaminating other drugs. These programs address U.S. national interests and align with long-term strategic goals to build the capacity of partner nations.

Other INL funding that is not specifically designated for CN programming supports and reinforces this mission. Strong criminal law enforcement and justice systems are essential to CN efforts and in minimizing transnational crime. In addition to traditional CN activities, such as disrupting the overseas production and trafficking of illicit drugs, INL supports the development of capable police and competent judicial officials. For CN efforts to be sustainable, the United States must support effective partner state criminal justice systems. Similarly, minimizing transnational crime requires both specialized assistance and the overall development of criminal justice systems.

Western Hemisphere Programs

Colombia

The FY 2022 request for Colombia is \$132.5 million in program funds, a decrease of \$2.5 million from the FY 2020 initial actual total level of \$135 million in program (\$123.5 million) and PD&S (\$11.5 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual increase of \$9 million in CN programming.

The United States, working closely with our Colombian partners, will implement a new integrated CN strategy to support stability and prosperity in Colombia, promote its continued strong partnership with the United States in the region and globally, and advance the promise of the 2016 Peace Accord. U.S. assistance will complement Colombia's national CN strategy by providing assistance consistent with its five pillars: dismantling criminal organizations, reducing drug supply, reducing drug demand, combating money laundering, and increasing state presence in rural areas where narcotics trafficking thrives. Integrated implementation of these pillars will decrease the availability of cocaine in the United States and Colombia, reduce the number of cocaine-related overdose deaths in the United States, and stem migration caused by narco-trafficking-related violence in drug-transit countries.

To stem the growing strength of illegal armed groups and consolidate state control over the entire national territory, the U.S. and Colombian governments will continue to work together to: dismantle these armed groups; combat cocaine trafficking; provide security and other government services to all Colombians, including those living in rural areas; and foster licit economic opportunities. Similarly, large swaths of Colombia are unsuitable for licit economic development and should be restored as tropical rainforest, where smart interventions can reap multiple benefits, including the elimination of fertile coca cultivation fields and havens for cocaine labs, the denial of sanctuary for illegal armed groups, and opportunities to advance climate change goals in the Amazon.

With INCLE CN funds, the U.S. government will support and complement Colombia's holistic national CN strategy by pursuing an integrated strategy that includes eradication, laboratory destruction, and interdiction. By bringing these interventions in targeted high coca producing and notoriously

dangerous areas, the U.S. government can more comprehensively dismantle the financial and organizational infrastructure supporting local and regional cocaine economies.

INCLE funding will support more rapid and sustainable progress in ensuring Colombia succeeds and remains a reliable partner of the United States in the region. The integrated approach will assist the Colombian government to maintain momentum on its strategy to significantly and sustainably reduce cocaine availability in both countries. INCLE CN funding will assist the Colombian government as it implements the following aspects:

- Tailoring coordinated eradication and interdiction operations appropriate to local conditions.
- Designing and investing in new strategies and technologies to protect manual eradication teams from bodily harm and loss of life.
- Supporting a Colombia-managed aerial eradication program as local legal conditions permit.
- Continuing rigorous interdiction operations, including precursors, high-level targets, lab destruction, and anti-money laundering.
- Expanding programs to support demand reduction interventions, including evidence-based drug use prevention, treatment, harm reduction, and recovery programs.
- Maintaining a large fleet of U.S.- and Colombian-titled aircraft for CN and law enforcement missions.

Mexico

The FY 2022 request for Mexico is \$22.0 million in program funds, a decrease of \$30.0 million from the FY 2020 initial actual total level of \$52.0 million in program (\$36.0 million) and PD&S (\$16.0 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual decrease of \$14.0 million in CN programming.

INL's strategic objective in Mexico is to reduce national security threats to the United States posed by TCOs that traffic illicit drugs, undermine border security, and fuel corruption. CN programming will support Mexican partners to improve effective eradication of illicit opium poppy crops; the detection and safe and properly recorded destruction of clandestine drug laboratories; and interdiction of narcotics, particularly heroin, fentanyl, methamphetamine, and cocaine. Key programs will disrupt synthetic drug production and trafficking by improving Mexico's chemical regulatory capacity; expanding Mexican first responders' capacity to safely handle and properly identify fentanyl, methamphetamines, and their precursors; and supporting aerial intelligence, surveillance, and reconnaissance (ISR) systems and training. INL will also support elements of the Government of Mexico (GOM) strategy aimed at improving the use of drug treatment courts and collection of data for use in evidence-based drug policy. CN funding will be used to increase the capacity of Mexican agencies that manage border security to advance U.S.-Mexico collaborative border management that improves security and trade and supports interdiction of drugs trafficked across the border through increased integration of operations and technology at border crossings managed by CBP and Mexican border agencies, mainly Customs (SAT). Key programs will support joint or mirror operations between U.S. and Mexican officials at and in between land POE.

While the FY 2022 request reduces funding for border security and specialized programs, INL will continue to support efforts to strengthen security standards at Mexico's borders and ports, professionalize officials from the multiple agencies tasked with border security and drug interdiction,

and enhance coordination among Mexican agencies and with U.S. and regional counterparts. This training and professionalization assistance has a more sustainable impact and a lower cost than large equipment purchases provided in prior years. Additional funding for drug demand reduction programs in FY 2022 will enable INL to respond to shared U.S. and Mexican government priorities to reduce narcotics usage and narcotics-related crime with international best practices for evidence-based drug policy.

The FY 2022 INL budget request does not include any funding for alternative development since the GOM has publicly stated that it plans to support alternative development.

Peru

The FY 2022 request for Peru is \$43.7 million in program funds, an increase of \$6.6 million above the FY 2020 initial actual total level of \$37.1 million in program (\$31.1 million) and PD&S (\$6.0 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual increase of \$12.585 million in CN programming.

The U.S. government will continue its three-pronged approach of eradication, interdiction, and alternative development in Peru, working closely with the government of Peru, which has been a committed partner for decades. The pandemic hit Peru hard with some of the highest infection and death rates in South America, coupled with an economic contraction and related budget cuts to address the pandemic. These factors have fueled concern that Peru's record coca crop of 2019 has expanded during the pandemic, threatening to roll back hard-won counter drug and alternative development gains in former coca growing areas.

INL's main strategic objective in Peru is to curb the flow of drugs and other illicit goods to the United States and disrupt the TCOs that profit. Peru is the second largest producer of cocaine and cultivator of coca in the world. Peruvian cocaine is transported to South American countries for domestic consumption or for onward shipment to the United States, Mexico, Europe, and East Asia. Supporting Peru in curbing illicit coca cultivation and production of illicit narcotics is essential to U.S. national interests. Transnational criminal networks threaten U.S. and Peruvian security. Stemming the cultivation and production of narcotics prevents the deforestation of protected lands and can pave the way for licit livelihoods through alternative development.

The majority of the FY 2022 CN request for Peru will remain focused on CN, particularly in response to the CY 2019 increase in coca cultivation to 72,000 hectares (ha) of coca from 52,000 ha in CY 2018. The increase in requested funds in FY 2022 will provide operational support for the labor-intensive manual eradication program managed under Peru's Coca Monitoring and Reduction Agency (CORAH), in particular as the Government of Peru commits to increased eradication and interdiction efforts in the high-yield areas of the Valley of Apurimac, Ene, Mantaro and Rivers (VRAEM) and Puno to help reverse this troubling trend. These two regions are sources of nearly 90 percent of Peru's cocaine; focusing on them will increase overall metric tons of cocaine removed from the market. These regions present security risks and are difficult to access as they are in remote jungle terrain, thus requiring increased CN funding to cover personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations. The increase in CN funding is also due to the bilateralization of Peru's aviation costs; funds for these costs have been shifted from the Centrally Managed Interregional Aviation Support (IAS) operating unit to the Peru bilateral budget. CN aviation

assistance includes training for pilots, aircrews, and support personnel needed to operate and maintain a fleet of U.S. government-owned Huey-II helicopters and fixed-wing aircraft while the negotiations to nationalize the aviation program with the Peruvian government continue.

INCLE funds are essential to reduce transnational criminal activity by enhancing the capacity of Peruvian customs, police, immigration, and other agencies to interdict and deter the smuggling of narcotics, illegally mined gold and timber, precursor chemicals, bulk currency, and human trafficking. Funds will be used for training and field exercises designed to enhance the capabilities and operational effectiveness of these units. A small amount of funding is focused on demand reduction in Peru with targeted programming to prevent and reduce drug use among vulnerable populations.

State Central America Regional – Central America Regional Security Initiative (CARSI)

The FY 2022 request for CARSI is \$45.5 million in program funds, an increase of \$18.0 million above the FY 2020 initial actual total level of \$27.6 million in program funds. The increase is in support of the Administration's Root Causes Strategy, which will address security and governance. Additional resources for CN activities will support Central American countries to continue successful efforts to disrupt the trafficking of narcotics.

CARSI INCLE funding addresses the security-related drivers of illicit migration from Central America to the United States and combats drug trafficking, transnational organized crime (TOC), gangs, and human smuggling to keep them from reaching the U.S. border. The FY 2022 request will support targeted training and advisors from the DEA, FBI, DHS's HSI, USCG, other U.S. government agencies, and INL subject matter experts to build the intelligence and interdiction capacity of partner country vetted units and specialized task forces to detect, deter, and disrupt the trafficking of narcotics before they enter the United States. These units and task forces are comprised of the most highly qualified members of the law enforcement and justice sectors and conduct specialized investigations in areas such as CN, gangs, bulk cash smuggling, human trafficking and smuggling, extortion, corruption, and money laundering. To reduce narcotics usage and narcotics-related crime, assistance will support training, crime prevention, alternative sentencing, school resource officers, and targeted drug demand reduction programs to address growing drug use throughout Central America, particularly among gang members and at-risk youth.

INL programming will continue to strengthen the capabilities of Central American coast guards, border patrols, and police units, as well as support specialized maritime and mobile interdiction units, bolstering coordination regionally. Efforts include training riverine police units and specialized naval and police interdiction services, providing spare parts and boat maintenance, retrofitting seized boats, providing equipment and logistics support to sea- and land-based interdiction forces, and supporting maritime and land interdiction advisors to strengthen CARSI partner country capacity for operations and ensure sustainability through self-maintenance. (Note: In FY 2022, the Department is shifting funding for CARSI to the newly created State Central America Regional operating unit. In prior years, CARSI was funded through the State Western Hemisphere Regional operating unit.)

State Western Hemisphere Regional – Caribbean Basin Security Initiative (CBSI)

The FY 2022 request for CBSI is \$6.5 million in program funds, a decrease of \$4.5 million from the FY 2020 initial actual level of \$11.0 million in program (\$5.7 million) and PD&S (\$5.3 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual increase of \$775,000 in CN programming.

CBSI is a key engagement tool to enhance citizen security and rule of law capacity and cooperation in the Caribbean. INL's main strategic objectives through CBSI are to prevent trafficking and crime in the region from impacting the United States and to build regional cooperation to address shared threats. The Caribbean is a region of geo-strategic importance to the United States as it represents our "third border" and is a prominent trafficking vector for approximately 10 percent of cocaine destined for the United States. Limited resources and capacity make the region vulnerable to financial crimes, corruption, and gang violence. The INCLE request will support CBSI programming to modernize and build the capacity of partner nation law enforcement and justice sectors to combat crime and violence, and to promote regional cooperation and information sharing among CBSI nations and the United States to address trafficking and other security threats in the region. INL support for CBSI partner nations is particularly critical in the wake of the COVID-19 pandemic and its debilitating impact on Caribbean economies. The significant loss of income, tax revenue, and jobs make Caribbean government institutions and citizens increasingly vulnerable to illicit trafficking and associated crime and corruption.

The FY 2022 request for counterdrug activities in the Caribbean includes funds to combat illicit narcotics through the provision of training, equipment, and subject matter expertise, including on maritime and land-based interdiction, vetted units, and investigations. Resources will continue to be prioritized for activities in the Caribbean countries with the highest drug flows. INL programs will address U.S. national security concerns by promoting regional cooperation on the shared threat of TOC and drug trafficking. CN assistance will continue to build bilateral and regional capabilities to detect and disrupt TOC and criminal narcotics trafficking. Maritime security programs work with partner security and criminal justice entities to improve interdiction, investigation, and prosecution capabilities; maintain operational readiness; and improve port security through bilateral, sub-regional, and regional engagement, strategic planning, and capacity building.

State Western Hemisphere Regional – Other

The FY 2022 request for State Western Hemisphere Regional – Other is \$1.5 million in program funds. The FY 2020 initial actual levels did not have CN funding for this operating unit.

This INCLE request will enable INL to strengthen partnerships and expand regional approaches in the Western Hemisphere to address the shared challenges of insecurity, criminal violence, and corruption, helping address root causes of insecurity. CN funds will facilitate regional coordination to improve interdiction efforts, which may include targeting of precursor chemicals.

South and Central Asia

Afghanistan

The FY 2022 request for Afghanistan is \$21.2 million in program funds, a decrease of \$13.8 million from the FY 2020 initial actual total level of \$35.0 million in program (\$22.0 million) and PD&S (\$13.0 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual decrease of \$0.8 million in CN programming.

Afghanistan consistently produces over 80 percent of the world's opium. Anti-government actors derive significant financial benefit from poppy cultivation, production, and trafficking. Narcotics-derived revenue increases corruption, undercuts the licit economy, causes a public health crisis, and damages trust in public institutions. Domestic drug use severely undermines Afghanistan's economic growth and societal development. According to the 2015 Afghanistan National Drug Use Survey, funded by DOS, toxicology tests found that 31 percent of households had at least one member that tested positive for narcotics. Eleven percent of all urban-dwelling Afghans and 39 percent of rural-dwelling Afghans tested positive, a usage rate that remains one of the highest in the world.

INCLE funding in FY 2022 will continue to support CN programming by denying revenue generated from the illicit narcotics trade. INL will partner with the DEA to build the capacity of the Counter Narcotics Police of Afghanistan's (CNPA) specialized units – the Sensitive Investigative Unit (SIU) and the National Interdiction Unit (NIU). INL will continue to support specialized Afghan police units to perform independent operations nationwide, targeting the production and trafficking of opium, heroin, hashish, and methamphetamine, with a focus on Afghan-led, warrant-based operations. INL will also support ongoing efforts to reduce drug demand and messaging campaigns that support a positive change in Afghan public opinion and behavior and raise public awareness about the threat of illicit narcotics to Afghanistan, albeit at significantly reduced levels from prior years. INL is transitioning responsibility for drug treatment centers to the Government of Afghanistan and continues targeted alternative livelihood projects with prior year funds. INL is also working to build the capacity of the Afghan government to conduct essential government functions independently and to foster a more gender-inclusive workplace. As always, INL aims to maximize the return on U.S. funding by leveraging its efforts with interagency partners and other like-minded international donors.

Central Asia Regional

The FY 2022 request for Central Asia Regional is \$1.2 million in program funds, a decrease of \$1.2 million from the FY 2020 initial actual total level of \$2.4 million in program (\$1.0 million) and PD&S (\$1.4 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual increase of \$0.2 million in CN programming.

Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Some profits from drug trafficking fund terrorist organizations in the broader region, and some regional DTOs maintain links to these extremist groups. INL's CN programming seeks to disrupt the illicit narcotics economy through law enforcement cooperation in order to deter, disrupt, and dismantle DTOs. Funding supports regional cooperation, such as through the Central Asia Regional Information and Coordination Center, a seven-member body that serves as a hub for operational drug and crime intelligence sharing with CN units both inside and outside the region. Funds will also support the UN Office on Drugs and Crime/World Customs

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Organization Container Control Program and an interregional network of prosecutors focused on mutual legal assistance to combat TOC. CN funding supports a network of prosecutors and judicial officials who cooperate on mutual legal assistance requests within and outside of Central Asia, related to investigations of transnational organized criminal groups.

Kazakhstan

The FY 2022 request for Kazakhstan is \$0.4 million in program funds, an increase of \$17,000 from the FY 2020 initial actual total level of \$350,000 in program funds.

Kazakhstan is a transit country for virtually all opiates on the Northern Route and is also experiencing a major increase in synthetic drug use internally. Bilateral CN programming will support the development of DEA-implemented training programs on the detection of synthetic drug trafficking and dismantling of laboratories. INL will also work with the Government of Kazakhstan to develop a drug intelligence “fusion center” with participation of several Kazakhstani law enforcement agencies.

Pakistan

The FY 2022 request for Pakistan is \$4.0 million in program funds, a decrease of \$1.0 million from the FY 2020 initial actual total level of \$5.0 million in program (\$3.0 million) and PD&S (\$2.0 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual increase of \$1.0 million in CN programming.

The FY 2022 request for counterdrug activities in Pakistan will focus on initiatives that improve regional stability, combat transnational crime, and advances U.S. national security interests by supporting efforts to combat the production and trafficking of illicit narcotics in the world’s largest opium producing region. Pakistan continues to face challenges in countering large flows of opiates originating from Afghanistan to meet demand in major markets around the globe. INL’s CN program will continue to develop the capability of Pakistan’s CN law enforcement agencies, such as the Anti-Narcotics Force and Customs, to disrupt narcotics trafficking. INCLE assistance will be targeted towards Khyber Pakhtunkhwa and their newly merged districts and Balochistan, to combat trafficking along the Afghanistan-Pakistan border. INCLE assistance will also contribute to building maritime security capacities on the Makran Coast to disrupt the Southern Route narcotics flow.

Interdiction assistance directly supports the Administration’s South Asia Strategy by denying revenue to militant groups that pose direct threats to U.S. forces serving in Afghanistan. The FY 2022 request will primarily support interdiction efforts by providing training, mentorship, equipment, and targeted material support in coordination with the DEA. It will also support bolstering law enforcement agencies’ presence along Pakistan’s porous border and maritime channels to prevent Afghan-sourced opiates from entering global markets. Additionally, INL assistance will aim to enhance Pakistan’s capability to conduct cross-border operations and stem illicit financial flows. In the long-term, INL seeks to improve Pakistan’s capacity to stem large-scale drug trafficking and increase the number of arrests and successful prosecutions of major traffickers.

Tajikistan

The FY 2022 request for Tajikistan is \$1.0 million in program funds, a straightline from the FY 2020 initial actual total level for program funds.

Tajikistan is located along a major drug trafficking route for opiates transiting from Afghanistan to Russia and Eastern Europe. The INL CN drug interdiction program enhances the government's capacity to combat narcotics trafficking, diminishing the amount of illegal drugs flowing through Central Asia and decreasing funding for TOC operations and terrorist funding. INL CN programs include close collaboration with the Tajikistan Drug Control Agency (DCA) and supports training assistance for the DCA via its newly established training academy. The interdiction program also provides support for the DCA's specialized investigative unit that cooperates with the DEA. The CN program supports organizations that raise awareness about the health risks and negative social consequences of drugs; conducts universal prevention workshops to educate students and adults about the neuroscience of drug addiction; and provides support for a national drug use survey.

Uzbekistan

The FY 2022 request for Uzbekistan is \$0.2 million in program funds, a decrease of \$0.3 million from the FY 2020 initial actual total level of \$0.5 million in program funds.

Uzbekistan experiences cross-border opiate trafficking from Afghanistan and Tajikistan. INL CN funding will support DEA-implemented training for Uzbek drug law enforcement personnel. Funds will also support enhanced training by the U.S. Secret Service on narcotics trafficking-related cyber financial crimes, as well as technical advancements in combating illicit drug-related money laundering. INL will also support the development of joint, DEA-implemented training of Afghan and Uzbekistani CN personnel.

East Asia and the Pacific

Indonesia

The FY 2022 request for Indonesia is \$0.9 million in program funds, a decrease of \$0.1 million from the FY 2020 initial actual total level of \$1.0 million in program (\$0.9 million) and PD&S (\$0.1 million) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual straightline for program funds.

The Indonesian government faces challenges in ensuring cross-border cooperation on CN due to extensive and porous maritime borders and a large number of ports. The FY 2022 request will support the provision of specialized technical training and equipment to CN officers to increase their ability to investigate drug trafficking cases and combat narcotics and precursors trafficking. U.S. assistance will also increase the Government of Indonesia's capacity to reduce demand and rehabilitate drug users.

Laos

The FY 2022 request for Laos is \$0.5 million in program funds, a straightline from the FY 2020 initial actual total level for program funds.

Laos is the world's fourth largest producer of opium poppy and one of the largest producers of amphetamine-type stimulants. The number of Lao citizens addicted to drugs is also increasing dramatically. INL will support Lao efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development. Activities may include programs that provide training and professionalization of the treatment workforce across all sectors,

provide mentorship and technical assistance to expand treatment capacity, integrate treatment into the public health system, and provide community-based treatment resources.

Philippines

The FY 2022 request for the Philippines is \$0.4 million in program funds, an increase of \$0.1 million from the FY 2020 initial actual total level of \$0.3 million. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 CBJ is an actual increase of \$0.13 million in program funds.

The Philippines faces serious problems related to drug abuse and drug trafficking. In 2019 President Duterte continued to implement a domestic anti-drug campaign that has resulted in widespread allegations of human rights abuses and extrajudicial killings. Because of these allegations, INL does not provide assistance to the Philippines for domestic anti-drug operations, focusing resources instead on reducing the drug demand and countering transnational trafficking. U.S. assistance supports Philippine efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development. Activities may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and technical assistance to expand treatment capacity, provide community-based rehabilitation resources, strengthen drug prevention education within primary and secondary schools, and support community anti-drug coalitions. Funds may also support CN projects focused specifically on transnational interdiction, such as units focused on drug trafficking across international borders.

Vietnam

The FY 2022 request for Vietnam is \$1.0 million in program funds. The FY 2020 initial actual levels did not have CN funding for Vietnam.

The FY 2022 CBJ request will support the provision of specialized training, technical assistance, and equipment to Vietnam's CN officers to increase their ability to investigate drug-trafficking cases and combat drug and precursor trafficking. U.S. assistance will also support the Government of Vietnam's efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development.

Africa

Liberia

The FY 2022 request for Liberia is \$850,000 in program funds, a decrease of \$450,000 from the FY 2020 initial actual total level of \$1.3 million in program (\$1.1 million) and PD&S (\$200,000) funds. The FY 2022 request excludes PD&S, therefore the total amount in the FY 2022 request is an actual decrease of \$250,000 in program funds.

The FY 2022 request for CN will support assistance to strengthen the ability of the Liberian Drug Enforcement Agency (LDEA) to interdict and disrupt drug trafficking. Funds will be used to develop and implement CN training that strengthen LDEA officer investigative skills and will assist the LDEA to develop the management structures to run an efficient and effective agency. Funds will also be used to strengthen the capacity of the LDEA to process complex drug trafficking cases, including long-term investigations targeting TCOs and distributors of narcotics, in support of national and regional CN efforts.

Centrally Managed INL Programs

Drug Demand Reduction (DDR)

The FY 2022 request for DDR is \$15.0 million in program funds, a straightline from the FY 2020 initial actual level of \$15.0 million in program funds.

With FY 2022 funds, INL will support DDR programming that has been validated through outcome evaluations. INL's DDR programming reduces drug use and drug related crime, violence, and gang activity while strengthening security. DDR programs improve the effectiveness of drug use prevention, treatment, and recovery and promote greater acceptance of U.S.-supported CN policy approaches. Training and other aspects of the program are designed to professionalize the workforce and disseminate scientifically grounded methodologies. The program utilizes an innovative model that holistically raises the performance of the government, university, and civil society prevention, treatment, and recovery workforce. Training, networking, mentoring, and a universal examination and credentialing system inculcate international evidence-based standards promoted by the United States.

Programming has supported the development of specialized training materials, which have subsequently been adopted by U.S. universities to benefit U.S. populations; examples include curricula on opioid addiction and overdose reversal, intravenous heroin use, cocaine use (especially crack addiction among juveniles), methamphetamines, adolescent drug use, drug use within criminal gangs, recovery systems, and addiction problems affecting women and children. INL supports the Colombo Plan's Global Centre for Credentialing and Certification (GCCC) to promote the efficient credentialing of the international addictions workforce; recent efforts focus on remote proctoring and on credentialing of all treatment and prevention workers across the health and criminal justice systems of priority countries from Asia, Latin America, and Africa.

INL also supports drug-free communities coalition programs (in Latin America, Asia, and Africa). Coalitions connect multiple sectors of the community (businesses, parents, media, law enforcement, schools, and government) to collaborate and develop plans, policies, and strategies to achieve reductions in the rates of drug use and crime at the community level.

Drug Supply Reduction (DSR)

The FY 2022 request for DSR is \$17.0 million in program funds, a straight-line from the FY 2020 initial actual level of \$17.0 million in program funds.

Funds will support global and regional programs to combat and reduce illicit supplies of drugs, particularly synthetic drugs such as fentanyl and methamphetamine, and their precursor chemicals that are fueling the deadly U.S. opioid crisis. The funds will support Administration priorities to stop opioid abuse and reduce drug supply. Programs will build the capacity of foreign partners to detect and interdict illicit drugs and their precursor chemicals as well as to share information on emerging drug threats; accelerate the imposition of treaty-mandated international drug and chemical controls on dangerous substances; support multilateral and partner-nation efforts to disrupt global illicit drug and precursor chemical supply chains; and build capacity to disrupt sales of illicit drugs over the Internet and better detect and interdict illicit supplies of drugs distributed through the global mail and express consignment courier systems. Funding will also support the development of programming designed to build partner capacity to target investigations into the use of virtual currencies in illegal

synthetic drug sales and support ongoing U.S. interagency efforts to synchronize global anti-money laundering responses with those targeting the illicit financing methods fueling online drug trafficking. Additionally, the funds will support new projects to identify industry leaders in responsible management practices to prevent the manufacture, sale, and movement of synthetic drugs and export best practices to developing countries.

Global Crime and Drugs Policy (GCDP) (previously “International Organizations”)

The FY 2022 request for GCDP is \$3.1 million in program funds, a straight-line from the FY 2020 initial actual level of \$3.1 million in program funds.

INL has mobilized large multilateral forums to react quickly to the U.S. opioid crisis, including the threat posed by illicit fentanyl and its analogues. The global rules for all cross-border law enforcement cooperation to prevent, investigate, prosecute, and dismantle drug trafficking and transnational crime groups are codified under the three UN drug treaties, the UN Convention against Transnational Organized Crime (UNTOC), and the UN Convention against Corruption (UNCAC), all of which are based on U.S. law and practice. INL’s GCDP funding to the UN Office on Drugs and Crime (UNODC) and the Organization of American States (OAS) will provide unique support for international treaty-based and policy-making institutions that are critical to ensuring foreign governments carry out their legal obligations and policy commitments.

The FY 2022 request for counterdrug programs will continue assistance to UNODC and the OAS Inter-American Drug Abuse Control Commission (OAS/CICAD). Broadly, UNODC and the OAS deliver technical assistance programming that protects U.S. citizens by enabling greater operational cooperation between international law enforcement agencies and strengthens foreign government capacity to dismantle drug trafficking and transnational crime groups and seize their assets. OAS programming promotes information exchange on trafficking routes, drug sample identification, and monitoring the impact of international controls and international cooperation to reduce illegal drug supplies, a critical effort in addressing the U.S. opioid challenge. Programs through UNODC and the OAS also enhance international cooperation among states to help eliminate safe havens for TCOs and enable greater burden-sharing through contributions from a wider array of donors.

Activities under this line item are limited to global and regional programs that enable UNODC and the OAS to operate a network of field offices and central Secretariat services; ensure internal accountability and oversight; and deliver technical guidance, research, and analysis on treaty and policy obligations in the field of drug control and TOC. Support to UNODC and the OAS under this line item benefits all other INCLE line items that leverage these institutions to deliver U.S. foreign assistance at the country, regional, and global levels.

Interregional Aviation Support (IAS)

The FY 2022 request for IAS is \$28.4 million in program funds, a decrease of \$13.6 million from the FY 2020 initial actual total level of \$42.0 million in program funds. The lower FY 2022 request reflects the full bilateralization of Peru’s aviation program.

With FY 2022 funds, INL will continue to provide the core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL’s aviation activities in Panama, Costa Rica, and temporary locations. IAS will provide safe, professionally-operated and maintained aircraft that support

eradication, interdiction, surveillance, and reconnaissance efforts. Aircraft will also provide other support such as transportation of personnel and cargo, search and rescue, medical evacuation, and security.

Program Development and Support (PD&S)

In the FY 2022 request, the Bureau's PD&S funding for all of its administrative requirements is realigned from bilateral and regional operating units into a single, centralized, worldwide PD&S operating unit. By consolidating the Bureau's PD&S funds, INL will have increased flexibility to administer and oversee programmatic requirements – particularly in response to urgent and emerging needs around the world – as well as receive accelerated access to the funding.

The FY 2022 request for INL – PD&S is \$204.276 million, which includes \$60.025 million in support of INL's PD&S requirements for CN programming. The level of PD&S for CN is proportionate to the level of CN program funds across the account (30 percent). PD&S funds INL's domestic and overseas administrative and operational costs incurred to carry out policy implementation and oversight, program design, development, monitoring and evaluation, and review of INL programs implemented in fulfilling its mission. These resources provide operational and administrative support for and oversight of INCLE drug control activities.

PERFORMANCE

INL's performance data for this report is based on CN metrics collected on the reduction of illegal narcotics such as the number of poppy-free and poppy-reducing provinces in Afghanistan, hectares of coca eradicated in Colombia and Peru, hectares of opium poppy eradicated in Mexico, and INL's DDR program, which seeks to professionalize the drug prevention, treatment, and recovery workforce through the development and dissemination of evidence-based trainings and technical assistance. The data captured and provided in this report is collected either on a calendar year (CY) basis or by fiscal year (FY). The number of poppy-free and poppy-reducing provinces in Afghanistan is collected and measured by FY. The hectares of coca eradicated in Colombia and Peru, in addition to the hectares of opium poppy cultivated in Mexico and increasing the number of credentialed professionals over prior year totals for INL's DDR program, are collected and measured on a calendar year CY basis.

Afghanistan

Measure Description: Reduce cultivation of opium poppy in Afghanistan by increasing the number of poppy-free provinces and provinces reducing cultivation.

Purpose of the Program: Afghanistan consistently produces over 80 percent of the world's opium. Anti-government actors derive significant financial benefit from poppy cultivation, production, and trafficking. Narcotics-derived revenue increases corruption, undercuts the licit economy, damages trust in public institutions, and fuels a major public health crisis. Domestic drug use severely undermines Afghanistan's economic growth and societal development. Utilizing new and existing funding, INL's CN program in Afghanistan addresses these issues through a holistic combination of supply and demand side programming, including interdiction and law enforcement efforts, alternative livelihoods, drug demand reduction, public information, and capacity building. INL programs reinforce Afghan government effectiveness and increase pressure on anti-government actors by denying revenue generated from the illicit narcotics trade.

Contribution to National Drug Control Strategy: The program contributes to the *National Drug Control Strategy's* goal of collaborating with international partners to disrupt the drug trade by partnering with the Afghan government to support interdiction and eradication, build institutional capability, support economic alternatives to drug cultivation, and promote collaborative efforts in prevention, treatment, and research, thereby assisting global partners in acquiring the capabilities to overcome the consequences of drug abuse. Through Colombo Plan, UNDP, and UNODC, the program combines and coordinates assistance efforts with other like-minded CN assistance donors.

How is this measure outcome-oriented? The measure tracks the number of poppy-free provinces and provinces reducing cultivation in Afghanistan, which can be a reflection of the Afghan government's capacity to reduce illicit crop cultivation, drug trafficking, and drug consumption, thereby disrupting a key source of funding to anti-government actors and promoting security and governance in Afghanistan. Afghanistan's poppy crop is by far the largest in the world and its farmers readily respond to price signals, e.g., planting less when the market is glutted.

Prior Years Performance Target and Results

Measure 1: Reduced cultivation of opium poppy in Afghanistan by increasing the number of poppy-free provinces and provinces reducing cultivation.

Table 1

FY 2020 Target	FY 2020 Actual	FY 2021 Target
134,400 ha of illicit opium poppy cultivated	224,000 ha of illicit poppy cultivated	N/A
120NIU/SIU operations (under DEA IAA)	184 as reported by the specialized units to DEA	184
150 Key narcotics arrests	263 as reported by the specialized units to DEA	184
60,000 kilos of narcotics seized	423,569 kgs as reported by the specialized units to DEA	63,000

FY 2020 Performance Results: For FY 2020, INL's goals included 134,000 has of illicit crops cultivated, 120 DEA/NIU operations, 150 key narcotic arrests, 60,000 kilos of narcotics seized, and 30 INL-supported drug treatment centers in Afghanistan (Note: INL has shifted from focusing on eradicating poppy as the vast majority of poppy is cultivated in areas under the control of anti-government actors. INL continues to support government efforts to eradicate in areas under its control. However, the Afghan government has not emphasized eradication efforts in recent years. INL chooses to focus on disrupting both the supply and demand of illicit crops across the board. With no influence on cultivation, particularly in the areas under the control of anti-government groups, INL no longer sets cultivation targets.). The COVID-19 pandemic affected most INL projects in Afghanistan, but INL still met its goals during FY 2020 with the following results: 184 NIU/SIU operations; 263 key narcotics arrests; 423,569 kilos of illicit narcotics seized; and 27 INL-supported drug treatment centers in Afghanistan. INL support bolstered the ability of specialized units to perform independent operations nationwide, targeting the production and trafficking of opium, heroin, and methamphetamine, with a focus on Afghan-led, warrant-based operations. INL also supported ongoing efforts to build Afghan government capacity, promote

alternatives to poppy cultivation, conduct messaging campaigns to raise public awareness about the threat of illicit narcotics to Afghanistan, and continue transitioning responsibility for drug treatment centers to the Government of Afghanistan. As always, INL aimed to maximize the return on U.S. funding by leveraging its efforts with interagency partners and other like-minded international donors.

Current Year Performance Target

FY 2021 Performance Target: INL has set the following targets for FY 2021: 184 NIU/SIU operations under the DEA interagency agreement (IAA), 184 key narcotics arrests, and 63,000 kilos of illicit narcotics seized. The status of ongoing peace negotiations, U.S. troop withdrawals, and the COVID-19 pandemic may impact INL performance targets.

Quality of Performance Data

Data Source: Interdiction numbers are provided to the DEA by the Afghan Specialized CN Units. All other data comes from implementing partners, including UNODC.

Methodology for Setting Targets and Reporting Results: The out-year target shows an increase from actual 2020 results. The deteriorating security situation in Afghanistan continues to create obstacles for achieving the yearly targets; nevertheless, INL believes that year-over-year gains from programming will continue to make these goals achievable.

Process for Validating Performance Information: The UNODC Afghanistan Opium Survey is typically released at the end of each year, although disputes between UNODC and the Afghanistan National Statistics and Information Authority (NSIA) over methodology delayed release the past two years. The report is used to inform U.S. CN policy and programmatic decision making. There is an oversight and management board for this survey, convened jointly by UNODC and NSIA. The trends and data in the UNODC survey are compared against the official U.S. government estimate published by ONDCP in late winter or early spring of each year.

Peru

Measure Description: Peru eradication data is provided by the Government of Peru's Special Project for Control and Reduction of Illegal Crops in the Alto Huallaga (CORAH). Data in Peru is collected per calendar year.

Purpose of the Program: INL's long-term goal for its CN efforts in Peru to reduce the availability of illicit drugs in the United States is to reduce the number of hectares of coca cultivated, encouraging the Peruvians to eradicate in high yield coca areas such as Puno and the VRAEM, thereby reducing the supply of processed cocaine that is shipped to the United States. The program aims to accomplish this through a strategy of support for labor intensive manual eradication efforts, increased drug interdiction, and strengthening rule of law to counter TCOs. A key aspect of INL Lima's support is funding the personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations.

Contribution to National Drug Control Strategy: The program contributes to the *National Drug Control Strategy's* goal of collaborating with international partners to disrupt the drug trade by working with international partners to reduce illicit drug use, production, trafficking, and associated violence.

How is this measure outcome-oriented? Coca eradication data comes from CORAH and totals include the amount of coca leaf manually-eradicated. The Peruvian government collects this data throughout the year and reports the annual results at the end of the calendar year. Eradicating coca cultivation reduces the supply of processed cocaine destined for the United States and other parts of the world.

Prior Years Performance Targets and Results

Measure 2: Hectares of coca eradicated in Peru

Table 2

CY 2020 Target	CY 2020 Actual	CY 2021 Target
5,400 ha	6,273	25,000

CY 2020 Performance Results: In CY 2020, the COVID-19 pandemic greatly affected Peru, which had some of the world’s highest infection and death rates. The accompanying recession and Peru’s political turmoil severely hindered the country’s counterdrug response. After a six-month pause in eradication efforts triggered by the pandemic and one of the strictest lockdowns in the Americas, the Minister of Interior formally authorized eradication to resume in early September 2020. CORAH eradicated 6,273 ha of coca, surpassing the modest goal of 5,400 ha. The previous CY 2020 goal of 25,000 ha was lowered due to pandemic-related restrictions.

Current Year Performance Target

CY 2021 Performance Target: Peru’s 2021 eradication plan aims to uproot 25,000 ha of coca, including 1,500 ha in the VRAEM and 5,500 ha in Puno. However, the effects of the pandemic are still present in Peru with infection rates surpassing Peru’s record number of cases in August 2020, fueled by a more contagious variant first identified in Brazil. Eradication was halted in April when a COVID-19 outbreak occurred in Aguaytia, the only active eradication front. CORAH is uncertain when eradication will start again, citing the pandemic and a cautious interim government as Peru enters the second round of presidential elections.

Quality of Performance Data

Data Source: CORAH provides the coca eradication data; totals are based off the total hectares of coca leaf manually eradicated.

Methodology for Setting Targets and Reporting Results: The embassy country team consults subject area experts in Washington and in the field and considers past performance and trends, policy priorities and long-term goals, relevant conditions on the ground, and resource levels in setting performance targets. The targets are set and results are reported for each country in the Foreign Assistance Performance Plan and Report. The results are also reported in the INCSR and are aggregated in Washington for the purposes of performance reporting to other stakeholders. The government is responsible for setting their annual eradication goals; INL supports these goals once they are established.

Process for Validating Performance Information: Eradication data provided by our embassies is the best data available to the U.S. government regarding host government coca eradication. INL receives

this data from embassies, and it is our understanding that this information has undergone a Data Quality Assessment (DQA) and is accurate, complete, and unbiased.

Colombia

Measure Description: This performance measure tracks the amount of coca leaf that is forcibly or voluntarily eradicated in Colombia on an annual basis. The coca cultivation metric is the number of hectares eradicated.

Purpose of the Program: The long-term goal of INL’s CN efforts in Colombia is to reduce the availability of illicit drugs in the United States by decreasing the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that is shipped to the United States. The program accomplishes this through a strategy of support for integrated eradication efforts, including manual eradication and increased drug interdiction

Contribution to National Drug Control Strategy: The program contributes to the *National Drug Control Strategy’s* goal of collaborating with international partners to disrupt the drug trade by working with international partners to reduce illicit drug use, production, trafficking, and associated violence.

How is this measure outcome-oriented? Coca eradication data comes from the Government of Colombia and totals include voluntary and involuntary eradication and crop substitution. The Government of Colombia reports and collects this data throughout the year and reports annual results on a calendar year basis.

Prior Years Performance Targets and Results

Measure 3: Hectares of coca eradicated in Colombia

Table 3

CY 2020 Target	CY 2020 Actual	CY 2021 Target
130,000 ha	130,147 ha	130,000 ha

CY 2020 Performance Results: The CY 2020 Colombia CN performance target was set for 130,000 ha of coca eradicated. CY 2020 CN performance results showed that Colombia exceeded the goal, destroying more than 130,000 ha of coca through forced eradication. In addition, the Colombian government destroyed 1,697 ha of coca through the National Comprehensive Illicit Crop Substitution Program, known as PNIS, which is not directly supported by INL and is not included in the CY 2020 actual above.

Current Year Performance Target

CY 2021 Performance Target: The Colombia performance target goal for CY 2021 is for 130,000 ha of coca to be eradicated.

Quality Performance Data

Data Source: The data for complied for Colombia's coca eradication statistics is derived from forced eradication and PNIS. In an effort to support the eradication of coca in partnership with the Colombian Government, INL directly funds forced eradication operations, but does not currently provide direct support to the PNIS crop substitution program. Forced coca eradication data comes from the Government of Colombia. Data related to voluntary eradication through PNIS is reported by UNODC, in collaboration with the Government of Colombia.

Methodology for Setting Targets and Reporting Results: The embassy country team consults subject area experts in Washington and in the field and considers past performance and trends, policy priorities and long-term goals, relevant conditions on the ground, and resource levels in setting performance targets. The targets are set and results are reported for each country in the Foreign Assistance Performance Plan and Report. The results are also reported in the INCSR and are aggregated in Washington for the purposes of performance reporting to other stakeholders. The Government of Colombia is responsible for setting its annual eradication goals; INL supports these goals once they are established.

Process for Validating Performance Information: Eradication data provided by embassies is the best data available to the U.S. government regarding host government coca eradication. INL receives this data from embassies, and it is INL's understanding that this information has undergone a DQA and is accurate, complete, and unbiased.

Mexico

Measure Description: To date the United States and Mexico have not set jointly defined, measurable CN targets. Within the Office of the Prosecutor General (FGR), the National Center for Planning, Analysis, and Information to Combat Crime (CENAPI) publishes drug eradication and seizure statistics for civilian law enforcement agencies in Mexico. INL tracks Mexico's CN measures to include:

- o According to CENAPI, in calendar year 2019, Mexico eradicated 11,629 ha of opium poppy.
- o During calendar year 2020, Mexico reportedly seized 16.16 metric tons (MT) of cocaine (a 43 percent increase compared to 2019); 61.96 kg of opium gum (82 percent decrease); 17.26 MT and 26,673 liters of methamphetamine (204 percent increase); 225 kg of heroin (41 percent decrease); 45 clandestine drug laboratories (same as 2019); and 2,695,476 pills of fentanyl.

Mexico does not have a reliable comprehensive reporting system for eradication and seizure data. The United States continues to work with the GOM to establish protocols for reporting all seizures to Mexico's central data repository for crime statistics in CENAPI to improve national data collection on illicit drug seizures. The Mexican government demonstrated progress in 2020 on measuring poppy cultivation, yield, and eradication through programs supported by the United States through UNODC. The Mexican Army (SEDENA) engaged U.S. government agencies to enhance its CN capacity in 2020 and increased its use of, but has not yet fully maximized, a U.S.-funded poppy eradication verification program.

On March 26, the GOM and UNODC published the results of the Mexican-funded MEXK-54 poppy monitoring project for 2017 to 2018. The report covers estimated cultivation area of poppy fields, the opium gum yield and production estimates, and morphine concentration in the opium gum. According

to the report, between 2017 and 2018, poppy cultivation in Mexico was reduced by 9 percent compared to the previous period of 2016 to 2017. The yield estimate of opium gum was 16.1 kilograms per hectare harvested. The concentration of morphine in the opium gum production was 16.2 percent. INL donated technical equipment and provided logistical support for Mexican government participation in the study to advance a shared understanding of the Mexico’s heroin production challenges.

Purpose of the Program: Mexico remains the primary source of heroin and methamphetamine used in the United States and is a transit country for cocaine from Colombia. Mexico also faces risk from criminals’ emerging ability to produce illicit fentanyl domestically. INL supports Mexico’s efforts to eradicate poppy, dismantle clandestine drug laboratories, control precursor chemicals used to produce illicit drugs, and interdict drugs before they enter the United States. INL seeks to support Mexico’s effective implementation of its CN strategy and, over the long term, help Mexico increase its ability to conduct CN operations, collect evidence, and use that evidence in court to bring TCOs to justice.

Contribution to National Drug Control Strategy: INL’s CN programming contributes to the *National Drug Control Strategy’s* line of effort to reduce the availability of illicit drugs in the United States by building Mexico’s capacity to reduce drug cultivation and production.

Prior Years Performance Targets and Results

Measure 4: Hectares of opium poppy cultivated in Mexico.

Table 4

CY 2020 Target	CY 2020 Actual	CY 2021 Target
Not defined.	Not yet available.	Not yet defined.

CY 2020 Performance Results: Mexico passed asset forfeiture reforms, increased extraditions of dangerous drug traffickers to the United States, made progress in completing its first poppy yield study in 17 years (as part of MEXK-54), expanded detection of fentanyl precursor chemicals at key international mail facilities, and produced a counterdrug strategy. Mexico’s poppy eradication program is not yet tied to any sustainable alternative development.

Current Year Performance Target

CY 2021 Performance Target: Determining bilaterally agreed upon CN performance targets requires continued engagement with the GOM. For example, a prospective goal to see Mexico cut poppy cultivation in half by 2024 (from 30,400 ha in 2019 to 15,200 ha in 2024), could be a measure of improved strategic poppy eradication using intelligence and validated data, but to date the United States and Mexico have not set a defined cultivation target. The United States continues to address drug policy goals through the bilateral High-Level Security Working Group and will pursue agreement on performance measures based on verifiable data for reducing poppy cultivation; reducing production and improving interdiction of heroin, methamphetamine, fentanyl, and cocaine; securing borders and ports against trafficking of illicit goods; prosecuting illicit finance; and reducing impunity for transnational crime.

Quality Performance Data

Data Source: Current poppy cultivation estimates come from ONDCP, which in calendar year 2019 was estimated at 30,400 ha; poppy eradication estimates come from the GOM. INL supports UNODC verification studies of Mexico’s poppy eradication efforts (MEXW-34) and poppy cultivation (MEXK-54). UNODC has not yet published MEXW-34 data; UNODC published its fourth MEXK-54 study, for 2017-2018, in March 2020.

Methodology for Setting Targets and Reporting Results: Once Mexico shares verified eradication data, the United States and Mexico can set targets against which to report results.

Drug Demand Reduction

Measure Description: Increase the number of credentialed drug treatment professionals globally based on the number of professionals that have passed the Colombo Plan’s Global Centre for Credentialing and Certification (GCCC) International Certified Addiction Professional (ICAP) exams, compared with the prior year number.

Purpose of the Program: INL’s drug demand reduction program seeks to professionalize the drug prevention, treatment, and recovery workforce through the development and dissemination of evidence-based trainings and technical assistance. Research confirms that the use of evidence-based practices in prevention, treatment, and recovery support results in better drug use outcomes for those in need of services as well as contributes to reductions in crime and violence. Similar to other professional fields, drug demand reduction-related certification, licensing, and credentialing are tools used to determine knowledge, skill, and experience. Training and credentialing increase the ability of professionals to deliver the best interventions to achieve positive outcomes. With the limitations of COVID, INL will focus on remote proctoring in order to continue credentialing treatment, prevention, and recovery workers across the health and criminal justice systems primarily in Asia, Latin America, and Africa.

Contribution to National Drug Control Strategy: This program contributes to the *National Drug Control Strategy’s* goal of collaborating with international partners to promote evidence-based practices for drug prevention, treatment, and recovery efforts for persons with SUDs to reduce drug use as well as associated drug related crime and violence.

How is this measure outcome-oriented? INL supports the development and training of professionals in prevention, treatment, and recovery efforts. The number of credentialed professionals is the outcome that reflects the effectiveness of the trainings through an exam process where individuals are tested on their knowledge and skills in order to secure the credential.

Prior Years Performance Targets and Results

Measure 5: Increase the number of credentialed drug-demand reduction professionals over prior year totals.

Table 5

CY 2020 Target	CY 2020 Actual	CY 2021 Target
15%	8%	15%

CY 2020 Performance Results: The performance target was not achieved for 2020. COVID-19 caused the cancelation of most of the normally scheduled exams. In 2020, 10 exams were conducted (down from 28 in 2019) for 246 candidates covering all levels of credentialing. However, despite these limitations, there was an increase of 8 percent from 1,715 total credentialed professionals in 2019 to 1,866 total credentialed professionals at the end of 2020. The 149 newly credentialed professionals are from Indonesia, The Philippines, Samoa, Botswana, South Africa, Tunisia, Cameroon, United Kingdom, Egypt, Canada, United Arab Emirates, Moldova, Namibia, Slovakia, and Venezuela. For CY 2021, it is anticipated that the target will be met given GCCC's work to establish remote proctoring.

Current Year Performance Target

CY 2021 Performance Target: Increase the number of credentialed professionals by 15 percent per year.

Quality of Performance Data

Data Source: The number of drug treatment professional who have passed the ICAP exam during the course of the calendar year are tracked in a database by Colombo Plan's GCCC.

Methodology for Setting Targets and Reporting Results: The target has been set for an increase of 15 percent in the number of credentialed drug treatment professionals based on the number of exams that can be administered in a year and the pipeline of professionals who qualify to sit for the exam. In order to sit for an exam, a professional must have both a threshold number of training hours completed as well as experience in the field of addiction. INL will reevaluate the target as INL develops more opportunities for training online and GCCC increases its ability to conduct exams remotely.

Process for Validating Performance Information: GCCC provides a year-end total of credentialed professionals to INL by country to measure the percentage increase by year. GCCC also provides the number of exams given for the year. Furthermore, GCCC adheres to a standardized application process documented in an online application form that requires applicants to provide career history, credentials, and submission of training certificates, university transcripts, and other documents. Since many of the training certificates are associated with INL-supported Universal Curriculum trainings the completion of the course can be verified by the individual applying for the exam. INL also has ongoing access to the database of the number exams given to include the number of participants that have passed the exam by country.

DEPARTMENT OF STATE

United States Agency for International Development

Resource Summary

	Budget Authority (in Thousands)		
	FY 2020 Final	FY 2021 Enacted**	FY 2022 Request
Drug Resources by Function			
International	\$53.533	\$53.533	\$50.030
Total Drug Resources by Function	\$53.533	\$53.533	\$50.030
Drug Resources by Decision Unit			
Development Assistance	\$10.000	\$10.000	\$18.535
Economic Support Fund	43.533	43.533	31.495
Total Drug Resources by Decision Unit	\$53.533	\$53.533	\$50.030
Drug Resources Personnel Summary			
Total FTEs (direct only)	14	14	14
Andean Region (Total)			
Peru	43	40	40
Colombia	10	10	10
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)*	\$24.5	\$25.9	\$27.7
USAID Drug Resources Percentage	0.2%	0.2%	0.2%

* Total Agency Budget is the USAID-managed foreign assistance accounts, including DA, ESF, among others.

** The FY 2021 level is an estimate based on FY 2020 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2021 appropriation.

Program Summary

MISSION

USAID is the agency responsible for implementing most of the economic and development foreign assistance provided by the United States Government. It receives overall foreign policy guidance from the United States Secretary of State. USAID advances United States foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's AD programs support United States CN objectives by helping countries develop economically viable alternatives to narcotics production. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improving commercial agricultural production and market linkages in drug production-prone areas and offering farmers incentives to discontinue planting poppy and other illicit crops. USAID also works to improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and grow a viable agri-business industry. This support incentivizes

and facilitates participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key United States partner countries.

METHODOLOGY

For programs related to counter-narcotics, USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. In preparing the annual foreign assistance budget request, the USAID and the DOS allocate all funding according to the Foreign Assistance Standardized Program Structure, which contains a Program Area for CN. All USAID-managed CN programming is for alternative development and alternative livelihoods programs, which support economic development that is not reliant on the cultivation, production, and sale of illicit drugs.

BUDGET SUMMARY

In FY 2022, USAID requests \$50.0 million for drug control activities, a decrease of \$3.5 million from FY 2020 enacted level.

Economic Support and Development Funds – Andean Region

Colombia

The FY 2022 Request for Colombia will continue to target the flow of illicit drugs to the United States by supporting the transition to peace. Countering illegal drugs in Colombia is a difficult challenge since although the overall amount of cocaine seized in Colombia during the last few reporting periods increased, the increase in the overall cocaine production outpaced these gains. However, in geographic areas where USAID CN programming has intervened, there has been proven success in sustaining low levels of coca production. Assistance will continue to fund programs to improve the conditions necessary for inclusive, licit, rural economic growth—an important counterpart to the DOS’s INL CN programs. USAID and INL are committed to strengthening coordinated, sequenced programming as part of a whole-of-government approach to deepen state presence, improve citizen security, and enable rural development. USAID is also working closely with the full range of interagency colleagues to define and advance a broader set of metrics to encourage focus on the root causes of coca cultivation. Geographically, USAID programming will concentrate on post-conflict areas and advance implementation of the peace accord that was ratified in 2016. This so-called “peace geography” is the source of an estimated 94% of the country’s coca, making peace accord implementation key to sustained anti-narcotics gains. Assistance will strengthen legal economies in rural, conflict-affected areas by increasing the competitiveness of licit producers and the value of licit products. Funding will support Government of Colombia initiatives to better integrate security and alternative livelihood programs to further reduce drug production, consolidate security, promote licit economic alternatives, ensure more equitable and secure land tenure, protect natural resources, slow deforestation, increase public and private investment, and improve economic infrastructure in target regions. These efforts will include catalyzing public and private sector investments in key regions and strengthening farmer producer associations, cooperatives, rural microcredit organizations, agricultural enterprise value chains; and facilitating market linkages.

Peru

The Government of Peru (GOP), along with coordinated assistance from the United States Government, has been able to sustain reductions in the numbers of hectares of coca in large swaths of Peru’s central jungle through a three-pronged approach focusing on alternative development (AD), eradication, and

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

interdiction. Once a community gives up coca, USAID’s AD programs complement the GOP’s efforts to help farmers acquire the assets, skills, and basic services needed to become part of the licit economy (e.g., new crops, improved roads, farming knowledge, improved local governance, access to Internet and financial services). In line with leveraging Peruvian resources, USAID has progressively transferred many aspects of AD assistance to the GOP, including negotiating post-eradication assistance agreements with communities that give up coca, and delivering on those plans. In time, USAID links assisted farmers with higher value markets by helping them secure the volume and quality demanded by buyers and credit to invest in their farms.

PERFORMANCE

Information regarding the performance of the drug control efforts of USAID is based on data reported in each U.S. embassy’s 2020 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The table and accompanying text represent highlights of their achievements during FY 2020.

United States Agency for International Development		
Selected Measures of Performance***	FY 2020 Target	FY 2020 Achieved
Hectares of alternative crops targeted by USG programs under cultivation (Peru)	85,0000	83,815
Total sales of licit farm and non-farm products in USG assisted areas (Peru)	\$70,000,000	\$83,342,540
Percentage of female participants in USG-assisted programs designed to increase productive economic resources (Peru)	40	49
Number of rural households benefiting directly from USG interventions (Colombia)	19,995	27,973
Value of smallholder incremental sales of licit agricultural products with USG assistance (Colombia)	\$7,913,000	\$28,978,809
Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)	20,209	122,841
Number of families benefiting from alternative development (AD) activities in the Andean region (Peru)	45,000	61,792

Colombia

Colombia remains the largest Andean producer of coca. Despite the progress made in the fight against the production and trafficking of illicit drugs, coca production remains a top income generator for illegal armed actors and organized crime, resulting in increased community insecurity. Where these illegal armed groups are present, development programs may stall, if they exist at all. During FY 2020, USAID's efforts strengthened legal economies in rural, post-conflict-affected areas by expanding land titling, increasing the competitiveness of licit producers and the value of licit products, with a focus on agricultural value chains, market analyses, and environmental sustainability. USAID also offers technical assistance to rural producers and organizations to improve the productivity of licit crops and increase rural smallholder sales. USAID/Colombia's encouraging performance with the value of sales and number of hectares indicators are partly a result of the Mission's effort to entice the private sector to increase investments in rural areas. Assistance has also helped local organizations become effective and reliable partners with public and private sector actors in the planning and implementation of socio-economic development initiatives.

Peru

The coca crop of 2019 was among the largest ever in Peru. Coca cultivation reached 72,000 hectares (about 180,000 acres), a rise of 38 percent from 52,000 hectares in 2018 and the highest level in more than 20 years according to the U.S. Government. Nearly 85 percent of Peru's cocaine is now produced in two regions: the Valley of the Apurímac, Ene, and Mantaro Rivers (VRAEM) and the western highlands of Puno. Efforts to stem the rise, including eradication and interdiction, while positive, have not kept pace with the growth of the illicit crop.

While overall cocaine supply increased, the number of hectares of coca remained relatively low in geographic areas where USAID carried out AD programs in combination with eradication (regions of San Martín, Huanuco, Ucayali, and Pasco). The U.S. Government recorded the majority of the increases where the Peruvian counter narcotics model (AD, interdiction, and eradication) has not been fully implemented.

Where all three elements were effectively implemented, Peru demonstrated reduced coca cultivation: UNODC estimates show coca cultivation decreasing in these targeted areas from 18,480 hectares in 2011 to 3,215 hectares in 2017. (Note: UNODC did not report on coca cultivation in Peru for 2018.) U.S. Government estimates also demonstrate a sustained reduction in these areas, including a 23 percent year-on-year decrease in hectares from 2017 to 2018.

USAID/Peru's AD budget declined from \$32 million in FY 2013 to \$20.5 million in FY 2018. Despite a reduced budget, USAID has been able to leverage greater resources and buy-in from Peru's private and public sectors to sustain coca reductions. While in FY 2013 USAID helped 20,560 families to transition to licit livelihoods, that number more than doubled, to 44,035, in FY 2019. With \$21 million of investments from private partners in FY 2019, AD assistance helped farmers improve yields and quality of their products on 70,853 hectares of cacao and coffee-based agroforestry plantations—another two-fold increase, from 35,317 in FY 2013. USAID also focused on helping farmers aggregate their product to meet market demands, leading to \$67 million in cacao and coffee sales during FY 2019.

In contrast with prior years when the USG provided 90 percent of funding for AD programs, the GOP's investment in AD has jumped substantially from \$4 million in 2010 to \$39 million in 2019, covering about 60 percent of the annual budget. (Similarly, Peru's eradication budget went from zero in 2012 to \$30.3

million in 2019, or 75 percent of the costs.) In FY 2019, USAID worked with Peru's CN agency, DEVIDA, and the Ministry of Economy and Finance to implement an MOU—signed during the 2018 Summit of the Americas—that commits the GOP to increased investment and provision of basic services in priority AD regions in coming years.

In FY 2019, USAID focused on strengthening the capacity of DEVIDA and other GOP entities to replicate successful AD programs in new, challenging illicit coca-producing areas, such as the Shining Path stronghold of the VRAEM, using primarily domestic resources. USAID began phasing out interventions in consolidated areas, such as the San Martin region, and continues to assess the appropriate timing to reduce direct government-to-government (G2G) assistance for AD.

Peruvian government officials up to the highest levels affirm the government remains committed to curbing the record cocaine output, despite contending with one of the worst health and economic crises in the nation's history and a looming presidential election in 2021. Even under ideal circumstances it would likely take several years to reverse Peru's rising cocaine production. The numbers are likely to get worse before they get better. We know what needs to be done: more eradication in the VRAEM and Puno, more interdiction, and more jobs for the rural poor. Peru has a sound strategy to address the problem. Executing the strategy requires political urgency and more robust U.S. assistance.

DEPARTMENT OF TRANSPORTATION



DEPARTMENT OF TRANSPORTATION Federal Aviation Administration

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Actual	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$16.310	\$17.500	\$17.240
Intelligence	13.765	13.865	14.455
Investigations	1.380	1.380	1.490
State & Local Assistance	1.800	1.900	2.253
Total Drug Resources by Function	\$33.255	\$34.645	\$35.438
Drug Resources by Decision Unit			
Air Traffic Organization	\$11.965	\$11.965	\$12.203
Aviation Safety/Aerospace Medicine	17.690	18.880	18.730
Security and Hazardous Material Safety	3.600	3.800	4.505
Total Drug Resources by Decision Unit	\$33.255	\$34.645	\$35.438
Drug Resources Personnel Summary			
Total Full Time Equivalentents (direct only)	170	173	175
Drug Resources as a percent of Budget			
Total Federal Aviation Administration Budget (in billions)	\$17.6	\$18.0	\$18.5
FAA Drug Resources percentage of total budget	0.19%	0.19%	0.19%

Program Summary

MISSION

The mission of the FAA is to provide the safest, most efficient aerospace system in the world. The Air Traffic Organization monitors the Air Defense Identification Zone, an area of airspace within which the identification, location, and control of aircraft is required in the interest of national security. The Office of Aerospace Medicine supports drug-related activities within the FAA and in the Aviation Industry through its mission to reduce drug use and its consequences throughout the national aerospace. The Office of Security and Hazardous Materials Safety Law Enforcement Assistance Program (LEAP) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all federal, state, and local LEAs engaged in drug interdiction efforts.

METHODOLOGY

There are no single identifiable line items within the Air Traffic Organization, Office of Aerospace Medicine, or Office of Security and Hazardous Materials appropriations that fund drug control efforts. The Air Traffic Organization drug funding is determined by estimating the costs associated with the time air traffic controllers spend on drug interdiction activities. All Office of Aerospace Medicine operations, capital improvements and acquisitions, and program training activities are funded out of the associated appropriations as part of operation costs. The drug-scored Office of Security and Hazardous Materials funding is an estimate of support provided to LEAs to assist in the interdiction of dangerous drugs and narcotics into the United States.

BUDGET SUMMARY

In Fiscal Year (FY) 2022, FAA requests \$35.4 million for drug control activities, an increase of \$0.8 million from the FY 2021 Enacted Budget.

Air Traffic Organization

FY 2022 Request: \$12.2 million

(\$0.2 million above the FY 2021 Enacted)

Air traffic controllers staffing air route traffic control centers monitor the air defense identification zone to detect possible suspicious aircraft movement. The air defense identification zone refers to airspace, over land or water, within which aircraft must readily provide their identification and location in the interest of national security. Typically, an aircraft entering this zone is required to radio its planned course, destination, and any additional details about its trip through the zone to the appropriate authorities. Air traffic controllers staffing air route traffic control centers, DEA, and USCG all monitor the air defense identification zone for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, air route traffic control center controllers support DEA/USCG interdiction efforts by providing radar vectors to track aircraft of interest time of arrival, traffic advisory information, and last known positions to intercept aircraft. Additionally, air route traffic control center staff support DEA and USCG during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real-time basis. Cost estimates are solely attributed to personnel costs for air traffic controllers at Air Route Traffic Control Center facilities.

Aviation Safety/Aerospace Medicine

FY 2022 Request: \$18.7 million

(\$0.2 million below the FY 2021 enacted level)

Three decision units within Aviation Safety's Office of Aerospace Medicine perform functions that rely on drug resources - two supporting aviation industry drug abatement, and one responsible for drug and/or alcohol testing of FAA employees:

- The Drug Abatement Division ensures the aviation industry implements and maintains drug and alcohol testing programs in accordance with 14 CFR part 120 and 49 CFR part 40 (\$12.15 million).
- The Drug Abatement Division includes the Special Investigations Branch, which investigates (1) all industry complaints about rule violations and allegations, and (2) all individual or employee-related drug or alcohol violations (e.g., refusals to submit to testing, positive drug test results, alcohol violations, return-to-duty violations), including, but not limited to violations by 14 CFR part 67 medical certificate holders (\$1.49 million).

- The Internal Substance Abuse Program unit tests FAA employees in safety and security critical positions (\$5.09 million) as mandated by Executive Order and the Omnibus Transportation Employee Act of 1991.

The Drug Abatement Division is responsible for the development, implementation, administration, and compliance monitoring of the aviation industry drug and alcohol testing programs as set forth in the DOT and FAA regulations, 49 CFR part 40 and 14 CFR part 120. The regulations require the following individuals and employers to implement drug and alcohol testing programs: (1) all part 119 certificate holders authorized to operate under parts 121 and 135, (2) air tour operators (as defined in § 91.147), (3) air traffic control facilities not operated by FAA or under contract to the U.S. Military, (4) all individuals who perform a safety-sensitive function, (5) all part 145 certificate holders who perform safety-sensitive functions and elect to implement a drug and alcohol testing program, and (6) all contractors who elect to implement a drug and alcohol testing program.

When implementing a testing program, an employer must ensure that all individuals performing safety-sensitive functions directly or by contract (including subcontract at any tier) are subject to testing. The safety-sensitive duties include flight crewmember duties, flight attendant duties, flight instruction duties, aircraft maintenance or preventive maintenance duties, air traffic control duties, aviation screening duties, ground security coordinator duties, aircraft dispatcher duties, and operations control specialist duties. In FY 2022, funding will support the Drug Abatement Division's responsibility to ensure industry's compliance with the drug and alcohol testing regulations. The Division will conduct inspections of employer programs, as well as investigations of airmen or employee violations. The funding is required to ensure that compliance efforts continue, through conducting inspections and/or investigations of employees and employers and analyzing statistical testing reports submitted by the air carriers and contractors.

Funding in FY 2022 will also support the FAA Internal Substance Abuse Program's requirement to test FAA employees in positions characterized as "Testing Designated Positions," safety/security critical for drug and/or alcohol use. The program consists of the following types of tests: pre-employment, random, reasonable suspicion, post-accident, return-to-duty, follow-up and voluntary. Two contractors provide testing services on a per sample basis (Forensic Drug and Alcohol Testing and ALERE/ABBOTT Laboratory). The five categories of drugs the agency tests for are amphetamines, cannabinoids (marijuana), cocaine, opioids, and PCP. The funding is required to ensure compliance with drug testing mandated by Executive Order 12564 dated September 15, 1986 and the Omnibus Transportation Employee Act of 1991, and implemented by DOT Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

Security and Hazardous Materials Safety

FY 2022 Request: \$4.5 million

(\$0.7 million above the FY 2021 Enacted)

The Office of Security and Hazardous Materials Safety's (ASH) LEA division was initially structured to devote 100 percent of its staff time to drug control-related work. Since then, responding to incidents caused by UAS and Laser pointers have been added to the division's responsibilities, reducing the level of effort available for their drug control efforts. This increase in both funding and FTE dedicated to drug control efforts is due to the additional positions requested to lessen the ONDCP workload.

To help address this additional workload caused by UAS and Lasers, ASH received additional LEA positions in the FY 2021 enacted budget. Even with these additional positions the Division will not be 100 percent dedicated to ONDCP work. The amount of staff time dedicated to the ONDCP workload will also be variable each year, with budget projections subject to change depending on priorities, when actuals are reported. ASH will continue to perform ONDCP-related work at the highest performance level in FY 2022 and beyond.

In FY 2022, funding will provide for ASH's continued support to the DEA, CBP, ICE and other LEAs in their efforts to interdict narcotics smuggling, within the United States and while collaborating with foreign entities.

Collaborating with law enforcement will be beneficial for both FAA and the agencies the FAA supports. The FAA's awareness of investigations and information will enable/support initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. Harnessing FAA's continuing partnerships, LEAs will be able to identify and act against individuals involved in criminal activities that affect the safety and security of the national airspace. Additionally, FAA will be informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements, and will be able to take regulatory actions against them, including suspension/revocation of airmen/aircraft certificates and civil penalties. FAA LEAP special agents will conduct regulatory investigations into airmen who were convicted of drug-related offenses and are in violation of certain United States Code statutes and federal aviation regulations as a result of information received from individual states, the District of Columbia, and three territories.

FY 2022 funding also supports LEAP special agents providing continued training to federal, state, and local LEAs. The training will provide insight, familiarity, and knowledge of aircraft operations, the aviation environment and pertinent aviation laws and regulations. It is geared to assist in the interdiction of general aviation users involved in narcotics smuggling and other related criminal activity.

PERFORMANCE

Information regarding the performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within the agency. The table includes selected performance measures, targets, and achievements for FAA drug control activities.

Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
» Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs < 0.5% for Alcohol	<1% for Drugs <0.5% for Alcohol
» Schedule and inspect a minimum number of regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,450	1,973
» Initiate regulatory investigations on 95 percent of all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement	95%	90%
» Initiate regulatory investigations on 95 percent of all aircraft involved in illegal activity within 30 days of knowledge of that activity	95%	100%
» The Law Enforcement Assistance Unit will ensure initial response to inquiries from federal, state, law enforcement, ASH headquarters, and field elements within 24 to 48 hours of requests	95%	100%
» Provide assistance and briefings to other agencies as requested	95%	100%

Air Defense Identification Zone

The Air Defense Identification Zone activity directly supports the *National Drug Control Strategy's* goal of reducing the trafficking of illicit drugs. The agency is working to develop a performance metric in support of this activity.

Drug Testing of Safety-Sensitive Employees

Pursuant to 14 CFR § 120.109(b), the FAA Administrator’s decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00 percent, the Administrator may continue the minimum random drug testing rate at 25 percent. Similarly, 14 CFR §120.217(c), requires the decision on the minimum annual random alcohol testing rate to be based on the random alcohol test violation rate. If the violation rate remains less than 0.50 percent, the Administrator may continue the minimum random alcohol testing rate at 10 percent. In calendar year 2019, the latest available data, FAA exceeded its target with 0.731 percent of those persons randomly selected testing positive for drugs, while 0.114 percent tested positive for alcohol, much less than their respective one and one-half percent thresholds.

Based on the reported data for 2019, violation rates for both drugs and alcohol remained low enough to enable the Administrator to continue the current minimum random testing programs for testing in calendar year 2021. The FAA published the rates in their annual Federal Register Notice, most recently on December 4, 2020.

Law Enforcement Assistance Program (LEAP)

During FY 2021 (as of April 19, 2021), FAA LEAP special agents responded to 3,958 requests from law enforcement and other agencies for information regarding airmen/aircraft in support of criminal investigations. Partnering with law enforcement is beneficial for both FAA and the agencies supported. As a result of the partnership, LEAs are able to identify and act against individuals involved in criminal activities that affect the safety and security of the national airspace. Additionally, due to that partnership, FAA is informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements and is able to take regulatory actions against them, including suspension/revocation of airmen/aircraft certificates and civil penalties.

Notable FY 2021 accomplishments of FAA support of drug interdiction initiatives undertaken by LEAP special agent(s) to date:

- LEAP provided assistance to DEA SOD, in Honduras and Brazil regarding an aircraft transporting narcotics that crashed landed in Honduras and was subsequently abandoned. Honduran military seized 100 kilos of cocaine, weapons/ammunition, and satellite phones. The aircraft exporter is under investigation for supplying drug trafficking organization aircraft.
- LEAP supported the investigative efforts for the Joint Task Force – Investigations (JTF-I), in support of the National Aviation Trafficking Initiative (NATI), when they reported the seizure of approximately 1360 kilograms of cocaine, one aircraft, and the arrest of an Argentinian national for violation of foreign law concerning narcotics.
- DHS/HSI seized \$400,000 from an aircraft title company as part of a money laundering investigation involving the illicit purchase of a Gulfstream G-1159A aircraft. This is a Homecourt NATI case and LEAP has been supporting this case and will continue to assist as the investigation continues.

In addition to providing assistance to LEAs, LEAP special agents across the country are providing training to federal, state, and local LEAs. The training provided insight as well as familiarity and knowledge of aircraft operations, the aviation environment, and pertinent aviation laws and regulations. It was geared to assist in the interdiction of general aviation involved in narcotics smuggling and other related criminal activity. Some examples of the types of training provided are identified below:

- Ramp Inspection Training to the multiple state, and local police departments to familiarize LEAs with conducting investigations in an airport environment.
- Training of airmen, aircraft investigations, and the type of support that FAA LEAP special agents can provide, given to the CBP Office of Air and Marine class at the Federal Law Enforcement Training Center.
- Training on the LEAP and Unmanned Aircraft Systems investigative support needs to various federal, state, and local LEAs.
- Operation Jetway training in conjunction with the DEA. Operation Jetway training is attended by federal, state, and local law enforcement agencies. It also includes training on FAA

documentation of aircraft and airmen as well as narcotics trafficking indicators. The training culminates in a live practical exercise in an airport environment.

- Numerous national and local law enforcement conferences to include the Airborne Public Safety Association, International Narcotics Investigator's Association, and International Association of the Chiefs of Police.

DEPARTMENT OF TRANSPORTATION National Highway Traffic Safety Administration

Resource Summary

Highway Safety Research and Development Account	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prevention	\$12.52	\$11.68	\$10.50
Research	\$1.73	\$0.70	\$0.70
Emergency Medical Services	\$0.50	\$0.50	\$0.50
Total Drug Resources by Function	\$14.752	\$12.88	\$11.70
Drug Resources by Decision Unit			
Drug-Impaired Driving Program*	\$4.72	\$2.00	\$2.00
Highway Safety Research	\$1.20	\$1.70	\$1.70
Emergency Medical Services	\$0.50	\$0.50	\$0.50
Communications and Consumer Information*	\$8.33	\$8.68	\$7.50
Total Drug Resources by Decision Unit	\$14.75	\$12.88	\$11.70
Drug Resources Personnel Summary			
Total FTEs (direct only)	3	3	3
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$0.90	\$0.90	\$0.90
Drug Resources percentage	0.3%	0.30%	0.30%

* Funding for these activities is provided under NHTSA's Operations and Research (Highway Safety Research and Development) Trust Fund appropriation and Sec. 142 of the Further Consolidated Appropriations Act, 2021 (P.L. 116-260). Sec. 142 makes available until September 30, 2022, \$7 million for grants, pilot program activities, and innovative solutions to reduce impaired-driving fatalities. The amounts obligated in FY 2022 for such initiatives will be included in future reports to ONDCP.

Program Summary

MISSION

The mission of the National Highway Traffic Safety Administration (NHTSA) is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes (including crashes related to impairment by alcohol and other drugs) through education, research, safety standards, and law enforcement. NHTSA Research and Program Development (NPD) formulates, implements and assesses behavioral traffic safety programs. Among its responsibilities, NPD researches the relationship between drug use and driving and provides programmatic support for drug-impaired driving prevention, equitable traffic law enforcement, and emergency medical services. To the extent its authorization provides, NHTSA will support the Biden-Harris Administration's Drug Policy Priorities for Year One.⁴⁵

⁴⁵ <https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf>

METHODOLOGY

NHTSA funds drug-impaired driving research and programs out of its core research and demonstration budget authorized under 23 USC 403. Although NHTSA lacks a formal, written methodology for identifying drug control obligations, the Agency implements standard procedures and controls. NHTSA follows a budget strategy planning process to develop projects each fiscal year. Projects by Decision Unit and Function that address drug-control activities are identified and tracked in accordance with ONDCP Circulars. NHTSA uses DOT's financial management system, Delphi, to account for all program expenditures, including funds dedicated to drug-impaired driving initiatives.

BUDGET SUMMARY

In FY 2022, NHTSA is requesting \$11.7 million for drug control activities to accelerate behavioral safety research, develop appropriate impaired driving countermeasures, and strengthen EMS initiatives to combat the opioid epidemic.

Highway Safety Research

FY 2022 Request: \$1.7 million

(no change from the FY 2021 enacted level)

NHTSA conducts research to understand the prevalence of drug use among road users and how to identify drug-impaired driving. NHTSA plans to use funds from the Highway Safety Research budget to conduct research to support reductions in drug-impaired driving.

- **Toxicology Consultant Services**

NHTSA has contracted toxicologists to (a) aid in understanding, studying, and addressing issues related to chemical testing and the impairing effects of drugs and (b) network with colleagues in the forensic toxicology, criminology and medical communities to encourage more interest and activity on traffic safety.⁴⁶

- **National Roadside Study of Alcohol and Drug Use by Drivers**

NHTSA may conduct a study of national prevalence estimates for alcohol and other drug use among road users. This survey was last conducted in 2013-2014.⁴⁷

- **Develop Indicators of Behavioral Impairment Due to Cannabis Consumption**

NHTSA has initiated a dosing study to determine the feasibility of developing a behavioral field test to identify cannabis use by drivers. Data collection for this study was completed in FY 2019. The next steps will involve the development and testing of a behavioral/cognitive testing protocol suitable for law enforcement use.

- **Understand Lay Peoples' Understanding of Impairment**

This investigation will help NHTSA understand how individuals view impairment, particularly impairment by drugs other than alcohol. By furthering this understanding, NHTSA can improve countermeasure development and implementation.

⁴⁶ <https://rip.trb.org/View/1564331>

⁴⁷ <https://www.nhtsa.gov/behavioral-research/2013-14-national-roadside-study-alcohol-and-drug-use-drivers>

Drug-Impaired Driving Program

FY 2022 Request: \$2.00 million

(no change from the FY 2021 enacted level)

NHTSA provides technical assistance to stakeholders at the national, State and local levels to implement effective drug-impaired driving countermeasures.

- **Public Information and Education**

NHTSA will partner with the International Association of Chiefs of Police, the National Sheriffs' Association, and the National Organization of Black Law Enforcement Executives as NHTSA refreshes all materials relating to drug-impaired driving so they are consistent, highlight fair and equitable enforcement, and contain the latest available information.

- **Drug-Impaired Driving Detection Training and Data Collection**

To accommodate the changing landscape of drug-impaired driving, NHTSA reviewed and revised the training courses for Standardized Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement (ARIDE), and Drug Recognition Experts (DREs). Training delivery will continue in FY 2022. Furthermore, NHTSA will continue to support and update the national DRE database and the State registries of officers certified in SFST, ARIDE, and DRE. NHTSA will review and refine the structure, data elements, and potential uses of these databases.

- **Substance Use Disorder Assessment and Treatment**

NHTSA will expand its efforts to support community supervision providers who work in post-conviction programs (probation, parole, and community-based corrections) to assist in reducing recidivism among impaired driving offenders. In addition, NHTSA will investigate opportunities to engage the behavioral health workforce in routinely screening clients for impaired driving risk using validated instruments.

- **Criminal Justice System Improvements**

FY 2022 funds will support States using the Drug-Impaired Driving Criminal Justice Evaluation Tool⁴⁸ to self-assess and strengthen their drug-impaired driving programs.

- **Safety Program Assessments**

NHTSA facilitates statewide traffic safety program assessments⁴⁹ in a variety of areas, including impaired driving, SFST and optional Drug Evaluation and Classification.

Emergency Medical Services

FY 2022 Request: \$0.50 million

(no change from the FY 2021 enacted level)

NHTSA's Office of EMS reduces the negative health and social consequences of drug use in the United States by improving EMS treatment and surveillance of fatal and non-fatal opioid overdose patients. NHTSA's National Emergency Medical Services Information System (NEMSIS) database⁵⁰ allows local communities, States, and territories to receive EMS data (including naloxone administration data) in

⁴⁸ <https://www.nhtsa.gov/drug-impaired-driving-criminal-justice-evaluation-tool>

⁴⁹ <https://www.nhtsa.gov/highway-safety-grants-program/safety-program-assessment>

⁵⁰ <https://nemsis.org>

near-real time and enables the linkage of EMS records with hospital records, Prescription Drug Monitoring Programs, and other sources of health information. In FY 2022, NHTSA will continue collaborating with EMS stakeholders to increase the number of States and territories voluntarily submitting NEMSIS Version 3 data.⁵¹

Communications and Consumer Information

FY 2022 Request: \$7.5 million

(\$1.1 million below the FY 2021 enacted level)

NHTSA developed and continues to refine and distribute communications and media materials to increase public awareness of the dangers of driving after drug use and deter impaired driving.⁵²

PERFORMANCE

NHTSA has established a series of performance measures to chart the Agency’s progress defining and addressing the problem of drugged driving:

- Research to better understand the prevalence of drug use by road users;
- Training for law enforcement officers to detect drug-impaired drivers;
- Support for states and territories submitting data to the National Emergency Medical Services Information System (NEMSIS); and
- Research translation to help states and local traffic safety professionals use evidence-based prevention strategies to reduce drug-impaired driving.

FY	Targets	Results (to date)
2018	Initiate a study to examine the prevalence of legal and illegal drugs in the systems of drivers and other road users (e.g., passengers, pedestrians, bicyclists, and scooter riders) who are seriously or fatally injured in motor vehicle crashes. Identify sites and initiate data collection in those sites.	<ul style="list-style-type: none"> • In October 2020, published <i>Drug and Alcohol Prevalence in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency</i>⁵³ • Approximately 6,500 samples have been collected across seven sites. Data collection will continue through 2021.
2019	Increase by 10 percent the number of officers trained in Advanced Roadside Impaired Driving Enforcement (ARIDE) and certified as Drug Recognition Experts (DREs).	<p>Per the IACP DECP 2019 Annual Report⁵⁴ (the most recent available):</p> <ul style="list-style-type: none"> • ARIDE training increased 18.5% from 13,832 recipients in 2018 to 16,976 in 2019.

⁵¹ As of May 2021, 46 States, the District of Columbia, U.S. Virgin Islands, Northern Mariana Islands, and Guam are actively submitting NEMSIS Version 3 data.

⁵² <https://www.trafficsafetymarketing.gov/get-materials/drug-impaired-driving>

⁵³ <https://rosap.nhtl.bts.gov/view/dot/50941>

⁵⁴ <https://www.theiacp.org/sites/default/files/2020-04/2019%20DECP%20Annual%20Report.pdf>

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

FY	Targets	Results (to date)
		<ul style="list-style-type: none"> DREs trained in the U.S. increased 1.4% from 1,613 in 2018 to 1,636 in 2019.
2020-2021	Increase to 50 the number of states and territories submitting NEMSIS Version 3 data to the National EMS Database, which includes a State Naloxone Administration Dashboard.	50 states and territories ⁵⁵
2022	Publish the 10 th Edition of <i>Countermeasures That Work</i> and the first edition of <i>Countermeasures At Work</i> , with specific countermeasures for drug-impaired driving	<ul style="list-style-type: none"> NHTSA has completed Agency Review of <i>Countermeasures That Work</i>. <i>Countermeasures at Work</i> is under development.

⁵⁵ <https://nemsis.org/#tabs-1>

DEPARTMENT OF THE TREASURY



DEPARTMENT OF THE TREASURY Financial Crimes Enforcement Network

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$1.680	\$1.680	\$2.120
Total Drug Resources by Function	\$1.680	\$1.680	\$2.120
Drug Resources by Decision Unit			
Salaries and Expenses	\$1.680	\$1.680	\$2.120
Total Drug Resources by Decision Unit	\$1.680	\$1.680	\$2.120
Drug Resources Personnel Summary			
Total FTEs (direct only)	12	12	14
Drug Resources as a Percent of Budget			
Total Agency Budget (in Millions)	\$126.0	\$127.0	191.0
Drug Resources Percentage	1.33%	1.32%	1.11%

Program Summary

MISSION

FinCEN is a bureau of the Department of the Treasury. FinCEN’s mission is to safeguard the financial system from illicit use, combat money laundering, and promote national security through the collection, analysis, and dissemination of financial intelligence and strategic use of financial authorities.

FinCEN carries out its regulatory functions primarily under the authorities set forth in the Bank Secrecy Act (BSA). The bureau receives and maintains financial transactions data; analyzes and disseminates data for law enforcement purposes; and builds global cooperation with counterpart organizations in other countries and with international bodies.

While detecting financial crimes is FinCEN’s central mission, matters relating to drug trafficking activities, money laundering, etc. are uncovered in the course of carrying out the bureau’s financial crimes mission. This information can be useful to investigations of TCOs, including those that engage in narcotics trafficking.

METHODOLOGY

FinCEN estimates a total equivalent of 14 FTEs working on drug-related matters in FY 2022. The FTE estimate was based on staff working on TCOs with a demonstrated drug nexus, including opioids. The funding level was estimated using the salary and benefit costs for GS 13-5 personnel.

BUDGET SUMMARY

In FY 2022, FinCEN requests \$2.12 million for drug control activities, \$0.44 million more than the FY 2021 enacted level.

Salaries and Expenses

FY 2022 Request: \$2.1 million

(\$0.44 million more than the FY 2021 enacted level)

FinCEN works to safeguard the financial system from illicit use, combat money laundering, and promote national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence. FinCEN is seeking to strengthen its efforts to address drug-related financial crimes including money laundering, cybercrime, and use of cryptocurrency. FinCEN is also committed to working with federal, state, and local law enforcement, federal and state regulators, foreign Financial Intelligence Units, and industry.

PERFORMANCE

Information regarding the FY 2021 performance of the drug control mission of fincen is based on agency data. The table below and accompanying text represent highlights of their achievements during FY 2021

Financial Crimes Enforcement Network		
Selected Measures of Performance	FY 2021 Achieved	FY 2021 Target
» Percentage of Domestic Law Enforcement and Foreign Financial Intelligence Units who assert analytical products used led to detection and deterrence of illicit activity	TBD	90%

FinCEN measures the percentage of domestic law enforcement and foreign Financial Intelligence Units who assert that the analytic products they used led to detection and deterrence of illicit activity. This performance measure looks at what the analytics products are intended to do, i.e. be useful to a wide range of customers and have impact, such as identify new leads or provide previously unknown information. In FY 2021, TBD percent found the analytic products and research had impact on the investigations.

DEPARTMENT OF THE TREASURY Internal Revenue Service

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$66.248	\$60.257	\$60.257
Total Drug Resources by Function	\$66.248	\$60.257	\$60.257
Drug Resources by Decision Unit			
Criminal Investigation	\$66.248	\$60.257	\$60.257
Total Drug Resources by Decision Unit	\$66.248	\$60.257	\$60.257
Drug Resources Personnel Summary			
Total FTEs (direct only)	295	295	295
Drug Resources as a percent of Budget			
Total Agency Budget (in Billions)	\$11.5	\$12.0	\$12.2
Drug Resources percentage	0.52%	0.50%	0.46%

Program Summary

MISSION

The mission of the IRS Criminal Investigation Division (IRSCI) is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law. IRSCI supports the overall mission of the IRS by investigating criminal violations under its jurisdiction in three program areas: Legal Source Income, Illegal Source Income, and our Narcotics Programs. IRSCI focuses its counter-narcotics resources on multi-jurisdictional investigations of individuals associated with Transnational Organized Criminal (TOC) groups involved in narcotics trafficking, darknet markets, and financial facilitation. IRSCI utilizes its unique financial investigative expertise and statutory authority to investigate and prosecute narcotics-related money laundering to disrupt, seize, and eliminate the financial incentives of narcotics trafficking and related money laundering activities.

The IRSCI Narcotics Program supports the President’s priorities to contribute to the whole-of-government multi-agency efforts to combat Transnational Organized Crime; executes the *National Drug Control Strategy* and National Strategy Combatting Terrorist and other Illicit Financing; and plays a key role in multiple initiatives that are part of the highly visible National Southwest Border Counter - Narcotics Strategy. IRSCI participates, supports, and leads multi-agency task forces, including OCDETF, HIDTA task forces, Suspicious Activity Report–Review Teams (SAR-RT), the DEA’s SOD, International Organized Crime Intelligence and Operations Center (IOC2), and the OCDETF Fusion Center.

METHODOLOGY

The narcotics program's drug control funding is calculated by the share of full-time equivalent (FTE) staff performing counter-narcotics efforts against the entire irsci budget request, excluding earned income tax credit (eitc) and reimbursables.

BUDGET SUMMARY

IRSCI's drug control FY 2022 budget request is \$60.3 million and 295 FTE. This is based on FTE cost estimates and is the same funding level earmarked in recent fiscal years. IRSCI has established coding to further break out opioids/methamphetamines expenditure efforts, which equate to about \$18.6M (opioids-\$14.3M and methamphetamines-\$4.3M) through April 2021.

Criminal Investigations

FY 2022 Request: \$60.3 million

(No change from the FY 2021 enacted level)

IRSCI plays a unique role in law enforcement. The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act are particularly useful in the financial investigation (and prosecution) of major narcotics traffickers and money launderers, and the seizure and forfeiture of their profits. IRSCI is a participating member of the OCDEF Program, which the Department of Justice established in 1982. By primarily focusing on those sophisticated cases that meet OCDEF designation standards, IRSCI makes a significant contribution to many important TOC and counter-narcotics investigations while maximizing the use of its resources.

IRSCI continues to play a key role in the training and education of federal, state, and local partners on the latest trends and methods associated with financial investigations. IRSCI continues to work with partners on strengthening the seizure and ultimate forfeiture of illicit funds associated with narcotics trafficking. IRSCI also supports training and education of international partners via participation in the State Department's International Law Enforcement Academies (ILEA) in Budapest, Hungary and Gaborone, Botswana.

With the globalization of the U.S. economy, and the increasing use of electronic funds transfers, investigations have become more international in scope. IRSCI's international strategy places special agents in strategic foreign posts to facilitate the development and use of information obtained in host nations to support investigations. Such information is especially crucial to the success of high-level TOC, narcotics, and money laundering investigations.

To address cyber-related issues, IRSCI has created a Cyber Crimes Unit with significant work in the cyber/digital world, focusing on the internet and dark web. This special team is directly targeting actors utilizing the internet and dark web as a vehicle to conduct and profit from the sale of illicit narcotics. For FY 2022 IRSCI is embarking on a Cyber-OCDEF initiative to specifically focus on the illicit proceeds generated from darknet marketplaces and transactions conducted in virtual currencies designed to avoid Title 31 Reporting requirements. IRSCI is committed to dismantling, disrupting, and prosecuting these TCOs, in support of the *President's Initiative to Stop Opioid Abuse and to Reduce Drug Supply and Demand*.

PERFORMANCE

The performance information for IRSCI’s Narcotics program is shown below for FY 2016-2022.

IRS Criminal Investigation Narcotics						
Selected Measures of Performance	FY 2017 Achieved	FY 2018 Achieved	FY 2019 Achieved	FY 2020 Achieved	FY 2021 Target	FY 2022 Target
» Number of Investigations Completed	789	693	767	667	616	706
» Number of Convictions	706	544	483	448	310	503
» Conviction Rate	90.1%	87.3%	89.6%	90.3%	89.6%	89.4%

Notes: The achieved figures consist of all Narcotics investigations (OCDETF, HIDTA-OCDETF, Terrorism-OCDETF, HIDTA and Narcotics-Other. The FY 2022 Target is determined by taking the average of the performance results achieved from FY 2016 - FY 2020 and the FY 2021 target (determined by the past FY 5-year average achievements). The conviction rate is the percent of adjudicated criminal cases resulting in convictions.

The performance information for IRSCI’s Narcotics program opioid and methamphetamine related cases is shown below along with its overall cybercrime tax and money laundering related cases:

IRS Criminal Investigation Narcotics Program						
	Opioids and Methamphetamine			Cybercrimes		
	FY 2018	FY 2019	FY 2020	FY 2018	FY 2018	FY 2020
Completions	410	398	340	172	167	127
Convictions	255	273	188	47	76	52
Conviction Rate	89.50%	83.20%	95.40%	95.9%	97.4%	92.9%

IRSCI sponsors, co-sponsors, and participates in numerous TOC, narcotics, cyber, and OCDETF investigations. These investigations emphasize numerous violations, including, but not limited to, money laundering, money laundering conspiracies, structuring of deposits to avoid currency transaction reporting requirements, and violations applicable to illegal Money Service Businesses (MSB). Money laundering methods found in narcotics investigations that CI conducts include the Black-Market Peso Exchange (BMPE), illegal MSBs, business fronts, casinos, smurfing, bulk cash smuggling, virtual currencies, and other illegal activities. Accomplishments

The various multi-agency narcotics investigations conducted by IRSCI thus far in FY 2021 have resulted in significant impact across a wide spectrum of investigative efforts. Below is a sample of investigations that IRSCI has conducted over the past several years which were adjudicated in fiscal year 2021. The investigations cover a sampling from international, narcotics trafficking, and opioid investigations, and related money laundering violations.

- An Eastern European organized crime group was dismantled through the combined efforts of IRS, DEA, HSI and the New York City Police Department. The organization, which was headed

by 2 designated RPOTs operated in Brooklyn, NY and were involved in illegal casinos, loan sharking, extortion, drug trafficking and money laundering. The Drug Trafficking Organization (DTO) was responsible for the distribution of cocaine, heroin, and prescription pills in throughout the east coast as far south as Miami, Florida. In September of 2017, a 26-count indictment was filed in the Eastern District of New York charging sixteen members of the organization with racketeering, arson, weapons trafficking, drug trafficking, loan sharking, extortion, wire fraud and other offenses. The investigation was adjudicated in November 2020 and resulted in convictions of all defendants including two by jury trial. Sentences imposed by the court ranged from a maximum sentence of 198 months levied on the leaders of the organization to probation.

- On March 4, 2021 an individual was sentenced to 408 months for his role in a drug trafficking and money laundering conspiracy. The leader, along with 6 codefendants, were involved in a major drug trafficking organization responsible for distributing millions of dollars' worth of narcotics in Louisville, KY. IRSCI was able to provide evidence that the DTO conducted purchases of \$4.2 million dollars, which included over \$3.5 million dollars in cash, casino transactions, as well as the purchase of real estate in an effort to lauder their illicit profits. The Court forfeited a home, \$828,000 in cash, and over \$89,000 was seized from a financial institution.
- On February 2, 2021, a business owner was sentenced to 10 years in prison, three years' supervised release, and ordered to pay a monetary judgement of \$12,195,740, restitution in the amount of \$22,096,697, and a \$20,000 fine for conspiring to commit health care fraud. A co-owner of Custom Care Pharmacy participated in a scheme to defraud TRICARE and other health care benefit programs, including those that provided coverage to employees of the City of Jackson, Mississippi. In total, the pharmacies submitted \$22,068,144 in fraudulent claims to Tricare and other health care benefit programs. As part of the scheme, co-conspirators adjusted prescription formulas to ensure the highest reimbursement, paid marketers and physicians kickbacks and bribes to obtain prescriptions for high-yield compounded medications irrespective of whether they were medically necessary, and routinely waived and/or reduced the collection of copayments.
- On December 9, 2020, a doctor was sentenced to twelve months and one day in prison, to be followed by one year of supervised release, on three counts of distribution of buprenorphine, a Schedule III controlled substance; one count of health care fraud; and one count of money laundering. The doctor was also ordered to pay a \$75,000 fine and \$40,000 in restitution to Medicare and the Pennsylvania Medicaid program. He will also forfeit approximately \$17,000 in previously seized cash and casino chips. On October 28, 2019, the doctor admitted to investigators that on three occasions between July 2016 and December 2016 he unlawfully prescribed buprenorphine to undercover law enforcement officers. Buprenorphine is commonly used in the treatment of patients suffering from opioid addiction.
- On November 6, 2020, in the Southern District of Indiana, a DTO leader was sentenced to 490 months incarceration, to be followed by 5 years supervised release. The individual had previously entered a plea of guilty to one count each of Conspiracy to Possess and Distribute Controlled Substances, Conspiracy to Commit Murder-for-Hire, and Money Laundering Conspiracy. From his home in Georgia, the DTO led a drug trafficking organization that was

responsible for trafficking large quantities of narcotics from Georgia to the Kokomo, Indiana area. Additionally, the DTO was part of an effort to have a government informant murdered. Search warrants executed at 13 locations in two states yielded seizures of over 17 pounds of methamphetamine, over two pounds of cocaine, two ounces of heroin, 122 grams of fentanyl, six ounces of marijuana, two money counters, 12 vehicles, \$37,000, and 24 firearms. The investigation resulted in the convictions of 15 defendants sentenced for their role in the DTO.

- On October 15, 2020, as the result of a successful multi-agency OCDETF investigation in the Las Vegas regions resulted in the life sentence of a defendant for running a large scale international DTO that manufactured controlled substances, namely fake prescription pills made from Fentanyl and counterfeit Xanax tablets. The DTO distributed over a million counterfeit Fentanyl based oxycodone pills to other individuals for purposes of further distribution throughout the United States and elsewhere using a storefront on the darknet marketplace AlphaBay. The storefront was paid in Bitcoin and the defendant made and laundered millions of dollars from his DTO. The defendant was convicted at trial in September 2019 on charges of running a Continuing Criminal Enterprise, drug distribution, and money laundering. Eight other co-conspirators involved in the DTO have already plead guilty and are awaiting sentencing. Seizures on the investigation include over \$2 million in cash and over \$2.4 million in Bitcoin.

DEPARTMENT OF THE TREASURY Office of Foreign Assets Control

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Prosecution	\$0.681	0.681	0.681
Total Drug Resources by Function	\$0.681	\$0.681	\$0.681
Drug Resources by Decision Unit and Program Area			
Salaries and Expenses	\$0.681	\$0.681	\$0.681
Total Drug Resources by Decision Unit	\$0.681	\$0.681	\$0.681
Drug Resources Personnel Summary			
Total FTEs (direct only)	6	6	6
Drug Resources as a Percent of Budget			
Total Agency Budget (in Millions)	\$53.8	\$57.2	\$57.1
Drug Resources Percentage	1.3%	1.2	1.2%

Program Summary

MISSION

The Office of Foreign Assets Control (OFAC) is a component of the Office of Terrorism and Financial Intelligence (TFI) within the U.S. Department of the Treasury. OFAC administers and enforces economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States.

OFAC’s authorities regarding drug related sanctions derive from two major sources: (1) E.O. 13581 (“Blocking Property of Transnational Criminal Organizations”) and (2) the Kingpin Act (21 U.S.C §§ 1901-1908 and 8 U.S.C. §1182) which provides authority for the application of sanctions to significant foreign narcotics traffickers and their organizations operating worldwide. OFAC’s sanctions authorities are considered essential as part of a multi-pronged approach to target the drug trade. OFAC often works in collaboration with other federal partners, including Department of the Treasury’s sister agency, the Financial Crimes Enforcement Network.

METHODOLOGY

The methodology and estimated was developed by the TFI and OFAC budget offices. OFAC assessed the number of FTEs working on drug-related matters as a total equivalent to 6 FTEs. The FTE estimate was based staff who work on the Kingpin Act and Executive Order 13581. The funding level was estimated using the salary and benefit costs for GS 13-5 personnel. The resulting resource estimate is \$0.681 million in FY 2022.

BUDGET SUMMARY

In FY 2022, OFAC requests \$0.7 million for drug control activities, equal to the FY 2021 request.

Salaries and Expenses

FY 2022 Request: \$0.7 million
(Equal to the FY 2021 request)

OFAC’s authorities regarding drug related sanctions that derive from two major sources: (1) Executive Order 13581 “Blocking Assets and Prohibiting Transactions with Significant Narcotics Traffickers,” and (2) the Kingpin Act (21 U.S.C §§ 1901-1908 and 8 U.S.C. §1182) which provides authority for the application of sanctions to significant foreign narcotics traffickers and their organizations operating worldwide. OFAC’s sanctions authorities are considered essential as part of a multi-pronged approach to target the drug trade. OFAC often works in collaboration with other federal partners, including Department of the Treasury sister agency, the Financial Crimes Enforcement Network (FinCEN). The highest priority targets for OFAC are foreign criminal organizations trafficking fentanyl, methamphetamine, and other dangerous drugs to the United States. Among these are Mexican poly-DTOs CJNG and the Sinaloa Cartel, as well as Chinese organizations focused on fentanyl, other synthetic opioids, and their precursor chemicals.

PERFORMANCE

Information regarding the FY 2020 performance of the drug control mission of OFAC is based on agency data. The table below and accompanying text represent highlights of their achievements during FY 2020.

Performance Indicator	FY 2020
» Number of Designation Actions related to Executive Order 13581 and the Kingpin Act	22

This indicator measures number of actions taken to impose sanctions under Executive Order (EO) 13581 and the Kingpin Act. The data are collected from OFAC. The preparation for each action is complex and requires multiple lines of effort.

Examples of OFAC’s efforts under EO 13581 and the Kingpin Act include executing various designations. Three examples of designations are listed below:

1. April 6, 2021: The U.S. Department of the Treasury’s Office of Foreign Assets Control (OFAC) designated Carlos Andres Rivera Varela and Francisco Javier Gudino Haro, who are violent members of the Cartel de Jalisco Nueva Generacion (CJNG). These two individuals have allegedly helped orchestrate assassinations using high-powered weaponry on behalf of CJNG, a Mexico-based

organization that is responsible for trafficking a significant proportion of the fentanyl and other deadly drugs that enter the United States. OFAC also designated travel agent Alejandro Chacon Miranda, who facilitates travel that is often related to illicit activities for senior CJNG members and their allies. Additionally, OFAC designated two businesses located in Mexico. This action is the result of OFAC's ongoing collaboration with the DEA, including the Los Angeles Field Division, and is part of a larger effort to disrupt CJNG by coordinating with multiple U.S. government partners, such as ATF.

2. March 3, 2021: The U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) designated Mexican national Juan Manuel Abouzaid El Bayeh ("Abouzaid El Bayeh") as a Specially Designated Narcotics Trafficker pursuant to the Foreign Narcotics Kingpin Designation Act (Kingpin Act). OFAC designated Abouzaid El Bayeh for his high-level role in facilitating drug shipments and money laundering for the Cartel de Jalisco Nueva Generacion (CJNG), a violent Mexican drug trafficking organization that is responsible for trafficking a significant proportion of the fentanyl and other deadly drugs that enter the United States. Today's action is the result of OFAC's ongoing collaboration with the DEA's Los Angeles Field Division.

3. August 25, 2020: The U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) identified Chinese national Taotao Zhang as a Significant Foreign Narcotics Trafficker pursuant to the Foreign Narcotics Kingpin Designation Act (Kingpin Act). OFAC also designated Hong Kong-based Allyrise Technology Group Co., Limited, for being owned, controlled, or directed by, or acting for or on behalf of, Taotao Zhang.

It is important to note that "Program-Specific Designations" may not always represent a true reflection of TFI's extensive efforts across programs or toward a particular program. While data are presented regarding the number of designations, information on targets and actuals is not included.

UNITED STATES POSTAL SERVICE



UNITED STATES
POSTAL SERVICE

UNITED STATES POSTAL SERVICE

United States Postal Inspection Service

Resource Summary

	Budget Authority (in millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Function			
Investigations	\$76.434	\$76.434	\$76.434
Total Drug Resources by Function	\$76.434	\$76.434	\$76.434
Drug Resources by Decision Unit and Program Area			
CI2 Personnel Expenses	\$68.492	\$68.492	\$68.492
Asset Forfeiture Fund Expenditures	2.890	2.890	2.890
CI2 Nonpersonnel Expenses	0.106	0.106	0.106
CI2 Operating Expenses	4.066	4.066	4.066
CI2 Capital Expenses	0.880	0.880	0.880
Total Drug Resources by Decision Unit	\$76.434	\$76.434	\$76.434
Drug Resources Personnel Summary			
Total FTEs* (direct only)	6	6	6
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$53.8	\$57.2	\$57.1
Drug Resources Percentage	1.3%	1.2	1.2%

Program Summary

MISSION

As the law enforcement arm of the USPS, the USPIS supports and protects the USPS and its employees, infrastructure, and customers; enforces the laws that defend the nation's mail system from illegal or dangerous use; and ensures public trust in the mail. Postal Inspectors lead the effort to eliminate opioids and other illicit drugs from the mail by interdicting and investigating mail-related crime and working closely with other law enforcement agencies to share intelligence, coordinate cases, and conduct joint enforcement operations.

USPIS has developed five strategic goals that form the Combating Illicit Drugs in the Mail Strategy. These goals enable us to define a future centered on key factors for sustained success, and they serve as a guidepost for our decisions along the way:

1. Advance efforts to increase employee safety, awareness, and engagement.
2. Bolster and expand partnerships with key stakeholders.
3. Expand and enhance intelligence and analytics capabilities.
4. Identify and invest in new tools and technologies.
5. Enhance law enforcement capacity, capabilities, and readiness.

USPIS aggressively investigates, arrests, and dismantles drug trafficking networks and utilizes intelligence to effectively target and seize dangerous drugs nationwide. Through relationships with domestic and international law enforcement partners, USPIS works to forcefully combat the distribution of illegal contraband through the U.S. Mail and the international postal system.

METHODOLOGY

USPIS enforces over 200 federal laws that defend the nation's mail system from illegal or dangerous use. Postal Inspectors have a large variety of investigative responsibilities such as fraud, identity theft, mail security, burglaries and robberies, and dangerous mail investigations, as well as illicit drug trafficking through the mail.

The Postal Inspection Service Contraband Interdiction & Investigations (CI2) Program protects postal employees, the American public, and the U.S. Mail from dangerous and illegal contraband; specifically, illicit drugs and firearms. CI2 is responsible for investigating, arresting, and dismantling drug trafficking networks that utilize and exploit the USPS and U.S. mail. CI2 uses intelligence to effectively target and seize dangerous drugs mailed nationwide. Through relationships with domestic and international law enforcement partners, CI2 works to forcefully combat the distribution of illegal contraband through the U.S. Mail and the international postal system.

The Inspection Service estimates the total number of work hours related to counter-drug efforts (referred to as "CI2") based on an assessment of total hours within the last two Fiscal Years. The estimated funding is level based on the amount of work hours, CI2 operating expenses, CI2 capital expenses, Asset Forfeiture Fund Expenditures, and CI2 nonpersonnel Expenses.

BUDGET SUMMARY

In FY 2022, the Inspection Service anticipates a budget of approximately \$76.4 million for counter-drug activities. The Inspection Service used spending amounts from FY 2019 to establish a baseline for future budget costs related to drug investigations. As a non-appropriated agency within the federal government, the Inspection Service bases its performance budget as an estimate compared to previous Fiscal Years. This funding has been consistent the last several years. A breakdown of categories are as follows:

Salaries and Expenses (in form of Work Hours)

FY 2022: \$68.5 million

(No change from FY21 enacted level)

Postal Inspectors assigned to the Contraband Interdiction and Investigations (CI2) program aggressively work to investigate and dismantle DTOs and to interdict illicit drugs trafficked by the mail throughout the country. This is also done through partnering with other federal, state, local, and international law enforcement to forcefully combat the distribution of illegal contraband through the U.S. Mail and international postal system.

Asset Forfeiture Fund Expenditures

FY 2022: \$2.9 million

(No change from FY21 enacted level)

Legally seized assets by administrative, civil, or criminal proceedings, used to fund law enforcement related equipment and investigative and interdiction operations to effectively combat illicit drugs trafficked through the mail.

CI2 Nonpersonnel Expenses

FY 2022: \$0.1 million

(No change from FY21 enacted level)

Other items within Operating Expenses

CI2 Operating Expenses

FY 2022: \$4.1 million

(No change from FY 2021 enacted level)

Funds needed to conduct day-to-day work and includes supplies, training, travel, etc.

CI2 Capital Expenses

FY 2022: \$0.9 million

(no change from FY21 enacted level)

Equipment over \$10,000.

PERFORMANCE

Information regarding the FY 2022 performance of the drug control mission of the Postal Inspection Service will be monitored by the five-point strategy as mentioned below.

1. Advance efforts to increase employee safety, awareness, and engagement.

To mitigate the risks posed by illicit drugs in the mail, the Postal Inspection Service will take a proactive approach and continue to develop awareness and training programs, well-documented policies and procedures, and advanced training for our Postal Inspectors assigned to investigate drug trafficking.

2. Bolster and expand partnerships with key stakeholders.

Given the scale and complexity of illicit drug trafficking, no single organization or agency can fight this battle alone. To meet this challenge, the Postal Inspection Service will employ a whole-of-government approach that leverages the collective strengths and resources of domestic and international law enforcement agencies and other federal, state, and local partners.

3. Expand and enhance intelligence and analytics capabilities.

The Postal Inspection Service will explore opportunities to enhance intelligence and analytics capabilities that will advance law enforcement efforts, direct operational focus, and guide strategic decision making.

4. Identify and invest in new tools and technologies.

Adopting new tools and technologies will help USPIS perform increasingly complex law enforcement capabilities and have a more strategic approach to our mission. Expanding access to innovative tools and technologies has the potential to transform the ability to perform comprehensive interdictions and investigations.

5. Enhance law enforcement capacity, capabilities, and readiness.

The Postal Inspection Service's goal will be to prioritize high-impact cases that lead to prosecutions of key members of these groups, as well as the long-term disruption of drug trafficking operations. Focusing on interconnected criminal activity results in comprehensive cases that can lead to more meaningful prosecutions and inflict greater long-term damage on

drug trafficking operations. To further this objective, the Inspection Service launched a new Task Force Officer (TFO) program in August 2020 to embed state and local law enforcement officers with Inspection Service teams. By collaborating across law enforcement, the TFO program creates a force multiplier to collaboratively combat narcotics trafficking in the mail and share real-time data and intelligence.

DEPARTMENT OF VETERANS AFFAIRS



DEPARTMENT OF VETERANS AFFAIRS Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY2020 Final	FY 2021 Enacted	FY 2022 Request
Drug Resources by Budget Function			
Treatment	\$835.571	\$868.158	\$902.016
Research and Development	19.320	20.000	20.000
Total Drug Resources by Function	\$854.891	\$888.158	\$922.016
Drug Resources by Budget Decision Unit ^{1/}			
Medical Care	\$835.571	\$868.158	\$902.016
Medical & Prosthetic Research	19.320	20.000	20.000
Total Drug Resources by Decision Unit	\$854.891	\$888.158	\$922.016
Drug Resources Personnel Summary			
Total FTEs (direct only)	3,284	3,345	3,407
Drug Resources as a Percent of Budget			
Total Agency Budget (in billions) ^{2/3}	\$100.673	\$109.386	\$102.382
Drug Resources Percentage	0.9%	0.8%	0.9%

^{1/} VA does not have a discrete ONDCP appropriation; VA forecasts obligations anticipated to support substances use disorder treatment programs, including opioid use disorder treatment programs, for Veterans.

^{2/} Agency budget for FY 2020 includes appropriations provided under P.L. 116-136, CARES Act, and P.L. 116-127, Families First Coronavirus Response Act, supporting VA efforts during COVID-19 pandemic.

^{3/} Agency budget for FY 2021 includes appropriation provided under P.L. 117-2, American Rescue Plan

Program Summary

MISSION

The Veterans Health Administration's (VHA) mission statement is "Honor America's Veterans by providing exceptional care that improves their health and well-being." Care for Veterans with mental illnesses and SUDs is an important part of overall health care. The goal of VHA's Office of Mental Health and Suicide Prevention (OMHSP) is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUDs and mental illness, those who are vulnerable to SUD and those who are in continuing care to sustain recovery.

METHODOLOGY

Costs that are scored as drug-related include those associated with any treatment when a primary diagnosis of drug use disorder is documented including treatment administered in a general medical or general mental health setting. Estimates are based on specific patient encounters and include all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community.

All encounters have an associated diagnosis. The primary diagnosis is considered the reason the patient is being treated and is used to determine whether the treatment provided is drug use disorder treatment and which type of drug use disorder. It should be noted that prescriptions and lab tests do not have linkages to a specific diagnosis and are not included in the report.

The cost of VHA provided services is calculated by the Managerial Cost Accounting (MCA) System of the VA. MCA cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information, which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high cost patients. VA MCA data is also used to calculate and measure the productivity of physicians and other care providers.

The basic unit of MCA cost is the product. For VHA a product can range from a prescription fill made through a mail-out pharmacy, to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply and associated indirect costs (to include local and national overhead costs) are applied. Once they are fully costed, products are then assigned to the applicable patient encounter.

MCA costs are the basis for the obligations displayed in the ONDCP report. The Allocation Resource Center (ARC) develops ARC cost, which is computed by taking the MCA cost and removing the non-patient specific costs, such as Operating costs for Headquarters, Veterans Integrated Service Network (VISN) Support, National Programs, and Capital and State Home costs, and adding in the community care payments.

BUDGET SUMMARY

In FY 2022, VHA requests \$902.02 million for drug control activities, an increase of \$33.86 million above the FY 2021 current estimate.⁵⁶

Medical Care

FY 2022 Request: \$902.0 million

(\$33.9 million above the FY 2021 enacted level)

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits VA to providing SUD treatment services to every eligible Veteran regardless of where he or she lives. To further enhance access to SUD treatment, clinics offering these services must offer extended clinic hours during the week and on weekends and all facilities must provide same-day access for emergent need for SUD treatment.

In FY 2020, 243,254 Veterans who received services within VHA were diagnosed with a drug use disorder. Of these Veterans, VA provided services by mental health clinicians in a variety of outpatient settings to nearly 82 percent (198,444) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving treatment within VA in FY 2020, approximately 16 percent (39,240) used amphetamines,

⁵⁶ Please see VA's FY 2022 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs for additional detail.

around 27 percent (65,717) used cocaine, around 28 percent (68,174) used opioids, and around 52 percent (127,671) used cannabis. (These categories are not mutually exclusive.)

Data for FY 2020 reflect a decline in utilization of VHA services by Veterans experiencing substance use concerns believed to be related to the pandemic. The decrease in the number of Veterans with a SUD diagnoses served is not believed to be reflective of a change in demand for SUD services. VHA moved rapidly to ensure sustainment of treatment services, rapidly transitioning SUD specialty services to telehealth platforms. VHA also worked closely with the SAMHSA to ensure continued access to MOUD. In reviewing available data on utilization of SUD specialty services, Veterans are gradually re-engaging with SUD services. Since the start of the pandemic, VHA has seen a significant increase in the utilization of telehealth (telephone only and audio/visual) to support provision of SUD specialty treatment with the overall number of telehealth SUD specialty encounters increasing from slightly more than 12,000 in October 2019 to slightly more than 108,000 in October 2020.

As requested, VHA is exploring available data that would allow for more precise information related to Veteran requests for SUD treatment and subsequent engagement in care. At the current time, this information is not available. Development of SUD specific content for the new electronic health record is continuing with the expectation that this information will be available in the future.

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn/Operation Inherent Resolve (OEF/OIF/OND/OIR) and Veterans from other eras are served in primary care teams (Patient Aligned Care Teams: PACTs) that have co-located mental health staff to identify and address potential mental health and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible SUDs in patients presenting medical problems that suggest elevated risk of SUDs (e.g., treatment for Hepatitis C, prescribed opioid medications). Recognizing the importance of team-based care, VHA is implementing the Behavioral Health Interdisciplinary Program – Collaborative Chronic Care Model (BHIP-CCM) at every VA facility. Implementation of BHIP – CCM teams within general mental health further supports VA's commitment to providing access to chronic disease management and treatment for SUDs beyond specialty SUD treatment settings.

Most Veterans with SUDs are treated in outpatient programs. Outpatient withdrawal management is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Standard outpatient programs typically treat patients one or two hours per session and patients are generally seen once or twice a week. Intensive SUD outpatient programs provide at least three hours of service per day and patients attend three or more days per week.

Considering the frequent co-occurrence of SUDs with posttraumatic stress disorder, VHA has also assigned a SUD specialist to each of its hospital-level posttraumatic stress disorder services or teams. The staff person is an integral member of the posttraumatic stress disorder clinical services team and works to integrate SUD care with all other aspects of posttraumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of Veterans with co-occurring SUD and posttraumatic stress disorder. Specialists also promote preventive services for Veterans with posttraumatic stress disorder who are at risk for developing a SUD.

VHA provides two types of 24-hour care to patients with severe, complex, or acute SUDs. These include inpatient withdrawal management and stabilization in numerous medical and general mental health units and provision of care in Mental Health Residential Rehabilitation Treatment Programs (otherwise referred to as Domiciliary beds). VHA offers care in Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to Veterans with complex, co-occurring mental health, substance use, medical, and psychosocial needs. Specialty Domiciliary SUD programs provide treatment equivalent to Level 3.7, Medically Monitored Intensive Inpatient Services as specified by the American Society of Addiction Medicine Patient Placement Criteria. At the end of FY 2020, 68 Domiciliary SUD programs were in operation with more than 1,800 beds focused specifically on intensive, medically monitored residential SUD treatment. In addition to those MH RRTPs formally designated as Domiciliary SUD programs, additional SUD specialized services are offered through tracks in other MH RRTPs and the majority of Veterans served by MH RRTPs are diagnosed with a SUD.

Programs to end homelessness among Veterans are encouraged to have SUD specialists as a part of their multidisciplinary teams. There are SUD specialists working in the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH), Grant and Per Diem (GPD) and the Health Care for Homeless Veterans (HCHV) programs; however, the use of SUD specialists can vary locally based on site-specific needs. These specialists emphasize early identification of SUDs as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs and serve as linkages between homeless and SUD programs.

Methamphetamine

VA recognizes the emerging threat that methamphetamine poses to our nation's Veterans. Specific data on the rates of methamphetamine use disorder are not available. However, the overall rates of amphetamine use disorder have been increasing over the past several years. The number of Veterans who received care for amphetamine use disorder decreased somewhat due to the pandemic with 39,240 Veterans who received care in VA during FY 2020 having an amphetamine use disorder diagnosis. VA's commitment to provision of evidence-based treatment has positioned VA well to respond to this emerging threat. Contingency Management (CM) is an evidence-based treatment with demonstrated efficacy in treating stimulant use disorder. VA implemented CM in 2011, and through September 2020, VA has provided contingency management services to over 5,400 Veterans with over 92 percent of the greater than 7,000 urine samples testing negative for the target drug(s) (e.g. stimulants or cannabis).

Opioid Use Disorder

Slightly more than 68,100 Veterans with an OUD diagnosis were seen in VA in FY 2020. MOUD has historically been provided in SUD specialty-care clinics, but a significant number of Veterans with clinically diagnosed OUD do not access SUD specialty care. By disseminating evidence-based models for delivery of MOUD in primary care, mental health, and pain management clinics, Veterans are expected to have timely access to the right treatment at their preferred point of care. VA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative in August 2018 with the intent of supporting the expansion of MOUD in level 1 clinics (primary care, general mental health and pain management clinics). Phase 1 sites in each VISN implemented this expansion during FY 2019. From August 2018 through September 2020 there was a 136 percent increase in the number of patients receiving buprenorphine in the initial Phase 1 level One clinics and 163 percent increase in the number of providers prescribing buprenorphine in these clinics. Further, Veterans are being retained in care with 71 percent of Veterans retained on buprenorphine for more than 90 days. Phase 2 of the SCOUTT

initiative was launched in FY 2020 with planned regional conferences converted to a National Virtual SCOUTT conference that took place in September 2020 with over 300 attendees. Phase 2 teams from new facilities in each VISN are beginning implementation efforts. Further, the infrastructure developed to support the SCOUTT initiative also supports efforts by facilities across the country to expand access to MOUD in level 1 clinics with a 51 percent increase in the number of Veterans receiving buprenorphine in any level 1 clinic between August 2018 and September 2020 and an 82 percent increase in the number of providers prescribing buprenorphine in those clinics.

In FY 2020, evidence-based MOUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, was accessible to patients seen at 100 percent of VA medical centers. VA operates federally regulated opioid treatment programs that can provide methadone maintenance on-site at 33 larger urban locations and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing care through community-based licensed opioid treatment programs. VHA continues to expand the availability of MOUD for Veterans. VA monitors the percent of patients with OUD who receive MOUD (44.4 percent during FY 2020) as part of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a nationwide psychopharmacology quality improvement (QI) program that supports facility-level QI through quarterly quality metrics, clinical decision support tools, technical assistance for QI strategic implementation, and a virtual learning collaborative. Since 4th quarter FY 2019, VA has seen a 4 percent increase in the number of Veterans that received MOUD (total of 27,571, 4 FY 2020).

The number of providers with a DEA X-waiver have also continued to increase since the 4th quarter FY 2019 with over 5,500 providers who have written any prescription issued to the VA pharmacy (VA employed and community providers serving Veterans) in September 2020 holding an X-Waiver. This reflects an increase of 27 percent from the same time point in FY 2019. VA has realized that it will be critical to go beyond providers obtaining a waiver that allows them to prescribe buprenorphine. The number of providers with a DEA X-waiver that prescribed buprenorphine during FY 2020 was significantly lower than the number of providers with an X-waiver with only 24 percent of those providers with an X-waiver issuing a prescription for buprenorphine in September 2020. While the number of providers is increasing, VA is focusing efforts to remove barriers to prescribing and to support the initiation of buprenorphine when indicated. VHA Notice 2019-18, Buprenorphine Prescribing for Opioid Use Disorder was published in October 2019 and re-issued in September 2020 by the Undersecretary with the intent of clarifying national policy and tasking facilities to remove potential barriers to prescribing if present. In addition, in July 2020, VA formalized efforts to provide training for providers to support efforts to ensure that all providers eligible to obtain an X-waiver have access to the training. Between July and November 2020 VA offered trainings to providers with over 180 providers trained. Seven additional trainings are planned with 2 trainings planned for December 2020 with over 150 providers registered. VA recognizes the importance of capturing more detailed information on providers most likely to prescribe buprenorphine for OUD and has developed tools that will allow for improved understanding of availability of X-waivered providers by practice setting.

In support of interprofessional team-based models of care, VA is leveraging Clinical Pharmacy Specialist (CPS) providers to deliver comprehensive medication management services and improve Veteran access to SUD care. In partnership with the VA Office of Rural Health, the VA Pharmacy Benefits Management (PBM) Clinical Pharmacy Practice Office launched a nationwide initiative in FY 2020 to expand the CPS provider workforce focused on SUD care. Since initiation, 51 VA facilities have been

awarded funding to hire 64 CPS providers across Mental Health, Pain Management, Primary Care and Specialty Care settings with a focus of expanding access to OUD and alcohol use disorder (AUD) care for rural Veterans. As part of this project, three regional train the trainer clinical pharmacy boot camps were held virtually in June and July 2020 and trained 234 VA-CPS providers in OUD and AUD care. The training focused on advancing CPS provider practice in SUD care and risk mitigation across level 1 clinics, in alignment with the SCOUTT initiative and offered subsequent office hours to further support CPS practice growth in SUD care. All boot camp participants completed 24-hour DEA X-waiver training prior to the boot camp in anticipation that future legislation may include pharmacist practitioners as potential providers of buprenorphine-based therapy, furthering access to MOUD. As of the 4th quarter FY 2020, 141 VA CPS providers are routinely delivering OUD care with 32,566 encounters in FY 2020. This represents a 35.6 percent growth in CPS provider practice in OUD care delivery since the implementation of the SCOUTT initiative; significant CPS practice growth in SUD care is expected in FY 2021.

National Treatment Plan⁵⁷

VA has developed a comprehensive plan in response to the *National Drug Control Strategy* – National Treatment Plan (NDCS-NTP) for SUD. VA’s plan builds on the efforts described in detail earlier in this document with focus on expansion of SUD services for difficult to reach populations using a range of technologies, expansion of the Addiction workforce to include an expansion of peer support services targeted to SUD services, and broad implementation of a stepped-care model to ensure there is “no wrong door” for Veterans requiring SUD treatment.⁵⁸

Collaboration with Federal Partners

VHA is committed to working collaboratively with other federal Partners in support of the *National Drug Control Strategy* and will explore additional opportunities to share insights of VHA efforts to address SUD. With the support of ONDCP, VHA provided an update on VHA peer support services through a webinar in September 2020. Furthermore, VHA recently worked with Health and Human Services in FY 2020 to provide access for staff from Indian Health Services and BOP to join the Clinical Pharmacy Boot Camps to support expansion of SUD services supported by Clinical Pharmacy Specialists with 32 Public Health Service partners participating in this virtual program. VA is currently working collaboratively with DoD to share lessons learned across the agencies to support access to MOUD, particularly for transitioning service members.

Opioid Safety Initiative⁵⁹

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative (OSI) is to ensure pain management is addressed thoughtfully, compassionately, and safely to make the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in Quarter 4, FY 2012 (beginning in July 2012) to Quarter 4, FY 2020 (ending in September 2020), many aspects of the OSI continue to show positive results. Despite an increase of 230,286

⁵⁷ Please see VA’s FY 2022 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs for additional budget detail.

⁵⁸ Please see VA’s FY 2022 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs for additional detail programmatic descriptions of VHA’s effort on SUD.

⁵⁹ Please see VA’s FY 2022 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs for additional detail for additional budget detail and estimates on VA’s Opioid Safety Initiative, including VA’s efforts to address P.L. 114-198, title IX, the Jason Simcakoski Memorial and Promise Act.

Veterans who were dispensed any medication from a VA pharmacy, 349,388 fewer Veterans were on long-term opioids. The average dose of selected opioids has continued to decline as 58,123 fewer patients were receiving morphine equivalent daily doses greater than or equal to 90 milligrams, demonstrating that prescribing and consumption behaviors are changing. The desired results of OSI have been achieved during a time that VA has seen a 5.8 percent increase in Veterans that have utilized VA outpatient pharmacy services.

Chronic pain is a national public health problem as outlined in the 2011 study by the Institute of Medicine (IOM). At least 100 million Americans suffer from some form of chronic pain. The IOM study describes in detail many concerns of pain management, including system-wide deficits in the training of our Nation's health care professionals in pain management and SUDs prevention and management, and the problems caused by a fragmented health care system. The over-use and misuse of opioids for pain management in the United States is a consequence of a health care system that until recently was less than fully prepared to respond to these challenges.

VHA has identified and broadly responded to the many challenges of pain management through policies supporting clinical monitoring, education and training of health professionals and teams, and expansion of clinical resources and programs. VA's Pain Management Directive defines and describes policy expectations and responsibilities for the overall National Pain Management Strategy and Stepped Care pain model, which is evidence-based and has been adopted by the DoD as well. Our approach to managing opioid over-use fits into this plan, and the VA has employed broad strategies to address the opioid epidemic: education, pain management, risk mitigation, and addiction treatment. First, the VA addressed the problem of clinically inappropriate high-dose prescribing of opioids through the VA's national program, OSI. Second, VA developed an effective system of interdisciplinary, patient-aligned pain management with the competency to provide safe and effective pain control and quality of life for Veterans for the remainder of their lives.

VA has reduced the reliance on opioid medication for pain management by more than 60 percent since 2012, largely by starting fewer patients newly on long-term opioid therapy and by offering pain care options that are safer and more effective in the long run. The majority of the decline in VA opioid prescriptions is not due to Veterans "getting by" with fewer opioids, but by following a Stepped Care Model for Pain treatment addressing the causes of pain with fewer Veterans requiring the initiation of long-term opioid therapy. VA has been recognized by many as a leader in the pain management field for the responsible use of opioids. Notably, VA has organized many types of interdisciplinary pain care teams to help with medication safety, patient education, pain schools, cognitive behavioral therapy and helping patients transition from a biomedical to a biopsychosocial model of pain care. As VA continues its efforts to address opioid over-use, non-opioid treatments and complementary and integrative medicine treatments (such as massage therapy, yoga, meditation, occupational therapy, physical therapy, recreational therapy, acupuncture, tai chi, etc.) are an important component to VA's Pain Management Strategy.

To further strengthen OSI and keep this trend moving in the right direction, VA has deployed state-of-the-art tools to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications including overdose. These tools, referred to as the Opioid Therapy Risk Report (OTRR) and the Stratification Tool for Opioid Risk Mitigation (STORM), are available to all clinical staff in the VHA. These tools include information about

the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients. The OTRR allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of management not previously available to primary care providers. The STORM allows VA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. Both tools are part of VA's broader efforts to prevent opioid overdose deaths. To address overdose and suicide risk, VHA required that patients identified as very high risk per the STORM predictive model receive a case review by an interdisciplinary team including pain, addiction and mental health expertise. Preliminary findings from a randomized policy evaluation of this new clinical program found that patients targeted for case review had lower rates of all-cause mortality and medical record documented adverse events, such as motor vehicle accidents and overdose.

Additionally, VHA has formalized a system-wide Academic Detailing program that is in process of being implemented throughout the organization. Academic Detailing provides specialty teams to visit facilities and provide on-site support and education to providers to further enhance pain management efforts. The Academic Detailing program is another important step to improve mental health, SUD, and pain management medication therapy across all VA medical centers. As of September 30, 2020, academic detailers (specially trained VA Pharmacists) have held 61,627 outreach visits related to Opioid Safety, Overdose Education and Naloxone Distribution, opioid use disorder, and suicide prevention.

As VA continues its efforts to address opioid over-use, complementary and integrative medicine treatments are an important component to VA's Pain Management Strategy. VA currently offers many complementary and integrative medicine treatments, many of which may be useful in chronic pain. These treatments include acupressure, acupuncture, biofeedback, chiropractic services, exercise, heated pool therapy, hypnosis/hypnotherapy, massage therapy, meditation, occupational therapy, physical therapy, recreational therapy, relaxation, tai chi, transcutaneous electrical nerve stimulation, yoga and other services.

VA has several other programs that are complementary to the Opioid Safety Initiative and include:

- State PDMPs: 49 States, the District of Columbia, and Puerto Rico are activated for VA data transmission. From Quarter 3, Fiscal Year 2013 (ending in June 2013) to Quarter 4, Fiscal Year 2020 (ending September 2020), VA providers have documented over 7.9 million queries to State Prescription Drug Monitoring Programs to help guide treatment decisions.
- Medication Take-Back Program: VA offers free medication take back services to Veterans through mail-back envelopes and on-site receptacles compliant with DEA regulations. As of September 30, 2020, Veterans have returned over 203.5 tons of unwanted or unneeded medication using these services.

Opioid Overdose Education and Naloxone Distribution

The VA Opioid Overdose Education and Naloxone Distribution (OEND) program aims to decrease opioid-related overdose deaths among VHA patients by providing education on opioid overdose prevention, recognition of opioid overdose, and training on the rescue response, including provision of naloxone. All three FDA-approved forms of naloxone (injectable, nasal spray and auto-injector) that the FDA states can be considered as options for community distribution were added to the VA National Formulary as

soon as they were available. The nasal spray formulation is currently available through every VHA facility. VHA assembled injectable (intramuscular) naloxone kits as part of its initial OEND program. These were replaced by the auto-injector—specifically designed for layperson use—when that formulation became available. However, the auto-injector was abruptly discontinued by the pharmaceutical manufacturer on September 30, 2020. In response, VHA is currently working on re-assembling the injectable (intramuscular) naloxone kits. VHA recommends offering OEND to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated. Academic Detailing has promoted OEND through individualized, evidence-based educational outreach visits and consultation for clinicians by clinicians.

In July 2016, Congress took the important step of eliminating copayment requirements for opioid antagonists (e.g., naloxone) furnished to Veterans at high risk for overdose and for education on their use (per P. L. 114-98, title IX, the Jason Simcakoski Memorial and Promise Act). This change has been implemented throughout VHA and a proposed rule has been published in the federal Register to amend two of VA's copayment regulations, 38 CFR 17.108 and 17.110, to accurately implement these changes into law. The proposed rule also defines who VA considers to be at high risk for overdose. This definition will assist in the implementation of the public law and to facilitate the identification of such Veterans. Early identification of these Veterans can facilitate provision of lifesaving opioid antagonist medication. Since implementation of the OEND program in 2014, over 28,100 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 450,000 naloxone prescriptions have been dispensed to over 254,800 Veterans (as of the end of September 2020). Through the end of FY 2020, as documented through spontaneous reporting of overdose reversal events as well as through the national note, over 1,500 overdose reversals with naloxone have been reported.

In an effort to ensure timely access to naloxone for emergency responding, VHA launched the Rapid Naloxone Initiative in September 2018 consisting of three elements: (1) OEND to VA patients at-risk for opioid overdose, (2) VA Police Naloxone, and (3) Automated External Defibrillator (AED) Cabinet Naloxone. As documented through spontaneous reporting of overdose reversal events as well as through a national medical record note, over 1,500 overdose reversals with naloxone have been reported through FY 2020. In 2018 VA dispensed a naloxone prescription for 1 in 5 patients on high dose opioids, as compared to 1 in 69 patients in the private sector.

Finally, as part of the broader OEND effort, VHA has established a community of practice for sharing innovative and promising practices which has included discussion of post-overdose engagement in treatment. Materials developed in support of the OEND initiative also are available to Veterans, their family members, and the broader public. During FY 2019, VHA implemented a process for documenting accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicide Behavior and Overdose Report (SBOR) note template provides a foundation for VHA to implement strategies designed specifically to engage Veterans in timely treatment following a non-fatal overdose (opioid and non-opioid related). During FY 2021, VHA plans to build on that foundation to require use of the SBOR with a focus on continuing efforts to improvement post-overdose engagement in care.

Veterans Justice Programs⁶⁰

The Uniform Mental Health Services Handbook affirmed that “Police encounters and pre-trial court proceedings are often missed opportunities to connect Veterans with VA mental health services as a negotiated alternative to incarceration or other criminal sanctions.” VA medical centers provide outreach to justice-involved Veterans in the communities they serve.

VA services for justice-involved Veterans are provided through two dedicated national programs, both prevention-oriented components of VA’s Homeless Programs: Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Known collectively as the Veterans Justice Programs (VJP), HCRV and VJO facilitate access to needed VA health care and other services for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following extended incarceration.

HCRV Specialists provide outreach to Veterans approaching release from state and federal prisons. They briefly assess reentry Veterans’ probable treatment needs, help Veterans plan to access responsive services upon release, and provide post-release follow-up as needed to ensure that Veterans are engaged with needed services. Most HCRV Specialists are based at VA medical centers, but they typically serve Veterans across a large area, often conducting outreach to prison facilities in at least one entire state, and sometimes an entire VISN.

VJO Specialists serve Veterans at earlier stages of the criminal justice process, with a three-pronged focus on outreach to community law enforcement, jails, and courts. VJO Specialists at each VA medical center work with Veterans in the local criminal courts (including but not limited to the Veterans Treatment Courts, or VTCs), conduct outreach in local jails, and engage with local law enforcement by delivering VA-focused training sessions and other informational presentations. Each VA medical center has at least one VJO Specialist, who serves as a liaison between VA and the local criminal justice system.

Public Law 115-240, The Veterans Treatment Court Improvement Act of 2018, signed September 17, 2018, required VA to hire 50 new Veterans Justice Outreach Specialists to serve in VTCs, in addition to their other outreach duties. VA medical centers have filled all of these positions, as well as an additional 15 added in FY 2020.

Veterans who are seen by HCRV and VJO Specialists access VA mental health and substance use treatment at high rates. Most Veterans seen in the VJO program have a mental health (77 percent) or SUD (71 percent) diagnosis, or both (58 percent). Within one year of their VJO outreach visit, 97 percent of Veterans with mental health diagnoses had had at least one VHA mental health visit, and 78 percent had at least six visits. Within the same timeframe, 72 percent of Veterans with SUD diagnoses had had at least one VHA SUD visit, and 54 percent had had at least six. Veterans seen by HCRV Specialists have a similar profile, with 56 percent with a mental health diagnosis, 55 percent with a SUD diagnosis and 39 percent with both. Veterans in HCRV access VA care at high rates, but slightly lower than those in VJO with 93 percent of those with a mental health diagnosis having at least one visit, and 64 percent having at least six visits. For those with a SUD, 57 percent had at least one visit, and 37 percent had at least six. Improving access to treatment and care for this segment of the Veteran population is in direct alignment with the identified agency goals.

⁶⁰ Please see VA’s FY 2022 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs for additional budget detail and estimates on VA’s Veterans Homelessness Programs, including VA’s Justice Outreach Programs.

In communities where justice programs relevant to Veterans exist (Veterans courts, drug courts, mental health courts, and police crisis intervention teams), VA has taken the initiative in building working relationships to ensure that eligible justice-involved Veterans get needed care. In communities where no such programs exist, VA has reached out to potential justice system partners (judges, prosecutors, police, and jail administrators) to connect eligible justice-involved Veterans with needed VA services including addiction treatment. VJO specialists currently serve Veterans in 561 Veterans Treatment Courts and other Veteran-focused courts, with more planned. Their duties in a Veterans Treatment Court include linkage to VHA treatment services. In communities without Veterans Treatment Courts, VA medical centers have established relationships with a range of justice system and community partners, including police and sheriffs' departments, local jail administrators, judges, prosecutors, public defenders, probation officers, and community mental health providers.

Research and Development

FY 2022 Request: \$20.0 million

(No change from the FY 2021 enacted level)

VHA research supports the generation of new knowledge to improve prevention, diagnosis, and treatment of SUDs (e.g., opioids, alcohol, tobacco, cocaine, methamphetamine, etc.), as well as the development and testing of innovative, non-opioid approaches for chronic pain management for Veterans. The VA patient population has experienced many of the problems of at-risk opioid and addiction that have made this a major clinical and public health issue in the U.S. Opioids are used to treat pain, but they are associated with dangerous side effects including depressed breathing, cognitive impairment, and the potential for addiction. second State of the Art (SOTA) Conference on Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety was held on September 11-12, 2019. This conference focused on three areas: 1) Managing OUD, 2) Long Term Opioid Therapy and Tapering; and 3) Substance Use Disorder and Pain. Findings from the SOTA will be published in an upcoming supplemental issue to the Journal of General Internal Medicine and will include reporting consensus on existing evidence for managing opioid use disorder, tapering of long-term opioid therapy for pain when risk outweighs benefit, and co-occurring pain and SUD. In accordance with goals identified in the SOTA, VA's Health Services Research and Development (HSR&D) released a new research solicitation in Fall 2020 that will fund focused research to inform, improve, and/or implement evidence-based practices to improve opioids safety and management of OUD. This research solicitation adheres to cross-cutting principles aimed at expanding our understanding of care for older Veterans, developing more effective strategies for reducing racial and ethnic disparities, and examining the effects of the COVID-19 pandemic in the treatment and management of pain and OUD. The solicitation will focus research on numerous priority areas including:

- Implementation of MOUD
- Identification and development of appropriate and successful strategies for opioid tapering and discontinuation
- Examination of the potential role of buprenorphine/naloxone and non-pharmacological interventions in managing pain in patients with a history of OUD
- Development of more effective approaches to monitor patient outcomes for guiding treatment
- Development of new approaches for sustaining patient engagement in treatment including use of telehealth platforms

- Study of the management of acute pain among patients on MOUD, including issues in emergency department care and best practices involving patients with acute pain who are at risk for relapse

Further, in recognition of the rising rates of stimulant use disorder and stimulant overdoses across the country and within the VA, HSR&D also added research on stimulant use disorder to its parent RFA's list of research priorities in Fall 2020, indicating HSR&D's commitment to supporting emerging partner needs.

As VA continues to reduce excessive reliance on opiate medication, VA will maintain efforts in 2022 on pain-management research in areas responsive to the Jason Simcakoski Memorial and Promise Act and the President's Commission on Combating Drug Addiction and the Opioid Crisis. Towards this goal, VA identified the following areas to invest in:

- Non-pharmaceutical strategies for painful conditions: VA will continue to test and develop novel non-pharmaceutical strategies for painful conditions including traditional complementary and integrative health approaches (e.g. yoga, Tai-chi, and activity-based therapies), device-based (e.g., electrical stimulation), and even cell therapies for musculoskeletal conditions.
- Safer medications to treat pain: VA will continue to focus research on understanding the benefits and risks of non-opioid medications for pain management and alleviation. An example is targeting mutations in sodium channels which have been shown to cause pain associated with diabetes, small fiber neuropathy, erythromelalgia, and burns.
- Develop and test technologies providing access to treatment for chronic pain and opioid misuse: VA is testing the use of telehealth, smart-apps, web- and phone-based technology to provide outreach and care to Veterans living in rural areas. These interventions include peer coaching, treatment for OUD, provision of biobehavioral approaches, as well as establishing best practices for delivery of care using these modalities.

PERFORMANCE

Information regarding the performance of the drug control efforts of VHA is based on Agency GPRMA documents and other information that measures the Agency's contribution to the *National Drug Control Strategy*, and is maintained by the VHA Office of Reporting, Analytics, Performance, Improvement and Deployment. VHA historically has reported performance for two separate drug-related initiatives: treatment and research and development. However, to ensure consistency with goals identified by the *National Drug Control Strategy* Performance Reporting System, additional performance metrics are provided. Further, as requested, the table is updated to reflect VA contributions to specific goals for which the agency is responsive as outlined in the National Performance Report. The table and accompanying text represent VHA's drug-related achievements during FY 2020.

Veterans Health Administration		
Selected Measures of Performance	FY 2020 Target	FY 2020 Achieved
Treatment		
» Abstinence from drug use at follow-up in a SUD specialty treatment population	88%	79%
Research and Development		
» Number of research studies related to SUDs	5	28
Number of research studies specifically related to opioid use disorders ¹	NA	24
» Number of research studies related to alcohol use disorders	5	49
» Percent of eligible providers with DEA X-waiver ³	10%	8.8%
» Percent specialty treatment facilities providing MOUD	100%	100%
» Percent providers completing continuing education on safe opioid prescribing ¹	NA	91%
» Reduction in opioid prescription fills	33%	64%

¹Targets have not been established.

²The FY 2020 targets reflect the national benchmarks established for FY 2022.

Treatment

During FY 2020, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor that transmits responses to the national database. The Brief Addiction Monitor assists SUD specialty care clinicians in initial treatment planning and monitoring the progress of patients while they are receiving care for a SUD. This also serves as a basis for giving feedback to enhance each patient’s motivation for change and informing clinical decisions, such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the Brief Addiction Monitor assesses self-reported substance use in the prior 30 days, which includes the use of any illicit and non-prescribed drugs, as well as specific substances.

VHA has supplemented its current suite of internal indicators of SUD care processes using administrative data related to a patient reported outcome measure derived from the Brief Addiction Monitor: abstinence from drug use at follow-up in a SUD specialty treatment population. During the first three quarters of FY 2020 (allowing time for follow-up assessment during Quarter 4), VHA SUD specialty outpatient programs assessed self-reported abstinence among 1,892 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30-90 days after admission, 79.1 percent reported abstinence from drugs during the previous 30 days, a level of performance that is largely unchanged from the prior year. Despite not reaching our stretch goal of 88 percent, current performance represents a high level of performance success in light of the chronic nature of SUDs and the challenges associated with use of abstinence as the primary indicator of success. As VHA has focused on removal of access barriers this has included an emphasis on sustained engagement in treatment. It is important to note that the percent of Veterans for whom performance data are available continues to increase, reflecting VHA’s commitment to provision of evidence-based, outcome-informed quality care. Over 3,400 Veterans were assessed at the beginning of SUD specialty care during the 4th quarter of FY 2020, a drop from the over 9,750

assessments in FY 2019. The drop likely is due both to a decrease in SUD care during the COVID-19 pandemic and difficulty in completing the Brief Addiction Monitor virtually as care rapidly transitioned to use of telehealth modalities to ensure continuity of services.

Research and Development

The resources VHA invests in research helps aid efforts to improve SUD prevention, diagnosis, and treatment while improving the effectiveness, efficiency, accessibility, and quality of Veterans' health care.

In FY 2020, VHA exceeded targets for the numbers of studies relevant to substance use (28) or alcohol use (49) disorders and increased opioid use disorder research from 12 studies to 24 studies in progress. This distinction of a new category for opioid research aligns with heightened focus activity on management of opioid use and abuse. Two areas of specific focus are prevention and treatment.

- **Prevention.** Research on prevention include prescription drug monitoring programs (prescribing within and outside of the VA), safe opioid tapering, identifying those at risk for adverse effects of opioids, changes in prescribing practice, and its effect on patients. There are 7 projects in the realm of prevention of adverse events associated with opioid therapy. In addition, ORD has funded several projects examining genetic vulnerability to substance abuse, response to opiate agonists (Medication Assisted Treatment; MAT), and pain resilience to determine why some individuals are more susceptible to opioid addiction, response to treatment, and why some individuals can live with higher levels of pain while others cannot. Genetic approaches take advantage of VA's Million Veteran Program genomic data that is providing VA with a wealth of information on addictive risk and behaviors.
- **Treatment.** Studies on treatment focus on the efficacy of care delivery (Stepped Care for OUD) and implementation of evidence-based treatment programs (Stepped Care for OUD Train the Trainer, MAT delivery, and non-pharmacological approaches to treat pain in patients with OUD) within the VA Health Care System. Many of the projects address access to care, including the use and expansion of telehealth to provide treatment alternatives to patients with OUD living in rural areas. This includes making MAT available at Community-Based Outpatient Clinics and determining where telehealth should be prioritized. Other areas of research include co-existing conditions such as mental health (PTSD) and/or SUD, with OUD. In all, there are 13 projects on treatment approaches.

APPENDICES

ACRONYMS

ABCD	Adolescent Brain Cognitive Development Study
ACE	Adverse Childhood Experience
ACF	Administration for Children and Families
AD	Alternative Development
AED	Advanced Electronic Data OR Automated External Defibrillator
AFF	Assets Forfeiture Fund
AFMS	Asset Forfeiture Management Staff
AFP	Asset Forfeiture Program
AI/AN	American Indian and Alaska Native
AIDS	Acquired immunodeficiency syndrome
AMO	Air and Marine Operations
APR	Annual Performance Report
ARIDE	Advanced Roadside Impaired Driving Enforcement
ASADRP	Alcohol and Substance Abuse Disorder Research Program
ASUD	Alcohol and Substance Use Disorder
ATF	Bureau of Alcohol, Tobacco, Firearms and Explosives
AUD	Alcohol Use Disorder
BCJI	Byrne Criminal Justice Innovation Program
BCOR	Building Communities of Recovery
BCSC	National Bulk Cash Smuggling Center
BEST	Border Enforcement Task Forces
BIA	Bureau of Indian Affairs
BITMAP	Biometric Identification Transnational Migration Alert Program
BLM	Bureau of Land Management
BMI	Brief Motivational Interviewing
BOP	Bureau of Prisons
BRFSS	Behavioral Risk Factors Surveillance System
CARA	Comprehensive Addiction and Recovery Act
CARSI	Central America Regional Security Initiative
CBHSQ	Center for Behavioral Health Statistics and Quality
CBP	Customs and Border Protection
CBT	Cognitive Behavioral Therapy
CCDB	Consolidated Counterdrug Database
CD	Counterdrug
CDC	Centers for Disease Control and Prevention
The Center	National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support
CESAR	Center for Substance Abuse Research

CF	Community Facilities
CFR	Code of Federal Regulations
CGC	Coast Guard Cutter
CHIP	Children’s Health Insurance Program
CI	Criminal Investigation
CIPP	Critical Infrastructure Protection Program
CLIA	Clinical Laboratory Improvement Amendment
CMS	Centers for Medicare and Medicaid Services
CN&GT	Counternarcotics & Global Threat
Coast Guard	Unites States Coast Guard
CoC	Continuum of Care
CollegeAIM	College Alcohol Intervention Matrix
COSSAP	Comprehensive Opioid Stimulant and Substance Abuse Program
CMA	Critical Movement Alert
COPS	Community Oriented Policing Services
CPMRP	Chronic Pain Management Research Program
CPOT	Consolidated Priority Organization Target
CRM	Criminal Division
CRM RP	Clinical and Rehabilitation Medicine Research Program
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSOSA	Court Services and Offender Supervision Agency
CSP	Community Supervision Program
CTF-150	Combined Task Force-150
CTN	Clinical Trials Network
CTOC	Counter-transnational Organized Crime
CTS	Community Treatment Services
CY	Calendar year
D&M	Detection and Monitoring
DASD	Deputy Assistant Secretary of Defense (Counternarcotics and Global Threats)
DC	District of Columbia
DDE	BIA Division of Drug Enforcement
DDR	Drug Demand Reduction
DEA	Drug Enforcement Administration
DEO	Drug Enforcement Officers
DESPR	Division of Epidemiology, Services, and Prevention Research
DFC	Drug-Free Communities
DHS	Department of Homeland Security
DHP	Defense Health Program
DHS	Department of Homeland Security

DLEA	Drug Law Enforcement Agency
DLT	Distance Learning and Telemedicine
DMA	Drug Movement Alert
DMP	Drug Management Program
DNB	Division of Neuroscience and Behavior
DoD	Department of Defense
ED	Department of Education
DOJ	Department of Justice
DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
DRE	Drug Recognition Expert
DTCU	Drug Testing and Compliance Unit
DTMC	Division of Therapeutic and Medical Consequences
DTO	Drug Trafficking Organization
DUR	Drug Utilization Review
DWG	Dislocated Worker Grants
ECHO	Extension for Community Healthcare Outcomes
e-cigarettes	electronic cigarettes
EHR	Electronic Health Record
EMS	Emergency Medical Services
EPIC	El Paso Intelligence Center
ESEA	Elementary and Secondary Education Act
ESOOS	Enhance State Opioid Overdose Surveillance
ETA	Employment and Training Administration
FAA	Federal Aviation Administration
FAR	Federal Acquisition Regulation
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FECA	Federal Employer’s Compensation Act
FEMA	Federal Emergency Management Agency
FFE	Fee for Service
FinCEN	Financial Crimes Enforcement Network
FLETC	Federal Law Enforcement Training Center
Forest Service	United States Forest Service
FORHP	Federal Office of Rural Health Programs
FPD	Federal Prisoner Detention
FRC	Fast Response Cutter
FTE	Full-time equivalent (i.e., resources equivalent to one employee working full time)
FY	Fiscal Year

GC/MS	Gas chromatographer/mass spectrometer
GDF	Guidance to the Development of the Force
GOP	Government of Peru
GPRMA	Government Performance and Results Modernization Act
HBCD	HEALTHy Brain and Child Development study
HCRV	Healthcare for Reentry Veterans
HEAL	Helping to End Addiction Long-Term initiative
HHS	Department of Health and Human Services
HIDTA	High Intensity Drug Trafficking Areas
HIT	Health Information Technology
HIV	Human immunodeficiency virus
HOPE	National Committee on Heroin, Opioids, and Pain Efforts OR Hawaii Opportunity Probation with Enforcement
HRSA	Health Resources and Services Administration
HSI	Homeland Security Investigations
HSPS	Health Surveillance and Program Support
HUD	Department of Housing and Urban Development
IACP	International Association of Chiefs of Police
IAP	Innovation Accelerator Program
IC	Intelligence Community
ICD-10	International Classification of Disease (10 th rev.)
ICE	Immigration and Customs Enforcement
IER	Interdiction Effectiveness Rate
IHE	Institutions of Higher Education
IHS	Indian Health Service
IMARS	Incident Management Analysis and Reporting System
IMD	Institutions of Mental Disease
INCLE	International Narcotics Control and Law Enforcement [account]
INCSR	International Narcotics Control Strategy Report
IND	Investigational New Drugs
INL	Bureau of International Narcotics and Law Enforcement Affairs
IOC-2	International Organized Crime Intelligence and Operations Center
IOP	Intensive Outpatient Treatment
IRP	Intramural Research Program
IRS	Internal Revenue Service
JAG	Byrne Justice Assistance Grant Program
JIATF	Joint Interagency Task Force (-South or -West)
JPC-5	Joint Program Committee 5
JPC-8	Joint Program Committee 8
Judiciary	Federal Judiciary
LDEA	Liberian Drug Enforcement Agency

LEA	Law Enforcement Agency OR Local Educational Agencies
LEAP	Law Enforcement Assistance Program
LEI	Law Enforcement and Investigations
LHWCA	Longshore and Harbor Worker's Compensation Act
MAT	Medication-assisted treatment
MAX	Medicaid Analytic eXtract
MCA	Managerial Cost Accounting
MDMA	3,4-methylenedioxyamphetamine (Ecstasy)
MDR	Medical Data Repository
MEC	Medium Endurance Cutter
MED	Morphine Equivalent Dose
MH	Mental Health
MH RRTP	Mental Health Residential Rehabilitation Treatment Program
MIPS	Merit-based Incentive Payment System
MOMRP	Military Operational Medicine Research Program
MOUD	Medications for Opioid Use Disorder
MPA	Maritime Patrol Aircraft
MT	Metric Tons
MUC	Measures Under Consideration
NADIA	Neurobiology of Adolescent Drinking in Adulthood
NAS	National Neonatal Syndrome
NCANDA	National Consortium on Alcohol and Neurodevelopment in Adolescence
NDCPA	National Drug Control Program Agency
NDDS	Narcotic and Dangerous Drug Section
NFS	National Forest System
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICCP	National Interdiction Command and Control Plan
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NII	Non-Intrusive Inspection
NPS	National Park Service
NSC	National Security Cutter
NTC	National Targeting Center
NTC-C	National Targeting Center-Cargo
NTP	National Training Plan
O&S	Operations and Support
OAS	Organization of American States
OCDETF	Organized Crime Drug Enforcement Task Forces
OCME	Office of the Chief Medical Examiner

OCO	Overseas Contingency Operations
OD2A	Overdose to Action
OEND	Opioid Overdose Education and Naloxone Distribution
OEO	Office of Enforcement Operations
OFO	Office of Field Operations
OFTS	Office of Forensic Toxicology Services
OIG	Office of Inspectors General
OIT	Office of Informational Technology
OJP	Office of Justice Programs
OJS	Office of Justice Services
OMB	Office of Management and Budget
ONC	Office of the National Coordinator on Health Information Technology
ONDCP	Office of National Drug Control Policy
OPC	Offshore Patrol Cutter
OPSG	Operation Stonegarden
OPTEMPO	Operations Tempo
ORD	Office of Rural Development
ORP	Offender Reentry Program
ORS	Overdose Response Strategy
OTD	Office of Training and Development
OTIPI	Office of Translational Initiatives and Program Innovations
OTP	Opioid Treatment Program
ODU	Opioid Use Disorder
OWCP	Office of Workers' Compensation Programs
PBM	Pharmacy Benefit Management
PC&I	Procurement, Construction, and Improvements
PCMH	Patient-Centered Medical Homes
PCP	Phencyclidine OR Primary Care Provider
PDMP	Prescription Drug Monitoring Program
PD&S	Program Development and Support
PMU	Prescription Management Unit
PN	Partner Nation
POE	Ports of Entry
PPW	Pregnant and Postpartum Women
PQIS	Performance and Quality Information Systems
PRNS	Programs of Regional and National Significance
PSA	Pretrial Services Agency
PSSF	Promoting Safe and Stable Families
PTARRS	Priority Target Activity Resource and Reporting System
PTO	Priority Target Organizations
PTSD	Post-Traumatic Stress Disorder

PTTC	Prevention Technology Transfer Center
PY	Program Year
QI	Quality Improvement
QIN-QIO	Quality Innovation Network – Quality Improvement Organization
QPP	Quality Payment Program
R&D	Research and Development
RCORP	Rural Communities Opioid Response Program
RDAP	Residential Drug Abuse Program
RISS	Regional Information Sharing System
RMS	Research Management and Support
RNIFC	Regional Narcotics Interagency Fusion Center
RPOT	Regional Priority Organization Target
RRC	Residential Reentry Centers
RSAT	Residential Substance Abuse Treatment
RSC	Reentry and Sanctions Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SASP	Substance Abuse and Suicide Prevention
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCR	Significant Case Report
SEA	State Educational Agencies
SFST	Standard Field Sobriety Test
SIU	Sensitive Investigation Unit
SMW	Special Mission Wing
SOD	Special Operations Division
SOR	State Opioid Response grants
SPARS	SAMHSA’s Performance Accountability and Reporting System
SPF	Strategic Prevention Framework
SPSS	Self-Propelled Semi-Submersible
SRO	Scientific Research Outcome OR School Resource Officer
STOP Act	Sober Truth on Preventing Underage Drinking Act
Strategy	National Drug Control Strategy
SUD	Substance Use Disorder
SUPPORT	<i>The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act</i>
SWM	Solid Waste Management program
TARS	Tethered Aerostat Radar System
TCO	Transnational Criminal Organization
TDS	Tactical Diversion Squads
TEAP	Trainee Employment Assistance Program
TECS	Treasury Enforcement Communications System

TEDODS	TRICARE Encounter Data Operational Data Store
TEDS	Treatment Episode Data Set
TEPP	Threat Enforcement Planning Process
THC	Tetrahydrocannabinol
TOC	Transnational Organized Crime
Treasury	Department of the Treasury
TTU	Trade Transparency Unit
UAS	Unmanned Aircraft Systems
UIHP	Urban Indian Health Program
UIO	Urban Indian Organizations
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USAO	United States Attorney's Office
USBP	United States Border Patrol
USC	United State Code
USDA	United States Department of Agriculture
USMS	United States Marshals Service
USPIS	United States Postal Inspection Service
USPS	United States Postal Service
VA	Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VEO	Violent Extremist Organization
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VJO	Veterans Justice Outreach
VSP	Visa Security Program
VTC	Veterans Treatment Courts
VWS	Victim/Witness Services
WADA	World Anti-Doping Agency
WHTZ	Western Hemisphere Transit Zone
WIOA	Workforce Innovation and Opportunity Act
YRTC	Youth Regional Treatment Center

NATIONAL DRUG CONTROL BUDGET ACCOUNT STRUCTURE

Department	Agencies (if applicable)	Decision Unit
AmeriCorps		AmeriCorps State and National
		AmeriCorps VISTA
		Senior Corps
United States Department of Agriculture	Office of Rural Development	Distance Learning and Telemedicine Program
	United States Forest Service	Law Enforcement Agency Support
Court Services and Offender Supervision Agency of the District of Columbia		Community Supervision Program
		Pretrial Services Agency
United States Department of Defense	Office of the Secretary of Defense	Drug Interdiction and Counterdrug Activities
		Defense Security Cooperation Agency
		Operations Tempo
	Defense Health Program	Defense Health Program
United States Department of Education	Office of Elementary and Secondary Education	School Safety National Activities
Federal Judiciary*		Administrative Office of the United States Courts
		Court Security
		Defender Services
		Federal Judicial Center
		Fees of Jurors and Commissioners
		Salaries and Expenses
		United States Sentencing Commission
United States Department of Health and Human Services	Administration for Children and Families	Promoting Safe and Stable Families – Regional Partnership Grants
	Centers for Disease Control and Prevention	Opioid Abuse and Overdose Prevention
	Centers for Medicare and Medicaid Services	Grants to States for Medicaid
		Medicare
Food and Drug Administration		Center for Drug Evaluation Research
		Office of Regulatory Affairs

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

	Health Resources and Services Administration	Bureau of Primary Healthcare Federal Office of Rural Health Policy
	Indian Health Service	Alcohol and Substance Abuse Prevention and Treatment Urban Indian Health Program
	National Institutes of Health	National Institute on Alcohol Abuse and Alcoholism
		National Institute on Drug Abuse
	Substance Abuse and Mental Health Services Administration	Programs of Regional and National Significance – Prevention
		Programs of Regional and National Significance – Treatment
		Substance Abuse Prevention and Treatment Block Grant
		State Opioid Response Grants
		Drug Free Communities
		Health Surveillance and Program Support
United States Department of Homeland Security	Customs and Border Protection	Operations and Support
		Procurement, Construction, and Improvements
	Federal Emergency Management Agency	Operation Stonegarden Grant Program
	Federal Law Enforcement Training Centers	Operations & Support
	Immigration and Customs Enforcement	Operations & Support
	Science and Technology Directorate	Research and Development
	United States Coast Guard	Operations & Support
Procurement, Construction, & Improvements		
Research, Development, Test, and Evaluation		
United States Department of Housing and Urban Development	Office of Community Planning and Development	Continuum of Care: Homeless Assistance Grants
		Section 8071 Pilot Recovery Housing Program
United States Department of the Interior	Bureau of Indian Affairs	Drug Initiative
	Bureau of Land Management	Resource Protection and Law Enforcement
	National Park Service	National Park Protection Subactivity

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

United States Department of Justice	Asset Forfeiture Program	Asset Forfeiture
	Bureau of Prisons	Salaries and Expenses
		Buildings and Facilities
	Criminal Division	Enforcing Federal Criminal Laws
	Drug Enforcement Administration	Salaries and Expenses
		High Intensity Drug Trafficking Areas
		Diversion Control Fee Account
	Federal Bureau of Investigation	Criminal Enterprises Federal Crime
	Office of Justice Programs	Byrne Criminal Justice Assistance Grant Program
		Byrne Criminal Justice Innovation Program
		Comprehensive Opioid Abuse Program
		COPS Anti-Heroin Task Forces
		COPS Anti-Methamphetamine Task Forces
		Drug Court Program
		Harold Rogers' Prescription Drug Monitoring Program
		Forensic Support for Opioid and Synthetic Drug Investigations
		Justice and Mental Health Collaboration
		Mentoring for Youth Affected by the Opioid Crisis
		Opioid-Affected Youth Initiative
		Project Hope Opportunity Probation with Enforcement
		Regional Information Sharing System
		Residential Substance Abuse Treatment
		Second Chance Act
		Veterans Treatment Courts
		Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse
	Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program	
	Organized Crime Drug Enforcement Task Force	Interagency Crime and Drug Enforcement
United States Attorneys	Salaries and Expenses	

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

	United States Marshals Service	Federal Prisoner Detention
		Fugitive Apprehension
		Judicial and Courthouse Security
		Prisoner Security and Transportation
United States Department of Labor	Employment and Training Administration	Job Corps
		National Health Emergency Grants
	Office of Workers Compensation Programs	Prescription Management Unit
		Pharmacy Benefit Management Services
		Federal Employees Compensation Act and Opioid Control Unit
	Office of Inspector General	Fighting Fraud Involving Opioids and Compounded Medications in FECA
United States Department of State	Bureau of International Narcotics and Law Enforcement Affairs	International Narcotics Control and Law Enforcement
	United States Agency for International Development	Economic Support Fund
		Economic Support and Development Fund
United States Department of Transportation	Federal Aviation Administration	Air Traffic Organization
		Aviation Safety/Aerospace Medicine
		Security and Hazardous Material Safety
	National Highway Traffic Safety Administration	Drug Impaired Driving Program
		Highway Safety Research
		Emergency Medical Services
		Communication and Consumer Information
United States Department of the Treasury	Financial Crimes Enforcement Network	Salaries and Expenses
	Internal Revenue Service	Criminal Investigations
	Office of Foreign Assets Control	Salaries and Expenses
United States Department of Veterans Affairs	Veterans Health Administration	Medical Care
		Research and Development
United States Postal Service	United States Postal Inspection Service	C12 Personnel Expenses
		Asset Forfeiture Fund
		C12 Nonpersonnel Expenses
		C12 Operating Expenses
		C12 Capital Expenses

*The Federal Judiciary is an independent branch of government and therefore not subject to ONDCP's oversight.

PROGRAM LEVEL FUNDING

Program	Budget Authority (in Millions)		
	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
AmeriCorps			
AmeriCorps State and National	\$6.800	\$6.800	\$6.800
AmeriCorps VISTA	7.350	7.350	7.350
Senior Corps	0.400	0.400	0.400
Total, AmeriCorps	14.550	14.550	14.550
Department of Agriculture			
United States Forest Service			
Law Enforcement Agency Support	<u>13.000</u>	<u>13.000</u>	<u>10.700</u>
Subtotal, United States Forest Service	13.000	13.000	10.700
Office of Rural Development			
Distance Learning and Telemedicine Program	<u>21.800</u>	<u>11.400</u>	<u>11.400</u>
Subtotal, Office of Rural Development	21.800	11.400	11.400
Total, Department of Agriculture	34.280	24.400	22.120
CSOSA			
Community Supervision Program	35.535	36.147	47.106
Pretrial Services Agency	<u>18.522</u>	<u>18.805</u>	<u>20.434</u>
Total, CSOSA	54.057	54.952	67.540
Department of Defense			
Office of the Secretary of Defense			
Drug Interdiction and Counterdrug Activities			
<i>Budget Activity 01 – Counter Narcotics Activities</i>	4,348.171 ¹	567.003	593.250
<i>Budget Activity 02 – Drug Demand Reduction Program</i>	124.922	127.704	126.024
<i>Budget Activity 03 – National Guard CD Program</i>	220.595	194.211	96.970
<i>Budget Activity 04 – National Guard CD Schools</i>	<u>25.371</u>	<u>25.511</u>	<u>5.664</u>
Drug Interdiction and Counterdrug Activities	4,719.059	914.429	821.908
Overseas Contingency Operations			
<i>Budget Activity 01 – Counter Narcotics Activities</i>	<u>84.743</u>	---	---
Overseas Contingency Operations	84.743	---	---
Operations Tempo (OPTEMPO)			
<i>Operations Budgets of the Military Departments</i>	<u>103.727</u>	<u>95.880</u>	<u>97.798</u>
<i>Operations Tempo</i>	<u>103.727</u>	<u>95.880</u>	<u>97.798</u>
Subtotal, Office of the Secretary of Defense	4,907.529	1,010.309	919.706

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Defense Health Program			
<u>Defense Health Program</u>	84.575	99.023	84.763
Subtotal, Defense Health Program	84.575	99.023	84.763
Defense Security Cooperation Agency			
Building Partner Capacity	127.295	49.980	42.500
<u>Regional Center CTOC</u>	4.969	4.917	5.015
Subtotal, Defense Security Cooperation Agency	132.264	54.897	47.515
Total, Department of Defense	5,124.368	1,164.229	1,051.984
Department of Education			
Office of Elementary and Secondary Education			
School Safety National Activities	58.294	60.028	59.718
Total, Department of Education	58.294	60.028	59.718
Federal Judiciary			
Administrative Office of the United States Courts	1.980	2.009	2.108
Court Security	27.484	28.552	29.332
Defender Services	150.618	160.581	171.970
Federal Judicial Center	0.609	0.580	0.638
Fees of Jurors and Commissioners	14.372	9.114	14.719
Salaries and Expenses	875.294	900.951	943.646
<u>United States Sentencing Commission</u>	6.885	6.988	7.219
Subtotal, Admin. Office of the United States Courts	1,077.242	1,108.775	1,169.632
Total, Federal Judiciary	1,077.242	1,108.775	1,169.632
Department of Health and Human Services			
Administration for Children and Families			
<u>Promoting Safe and Stable Families</u>	30.000	20.000	27.000
Subtotal, Administration for Children and Families	30.000	20.000	27.000
Centers for Disease Control and Prevention			
<u>Opioid Abuse and Overdose Prevention</u>	475.579	475.579	713.369
Subtotal, Centers for Disease Control and Prevention	475.579	475.579	713.369
Centers for Medicare and Medicaid Services			
Grants to States for Medicaid	6,230.000	6,870.000	6,930.000
<u>Medicare</u>	2,740.000	2,920.000	3,190.000
Subtotal, Centers for Medicare and Medicaid Services	8,970.000	9,790.000	10,120,000

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Health Resources and Services Administration			
Bureau of Primary Health Care	543.000	540.000	540.000
<u>Federal Office of Rural Health Policy</u>	<u>110.000</u>	<u>110.000</u>	<u>165.000</u>
Subtotal, Health Resources and Services Administration	653.000	650.000	705.000
Indian Health Service			
Alcohol and Substance Abuse	125.518	131.645	138.380
<u>Urban Indian Health Program</u>	<u>3.647</u>	<u>3.622</u>	<u>3.622</u>
Subtotal, Indian Health Service	132.165	135.267	142.002
National Institute on Alcohol Abuse and Alcoholism			
<u>National Institute on Alcohol Abuse and Alcoholism</u>	<u>60.591</u>	<u>61.499</u>	<u>63.193</u>
Subtotal, National Institute on Alcohol and Alcoholism	60.591	61.499	63.193
National Institute on Drug Abuse			
<u>National Institute on Drug Abuse</u>	<u>1,457.724</u>	<u>1,480.309</u>	<u>1,852.503</u>
Subtotal, National Institute on Drug Abuse	1,457.724	1,480.309	1,852.503
Substance Abuse and Mental Health Services Administration			
Health Surveillance and Program Support	114.050	112.290	120.660
Programs of Regional & National Significance - Prevention	206.470	208.220	216.670
Programs of Regional & National Significance - Treatment	479.680	526.680	650.680
State Opioid Response Grants	1,500.00	1,500.000	2,250.000
<u>Substance Abuse Prevention and Treatment Block Grant</u>	<u>1,858.080</u>	<u>5,008.080</u>	<u>3,508.080</u>
Subtotal, Sub. Abuse and Mental Health Services Admin.	4,158.280	7,355.270	6,746.270
Total, Department of Health and Human Services	16,001.839	20,032.424	20,469.837
Department of Homeland Security			
Customs and Border Protection			
Operations and Support	2,985.192	2,924.347	3,017.534
<u>Procurement, Construction and Improvements</u>	<u>165.518</u>	<u>115.961</u>	<u>66.368</u>
Subtotal, United States Customs and Border Protection	3,153.710	3,040.308	3,083.902
Federal Emergency Management Agency			
<u>Operations and Support (Operation Stonegarden)</u>	<u>13.500</u>	<u>13.500</u>	<u>13.500</u>
Subtotal, Federal Emergency Management Agency	13.500	13.500	13.500
Federal Law Enforcement Training Center			
<u>Operations and Support</u>	<u>48.328</u>	<u>57.920</u>	<u>59.570</u>
Subtotal, Federal Emergency Management Agency	48.328	57.920	59.570
Immigration and Customs Enforcement			
<u>Operations and Support</u>	<u>603.393</u>	<u>632.674</u>	<u>642.137</u>
Subtotal, Immigration and Customs Enforcement	603.393	632.674	642.137

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Science and Technology Directorate			
<u>Research and Development</u>	<u>8.500</u>	<u>6.000</u>	<u>6.300</u>
Subtotal, Science and Technology Directorate	8.500	6.000	6.300
United States Coast Guard			
Operations & Support	1,279.526	1,355.480	1,435.296
Procurement, Construction, & Improvements	561.580	719.090	602.951
<u>Research and Development</u>	<u>0.678</u>	<u>1.490</u>	<u>1.112</u>
Subtotal, United States Coast Guard	1,841.784	2,076.060	2,039.359
Total, Department of Homeland Security	5,669.215	5,826.462	5,844.768
Department of Housing and Urban Development			
Office of Community Planning and Development			
<u>Continuum of Care: Homeless Assistance Grants</u>	<u>583.000</u>	<u>633.175</u>	<u>745.675</u>
Subtotal, Office of Community Planning and Dev.	583.000	633.175	745.675
Total, Department of Housing and Urban Development	583.000	633.175	745.675
Department of the Interior			
Bureau of Indian Affairs			
<u>Drug Initiative</u>	<u>14.919</u>	<u>14.919</u>	<u>14.919</u>
Subtotal, Bureau of Indian Affairs	14.919	14.919	14.919
Bureau of Land Management			
<u>Resource Protection and Law Enforcement</u>	<u>5.100</u>	<u>5.100</u>	<u>5.100</u>
Subtotal, Bureau of Land Management	5.100	5.100	5.100
National Park Service			
<u>National Park Protection Subactivity</u>	<u>3.450</u>	<u>3.450</u>	<u>3.450</u>
Subtotal, National Park Service	3.450	3.450	3.450
Total, Department of the Interior	23.469	23.469	23.469
Department of Justice			
Asset Forfeiture Fund			
<u>Asset Forfeiture Fund</u>	<u>227.140</u>	<u>240.880</u>	<u>245.909</u>
Subtotal, Asset Forfeiture Fund	227.140	240.880	245.909

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Bureau of Prisons			
Contract Confinement	444.494	464.594	464.136
Inmate Care and Programs	1,391.660	1,594.784	1,455.619
Institution Security and Administration	1,552.771	1,613.541	1,597.332
Management and Administration	117.665	151.216	154.418
Modernization and Repair	57.403	57.750	81.771
<u>New Construction</u>	<u>81.812</u>	<u>0.924</u>	<u>0.924</u>
Subtotal, Bureau of Prisons	3,645.805	3,882.809	3,754.200
Criminal Division			
<u>Enforce Federal Criminal Laws</u>	<u>42.573</u>	<u>45.081</u>	<u>48.042</u>
Subtotal, Criminal Division	42.573	45.081	48.042
Drug Enforcement Administration			
Diversion Control Fee Account	423.493	432.869	511.659
<u>Salaries & Expenses</u>	<u>2,294.153</u>	<u>2,336.263</u>	<u>2,408.523</u>
Subtotal, Drug Enforcement Administration	2,717.646	2,769.132	2,920.182
Federal Bureau of Investigation			
<u>Criminal Enterprises Federal Crime</u>	<u>151.592</u>	<u>147.718</u>	<u>152.917</u>
Subtotal, Federal Bureau of Investigation	151.592	147.718	152.917
Office of Justice Programs			
Byrne Criminal Justice Innovation Programs	5.100	6.600	7.500
Byrne Justice Assistance Grant Program	44.720	48.400	51.350
Comprehensive Opioid Abuse Program (CARA)	180.000	185.000	190.000
COPS Anti-Heroin Task Forces	35.000	35.000	35.000
COPS Anti-Methamphetamine Task Forces	13.000	15.000	15.000
Drug Courts	80.000	83.000	95.000
Forensic Support for Opioid and Synthetic Drug Invest.	17.000	17.000	17.000
Justice and Mental Health Collaborations	4.950	5.250	6.000
Mentoring for Youth Affected by the Opioid Crisis-Prev.	16.000	16.500	16.500
Opioid-Affected Youth Initiative	10.000	10.000	16.000
Harold Rogers' Prescription Drug Monitoring Program	31.000	32.000	33.000
Project Hope Opportunity Probation with Enforcement	4.500	4.500	5.000
Regional Information Sharing System	13.300	14.000	14.000
Residential Substance Abuse Treatment	31.000	34.000	35.000
Second Chance Act	27.172	35.350	38.136

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Tribal Set Aside – CTAS Purpose Area 3:			
Justice Systems and Alcohol and Substance Abuse	14.450	17.492	23.368
Tribal Set Aside – CTAS Purpose Area 9: Tribal Youth Prev.			
<u>Veterans Treatment Court Program</u>	<u>23.000</u>	<u>25.000</u>	<u>25.000</u>
Subtotal, Office of Justice Programs	551.692	587.092	631.854
Organized Crime Drug Enforcement Task Force			
<u>Interagency Crime Drug Enforcement</u>	<u>550.458</u>	<u>550.458</u>	<u>550.458</u>
Subtotal, Organized Crime Drug Enforcement Task Force	550.458	550.458	550.458
United States Attorneys			
<u>Criminal Decision Unit</u>	<u>\$89.164</u>	<u>\$98.905</u>	<u>\$98.905</u>
Subtotal, United States Attorneys	\$89.164	\$98.905	\$98.905
United States Marshals Service			
<u>Salaries and Expenses</u>	<u>298.024</u>	<u>311.828</u>	<u>340.930</u>
<u>Federal Prisoner Detention</u>	<u>744.176</u>	<u>732.586</u>	<u>741.541</u>
Subtotal, United States Marshals Service	875.673	875.673	932.970
Total, Department of Justice	9,055.400	9,405.677	9,526.154
Department of Labor			
Employment and Training Administration			
Job Corps - Prevention	6.000	6.000	6.000
<u>Training and Employment Services</u>	<u>20.000</u>	<u>20.000</u>	<u>20.000</u>
Subtotal, Employment and Training Administration	26.000	26.000	26.000
Office of Workers' Compensation Programs			
Federal Employees Compensation Act/Opioid Control Unit	4.180	4.180	4.180
Pharmacy Benefit Management Services	0.974	0.974	0.974
<u>Prescription Management Unit</u>	<u>2.615</u>	<u>2.615</u>	<u>2.615</u>
Subtotal, Office of Workers' Compensation Programs	7.769	7.769	7.769
Office of Inspector General			
<u>Fighting Fraud Involving Opioids and Compounded Medications in FECA</u>	<u>1.800</u>	<u>1.800</u>	<u>1.800</u>
Subtotal, Office of Inspector General	1.800	1.800	1.800
Total, Department of Labor	35.569	35.569	35.569

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Office of National Drug Control Policy			
High Intensity Drug Trafficking Area	285.000	290.000	293.500
Office of National Drug Control Policy - Operations	18.400	18.400	21.300
Anti-Doping Activities	10.000	14.000	14.000
World Anti-Doping Agency Dues	2.715	2.932	3.167
Drug Court Training and Technical Assistance	2.500	3.000	3.000
Drug Free Communities - Prevention	101.250	102.000	106.000
Section 103 of P.L. 114-198 - Prevention	4.000	5.000	5.200
<u>Model Acts Program</u>	<u>1.250</u>	<u>1.250</u>	<u>1.250</u>
Total, Office of National Drug Control Policy	425.115	436.582	447.417
Department of State			
Bureau of International Narcotics and Law Enforcement			
<u>International Narcotics Control and Law Enforcement</u>	<u>425.415</u>	<u>425.415</u>	<u>406.812</u>
Subtotal, Bureau of Int'l Narcotics and Law Enforcement	425.415	425.415	406.812
United States Agency for International Development			
Economic Support Fund	43.533	43.533	31.495
<u>Economic Support and Development Fund</u>	<u>10.000</u>	<u>10.000</u>	<u>18.535</u>
Subtotal, United States Agency for International Develop.	53.533	53.533	50.030
Total, Department of State	478.948	478.948	456.842
Department of the Transportation			
Federal Aviation Administration			
Air Traffic Organization	11.965	11.965	12.203
Aviation Safety/Aerospace Medicine	17.690	18.880	18.730
<u>Security and Hazardous Material Safety</u>	<u>3.600</u>	<u>3.800</u>	<u>4.505</u>
Subtotal, Federal Aviation Administration	33.255	34.645	35.438
National Highway Traffic Safety Administration			
Drug Impaired Driving Program	4.720	2.000	2.000
Emergency Medical Services	0.500	0.500	0.500
Highway Safety Research	1.200	1.700	1.700
<u>Communication and Consumer Information</u>	<u>8.330</u>	<u>8.680</u>	<u>7.500</u>
Subtotal, National Highway Traffic Safety Administration	14.750	12.880	11.700
Total, Department of Transportation	\$48.005	\$47.525	\$47.138

NATIONAL DRUG CONTROL STRATEGY: FY 2022 BUDGET AND PERFORMANCE SUMMARY

Budget Authority (in Millions)			
Program	FY 2020 Final	FY 2021 Enacted	FY 2022 Request
Department of the Treasury			
Financial Crimes Enforcement Network			
<u>Salaries and Expenses</u>	<u>1.680</u>	<u>1.680</u>	<u>2.120</u>
Subtotal, Financial Crimes Enforcement Network	1.680	1.680	2.120
Internal Revenue Service			
<u>Criminal Investigations</u>	<u>66.248</u>	<u>60.257</u>	<u>60.257</u>
Subtotal, Internal Revenue Service	66.248	60.257	60.257
Office of Foreign Assets Control			
<u>Salaries and Expenses</u>	<u>0.681</u>	<u>0.681</u>	<u>0.681</u>
Subtotal, Office of Foreign Assets Control	0.681	0.681	0.681
Total, Department of the Treasury	68.609	62.618	63.058
Department of Veterans Affairs			
Veterans Health Administration			
Medical & Prosthetic Research - Treatment	19.320	20.000	20.000
<u>Medical Care - Treatment</u>	<u>835.571</u>	<u>868.158</u>	<u>902.016</u>
Subtotal, Veterans Health Administration	854.891	888.158	922.016
Total, Department of Veterans Affairs	854.891	888.158	922.016
United States Postal Service			
United States Postal Inspection Service			
CI2 Personnel Expenses	68.492	68.492	68.492
Asset Forfeiture Fund	2.890	2.890	2.890
CI2 Nonpersonnel Expenses	0.106	0.106	0.106
CI2 Operating Expenses	4.066	4.066	4.066
<u>CI2 Capital Expenses</u>	<u>0.880</u>	<u>0.880</u>	<u>0.880</u>
Subtotal, United States Postal Inspection Service	76.434	76.434	76.434
Total, United States Postal Service	\$76.434	\$76.434	\$76.434

¹ FY 2020 includes \$3,831 million reprogrammed from other DOD programs for barrier construction to block the smuggling corridors along the U.S. southern border in support of DHS under 10 USC §284(b)(7).