

NATIONAL DRUG CONTROL STRATEGY FY2023 BUDGET SUMMARY

THE WHITE HOUSE
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY





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EXECUTIVE SUMMARY

Overview

“So tonight, I’m offering a Unity Agenda for the Nation. Four big things we can do together.

First, beat the opioid epidemic. There is so much we can do.

Increase funding for prevention, treatment, harm reduction, and recovery.

Get rid of outdated rules that stop doctors from prescribing treatments. And stop the flow of illicit drugs by working with state and local law enforcement to go after traffickers.

If you’re suffering from addiction, know you are not alone. I believe in recovery, and I celebrate the 23 million Americans in recovery.”

*- President Joe Biden
State of the Union Address, March 1, 2022*

The drug overdose epidemic has taken a heartbreaking toll on American families. Since 2017, overdose death numbers rose a staggering 53% percent, reaching a historic high of 107,622 deaths in 2021 according to the CDC’s provisional predicted data. President Biden has made clear that addressing addiction and the overdose epidemic is an urgent priority for his Administration, including by naming beating the opioid epidemic as a top priority in his State of the Union. The 2022 *National Drug Control Strategy (Strategy)* calls for immediate actions that will save lives in the short term and outlines long-term solutions to reduce drug use and its associated harms, including overdose. The *Strategy* establishes the 5-year projection for the National Drug Control Program and budget priorities required by 21 U.S.C. § 1705(c)(1)(D). The *National Drug Control Strategy: FY 2023 Budget Summary* details the drug control resources in the FY 2023 President’s Budget needed to implement the *Strategy* and achieve its goals and objectives. In order to curb this epidemic, the President’s 2023 Budget requests \$42.5 billion for National Drug Control Program Agencies (NDCPA), a \$3.2 billion increase over the FY 2022 Continuing Resolution (CR) level¹.

The Biden-Harris Administration has already made significant progress in addressing its drug policy priorities, including:

- President Biden signed the American Rescue Plan into law, which invested nearly \$4 billion in expanding access to vital mental health and substance use disorder (SUD) services, including \$30 million for harm reduction services like naloxone, syringe services programs (SSPs), and fentanyl test strips.
- The Department of Health and Human Services (HHS) released a new Overdose Prevention Strategy that expands research of new and improved prevention efforts, invests

¹ FY 2022 funding levels for the Federal Judiciary are based on assumed FY 2022 appropriations. The Drug Interdiction and Counterdrug Activities (incl. OPTEMPO) lines are based on FY 2022 appropriations.



in community resources to help prevent harms related to substance use, increases access to high-quality pain management to reduce preventable suffering, and promotes responsible prescription of medications to protect patient safety.

- The Administration made it easier for health care providers to prescribe buprenorphine to treat more patients with opioid use disorder; thousands of providers signed up to do this within a few months.
- The Administration also extended pandemic rule changes to allow:
 - people with opioid use disorder to begin buprenorphine treatment by telehealth, including phone consultation; and,
 - patients receiving methadone to take prescriptions home instead of visiting a clinic every day.
- The Drug Enforcement Administration (DEA) revised regulations to allow treatment providers to operate mobile methadone vans, bringing treatment to rural, incarcerated, and underserved communities.
- President Biden announced two Executive Orders to counter transnational criminal organizations (TCOs) and illicit drug trafficking, first by formally establishing the United States Council on Transnational Organized Crime (TOC), and second, by modernizing and expanding the United States Government's ability to target drug trafficking organizations (DTOs), their enablers, and financial facilitators through sanctions and other related actions.

This document focuses on proposed investments in the 18 NDCPAs, but making progress requires collaboration among federal, State, local, and Tribal communities across the country. Although financial resources cannot solve this epidemic entirely, the hope is that this increased level of support enables the dedicated prevention, treatment, recovery, and harm reduction workforce to reach more Americans impacted by this epidemic and strengthens our efforts to stop the flow of illicit drugs into American communities.



Highlights of the FY2023 Request

The table below provides detail on federal drug control funding by agency (Table 1).

Table 1: Federal Drug Control Spending by Agency
 FY 2021 - FY 2023
 (Budget Authority in Millions)

Department/Agency	FY 2021 Final	FY 2022 CR	FY 2023 Request
AmeriCorps:	\$40.9	\$40.9	\$40.9
Department of Agriculture:			
Office of Rural Development	\$11.4	\$11.4	\$11.4
U.S. Forest Service	13.0	8.6	9.9
Total USDA	24.4	20.0	21.3
Court Services and Offender Supervision Agency for D.C.	60.3	62.5	69.3
Department of Defense:			
Defense Security Cooperation Agency	54.9	31.0	61.6
Drug Interdiction and Counterdrug Activities (incl. OPTEMPO) ¹	992.7	1,000.8	926.7
Defense Health Program	87.2	71.7	74.4
Total DOD	1,134.8	1,103.5	1,062.7
Department of Education:			
Office of Elementary and Secondary Education	56.0	59.7	48.6
Federal Judiciary: ¹	1,153.8	1,208.6	1,286.7
Department of Health and Human Services:			
Administration for Children and Families	20.0	20.0	67.0
Centers for Disease Control and Prevention	487.1	488.6	732.9
Centers for Medicare and Medicaid Services	10,630.0	11,640.0	11,220.0
Food and Drug Administration	64.5	64.5	100.5
Health Resources and Services Administration	796.9	795.0	922.0
Indian Health Service ²	135.2	135.5	140.5
National Institute on Alcohol Effects and Alcohol-Associated Disorders	65.1	65.3	66.7
National Institute on Drugs and Addiction	1,475.9	1,479.7	1,843.3
Substance use And Mental Health Services Administration ³	4,163.1	4,174.0	5,996.4
Total HHS	17,837.7	18,862.6	21,089.3
Department of Homeland Security:			
Customs and Border Protection	3,040.3	3,020.1	3,313.5
Federal Emergency Management Agency	13.5	13.2	13.2
Federal Law Enforcement Training Center	58.1	58.1	55.9
Immigration and Customs Enforcement	627.2	627.2	685.1
Science and Technology Directorate	6.0	6.0	4.0
U.S. Coast Guard	2,076.1	2,076.1	2,085.3
Total DHS	5,821.1	5,800.5	6,156.9
Department of Housing and Urban Development:			
Office of Community Planning and Development	627.8	627.8	756.2
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	3.4	3.4	3.4
Total DOI	23.4	23.4	23.4



Department/Agency	FY 2021 Final	FY 2022 CR	FY 2023 Request
Department of Justice:			
Assets Forfeiture Fund	206.3	240.6	254.7
Bureau of Alcohol, Tobacco, Firearms, and Explosives	39.2	39.2	46.2
Bureau of Prisons	3,882.8	3,882.8	3,810.6
Criminal Division	45.1	45.1	46.9
Drug Enforcement Administration	2,769.1	2,769.1	3,104.6
Federal Bureau of Investigation	147.7	147.7	161.1
Organized Crime Drug Enforcement Task Forces Program	550.5	550.5	550.5
Office of Justice Programs	587.1	587.1	633.9
U.S. Attorneys	106.0	106.0	106.0
United States Marshals Service	1,201.1	1,006.3	1,046.6
Total DOJ	9,534.9	9,374.3	9,760.9
Department of Labor:			
Employment and Training Administration	6.0	6.0	6.0
Office of the Inspector General	1.8	1.8	1.8
Office of Workers' Compensation Programs	7.8	7.8	7.8
Total DOL	15.6	15.6	15.6
Office of National Drug Control Policy:			
Operations	18.4	18.4	22.3
High Intensity Drug Trafficking Areas Program	290.0	290.0	293.5
Other Federal Drug Control Programs	128.2	128.2	134.7
Total ONDCP	436.6	436.6	450.5
Department of State⁸:			
Bureau of International Narcotics and Law Enforcement Affairs ⁴	420.3	406.8	374.7
United States Agency for International Development	53.5	55.2	55.2
Total DOS	473.8	462.0	429.9
Department of the Transportation:			
Federal Aviation Administration	22.7	22.7	24.4
National Highway Traffic Safety Administration	12.9	11.7	11.7
Total DOT	35.6	34.4	36.1
Department of the Treasury:			
Financial Crimes Enforcement Network	1.7	2.1	2.2
Internal Revenue Service	69.0	60.3	60.3
Office of Foreign Assets Control	0.7	0.7	0.9
Total, Treasury	71.3	63.1	63.4
Department of Veterans Affairs:			
Veterans Health Administration	999.1	1,039.1	1,080.6
United States Postal Inspection Service:	76.4	76.4	76.4
Total Federal Drug Budget⁵	\$38,423.4	\$39,311.0	\$42,468.9
¹ FY 2022 funding levels for the Federal Judiciary and the Drug Interdiction and Counterdrug Activities (incl. OPTEMPO) lines are based on enacted FY 2022 appropriations.			
² IHS FY 2023 drug control funding estimates are consistent with levels reported in the FY 2023 President's Budget. IHS revised its FY 2023 drug control funding estimate to \$177.477 million based on programmatic funding changes following the release of the President's Budget. The FY 2023 IHS Congressional Budget Justification reflects the revised drug control estimate.			
³ Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act.			
⁴ The FY 2022 level is an estimate based on FY 2021 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2022 appropriation.			
⁵ Detail may not add due to rounding.			

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.



AmeriCorps

- AmeriCorps is requesting \$40.9 million in FY 2023 in drug control funding for federal grant and program dollars associated with AmeriCorps State and National, AmeriCorps VISTA, and AmeriCorps Seniors projects, in which some or all of their national service participants are explicitly focused on opioid or substance misuse activities.

Department of Agriculture

- The FY 2023 request for the Department of Agriculture (USDA) totals \$21.3 million in resources for treatment and domestic law enforcement efforts.
- The USDA is requesting \$11.4 million for its efforts at their Office of Rural Development (RD). USDA's request for RD includes funding for infrastructure projects that will help meet the needs of people with SUD in rural communities, such as telemedicine networks and brick-and-mortar treatment facilities.
- The FY 2023 USDA request also includes \$9.9 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 DTOs responsible for large-scale illicit marijuana grow operations on National Forest System lands.

Court Services and Offender Supervision Agency of the District of Columbia

- For FY 2023, the Court Services and Offender Supervision Agency of the District of Columbia (CSOSA) requests \$69.3 million for drug control activities, including funding to enhance public safety and reduce recidivism.

Department of Defense

- For FY 2023, 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 efforts in support of drug interdiction operations, and funding for the Defense Health Program.

Department of Education

- For FY 2023, the Department of Education is requesting \$48.6 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 and School Safety National Activities.

Federal Judiciary

- For FY 2023, the Federal Judiciary is requesting \$1.3 billion in drug control resources. The request generally reflects increases to maintain current services related to a continued increase in caseload and supervision responsibilities of the Judiciary.

Department of Health and Human Services

- The FY 2023 request for HHS includes \$21.1 billion in resources for prevention, treatment, and interdiction efforts.



- HHS continues to be a major provider of substance use prevention, harm reduction, treatment, and recovery support services, as well as support to bolster infrastructure and capacity building for substance use and co-occurring mental health disorders.
- In FY 2023, SAMHSA is requesting \$6.0 billion in drug control funding. The Budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA programs reported in the drug control program are the Substance Abuse Prevention and Treatment Block Grant, State Opioid Response Grants, Programs of National and Regional Significance – Prevention, Programs of National and Regional Significance – Treatment, and Health Surveillance and Program Support.
- In FY 2023, Health Resources and Services Administration (HRSA) is requesting \$922.0 million in drug control funding. In FY 2023, HRSA will continue to invest in initiatives and support evidence-based strategies that address the specific SUD issues and behavioral health services needs in rural communities. The FY 2023 Budget Request will fund new and continuing grants and cooperative agreements for the Rural Communities Opioid Response Program (RCORP) to strengthen the infrastructure and capacity within rural communities at high risk for SUD and provide needed prevention, treatment, and recovery services to rural residents. This request will also enable HRSA to continue expanding RCORP's focus to include other emergent behavioral health needs in rural communities.
- In FY 2023, the Administration for Children and Families (ACF) is requesting \$67.0 million in drug control funding, including \$60.0 million in mandatory funding and \$7.0 million in discretionary funding. This funding will continue the success of earlier regional partnership grants (RPG) and will support state efforts to reduce foster care placements due to parental SUD. Adult substance-use disorders, including opioid-use disorders, remain a major and growing factor for involvement in the child welfare system and out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of SUD, including opioid addiction, and child welfare involvement.
- In FY 2023, CDC is requesting \$732.9 million in drug control funding. The FY 2023 Budget requests an increase of \$244.3 million for CDC Opioid Abuse and Overdose Prevention activities. The President's Budget Request outlines activities in five pillars that capitalize on CDC's scientific expertise: 1) conducting surveillance and research; 2) building state, local, and tribal capacity; 3) supporting providers, health systems, and payers; 4) partnering with public safety; and 5) empowering consumers to make safe choices. Activities within each of these pillars support multiple drug policy priorities of the Office of National Drug Control Policy (ONDCP).
- In FY 2023, the Centers for Medicare & Medicaid Services (CMS) are estimated to spend \$11.2 billion for drug control efforts. This estimate reflects Medicaid and Medicare populations and an inflation to account for the Medicare Advantage 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 CMS spending.
- In FY 2023, the Food and Drug Administration (FDA) request includes \$100.5 million in drug control funding. The FY 2023 Budget for drug-related activities includes \$46.0



million for the Center for Drug Evaluation and Research. FDA requests an additional \$26.0 million to further develop and advance strategies to confront the overdose epidemic and an additional \$10.0 million for the Office of Regulatory Affairs (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 expanding the current IMF initiative to interdict shipments of opioids, unapproved foreign drugs, counterfeit pharmaceuticals, and health fraud related shipments.

- In FY 2023, the Indian Health Service (IHS) requests \$140.5 million for its drug control activities. IHS revised its FY 2023 drug control funding estimate from \$140.5 million to \$177.5 million based on programmatic funding changes following the release of the President's Budget. The IHS Congressional Budget Justification reflects the revised drug control estimate. IHS 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 overdose epidemic, and reduce the number of Americans dying from dangerous drugs.
- In FY 2023, the National Institutes of Health request \$1.9 billion in drug control funding. The request includes \$1.8 billion for the National Institute on Drugs and Addiction (NIDA) and \$66.7 million for the National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA). 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; and Research Management and Support. NIAAA supports a broad range of basic, translational, and clinical research to improve our understanding of the impact of alcohol exposure on adolescent health and to improve interventions for alcohol-related problems among youth in community and healthcare settings.

Department of Homeland Security

- The FY 2023 request for the Department of Homeland Security (DHS) includes \$6.2 billion in resources for domestic law enforcement, interdiction, and international efforts.
- The U.S. Coast Guard's (USCG) FY 2023 request includes \$2.1 billion for drug control activities. This funding continues to support the USCG's counterdrug operations, as well as the construction of the fifth and long lead time parts for the sixth Offshore Patrol Cutter and to develop technologies, such as unmanned aerial systems for USCG counterdrug activities.
- Customs and Border Protection's (CBP) FY 2023 request of \$3.3 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 \$685.1 million in FY 2023 for counternarcotics efforts, to include fostering and strengthening enforcement efforts within the Border Enforcement Task Forces (BEST). ICE Homeland Security Investigations (HSI) has expanded the BEST program to 80 locations throughout the United States consisting of over 115 investigative teams.



- In FY 2023, the Federal Emergency Management Agency (FEMA) requests \$13.2 million in drug control funding for the Operation Stonegarden grant program.
- The Federal Law Enforcement Training Center's (FLETC) FY 2023 request includes \$55.9 million in drug control funding to support training programs that equip law enforcement officers and agents with the basic skills to support drug investigations.
- Science & Technology Directorate's (S&T) counterdrug request of \$4.0 million in FY 2023 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.

Department of Housing and Urban Development

- In FY 2023, the Department of Housing and Urban Development (HUD) requests \$756.2 million for drug control activities. Of the total, \$731.2 million is requested for Continuum of Care homeless assistance grants, and \$25.0 million is requested for the Recovery Housing Program.

Department of the Interior

- The FY 2023 request for the Department of the Interior (DoI) includes \$23.4 million in resources for domestic law enforcement, interdiction, and prevention efforts.
- The Bureau of Indian Affairs' (BIA) FY 2023 request includes \$14.9 million in drug control funding. BIA counterdrug efforts prioritize the overdose 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 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 2023 request of \$5.1 million in drug control funding supports the identification, investigation, disruption, and dismantling of illicit marijuana cultivation and smuggling activities on public lands.
- In FY 2023, the National Park Service (NPS) is requesting \$3.4 million in drug control funding 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 2023 request for the Department of Justice (DoJ) includes over \$9.8 billion in resources for domestic law enforcement, international prevention, and treatment efforts to address drug control challenges, including the overdose epidemic.
- The DEA's FY 2023 request includes over \$3.1 billion in support of DEA's mission to enforce the controlled substances laws and regulations of the United States. The request includes resources to invest in investigative technology, financial analytic tools and support disrupting and dismantling major TCOs, coordinating drug investigations in foreign countries, and providing state and local assistance.



- BOPs FY 2023 drug control funding request of \$3.8 billion supports further expansion of Medication-Assisted Treatment (MAT) for incarcerated individuals with opioid use disorder and preparing inmates for eventual release to the community.
- The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is requesting \$46.2 million for drug control funding in FY 2023 to address crime associated with arms trafficking and DTOs.
- The Federal Bureau of Investigation (FBI) is requesting \$161.1 million for drug control funding in FY 2023 to enhance intelligence activities targeting Darknet activity and money laundering, and to support investigations that focus on identifying, targeting, disrupting, degrading, and dismantling TCOs.
- The Organized Crime Drug Enforcement Task Forces (OCDETF) request of \$550.5 million in FY 2023 supports reducing the availability of illicit narcotics throughout the United States, targets TCOs, and ensures that all cases include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.
- For FY 2023, the Office of Justice Programs (OJP) requests \$633.9 million in drug control funding to support a range of programs, including the Comprehensive Opioid, Stimulant, and Substance Abuse Program; Drug Courts; Veterans Treatment Courts; programs for youth; the Residential Substance Abuse Treatment Program, and Forensic Support for Opioid and Synthetic Drug Investigations 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 2023 request includes \$1.0 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. 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 2023 request includes \$106.0 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. These investigations and prosecutions also target the use of the internet for drug sales and money laundering.
- The FY 2023 request for the Criminal Division (CRM) is \$46.9 million for investigating and prosecuting priority national and international drug trafficking and narco-terrorist groups.
- In FY 2023, the Asset Forfeiture Program (AFP) is requesting \$254.7 million in drug control funding for participating agencies to carry out drug-related activities and provide a stable source of resources to cover operating expenses.



Department of Labor

- The FY 2023 request for the Department of Labor (DoL) includes \$15.6 million in resources for domestic law enforcement, prevention, and treatment efforts.
- In FY 2023, Employment and Training Administration (ETA) requests \$6.0 million for drug control activities in the Job Corps. Drug-related activity in the population served by Job Corps contributes to academic difficulties, health-related problems, and involvement with the juvenile justice system.
- In FY 2023, the Office of Workers' Compensation Programs (OWCP) is requesting \$7.8 million in drug control funding. The overall request includes \$4.2 million in funding for the Federal Employees' Compensation Act Opioid and Control Unit, \$1.0 million for Pharmacy Benefit Management Services, \$2.6 million for the Prescription Management Unit and \$0.7 million to support testing of all Job Corps students on campus.
- In FY 2023, DoL's Office of Inspector General (OIG) requests \$1.8 million to support the OIG's oversight of OWCP management of pharmaceutical costs and compounded drug medications in the Federal Employees' Compensation Act program, including reviewing OWCP's management of the use of opioids.

Office of National Drug Control Policy

- ONDCP is requesting \$450.5 million in FY 2023. The total request includes \$22.3 million for ONDCP salaries and expenses, \$293.5 million for the High Intensity Drug Trafficking Areas (HIDTA) program, and \$134.7 million for Other Federal Drug Control Programs, as detailed below:
 - Drug-Free Communities (DFC) Program: \$106.0 million
 - Drug Court Training and Technical Assistance: \$3.0 million
 - Anti-Doping Activities: \$14.0 million
 - World Anti-Doping Agency (WADA - United States' membership dues): \$3.4 million
 - Model Acts Program: \$1.3 million
 - Community-Based Coalition Enhancement Grant to Address Local Drug Crises: \$5.2 million
 - Policy Research: \$1.3 million
 - Performance Audits and Evaluations: \$0.5 million

Department of State

- The FY 2023 request for the Department of State (DoS) includes \$429.9 million in resources for international efforts.
- The Bureau of International Narcotics and Law Enforcement Affairs (INL) requests \$374.7 million in FY 2023 for drug control efforts that directly deter the flow of illegal drugs to the United States and support drug demand reduction efforts in foreign countries.
- In FY 2023, U.S. Agency for International Development (USAID) requests \$55.2 million for Developmental Assistance and Economic Support Funds that support international drug control efforts.



Department of Transportation

- The FY 2023 request for the Department of Transportation (DoT) includes \$36.1 million in resources for domestic law enforcement, prevention, and treatment efforts.
- In FY 2023, the Federal Aviation Administration (FAA) requests \$24.4 million in drug control funding related to Air Traffic Organization, Aviation Safety/Aerospace Medicine, and Security and Hazardous Materials Safety.
- In FY 2023, the National Highway Traffic Safety Administration (NHTSA) requests \$11.7 million in drug control funding to accelerate behavioral safety research, develop appropriate impaired driving countermeasures, and strengthen emergency medical services initiatives to address the overdose epidemic.

Department of the Treasury

- The FY 2023 request for the Department of the Treasury includes \$63.4 million in resources for domestic law enforcement efforts.
- The Internal Revenue Service (IRS) requests \$60.3 million in FY 2023 for Criminal Investigations (CI) to conduct the financial investigation (and prosecution) of major narcotics traffickers and money launderers, and secure the seizure and forfeiture of their profits.
- In FY 2023, the Financial Crimes Enforcement Network (FinCEN) requests \$2.2 million in drug control funding to safeguard the financial system from illicit use, address money laundering, and promote national security through the collection, analysis, and dissemination of financial intelligence and strategic use of financial authorities.
- In FY 2023, the Office of Foreign Assets Control (OFAC) requests \$0.9 million in drug control funding to administer and enforce sanctions based on United States foreign policy and national security goals against targeted international narcotics traffickers.

United States Postal Inspection Service

- In FY 2023, the United States Postal Inspection Service (USPIS) anticipates a budget of approximately \$76.4 million for drug control activities. The USPIS enforces federal laws that defend the nation's mail system from illegal or dangerous use and Postal Inspectors conduct related to large variety of crimes, including illicit drug trafficking through the mail.

Department of Veterans Affairs

- In FY 2023, the Veterans Health Administration (VHA) anticipates \$1.1 billion in obligations for drug control activities. The proposed 2023 Budget supports VHA efforts to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUD and mental illness, those who are vulnerable to SUD, and those who are in continuing care to sustain recovery.



FY 2023 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. National Drug Control Program agencies are requesting a total of \$42.5 billion in FY 2023 drug control funding, an increase of \$3.2 billion over the FY 2022 CR level. The largest increases in funding are requested to support drug treatment (+\$1.6 billion) and drug prevention (+\$848.0 million). With these increases, the Budget Request devotes a historically high 57.1 percent of drug control resources to demand reduction programs and activities. Table 2 details funding by function.

Table 2: Federal Drug Control Funding by Function
FY 2021 - FY 2023
(Budget Authority in Millions)

Function	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
Function					
Treatment	\$18,527.4	\$19,556.5	\$21,118.9	+ \$1,562.3	+8.0%
Percent	48.2%	49.7%	49.7%		
Prevention	\$2,259.8	\$2,288.8	\$3,136.7	+ 848.0	+37.1%
Percent	5.9%	5.8%	7.4%		
Domestic Law Enforcement	\$10,766.4	\$10,643.1	\$11,030.6	+ 387.5	+3.6%
Percent	28.0%	27.1%	26.0%		
Interdiction	\$5,613.4	\$5,572.4	\$6,136.8	+ 564.4	+10.1%
Percent	14.6%	14.2%	14.5%		
International	\$1,256.5	\$1,250.2	\$1,045.9	- 204.3	-16.3%
Percent	3.3%	3.2%	2.5%		
Total	\$38,423.4	\$39,311.0	\$42,468.9	+ \$3,157.9	+8.0%
Demand / Supply					
Demand Reduction	\$20,787.1	\$21,845.3	\$24,255.6	+ \$2,410.3	+11.0%
Percent	54.1%	55.6%	57.1%		
Supply Reduction	\$17,636.3	\$17,465.7	\$18,213.3	+ 747.5	+4.3%
Percent	45.9%	44.4%	42.9%		
Total	\$38,423.4	\$39,311.0	\$42,468.9	+ \$3,157.9	+8.0%

Note: Detail may not add due to rounding.



Harm Reduction

In September 2021, ONDCP issued updated guidance directing National Drug Control Program agencies to begin reporting for programs and activities supporting harm reduction efforts.

ONDCP Circular: Budget Formulation details reporting requirements, including how agencies should report funding by drug control functions. The updated circular directed agencies to report funding for activities conducted by a National Drug Control Agency that are supporting evidence-based harm reduction efforts, including Syringe Services Programs (SSPs), drug test strips (DTS), examining the availability of the lifesaving overdose antidote naloxone, and promoting research on emerging harm reduction practices, including:

- Integrating and building linkages between funding streams to support SSPs;
- Exploring opportunities to lift barriers to federal funding for SSPs;
- Identifying state laws that limit access to SSPs, naloxone, and other services, including states that classify syringes and DTS as drug paraphernalia;
- Developing and evaluating the impact of educational materials featuring evidence-based harm reduction approaches that link people who use drugs with harm reduction, treatment, recovery support, health, and social services through a diverse range of community members, including first responders, and training law enforcement officials in evidence-based approaches that address overdose and provide police-assisted recovery;
- Examining naloxone availability in counties with high rates of overdose and identifying opportunities to expand access in targeted areas among pharmacies, clinicians, peer support workers, family, and community members, and people who use drugs;
- Amplifying best practices for DTS services, standards for DTS kits, and use of DTS as a means of engagement in health care systems; and
- Supporting research on the clinical effectiveness of emerging harm reduction practices in real world settings and testing strategies to best implement these evidence-based practices.

The preliminary funding estimates reported by NDCPAs for harm reduction efforts (Table 3) include funding for HHS and DOJ programs. Funding reported by HHS includes a requested \$85.5 million for the Centers for Disease Control and Prevention (CDC), \$10.0 million for the Food and Drug Administration (FDA), \$131.0 million for the Substance Use and Mental Health Services Administration (SAMHSA), and \$0.7 million for the Indian Health Service (IHS) for harm reduction efforts, including naloxone². The DOJ request for harm reduction activities includes \$0.1 million for the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), \$0.1 million for the Bureau of Prisons' (BOP) for incarcerated individuals and staff who may be responding to institution emergencies, \$0.05 million for the Federal Bureau of Investigation (FBI), and \$79.8 million for the Office of Justice Programs (OJP). In addition, the DEA request

² IHS revised its FY 2023 drug control funding estimate from \$140.5 million to \$177.5 million based on programmatic funding changes following the release of the President's Budget. The IHS Harm Reduction estimate was formulated prior to this reallocation and is subject to change.



includes \$0.1 million for the DEA for Special Agents and task force officers to carry naloxone kits to administer in the field during an encountered emergency. ONDCP will continue to work with agencies to advance efforts to support harm reduction efforts and refine agency reporting on those activities.

Table 3: FY 2023 Harm Reduction Funding¹
(Budget Authority in Millions)

	FY 2022 CR	FY 2023 Request
Department of Justice		
Bureau of Alcohol, Tobacco, and Firearms	\$0.100	\$0.100
Bureau of Prisons	0.120	0.137
Drug Enforcement Administration (<i>naloxone</i>)	0.110	0.117
Federal Bureau of Investigation	---	0.050
Office of Justice Programs ²	77.700	79.800
Subtotal, DOJ	78.080	80.204
Department of Health and Human Services		
Centers for Disease Control and Prevention	30.500	85.500
Food and Drug Administration	10.000	10.000
SAMHSA ³	88.6	131.000
Indian Health Service	0.732	0.732
Subtotal, HHS	129.832	227.232
Total, Harm Reduction Funding	\$207.862	\$307.436
¹ Preliminary funding estimates. ONDCP is working with National Drug Control Program Agencies to refine reporting criteria for reporting harm reduction funding levels. ² A preliminary determination of harm reduction and recovery drug activities supported by OJP programs with a drug control nexus was informed by the following: <ul style="list-style-type: none"> • The definitions for harm reduction and recovery activities set forth in ONDCP Circular: Budget Formulation, September 9, 2021. • Review of selected FY 2021 award budgets for support for harm reduction and recovery activities. • Review of performance measures to identify harm reduction and recovery activities. ³ Harm reduction is an allowable use for the State Opioid Response Grant program and Substance Abuse Prevention and Treatment Block Grant. Funding levels represents estimates and may be refined based on revised data collection.		

The following sections provide a more detailed description of the 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 regular persons with SUD, 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;
- 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; and,
- all other service programs intended to ease the health-related consequences of SUDs.

Drug Treatment funding levels are reported in Table 4. Funding for efforts under this function is aggregated under Demand Reduction.



Table 4: Drug Control Treatment Funding
 FY 2021 - FY 2023
 (Budget Authority in Millions)

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
AmeriCorps	\$22.5	\$22.5	\$22.5	---	---
Court Services and Offender Supervision Agency	\$39.0	\$39.9	\$45.1	+ 5.3	+13.3%
Department of Agriculture	11.4	11.4	11.4	---	---
<i>Office of Rural Development</i>	11.4	11.4	11.4	---	---
Department of Defense	87.2	71.7	74.4	+ 2.6	+3.7%
<i>Defense Health Program</i>	87.2	71.7	74.4	+ 2.6	+3.7%
Department of Health and Human Services	15,964.9	16,961.3	18,345.9	+ 1,384.6	+8.2%
<i>Centers of Medicare and Medicaid Services</i>	10,630.0	11,640.0	11,220.0	- 420.0	-3.6%
<i>Food and Drug Administration</i>	10.0	10.0	23.0	+ 13.0	+130.0%
<i>Health Resources and Services Administration</i>	712.6	694.0	764.9	+ 70.9	+10.2%
<i>Indian Health Service</i> ¹	101.0	101.2	103.7	+ 2.5	+2.5%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	11.8	11.8	12.1	+ 0.3	+2.1%
<i>National Institute on Drug Abuse</i>	937.1	932.2	1,161.3	+ 229.1	+24.6%
<i>Substance use And Mental Health Services Admin.</i>	3,562.5	3,572.0	5,060.9	+ 1,488.9	+41.7%
Department of Housing and Urban Development	627.8	627.8	756.2	+ 128.4	+20.5%
Department of Justice	615.9	615.9	606.7	- 9.3	-1.5%
<i>Bureau of Prisons</i>	230.9	230.9	194.2	- 36.7	-15.9%
<i>Office of Justice Programs</i>	385.1	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	999.1	1,039.1	1,080.6	+ 41.5	+4.0%
Federal Judiciary	141.4	148.7	157.1	+ 8.4	+5.7%
Office of National Drug Control Policy	9.9	9.9	10.6	+ 0.7	+6.8%
Total, Treatment	\$18,527.4	\$19,556.5	\$21,118.9	+ \$1,562.3	+8.0%

¹ IHS revised its FY 2023 drug control funding estimate from \$103.7 million to \$135.5 million based on programmatic funding changes following the release of the President's Budget. The IHS Congressional Budget Justification reflects the revised drug control estimate.

Note: Detail may not add due to rounding.

Prevention

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

- education efforts, including youth mentoring programs and other programs proven to reduce the risk factors related to drug use;
- drug-free workplace programs;
- drug testing in various settings, including athletic activities, schools, and the workplace;
- harm reduction programs; and,



- all other programs (including family-based treatment) to prevent substance misuse and its consequences.

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

Table 5: Drug Control Prevention Funding

FY 2021 - FY 2023
(Budget Authority in Millions)

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
AmeriCorps	\$18.1	\$18.1	\$18.1	---	---
Court Services and Offender Supervision Agency	\$21.3	\$22.6	\$24.2	+ 1.5	+6.8%
Department of Defense	127.7	126.0	130.1	+ 4.0	+3.2%
<i>Drug Interdiction and Counterdrug Activities</i>	127.7	126.0	130.1	+ 4.0	+3.2%
Department of Education	56.0	59.7	48.6	- 11.1	-18.5%
Department of Health and Human Services	1,828.3	1,856.8	2,688.9	+ 832.1	+44.8%
<i>Administration for Children and Families</i>	20.0	20.0	67.0	+ 47.0	+235.0%
<i>Centers for Disease Control and Prevention</i>	487.1	488.6	732.9	+ 244.3	+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>	84.4	101.0	157.1	+ 56.1	+55.6%
<i>Indian Health Service</i> ¹	34.2	34.3	36.8	+ 2.5	+7.3%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	53.3	53.5	54.6	+ 1.1	+2.1%
<i>National Institute on Drug Abuse</i>	538.8	547.5	682.0	+ 134.6	+24.6%
<i>Substance Use and Mental Health Services Admin.</i>	600.6	602.1	935.5	+ 333.5	+55.4%
Department of Justice	38.0	38.0	51.9	+ 14.0	+36.8%
<i>Bureau of Prisons</i>	0.1	0.1	0.1	+ 0.0	+14.2%
<i>Drug Enforcement Administration</i>	8.3	8.3	10.3	+ 2.0	+23.5%
<i>Office of Justice Programs</i>	29.5	29.5	41.5	+ 12.0	+40.7%
Department of Labor	6.0	6.0	6.0	---	---
<i>Employment and Training Administration</i>	6.0	6.0	6.0	---	---
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	29.9	28.7	29.0	+ 0.3	+0.9%
<i>Federal Aviation Administration</i>	17.5	17.5	17.8	+ 0.3	+1.5%
<i>National Highway Traffic Safety Administration</i>	12.4	11.2	11.2	---	---
Office of National Drug Control Policy	133.5	131.8	138.9	+ 7.2	+5.4%
Total, Prevention	\$2,259.8	\$2,288.8	\$3,136.7	+ \$848.0	+37.1%

¹ IHS revised its FY 2023 drug control funding estimate from \$36.8 million to \$42.0 million based on programmatic funding changes following the release of the President's Budget. The IHS Congressional Budget Justification reflects the revised drug control estimate.

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 the availability of illicit substances, including:

- efforts among federal, State, local, and Tribal law enforcement;
- efforts among NDCPA; 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 6. Funding for efforts under this function is aggregated under Supply Reduction.



Table 6: Drug Control Domestic Law Enforcement Funding
 FY 2021 - FY 2023
 (Budget Authority in Millions)

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
AmeriCorps	\$0.3	\$0.3	\$0.3	---	---
Department of Agriculture	\$13.0	\$8.6	\$9.9	+ 1.3	+15.1%
<i>U.S. Forest Service</i>	13.0	8.6	9.9	+ 1.3	+15.1%
Department of Defense	\$229.1	\$230.3	\$116.9	- 113.3	-49.2%
<i>Drug Interdiction and Counterdrug Activities</i>	229.1	230.3	116.9	- 113.3	-49.2%
Department of Homeland Security	658.1	657.8	711.4	+ 53.7	+8.2%
<i>Federal Emergency Management Agency</i>	13.5	13.2	13.2	---	---
<i>Federal Law Enforcement Training Center</i>	57.5	57.5	55.4	- 2.1	-3.6%
<i>Immigration and Customs Enforcement</i>	587.1	587.1	642.9	+ 55.8	+9.5%
Department of Justice	8,415.2	8,254.6	8,624.9	+ 370.3	+4.5%
<i>Asset Forfeiture Fund</i>	206.3	240.6	254.7	+ 14.1	+5.9%
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	39.2	39.2	46.2	+ 7.0	+17.8%
<i>Bureau of Prisons</i>	3,651.8	3,651.8	3,616.3	- 35.6	-1.0%
<i>Criminal Division</i>	45.1	45.1	46.9	+ 1.8	+3.9%
<i>Drug Enforcement Administration</i>	2,296.4	2,296.4	2,618.7	+ 322.3	+14.0%
<i>Federal Bureau of Investigation</i>	147.7	147.7	161.1	+ 13.4	+9.1%
<i>Office of Justice Programs</i>	172.5	172.5	179.9	+ 7.3	+4.3%
<i>Organized Crime Drug Enf. Task Force Program</i>	550.5	550.5	550.5	---	---
<i>U.S. Attorneys</i>	106.0	106.0	106.0	---	---
<i>U.S. Marshals Service</i>	1,199.6	1,004.8	1,044.8	+ 40.0	+4.0%
Department of the Interior	22.0	22.0	22.0	---	---
<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>	3.4	3.4	3.4	---	---
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	71.3	63.1	63.4	+ 0.3	+0.5%
<i>Financial Crimes Enforcement Network</i>	1.7	2.1	2.2	+ 0.1	+3.8%
<i>Internal Revenue Service</i>	69.0	60.3	60.3	---	---
<i>Office of Foreign Assets Control</i>	0.7	0.7	0.9	+ 0.2	+33.8%
Department of Transportation	3.3	3.3	4.1	+ 0.8	+24.2%
<i>Federal Aviation Administration</i>	3.3	3.3	4.1	+ 0.8	+24.2%
Federal Judiciary	1,012.4	1,059.9	1,129.6	+ 69.7	+6.6%
Office of National Drug Control Policy	263.4	265.2	269.9	+ 4.8	+1.8%
United States Postal Inspection Service	76.4	76.4	76.4	---	---
Total, Domestic Law Enforcement	\$10,766.4	\$10,643.1	\$11,030.6	+ \$387.5	+3.6%

Note: Detail may not add due to rounding.



Interdiction

These are activities conducted by a NDCPA to reduce availability of illegal drugs in the United States or abroad, by targeting the transportation link. Interdiction efforts, which encompass intercepting and ultimately disrupting shipments of illegal drugs and their precursors, as well as the proceeds, 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 7. Funding for efforts under this function is aggregated under Supply Reduction.

Table 7: Drug Control Interdiction Funding
 FY 2021 - FY 2023
 (Budget Authority in Millions)

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
Department of Defense	\$418.2	\$397.4	\$649.9	+ 252.5	+63.5%
<i>Drug Interdiction and Counterdrug Activities</i>	418.2	397.4	649.9	+ 252.5	+63.5%
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	5,122.4	5,102.1	5,402.8	+ 300.7	+5.9%
<i>Customs and Border Protection</i>	3,040.3	3,020.1	3,313.5	+ 293.4	+9.7%
<i>Science and Technology Directorate</i>	6.0	6.0	4.0	- 2.0	-33.3%
<i>United States Coast Guard</i>	2,076.1	2,076.1	2,085.3	+ 9.3	+0.4%
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	1.9	1.9	2.5	+ 0.6	+33.7%
<i>Federal Aviation Administration</i>	1.9	1.9	2.5	+ 0.6	+33.7%
Office of National Drug Control Policy	26.1	26.1	26.6	+ 0.5	+2.1%
Total, Interdiction	\$5,613.4	\$5,572.4	\$6,136.8	+ \$564.4	+10.1%

Notes: Detail may not add due to rounding.

International

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

- drug law enforcement efforts outside the United States;
- source country programs to assist our international partners in managing the consequences of drug production; trafficking; consumption in their societies, including the training and



equipping of security forces; raising awareness of science-based practices and programs aimed at preventing, treating, and enabling recovery from SUDs; and support of economic development programs to reduce the production or trafficking of illicit drugs and 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 illegal drugs;
- coordination and promotion of compliance with international treaties relating to the production and transportation of illegal drugs;
- promotion of the involvement of other nations in international law enforcement programs and policies to reduce the supply of drugs; and,
- all other overseas drug law enforcement efforts to disrupt the flow of illicit drugs into the United States.

International drug control funding levels are reported in Table 8. Funding for efforts under this function is aggregated under Supply Reduction.

Table 8: Drug Control International Funding
 FY 2021 - FY 2023
 (Budget Authority in Millions)

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
Department of Defense	\$272.6	\$278.1	\$91.4	- 186.7	-67.1%
<i>Defense Security Cooperation Agency</i>	54.9	31.0	61.6	+ 30.6	+98.9%
<i>Drug Interdiction and Counterdrug Activities</i>	217.7	247.1	29.8	- 217.3	-87.9%
Department of Homeland Security	40.6	40.6	42.7	+ 2.1	+5.1%
<i>Federal Law Enforcement Training Center</i>	0.6	0.6	0.6	- 0.0	-3.4%
<i>Immigration and Customs Enforcement</i>	40.1	40.1	42.2	+ 2.1	+5.3%
Department of Justice	465.8	465.8	477.4	+ 11.6	+2.5%
<i>Drug Enforcement Administration</i>	464.4	464.4	475.6	+ 11.2	+2.4%
<i>U.S. Marshals Service</i>	1.4	1.4	1.8	+ 0.4	+25.3%
Department of State	473.8	462.0	429.9	- 32.1	-7.0%
<i>Bureau of International Narcotics and Law Enforcem.</i>	420.3	406.8	374.7	- 32.1	-7.9%
<i>United States Agency for International Development</i>	53.5	55.2	55.2	---	---
Office of National Drug Control Policy	3.7	3.7	4.5	+ 0.8	+21.4%
Total, International	\$1,256.5	\$1,250.2	\$1,045.9	- \$204.3	-16.3%

Note: Detail may not add due to rounding.



The final table below provides historical federal drug control funding (Table 9).

Table 9: Historical Drug Control Funding

FY 2014 - FY 2023

(Budget Authority in Millions)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
	Final	Final	Final	Final	Final	Final	Final	Final	CR	Request
Demand Reduction										
Treatment	\$9,481.8	\$9,553.1	\$9,845.1	\$12,168.7	\$14,547.9	\$15,439.6	\$16,459.5	\$18,527.4	\$19,556.5	\$21,118.9
Prevention	1,316.9	1,341.5	1,486.4	1,572.2	2,263.8	2,135.9	2,177.2	2,259.8	2,288.8	3,136.7
Total, Demand Reduction	10,798.7	10,894.6	11,331.5	13,740.9	16,811.7	17,575.6	18,636.6	20,787.1	21,845.3	24,255.6
Supply Reduction										
Domestic Law Enforcement	9,348.8	9,394.5	9,282.8	8,982.3	9,443.8	9,641.4	10,237.3	10,766.4	10,643.1	11,030.6
Interdiction	3,948.5	3,960.9	4,734.7	4,595.9	5,565.9	8,308.3	9,545.8	5,613.4	5,572.4	6,136.8
International	1,637.1	1,643.0	1,524.9	1,494.2	1,465.1	1,283.0	1,263.6	1,256.5	1,250.2	1,045.9
Total, Supply Reduction	14,934.4	14,998.3	15,542.5	15,072.4	16,474.8	19,232.7	21,046.7	17,636.3	17,465.7	18,213.3
Total, Drug Control Funding	\$25,733.1	\$25,892.9	\$26,874.0	\$28,813.3	\$33,286.5	\$36,808.3	\$39,683.3	\$38,423.4	\$39,311.0	\$42,468.9



AGENCY BUDGET SUMMARIES



AMERICORPS





AMERICORPS

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$18.128	\$18.128	\$18.128
Treatment	10.729	10.729	10.729
Recovery	11.787	11.787	11.787
State & Local Assistance	0.256	0.256	0.256
Total Drug Resources by Function	\$40.900	\$40.900	\$40.900
Drug Resources by Decision Unit			
AmeriCorps State & National	\$33.234	\$33.234	\$33.234
AmeriCorps Seniors	0.521	0.521	0.521
AmeriCorps VISTA	7.145	7.145	7.145
Total Drug Resources by Decision Unit	\$40.900	\$40.900	\$40.900
Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.1	\$1.2	\$1.3
Drug Resources Percentage	3.6%	3.4%	3.1%

Program Summary

MISSION

The mission of the Corporation for National and Community Service (dba AmeriCorps) 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 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 use crisis.

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

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

- **Prevention:** National service participants help prevent drug misuse 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.

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 *Strategy* of increasing the size of the addiction services workforce.

METHODOLOGY

AmeriCorps has prioritized opioids and substance misuse 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 misuse programming by reviewing funding priority selections, 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 participants are explicitly focused on opioid or substance misuse 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.

Resources reflect AmeriCorps federal grant and project awarded 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. The FY 2021 distribution by function is an estimate generated using the percent of AmeriCorps' investment allocated to each function in FY 2020. AmeriCorps will conduct a manual review of applications, performance measures, and VISTA assignment descriptions every 3-5 years to generate the investment by function. In interim years, the percentage distribution from the most recent manual review to estimate our investment is applied.

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. 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.

AmeriCorps State & National

For AmeriCorps State and National, funding includes projects for which some or all AmeriCorps members are explicitly focused on opioid or substance misuse 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 SUD 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 SUDs.

The AmeriCorps State and National FY 2021 opioid investment includes the total federal dollars awarded to the following AmeriCorps State and National grantees in FY 2021:

- Awarded grantees or subgrantees for which AmeriCorps reviewers marked the priority area “Healthy Futures – a program model that reduces and/or prevents prescription drug and opioid abuse” on the review form, indicating that addressing the opioid epidemic was a significant and intentional aspect of the program design. This includes competitive grantees/subgrantees and also a handful of formula subgrantees who were originally reviewed for competitive consideration.
- Awarded formula subgrantees (other than those originally reviewed for competitive consideration) who self-selected the priority area “Healthy Futures – a program model that reduces and/or prevents prescription drug and opioid abuse” on their grant applications (which they were instructed to do if this priority was a significant part of the proposed program) AND had the following characteristic that designated an intervention in the Healthy Futures focus area as their primary service activity.

The report counts partial federal dollars awarded to the following AmeriCorps State and National grantees in FY21:

- Grantees or subgrantees (competitive and formula) that are NOT included in (1) or (2) above and that selected the intervention “Opioid/Drug Intervention” for one or more performance measures. The report counts the Member Service Years (MSYs) associated with those performance measure(s) multiplied by the project cost/MSY.

AmeriCorps VISTA

For AmeriCorps VISTA, investment was estimated from FY 2021 full-year and summer service terms focused partially or entirely on opioid-related activities. Terms were included in the investment if their associated VISTA Assignment Descriptions contain opioid keywords in their title, site name, project goals, objectives, and/or activity description. Because AmeriCorps did not do a full manual review of VISTA Assignment Descriptions in FY 2021, the percentage distribution of VISTA’s investment by function from FY 2020 was used to estimate the distribution of investment by function for FY 2021.



AmeriCorps Seniors

For AmeriCorps Seniors, FY 2021 project performance measures were queried to identify those that have volunteer activities explicitly focused on opioid/drug intervention. The full AmeriCorps investment is reported to ONDCP for projects fully focused on opioid/drug intervention activities, and pro-rated investments are reported for projects with a partial focus on opioid/drug intervention. In each case, the investment is calculated in two steps. First, determine the percent of each project’s unduplicated Volunteer Service Years (VSYs) or volunteers associated with performance measures that contain the “opioid/drug intervention” service activity. Next, multiply that value against the project’s total awarded federal funding to get the portion of the investment associated with opioid/drug intervention activities. VSYs are used for the AmeriCorps Seniors Foster Grandparent and Senior Companion programs. Volunteers are used for the AmeriCorps Seniors RSVP program.

Because AmeriCorps did not complete a full manual review of applications and performance measures for AmeriCorps Seniors in FY 2021, the breakout of AmeriCorps Seniors’ FY 2021 investment by function was calculated using the percentage distribution by function from the most recent manual review (FY 2020).

Budget Summary

In FY 2023, the AmeriCorps requests \$40.9 million for drug control activities, no change from the FY 2022 CR level.

The agency has statutory priority funding areas that include: education, disaster services, environmental stewardship, veterans and military families, economic opportunity, and healthy futures. AmeriCorps funds projects that contribute to the *Strategy* out of the healthy futures portfolio each year. Within the healthy futures portfolio, AmeriCorps programs support the President’s *Strategy* in multiple ways, including:

- **Prevention:** National service participants help prevent drug misuse before it starts by providing drug education to students, educating seniors about the 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.
- **State & Local and Tribal Law Enforcement Assistance:** National service participants serving in AmeriCorps and AmeriCorps Seniors programs address the State & Local and



Tribal Law Enforcement Assistance priority by serving law enforcement agencies to design and implement programs to increase access to treatment or services for individuals with SUD.

AmeriCorps anti-drug activities are carried out under three main programs:

AmeriCorps State and National

FY 2023 Request: \$33.2 million

(No change from the FY 2022 CR level)

The AmeriCorps State and National program awards grants to local and national organizations that engage AmeriCorps members in evidence-based or evidence-informed intervention 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 misuse and has funded a number of program models working to address this crisis.

AmeriCorps VISTA

FY 2023 Request: \$7.1 million

(No change from the FY 2021 CR 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: \$0.5 million

(No change from the FY 2021 CR 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 through FY 2021 AmeriCorps Seniors RSVP grant



competitions and FY 2022 American Rescue Plan Senior Demonstration Program competition 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 use disorders (OUD).

EQUITY

In keeping with the Administration's priority to advance equity across the federal government, AmeriCorps' Strategic Plan will identify a range of actions needed to address racial equity and alleviate poverty. These include:

- **Mitigate the impacts of the COVID-19 pandemic and other public health crises:** AmeriCorps will continue to meet ongoing health, economic, and education needs related to the pandemic, including supporting vaccination efforts, addressing learning loss, and tackling the growing hunger crisis with a specific focus on underserved and disproportionately impacted communities.
- **Build resilience, reduce greenhouse gas emissions, and adapt to the changing climate:** Climate change poses an existential threat and already is causing significant damage to our environment and economy, with impacts disproportionately affecting communities of color and low-income communities. Building on decades of experience, AmeriCorps is committed to working in partnership with other federal agencies, state and local governments, nonprofits, and other stakeholders to support climate adaptation, resilience, and mitigation efforts in urban and rural communities, particularly low-income and minority communities experiencing the worst impacts of climate change.
- **Expand educational and economic opportunity:** With increased unemployment and social hardships due to COVID-19, AmeriCorps will continue to invest in programs that expand educational and economic opportunity for vulnerable individuals, including pre-K school readiness, K-12 success interventions, job counseling, financial literacy, tax assistance, housing access, independent living support, and more.
- **Prioritize investment in the most underserved individuals and communities:** To alleviate racial inequity and poverty, there is the need to ensure national service resources are going to communities that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Investing more resources in underserved communities will reduce barriers to participation and advance diversity, inclusion, and accessibility – all factors that help alleviate inequity and poverty.
- **Ensure those who serve reflect those being served:** AmeriCorps members and volunteers should reflect the communities they serve. By improving diversity data collection, strengthening outreach in underserved communities, undertaking targeted recruitment campaigns, and other steps, AmeriCorps will recruit and retain a more diverse corps that is representative of the communities in which it serves.



DEPARTMENT OF AGRICULTURE





DEPARTMENT OF AGRICULTURE
United States Forest Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$0.200	\$0.100	\$0.100
Investigations	12.000	7.900	8.800
Prosecution	0.200	0.100	0.100
State and Local Assistance	0.600	0.400	0.600
Research: Domestic Law Enforcement	0.000	0.100	0.300
Total Drug Resources by Function	\$13.000	\$8.600	\$9.900
Drug Resources by Decision Unit			
Law Enforcement Agency Support	\$13.000	\$8.600	\$9.900
Total Drug Resources by Decision Unit	\$13.000	\$8.600	\$9.900
Drug Resources Personnel Summary			
Total FTEs (direct only)	56	56	63
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5.4	\$5.4	\$6.7
Drug Resources Percentage	0.2%	0.2%	0.2%

Program Summary

MISSION

The mission of the USFS 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 USFSs Law Enforcement and Investigations (LEI) program’s basic mission is to provide public and employee safety, resource protection, enforcement of United States Criminal Law, and enforcement expertise to other agency managers. The Forest Service manages 193 million acres in 44 States, the 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 USFS 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 USFS budget structure includes LEI budget line item within the National Forest System (NFS) appropriation for law enforcement operations discretionary funding. The NFS



appropriation also includes a single budget line item for Salary and Expenses funding for all NFS staff. The law enforcement operations funding and the NFS Salary and Expenses funding identified for law enforcement staff in combination serve as the total LEI budget allocation. Within the total LEI budget allocation, funds identified for drug enforcement activities are estimated based on an analysis of the total workload. The analysis derives a percentage of the work LEI staff perform on drug-related activities as a portion of total work on all law enforcement duties and responsibilities related to the mission of the USFS. The resulting drug percentage then derives drug funding as a portion of total LEI funding and serves as the LEI drug control funding level. For future year budget allocation projections, the drug percentage used is a rolling average of the five previous full performance years (FY 2017-FY 2021) where complete data is available.

The new USFS budget structure removes “overhead” and other administrative costs from the combined total allocation for Law Enforcement Operations resulting in a lower allocation in drug control funding in FY 2023 utilizing the budget methodology. Although the drug control funding allocation is decreased from FY2021, USFS efforts in this area remained similar to FY 2022 and will increase in FY 2023. The perceived funding decrease from FY2021 is not a decrease in expected operational activities in support of the *Strategy*.

Budget Summary

In FY 2023, USFS requests \$9.9 million for drug control activities, an increase of \$1.3 million from the FY 2022 CR level.

Law Enforcement Agency Support

FY 2023 Request: \$9.9 million

(\$1.3 million above the FY 2022 CR level)

The additional funding increase would be used to increase operational staffing in support of current marijuana eradication/investigations and remediation activities such as clean-up, reclamation, hazardous material mitigation, and research activities on impacts at grow sites.

USFS drug-related activities include Law Enforcement support for detection and monitoring 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, USFS provides prosecutorial support to convict marijuana cultivators and their co-conspirators. USFS 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 2023, USFS 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 ONDCP's 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 *Strategy*.

EQUITY

The Natural Resources and Environment (NRE)/Forest Service Equity Action Plan represents a broad set of high-leverage actions with the potential for creating high-impact, and enduring systemic change that benefits employees, Tribes, partners, and the public. Delivering the USFSs mission purposefully equitably requires changing traditional perspectives, processes, actions, and performance measures to ensure the full suite of benefits, outcomes, and opportunities to participate are made available to all, especially in rural and urban areas places that have been marginalized or overlooked. In this Plan, USFS commits to assessing barriers and identifying equity outcomes for underserved communities by focusing on the following ten actions:

Community Service to All

Position Agency and Tribes for Success by Expanding Tribal Co-Management – Engage Tribes and line officers, identify barriers and opportunities, and conduct other activities focused on achieving success in a learning environment, with an initial focus on co-management and Forest Service tribal authorities such as the Tribal Forest Protection Act and others.

Enhance Engagement and Partnerships with Tribes and Underserved Communities through Culturally Relevant Strategies – Center the voices, diverse needs, and unique perspectives of Tribes and underserved community stakeholders and create shared leadership in achieving enduring change for equitable mission delivery.

Achieve a Representative, Inclusive and Thriving Forest Service Workforce – Integrate and prioritize hiring authorities under the Resource Assistant, Job Corps, Public Land Corps, and Tribal Youth Conservation Programs, which will significantly increase successful placements of underrepresented employees to meet near- and long-term hiring needs.



Institutionalize the Onboarding Experience for New Hires – Implement an onboarding program that celebrates diversity, meets inclusion objectives for a growing workforce and the changing *Future of Work* environment, and orients new hires to Forest Service values around equitable mission delivery and Tribal trust responsibilities.

Economic Prosperity

Increase Equity in Opportunities for Small and Disadvantaged Businesses (SDB) – Initiate a pilot program to provide further support to small and disadvantaged businesses by increasing capacity in procurement zones, building deeper relationships with Tribes and local small and disadvantaged businesses, demonstrating a strong commitment to recurring national and local outreach event efforts.

USFS is a leader in maximizing small business participation and has consistently done so for over a decade. Historically, over 80% of the agency’s total annual business expenditures, averaging \$1.2 billion, involve small businesses. As the largest USDA agency with one of the largest contracting portfolios, USFS created a team dedicated to small business outreach and compliance. The team includes a small business specialist (serving as the lead) and small business coordinators. The team’s duties include coordinating, tracking, and managing the successful delivery of the small and disadvantaged business program. In addition, to ensure equity in contracting and procurement opportunities, the agency will evaluate current program performance, identify barriers and opportunities to improve participation and take legally supportable actions to improve outcomes within the underserved SDB community. Planned actions include:

- Through research, direct engagement, and tribal consultation, further assess the specific barriers faced among the diverse minority, veteran, socially disadvantaged, and underrepresented SDBs.
- Through tribal and stakeholder engagement, identify barriers that have resulted in lack of participation or success in award of contracts to underserved SDBs. Build trust with underserved SDBs through a strong commitment to recurring vendor outreach efforts at the national and local levels.
- These efforts will include industry days, small business match-making sessions, requests for information, and other localized outreach efforts to underserved SDBs. Establish up to 4 additional SBC positions in the agency’s procurement zones to communicate with local underserved SDBs and attend local SDB events. Conduct targeted local outreach to underserved communities. Answer correspondence and host individual outreach sessions with an emphasis on underserved SDBs. Assist with agency reporting and metric tracking of participation by underserved SDBs.

Increase Equity in Agreements – Expand the pool of partners to include more Tribes and Diversity, Equity, Inclusion, and Accessibility (DEIA) organizations, develop new outreach strategies, launch a working group to address issues that affect implementation and obstacles to establishing partnerships, promote tribal relations and reduce barriers to tribal participation, and establish an access storefront to reduce the barrier to access by DEIA organizations.



The Office of Grants & Agreements (OGA) values the importance of mutual collaborative efforts between national, Tribal, regional, and local partners who offer their commitment, expertise, diversity of backgrounds, and experiences to assist in delivering conservation services to the public. In 2021, OGA awarded \$1.1B of grants and agreements to over 3,500 partners, about a 35% increase from prior fiscal year. This increase is projected to continue for the upcoming year. As such, OGA recognizes its paramount importance to ensure these award opportunities are accessible and equitably distributed to underrepresented communities.

- Expand pool of partners: OGA intends to collaborate with the National Partnership Office, internal program areas, and external entities (where possible) to increase accessibility and diversity in our pool of partners. OGA seeks to develop innovative outreach strategies to accomplish this goal. These outreach strategies can include creating a new intuitive digital platform to promote and outreach opportunities; performing outreach targeting untapped geographical areas; conducting industry sessions to increase visibility; architecting set-aside projects to target underrepresented communities; considering the use of competition for funding. In addition to Federally Recognized Tribes and Alaskan Native Corporations, possible priority areas and metrics to consider include: the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry Social Vulnerability Index (CDC/ATSDR SVI); the United States Census Bureau's Small Area Income and Poverty Estimates (SAIPE); minority-serving institutions; and programs whose primary audience includes populations such as people with disabilities, senior citizens, immigrants or refugees, individuals with Limited English Proficiency (LEP), military families, or unemployed individuals.
- Implement an Access Storefront branch: This branch will provide a customer service help desk experience to external partners. It will act as a centralized, externally facing resource for prospective partners, focusing on underrepresented communities. The Access Storefront responds to the need to provide a pathway for the informational and procedural literacy that is required of anyone seeking to do business with the Forest Service. Access Storefront will assist external partners in navigating the pre-award and post-award phases of grants and agreements. This consists of developing technical and budget proposals, connecting and navigating other systems, applying for opportunities, project monitoring and management, and closeout.
- Develop education, certification, and mentorship programs: Access StoreFront team will explore various educational and mentorship programs for underrepresented communities to help expand capacity, develop new skills, and build experiences. For example, connect established partners with up-and-coming partners, where matching up partners based on their level of skills, experiences, and capacity to gain a system of community support. OGA believes that education/certification program is an investment that will have an impact in helping these communities to attract and retain their equity. It is an empowerment tool that could foster a positive, beneficial outcome in the long run.
- Promote tribal relations: The Washington Office (WO) OGA Policy Branch is hiring a Tribal Relations Policy Analyst, who will coordinate all efforts that involve Tribal



interests and communities and will be the subject matter expert on the Indian Self-Determination and Education Assistance Act and the Tribal Forest Protection Act. The Tribal Policy Analyst will additionally conduct an internal review of existing OGA policy to identify any barriers to tribal participation in OGA processes, policies, and procedures, including Tribal match waivers. OGA has initiated tribal consultation as it pertains to the USFS Handbook chapter updates. OGA will be documenting a standardized procedure for ensuring tribal consultation is integrated into the chapter update process.

- Increase equity in research funding: WO OGA will engage with USDA, which is a member of the Established Program to Stimulate Competitive Research (EPSCOR) Interagency Coordinating Committee (EICC), to identify how USFS funding opportunities can be competitively awarded or otherwise directed towards states that have been historically underfunded in the research and development arena.

Health and Resiliency

Reduce Wildfire Risk to Tribes, Underserved, and Socially Vulnerable Communities – Address impacts to Tribal, underserved, and socially vulnerable communities in relative proximity to National Forest System lands by integrating data, information, and maps into planning and decision-making processes and tools. This action will ensure demographic variables are understood, considered, and addressed during tradeoff analysis and decision-making. Integrate processes into the Wildfire Crisis Strategy effort to reduce the severity and frequency of wildland fires, protect lives, homes, and communities, achieve equity outcomes, and improve the health and resilience of our nation’s forests.

Expand Cooperative Forestry Benefits to Underserved Communities – Use the Landscape Scale Restoration Program to integrate equity into proposal evaluation and guidance for competitive processes by prioritizing discretionary points for underserved communities and enhancing outreach to newly eligible Tribal and other applicants to attract proposals from rural communities.

Expand Urban Forestry Benefits to Underserved Communities – Issue requests for proposals while highlighting equity considerations; develop explicit criteria for requests for proposals and evaluation guidance to prioritize underserved communities; enhance outreach to prospective applicants to attract proposals from Tribes and high-need urban communities, and work toward funding 40% of projects in underserved communities and with Tribes.

Promote Access to Recreation and Outdoor Experiences within Communities of Color and Socially Vulnerable Populations – Promote research to understand who visitors are; how they recreate; who is not visiting; barriers to accessing recreation opportunities; economic, community, and personal benefits of recreation opportunities; and preferences regarding and satisfaction with recreation opportunities and develop research-based strategies to increase visitation by communities of color. In addition, promote use of the Native American Tourism and Improving Visitor Experience Act in support of tribal culture and tourism enterprise.



DEPARTMENT OF AGRICULTURE
Office of Rural Development

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Treatment	\$11.400	\$11.400	\$11.400
Total Drug Resources by Function	\$11.400	\$11.400	\$11.400
Drug Resources by Decision Unit			
Distance Learning and Telemedicine Program	\$11.400	\$11.400	\$11.400
Total Drug Resources by Decision Unit	\$11.400	\$11.400	\$11.400

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$40.5	\$48.6	\$49.5
Drug Resources Percentage	0.03%	0.02%	0.02%

Note: In addition to the funds identified here, other funds may be available and prioritized for treatment related projects through multiple other USDA Rural Development programs. 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.

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

Section 6101(a)(1)(A) of the Agriculture Improvement Act of 2018 (“2018 FB”, P.L. 115-334) requires the Secretary to use at least 20 percent of the funding provided for the Distance Learning and Telemedicine (DLT) program to support SUD treatment services unless there are not sufficient qualified applicants to reach the 20 percent requirement. In addition, section 6101(a)(1)(B) of the 2018 FB (Farm Bill) authorized prioritizing the selection of projects for Community Facilities direct loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid misuse and to support people in recovery.

RD has assigned priority points in certain programs to SUD-related projects, including Community Facilities Program, Distance Learning, Telemedicine Grants, and Business and Industry Loan Guarantees. SUDs (Opioid Epidemic) remain a critical issue facing rural communities. The Rural Business Development grants and solid waste management grants both supported projects related to Opioids in FY 2021. However, the language used in the Notice of Funding Availability/ Notice of Solicitation of Applications for these programs no longer specifically highlights Opioids.

Budget Summary

In FY 2023, RD requests \$11.4 million for drug control activities, no change from the FY 2022 CR level.

Distance Learning and Telemedicine (DLT) Program

FY 2023 Request: \$11.4 million

(No change from the FY 2022 CR level)

The Rural Utilities Service (RUS), an agency of USDA, administers the DLT Program. The DLT grants provide 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 access in rural areas to education, training, and health care resources that are otherwise unavailable or limited in scope. In addition, funds are provided to help rural communities overcome the effects of physical remoteness and low population density by linking teachers and medical service providers in one area to students and patients in another.

In FY 2022, RD will continue the FB requirement that 20 percent of the funding made available from the DLT Program will be designated for the opioid effort. In addition, the budget continues the FB requirement for awarding priority points for SUD-related requests in the CF direct loans and grants account.

For the 2023 budget request, RD includes the FB requirement of setting aside 20 percent of the funding made available to the DLT grants will be designated for the SUD effort, which would include opioids.

DLT Opioid Epidemic: Funds are provided to help strengthen local capacity to address opioid prevention, treatment, and recovery.



In the Consolidated Appropriations Act of 2019 (Pub. L. 116-6, §761), Congress appropriated \$16 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...”

EQUITY

Rural Development is currently undertaking or will undertake the following five actions to advance equity in the mission area:

The Equity Project

- The Equity Project is a framework that will help RD implement long-term measures to increase investments in vulnerable and underserved communities.

Rural Partners Network

- Rural Partners Network is an effort to support underserved communities in better connecting to federal resources and strengthening their efforts to be effective development actors.

Priority Points Framework

- RD has created a framework for giving funding priority to projects that address some of the top challenges in rural America.

Internal Equity Work

- RD is taking steps to advance equity within the mission area through climate assessments, workshops for senior leadership, and training for RD staff.

RD Modernization Project

- The RD Modernization effort aims to make the case for why investment in staffing, IT modernization, and more program flexibility is critical for RD to meet its commitment to Rural America.

Strengthen Tribal Trust Responsibility

- USDA maintains a trust responsibility to administer programs flexibly for the benefit of tribal nations and citizens.

Regulatory Review

- RD is actively reviewing ongoing regulatory actions as well as future rulemakings to determine how processes and procedures may advance equity



**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 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$21.259	\$22.620	\$24.151
Treatment	39.005	39.856	45.147
Total Drug Resources by Function	\$60.264	\$62.476	\$69.298
Drug Resources by Decision Unit			
Community Supervision Program	\$40.963	\$41.444	\$47.933
Pretrial Services Agency	19.301	21.032	21.365
Total Drug Resources by Decision Unit	\$60.264	\$62.476	\$69.298
Drug Resources Personnel Summary			
Total FTEs (direct only)	285	292	308
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$245.9	\$249.3	\$281.5
Drug Resources Percentage	24.5%	25.1%	24.6%

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 by implementing evidence-based practices in close collaboration with our criminal justice partners and the community. The CSOSA appropriation comprises 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 adults 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 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 complete supervision and/or recidivate place an enormous burden on their families, the community, and the criminal justice system.

PSA is an independent entity within CSOSA whose mission is to promote pretrial justice and enhance community safety. PSA assists judges in both the Superior Court of the District of Columbia (DC Superior Court) and the United States District Court for the District of Columbia (US District Court) by conducting a risk assessment for every arrested person who is presented in court, identifying detention eligibility and formulating release recommendations, as appropriate. Our recommendations are based on the arrestee's criminal history, substance use, and/or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services intended to reasonably assure that defendants 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 CSP's mission. The first goal targets public safety by striving to decrease criminal activity among the supervised population and increase the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on delivering 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.

PSA has four strategic goals that support its mission: Judicial Concurrence with PSA Recommendations, Continued Pretrial Release, Minimize Rearrest, and Maximize Court Appearances. In March 2020, in response to COVID, CSOSA altered operations by decreasing our onsite presence in our facilities to limit close physical contact between individuals, consistent with guidance from the CDC and the White House 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. CSP transitioned to providing treatment services via tele-health.

Overall, the volume of PSA drug testing, assessments, and referrals to SUD treatment decreased due to some or all activities being suspended for over fifty percent of the fiscal year 2021; rates are not reported for drug-related performance indicators. In response to the President's priorities to address drug addiction and OUD, PSA studied the trends in fentanyl use among the DC criminal justice population over the past few years. Universal testing of fentanyl, and other opioids, will provide data that can be used for future decisions on how to curb the use of these drugs in the general population, provide appropriate treatment protocols for the supervised population, help keep the community safe, and show a responsible effort in rising to the nationwide call to abate opioid misuse. PSA successfully implemented fentanyl testing, despite the disruption of normal laboratory operations. Starting in May 2021, all urine specimens submitted by pretrial defendants are routinely screened for fentanyl. As a result, information on fentanyl use has now been incorporated into judicial decision-making, supporting the nationwide response to the opioid crisis.



METHODOLOGY

The methodologies used by PSA and CSP to determine Drug Budget resources remain unchanged from those used for the FY 2022 National Drug Control 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 three offices responsible for its drug control mission:

- The Office of Pre-Release and Testing (OPRT), Drug Testing Services Team- collects urine and oral fluid specimens from defendants during the diagnostic process and once cases are assigned to PSA for supervision. The team also collects specimens from respondents and juveniles with matters pending in DC Superior Court Family Division;
- The Office of Forensic Toxicology Services (OFTS)- operates a comprehensive substance testing program for pretrial defendants, as well as individuals supervised by the CSP and certain juveniles and respondents with cases in DC Superior Court Family Court; and
- The Office of Post Release and Supervision (OPRS) Treatment Unit provides or coordinates SUD³ interventions and services.

The major cost elements for the drug testing program include labor expenses for OPRT 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 2023 is \$69.3 million, an increase of \$6.8 million above the FY 2022 CR level.

Community Supervision Program

FY 2023 Request: \$47.9 million

(\$6.5 million above the FY 2022 CR level)

In FY 2021, approximately 82 percent of those individuals 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, to indicate 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

³ American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Substance use disorder in DSM-5 combines DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe. www.dsm5.org.



history, supervision risk level, and length of time under CSP supervision. Offenders reporting to High Intensity Supervision Teams (HISTs) are subject to daily, random testing.

Before the COVID-19 pandemic, CSP offender drug collection operations took place at four field sites and CSOSA's residential facility, the Reentry and Sanctions Center (RSC). Due to COVID-19, limited offender drug collection activities continued to be performed in FY 2021 at two collection sites for highest risk offenders. CSP collected an average of 1,027 samples from 849 unique offenders each month of FY 2021. In FY 2021, each CSP offender urine or oral fluid 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 provides sanctions-based treatment and support services, as determined by drug testing results, 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 outpatient treatment programs, transitional housing, and other specialized mental health assessment and co-occurring treatment services as indicated through continuing evaluations of individual needs. Typically, those referred to treatment with severe illicit 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 2021, CSP made 534 treatment and transitional housing placements with contract vendors. FY 2021 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, RSC programming was temporarily halted by the Agency in March 2020 due to COVID-19. The RSC program is specifically suitable 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 2022, 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 reviewed FY 2020 offender intakes for a one-year period after their supervision start date to determine estimated annual treatment needs. A total of 3,169 offenders entered CSP supervision that year. Roughly 13 percent of those intakes (400 offenders) tested positive for drugs (excluding positive alcohol tests) on three or more occasions within one year of their supervision start date. Over two-thirds of the 400 persistent drug users (270 offenders) had a special condition for court-ordered treatment/treatment evaluation during their first year of supervision, and 86 percent (342 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 demonstrating a possible treatment need. Of the 812 offenders who entered supervision in FY 2020 and were assessed at either the medium or minimum risk level, 55 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, CSP does not have resources to treat everyone with an illicit SUD, so resources are focused on those assessed and supervised at the highest risk levels.

Specifically, the FY 2023 Budget continues to support CSP offender treatment, transitional housing, and support resources contained in the FY 2022 PB. The FY 2022 PB contains a \$7.338 million increase in CSP contract offender treatment, transitional housing, and support resources.

Pretrial Services Agency

FY 2023 Request: \$21.4 million

(\$0.3 million above the FY 2022 CR level)

PSA's OPRT Drug Testing Services Team collects urine and oral fluid specimens for analysis from defendants detained prior to arraignment. These defendants 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 the US Department of Health and Human Services 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 is tested for up to 32 illicit substances, including synthetic cannabinoids. In addition, specimens are tested for creatinine levels to determine specimen validity and for ethyl glucuronide (EtG) to confirm alcohol use. All positive specimens 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.

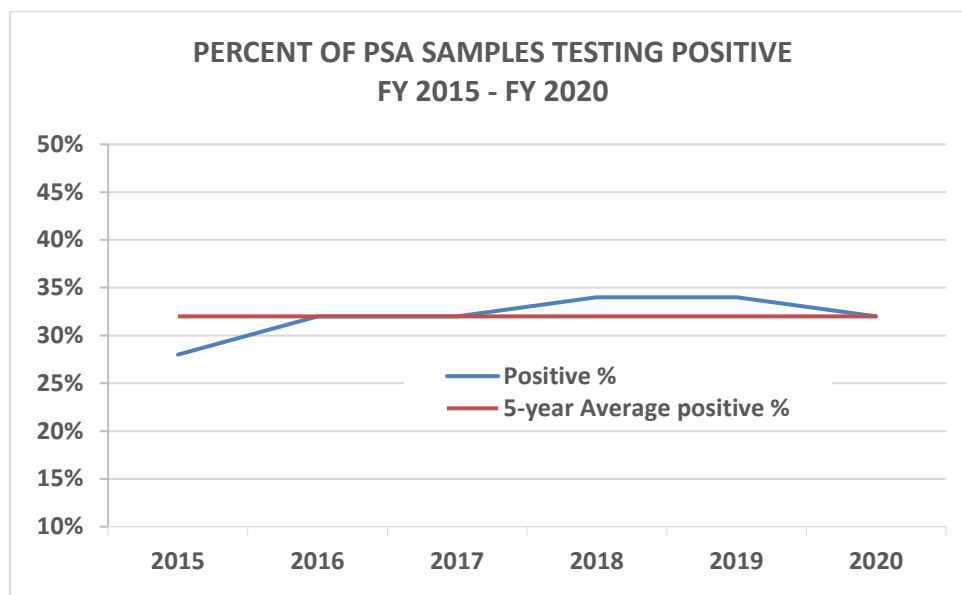
Toxicologists conduct levels analysis to determine if the illicit substance detected is from new use or if it is residual, from previous use. These interpretations are essential to the courts for determining continued drug use by a defendant. In FY 2021, PSA conducted 160,856 drug tests on 14,389 specimens. 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 11 percent of the specimens tested were from PSA defendants, 86 percent from CSP offenders, and three percent from respondents whose matters are handled in the



Family Court.⁴ The rate of specimens testing positive averaged 46 percent, which is higher than the average over the previous five years (PSA Figure 1).⁵ On average, defendant specimens were tested on the same day and offender specimens within six days. All collected specimens were screened, an estimated five percent went through confirmation GC-MS to address challenges, and about seven percent went through levels analyses, which aid in determining 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 cases to interpret drug test results challenged by defendants and attended 37 DC Superior Court Drug Intervention Program (Drug Court) daily pre-court interdisciplinary team meetings and 59 affidavits to support hearings and adjudications in parole and probation cases in US District Court.

PSA Figure 1: Percent of Samples Testing Positive



EQUITY

Community Supervision Program

Executive Order 13985, ‘Advancing Racial Equity and Support for Underserved Communities through the Federal Government’, dated June 25, 2021, formally recognizes that “[t]he Federal Government’s goal in advancing equity is to provide everyone with the opportunity to reach their full potential.” The Executive Order requires federal agencies “to redress inequities in their policies and programs that serve as barriers to equal opportunity.” The Executive Order presents a further opportunity to assess how the Agency may better serve particularly vulnerable segments of our supervised offender population. CSP focused its equity assessment on a vulnerable subgroup of the justice-involved community. CSP sought to assess whether offenders who identify as transgender women or as other members of the lesbian, gay, bi-sexual, transgender,

⁴ Percentage may be greater than 100% because some defendants are dually supervised by PSA and CSP.

⁵ D.C. Superior Court (DCSC) hearings were suspended in March 2020, except for arraignments, emergency and detention hearings, which were held virtually. US District Court (USDC) continued virtual court operations except for jury trials.



queer, gender non-conforming, and non-binary (LGBTQ+) community have equitable access to, and full benefit of, CSP's supervision services.

The goals of this initiative are to ensure the fair treatment of transgender women and other members of the LGBTQ+ community by increasing the number of supervisees who feel comfortable self-identifying as transgender women and/or LGBTQ+ community members and by building relationships through increased engagement with organizations that serve the LGBTQ+ community. In addition, removing a barrier with a negative impact on a subgroup can inure to the benefit of the whole group. Summary of Action Plan: CSP will (1) provide staff training on working with supervisees who self-identify as members of the LGBTQ+ community; (2) explore methods to update its electronic case management system and relevant forms to allow LGBTQ+ supervisees who want to self-identify the opportunity to do so; and (3) implement a campaign to solicit feedback from former LGBTQ+ supervisees about their supervision experiences.

To date, CSP is taking steps to update its electronic case management system to include a field for preferred name as well as additional options in both the gender field and the sexual orientation field so that LGBTQ+ supervisees who want to self-identify as a member of the LGBTQ+ community can do so. CSP is also retooling its drug-testing protocol. Previously, the Agency observed urine collection except in limited circumstances in which oral swabbing was permitted. Supervisees who self-identified as transgender women were among the group of supervisees who were permitted oral swabbing. Going forward, urine collection will no longer be observed by Agency staff. Temperature readings of specimens will replace the observation of urine collection. This change in the general protocol will inure to the benefit of most supervisees, including transgender women who are uncomfortable self-identifying.

As part of our equity assessment, CSP also reviewed Agency contract dollars obligated to socioeconomic small businesses, as defined by OMB's December 2, 2021, *Memorandum on Advancing Equity in Federal Procurement*. The review revealed that, in FY 2020, the Agency obligated 78.4 percent of its contract dollars to socioeconomic small businesses, including 32.2 percent to small disadvantaged businesses (SDBs), 25.4 percent to women-owned small businesses (WOSBs), 1.6 percent to service-disabled veteran owned small businesses (SDVOSBs), and 19.2 percent to small business contractors in Historically Underutilized Business Zones (HUBZones). In FY 2021, the Agency obligated 63.4 percent of its contract dollars to socioeconomic small businesses, including 26.2 percent to SDBs, 22.4 percent to WOSBs, 5.3 percent to SDVOSBs, and 9.5 percent to HUBZones businesses. The FY 2021 decrease is attributable to a temporary reduction in operations at certain Agency facilities and the temporary de-population of the RSC facility due to COVID 19.

CSP will continue to monitor the contract dollars obligated to socioeconomic small businesses and sustain the Agency's current level of contract dollar obligations to these businesses, which in FY 2021 far exceeded the benchmarks set forth in the OMB-issued December 2, 2021, *Memorandum on Advancing Equity in Federal Procurement*.



Pretrial Services Agency

PSA programs, benefits, and services are court-ordered and unavailable to the general public. PSA serves a population of defendants where the majority are historically a part of underserved communities. The Agency strives to advance equity through clear and explicit policies against discrimination and bias with continuous self-assessment of our staff, processes, and tools.

Summary of Early Accomplishments

In response to Executive Order 13985, ‘Advancing Racial Equity and Support for Underserved Communities through the Federal Government to address equity, PSA established an Equity Assessment Team. This team meets regularly to outline the Agency’s processes and tools and implementation of action steps in preparation for the 200-day report. Reviewing data and planning for the second revalidation of the Agency’s defendant risk assessment: During 2018, PSA contracted for an independent revalidation of the tool it uses to assess defendant risk. The tool was re-validated to ensure its predictive validity and evaluated to ensure it is not biased with respect to race. The independent assessment concluded that where minimal bias is present in respect to race, it is evenly distributed across all racial groups. PSA will continue to periodically re-validate its risk-assessment instrument to ensure it continues to maintain predictive validity. For FY 2023, the Agency has requested funding for a re-validation of its risk-assessment tool.

Reducing administrative burden: PSA’s FY 2022-2026 strategic plan reflects the Agency’s efforts to enhance its use of virtual service offerings. For FYs 2022-2023, PSA will re-imagine its supervision services by leveraging technology to reduce burdens on the populations it serves. PSA will continue to offer virtual supervision practices. Specifically, PSA will increase its ability to:

- Conduct virtual supervision meetings, when appropriate, with eligible defendants;
- Offer virtual behavioral health assessments and treatment, when appropriate, to eligible defendants; and
- Use social media to provide updates and other instructions for defendants assigned to the Agency for supervision.

Engaging stakeholders: PSA’s strategic plan for fiscal years 2022 through 2026 reflects a continued commitment to the fair administration of justice and incorporates the collective vision of internal and external stakeholders and defendants regarding PSA’s way forward.

Reviewing Procurement Activity: In support of the equity assessment, PSA will review all procurement and acquisition activities to ensure that it maximizes the use of small and minority-owned businesses. PSA is also exploring ways to increase outreach to underserved procurement and vendor communities.



DEPARTMENT OF DEFENSE





DEPARTMENT OF DEFENSE
Office of the Secretary of Defense

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$193.042	\$219.001	\$235.308
Interdiction (Includes OPTEMPO)	418.159	397.396 ¹	414.611
International	24.659	28.111 ²	29.815
Prevention	127.704	126.024	130.060
State and Local Assistance	229.137	230.258 ³	116.942
Total Drug Resources by Function	\$992.701	\$1,000.790	\$926.736
Drug Resources by Decision Unit			
Drug Interdiction and Counterdrug Activities	\$914.429	\$925.649	\$855.728
Military Service-Funded Operations Tempo (OPTEMPO)	78.272	75.141	71.008
Total Drug Resources by Decision Unit	\$ 992.701	\$1,000.790	\$926.736

Drug Resources Personnel Summary			
Total FTEs (direct only)	1,528	1,512	1,483
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$ 703.7	\$ 715.0	\$ 782.0
Drug Resources Percentage	0.1 %	0.1 %	0.1 %

FY 2022 includes \$103.7 million in Congressional adjustments:

¹ \$8.5 million decrease to Project 1387 Advanced Analytics.

² \$5.0 million decrease for duplicative efforts.

³ \$97.2 million increase for National Guard Governors State Plans Program; +\$20.0 million increase for National Guard Counter-Drug Schools Program

Program Summary

MISSION

The Drug Interdiction and Counterdrug (CD) Activities appropriation funds DoD programs and activities to support the continuing national priority to identify, interdict, disrupt, and dismantle those transnational criminal networks. The 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 the 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 and 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 appropriation is programmed and budgeted for specific projects, activities, and requirements. Funds are 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, by either aircraft hours or ship days, and are reported by the Services to the office of the Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy [DASD (CN&SP)].

Budget Summary

For FY 2023, DoD requests \$855.7 million for drug control activities, a net decrease of \$69.9 million from the FY 2022 CR level.

Drug Interdiction and CD Activities Decision Unit

Total FY 2023 Request: \$855.7 million
(\$69.9 million below the FY 2022 CR level)

The FY 2023 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 2022-23 net decrease of \$69.9 million that includes an inflation increase of \$26.2 million and a program decrease of \$96.1 in comparison to FY 2022 budget enactment of \$925.6 million.

Intelligence

FY 2023 Request: \$235.3 million
(\$19.3 million above the FY 2022 CR 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 2022-23 increase of \$19.3 million includes an \$8.6 million inflation and price increases and a program increase of \$10.7 million to Project 1387 Advance



Analytics, Enterprise-Wide Intelligence Programs, from the Congressionally reduced FY 2022 enactment.

Interdiction

FY 2023 Request: \$414.6 million

(\$17.2 million below the FY 2022 CR level)

Pursuant to Title 10, U.S.C. §124, DoD support of the Interdiction Drug Control Function includes funding for programs to detect and monitor the aerial and maritime transit of illegal drugs toward the United States in support of the United States 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; multi-mission support vessel operations; multi-site Relocatable Over-The-Horizon Radar system operations; and support for command-and-control centers, including the operations functions of JIATF-S. The FY 2022-23 net increase of \$17.2 million includes a \$10.9 million inflation increase and a program increase of \$6.3 million Program-Wide FY 2022 execution year price adjustments applied to all FY23 programs not otherwise accounted for.

International

FY 2023 Request: \$29.8 million

(\$1.7 million above the FY 2022 CR level)

Most DoD activities that support the International Drug Control Function are executed under Title 10, U.S.C., 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 Detection and Monitoring efforts, and intelligence analysis supporting the United States and international LEAs (law enforcement agencies) designed to complement DoD security cooperation efforts. The FY 2022-23 net increase of \$1.7 million is from \$0.9 million increase resulting from a 0.9 million thousand Congressional reduction in the FY 2022 enactment; \$0.8 million increase for FY 2022 execution year price adjustments applied to the FY 2023 program. It also includes a \$0.4 million increase to stabilize the JIATF-W program at a new sustainable budget level following the significant reductions taken in the FY21 Defense-Wide Review.

Prevention

FY 2023 Request: \$130.060 million

(\$4.0 million above the FY 2022 CR 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 misuse prevention and education activities for military and civilian personnel and their



dependents. The FY 2022-23 net increase of \$4.0 million from the FY 2022 enacted level is to compensate for inflation and price change.

State and Local Assistance

FY 2023 Request: \$116.9 million
(\$113.4 million below the FY 2022 CR level)

DoD programs executed under the State and Local Assistance Drug Control Function support federal, state, and local drug LEA requests at the state and community level in efforts to reduce drug-related crime. Under Title 32 U.S.C., §112, this activity funds National Guard support for domestic law enforcement under the Governors' State Plans and CD Schools programs. The FY 2022-23 net decrease of \$113.4 million includes an inflation increase of \$3.8 million and a program decrease of \$117.2 million to account for one-time FY 2022 Congressional enhancements.

EQUITY

The Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy (DASD CN&SP), with the oversight of the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, and with direction from the Under Secretary of Defense for Policy, provides policy guidance and oversight, resource allocation, and program assessment functions for the Department's CD, CTOC and counter threat finance (CTF) activities. 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, undermining regional stability and threatening the United States.



DEPARTMENT OF DEFENSE
Defense Security Cooperation Agency

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
International	\$54.897	\$30.952	\$61.567
Total Drug Resources by Function	\$54.897	\$30.952	\$61.567
Drug Resources by Decision Unit			
Building Partner Capacity	\$49.980	\$25.937	\$56.552
Regional Center CTOC	4.917	5.015	5.015
Total Drug Resources by Decision Unit	\$54.897	\$30.952	\$61.567

Drug Resources Personnel Summary			
Total FTEs ¹ (direct only)	11	11	11
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2,180.7	\$841.4	\$2,445.7
Drug Resources Percentage	3% ⁴	4%	3%

¹ (##) FTEs at the Regional Center CTOC predominately focused on CN/CTOC activities.

Program Summary

MISSION

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

The threat to the United States’ 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 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 tasks of identifying and targeting drug trafficking and other illicit threat networks are complex and require close coordination among the United States and international military, intelligence, law enforcement, and government partners. 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 counternarcotic (CN)/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. 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 equivalents 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.

Budget Summary

For FY 2023, DSCA requests \$61.6 million for drug control activities, no change from the FY 2022 CR level.

DSCA/Building Partner Capacity

FY 2023 Request: \$61.6 million
(No change from the FY 2022 CR level)

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 Mexico, Colombia and Central America.

DSCA's 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.

Regional Center CTOC

FY 2023 Request: \$5.0 million

(No change from the FY 2022 CR level)

The GCMC program on CTOC focuses on the national security threats that transnational organized criminal activities pose. 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.

Resident Programs

In FY23, the GCMC will conduct two iterations of its in-resident CTOC program in Garmisch, Germany, which 100 participants will attend. The 24-day course will build on partner capacity by teaching participants how to develop national and ministerial level strategies and policies to address TOC. Following the intense three-week strategy and policy writing exercise using real world countries and data participants graduate from the course with a practical understanding of how to create vision and mission statements, conduct strengths, weaknesses, opportunities, and threats (SWOT) analyses, develop assumptions, implications, and imperatives, goals and objectives, and the necessity of monitoring and measuring, and adjusting during the strategy implementation process. Separately, CTOC participants will be taught how to conduct policy analysis and write policy papers. This will build partner capacity in the area of understanding how to identify CTOC related challenges, collect evidence and assess alternatives, and detail recommended approaches to articulating solutions.

The CTOC course addresses specific goals contained in the *Strategy*, the DOD Framework to Counter Drug Trafficking and Other Illicit Threat Networks, and Regional Center guidance from the Under Secretary of Defense for Policy. It focuses on relevant national policy and strategy development with added emphasis on CTF and emerging threats. Objectives for the CTOC course are:

- Equip participants with strategy and policy writing skills needed to counter TOC.
- Develop the requisite executive thinking skills and competencies necessary to make strategy and policy recommendations at the national, ministerial, and organizational level.

In addition to the two GCMC in-resident CTOC courses, the GCMC will conduct two CTOC Community of Interest (COI) events (one in Washington, D.C., attended by 36 participants, and



one in Garmisch, Germany, attended by 75 participants), and an International Forum, attended by 55 participants.

The COI event in Washington, D.C., will expose senior level CTOC alumni to key United States Seat of Government partners in the CTOC field and will examine CTOC policy and strategy implications to include implementation at the national, international, and whole-of-government levels. The COI event in Garmisch, Germany, will be a three-day event, exposing alumni to a specific CTOC topic area or emerging trends and focusing on regional and transnational emerging threats with emphasis on financial crimes and linkages to TOC and international terrorism.

The International Forum will convene principal, deputy, and senior level-security policymakers and practitioners to discuss strategy and policies requirements, to include emergent TOC challenges, new developments in investigating and prosecuting TOC elements, and regional and interagency cooperation under national strategies.

Outreach Programs

The GCMC will also conduct two outreach programs, the 25 participants CTOC Strategy Development Seminar, attended by 25 participants, and the CTOC Pan-America Forum, a virtual program, attended by 30 participants (virtual). The GCMC will conduct two iterations of the CTOC Strategy Development Seminar. This is a five-day seminar, specifically tailored strategy development seminar to assist specific countries in developing a national or ministerial level CTOC strategy. The Pan-A assists specific countries in developing a national or ministerial level CTOC strategy. Selected participants will represent key government organizations required to develop and execute a strategy. The CTOC Pan-America Forum is a three-day virtual event that will involve mid to senior level security, law enforcement, and policy experts engaged in CTOC activity. The discussion focuses on trends in TCOs in the Western Hemisphere and their interplay with transnational criminal groups in Europe, Africa, and Asia. The GCMC CTOC program will further BPC support to partner nations in their efforts to draft their national level CTOC strategies. GCMC CTOC will provide CTOC assistance to further BPC efforts in support of requests from partner nations.

EQUITY

The Defense Security Cooperation Agency (DSCA) supports the Administration's efforts to address the impact of narcotics on the readiness of DoD and the well-being of the United States populace at large. However, DSCA's mission is to support foreign policy initiatives, not domestic. Further, because security cooperation efforts are focused on building foreign partner capacity to enhance global security, DSCA does not allocate resources for counter-narcotics programs with equity as a primary objective. Although security cooperation efforts in the counter-narcotics realm are far-reaching from a global perspective, they do not address domestic disparities. DSCA will continue to pursue opportunities to promote the objectives of the Executive Order as consistent with its mission to further national security objectives.



DEPARTMENT OF DEFENSE Defense Health Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Treatment	\$67.252	\$69.724	\$72.287
Research and Development	19.938	2.014	2.084
Total Drug Resources by Function	\$87.190	\$71.738	\$74.371
Drug Resources by Decision Unit			
Defense Health Program	\$87.190	\$71.738	\$74.371
Total Drug Resources by Decision Unit	\$87.190	\$71.738	\$74.371

Drug Resources Personnel Summary			
Total FTEs (direct only)	x	x	x
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$34,425.6	\$35,592.4	\$36,935.2
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 Defense Health Program (DHP) is to enhance DoD’s and the Nation’s security by providing health care support for the full range of military operations and sustaining the health of all those entrusted to its care. The DHP appropriation funding provides worldwide medical and dental services for active-duty forces and other eligible beneficiaries, veterinary services, medical command headquarters, specialized services for the training of medical personnel, and occupational and industrial health care.

METHODOLOGY

Healthcare

The TRICARE Encounter Data Operational Data Store (TEDODS) served as the data source for the purchased care information. The Medical Data Repository (MDR) served as the data source for the direct care information. The International Classification of Disease (ICD) 10 coding system provided the structure to capture and compile the healthcare information from both the TEDODS and MDR. This approach captured all purchased care and direct care encounters with a primary ICD-10 diagnosis codes or inpatient procedure codes (HCPCS) related to SUD 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 (PDTS) data embedded in the MDR served as the data source for the pharmacy cost component. However, the absence of ICD-10 drug misuse 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 SUD treatment. The DHA compiled the list of SUD treatment specific pharmaceuticals (National Drug Control (NDC) Number) based on a review of public, private, and federal literature related to SUD treatment. The list includes medications approved by FDA for SUD treatment.

Healthcare and Pharmacy Exclusions

Excluded from healthcare and pharmacy are costs associated with Medicare eligible beneficiaries, and beneficiaries enrolled in the US Family Health Plan (USFHP) 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 misuse, to include advanced development efforts.

Budget Summary

In FY 2023, The DHP requests \$74.4 million for drug control activities, an increase of \$2.6 million from the FY 2022 Continuing Resolution.

Defense Health Program

FY 2032 Request: \$74.4 million
(\$2.6 million below the FY 2022 CR level)

The program change between FY 2022 and FY 2023 is driven by the estimated price change in the base DHP budget request. Additionally, Congress has historically added funding to the RDT&E program for Pain Management Research.

EQUITY

TRICARE Access to Care standards are established for all beneficiaries enrolled in TRICARE, regardless of race or gender. Moreover, universal access to health care alleviates disparities for African-American patients and mitigated higher rates of Potentially Avoidable Maternal Complications among minority women. Therefore, DoD is pleased it offers universal health coverage to covered beneficiaries.



DEPARTMENT OF EDUCATION





DEPARTMENT OF EDUCATION
Office of Elementary and Secondary Education

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations and Intelligence	\$56.032	\$59.718	\$48.644
Total Drug Resources by Function	\$56.032	\$59.718	\$48.644
Drug Resources by Decision Unit			
School Safety National Activities	\$56.032	\$59.718	\$48.644
<i>School Climate Transformation Grants (non-add)</i>	<i>54.037</i>	<i>56.859</i>	<i>45.784</i>
<i>Other Activities (non-add)</i>	<i>1.995</i>	<i>2.859</i>	<i>2.860</i>
Total Drug Resources by Decision Unit	\$56.032	\$59.718	\$48.644

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$73.0	\$73.5	\$88.3
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. The Department of Education programs under School Safety National Activities (SSNA) are designed to prevent drug use and improve school learning environments and student behavior.

METHODOLOGY

The Department’s activities currently classified for inclusion in the National Drug Control Budget are funded under SSNA, whose programs help States and school districts foster a safe, secure, and supportive school and community environment conducive to teaching and learning; facilitate emergency management and preparedness, as well as recovery from traumatic events; and increase the availability of school-based mental health service providers for students.

The Department’s operations included in the drug control budget for the FY 2023 total \$48.6 million, as follows: \$45.8 million in continuation costs for School Climate Transformation Grants; and \$2.9 million for other technical assistance and dissemination activities that support and improve drug and violence prevention efforts. See additional information on these activities further below.



The remainder of the funds being requested for FY 2023 under SSNA correspond to the following activities that have no explicit drug control nexus:

- 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;
- Project Prevent, which makes grants to local agencies 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;
- 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;
- 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 to provide services to students in high-need school districts; and,
- a small number of miscellaneous other school safety activities

Budget Summary

In FY 2023, the Department of Education requests \$48.6 million for drug control activities, a decrease of \$11.1 million from the FY 2022 CR level.

School Climate Transformation Grants

FY 2023 Funding: \$45.8 million

(\$11.1 million below the FY 2022 CR level)

The overdose and addiction crisis continues to have a devastating impact on families and communities across the United States. T. The Administration believes that schools can play an important role in preventing youth substance use and addressing the mental health and other needs of students affected by the epidemic. The request would provide \$45.8 million to fully fund the fifth year of 5-year School Climate Transformation Grants to local education 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 misuse by students and address associated behavioral and academic challenges. Nearly all funded projects include opioid misuse prevention and/or mitigation strategies, consistent with the competitive preference priority used in the 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. Within these frameworks, School Climate Transformation Grantees may choose to implement relevant, high-quality approaches related to drug use prevention and mitigation, such as the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening tool.



Other School Safety National Activities

FY 2023 Request: \$2.9 million

(No change from the FY 2022 CR level)

The request also includes \$2.9 for other School Safety National Activities, nearly all of which are for the National Center on Safe Supportive Learning Environments. The Center provides technical assistance to state and local education agencies, and IHEs to help improve conditions for learning in schools and classrooms. Also, providing safe and healthy environments to prevent substance use; support student academic success; and prevent violence at the elementary, secondary, and postsecondary levels. Among other things, the Center will continue to help state and local education agencies, schools, and IHEs respond effectively to the Nation's opioid epidemic. For example, it has developed and provided opioid misuse prevention resources—such as publications and webinars—that are available to all schools and postsecondary institutions.

EQUITY

The Department of Education's draft 2022 Agency Equity Plan related to Executive Order 13985 includes two key actions relevant to Department of Education drug control activities. First, the Department is working to increase the diversity of the peer reviewers who evaluate and score submitted applications against program-specific criteria and announced priorities, with application scores then used to inform the Secretary's funding decisions. By recruiting peer reviewers with broader experience—including experience with drug use prevention and mitigation strategies for children, youth, and families—we can ensure that applications are evaluated by individuals who represent diverse experiences and perspectives and whose expertise allows for all entities to access benefits and opportunities available through Department grant programs. This action is consistent with the purpose of Executive Order 13985, which calls for efforts to remove systemic barriers that can prevent underserved communities and their members from accessing benefits and opportunities available under all Department programs, including drug control programs.

Second, the Department will revise the standard form required under Section 427 of the General Education Provisions Act (GEPA), which requires each applicant for assistance under an applicable program to describe in its application the steps the applicant proposes to take to ensure equitable access to, and equitable participation in, the project or activity to be conducted with such assistance. Such steps may include addressing the special needs of students, teachers, and other program beneficiaries in order to overcome barriers to equitable participation, including barriers based on gender, race, color, national origin, disability, and age. Revisions may include requiring more detailed explanations of plans to ensure equitable access to project activities, technical assistance to applicants on how to develop specific and actionable steps, and a more active review of grantee performance.



FEDERAL JUDICIARY





FEDERAL JUDICIARY

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR ²	FY 2023 Request
Drug Resources by Function			
Corrections	\$609.889	\$641.275	\$677.621
Prosecution	395.485	411.28	444.249
Research and Development	7.04	7.348	7.722
Treatment	395.485	411.28	444.249
Total Drug Resources by Function¹	\$1,153.817	\$1,208.609	\$1,286.731
Drug Resources by Decision Unit			
Administrative Office of the U.S. Courts	\$2.871	\$3.124	\$3.339
Court Security	35.857	38.060	42.422
Defender Services	160.581	163.887	178.329
Federal Judicial Center	0.347	0.385	0.400
Fees of Jurors and Commissioners	10.200	10.724	13.616
Salaries and Expenses	936.973	985.139	1,040.960
U.S. Sentencing Commission	6.988	7.290	7.662
Total Drug Resources by Decision Unit	\$1,153.817	\$1,208.609	\$1,286.731

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.0	\$8.4	\$9.0
Drug Resources Percentage	14.4%	14.4%	14.4%

¹ Includes Mandatory and Discretionary Resources

² The FY 2022 funding levels assume that Congress will provide a full-year discretionary appropriation for the courts' Salaries and Expenses account at the FY 2022 Senate mark level, and the FY 2022 fall re-estimate levels for the Defender Services, Court Security, and Fees of Jurors and Commissioners accounts

Program Summary

MISSION

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

METHODOLOGY

The drug portion of the Judiciary's budget is estimated by applying the percentage of drug-related activity experienced in each appropriation to the current appropriation or requested funding. The percentages are developed by analyzing the workload of each component of the Judiciary's budget; estimating the amount that is attributed to drug-related crime, prosecution, treatment, or



corrections; and then rounding to the nearest five percent before application. The percentages are updated each September to reflect the most recent drug workload information available.

The Judiciary is organized geographically into twelve Judicial Circuits and 94 Districts, each with supporting offices, such as the Office of the Clerk of the Court, Probation and Pretrial Services Offices, and Bankruptcy Courts. The courts receive administrative support from the Administrative Office of the United States Courts and research and training services from the Federal Judicial Center and the 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 associated costs. The Judiciary also provides for court-ordered drug testing, drug treatment, and supervision of federal defendants, probationers, parolees, and supervised releasees.

The drug-related workload is identified by the types of cases being heard and 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 are primarily responsible for enforcing conditions of release imposed by the courts and monitoring the behavior of persons placed under their supervision. With the Administrative Office of the United States Courts oversight, officers administer a program of drug testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole. The goal is to eliminate substance misuse by persons under supervision and to remove violators from the community before relapse leads to recidivism.

Budget Summary

For FY 2023, the drug control budget request totals \$1,286.7 million, an increase of \$78.1 million above the FY 2022 final level. The growth reflects 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 2023 Request: \$3.3 million

(\$0.2 million above the FY 2022 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 2023 Request: \$42.4 million

(\$4.4 million above the FY 2022 CR level)

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



security normally provided at the facility is enhanced, using a combination of the resources noted above, for the duration of the trial.

Defender Services

FY 2023 Request: \$178.3 million

(\$14.4 million above the FY 2022 CR level)

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

Federal Judicial Center

FY 2023 Request: \$0.4 million

(\$15,000 above the FY 2022 CR level)

The Federal Judicial Center provides education and training for judges, probation and pretrial services officers, and other federal court personnel. It 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 2023 Request: \$13.6 million

(\$2.9 million above the FY 2022 CR level)

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

Salaries and Expenses

FY 2023 Request: \$1,041.0 million

(\$55.8 million above the FY 2022 CR level)

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

United States Sentencing Commission

FY 2023 Request: \$7.7 million

(\$0.4 million above the FY 2022 CR level)

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

EQUITY

One of the core values of the Federal Judiciary is the promotion of equal justice. This requires fairness and impartiality in the administration of justice, accessibility of court processes, and the treatment of all with dignity and respect, regardless of race, color, sex, gender, gender identity, pregnancy, sexual orientation, religion, national origin, age, or disability.

The Judiciary has several ongoing initiatives to support these values. For example, probation and pretrial services staff are working on improving diversity, equity, and inclusion within their



community in several different ways. For example, they are examining data for any evidence of bias and disparity in field-level activities, focusing on areas such as pretrial recommendations, supervision activities, release and detention decisions, and related areas so that these issues can be appropriately addressed. They are also improving diversity, equity, and inclusion-related training techniques and content provided to officers at the Federal Probation and Pretrial Academy and studying how federal probation and pretrial services are described and “branded,” given that perceptions can influence recruitment and employee engagement.

In addition, the Judiciary has been holding roundtable meetings to exchange ideas and foster greater cooperation within the Judiciary's governance structure on diversity, equity, and inclusion initiatives. In recognition of the importance of diversity across its workforce, the Judiciary took steps over the past year to foster greater equity and inclusion and advance diversity among qualified applicants. The first step to achieving these goals is better understanding the workforce's current composition and maximizing employee engagement. Next, the Judiciary enhanced its workforce demographic data collection process to provide a more accurate workforce assessment and better promote more effective diversity, equity, and inclusion in recruitment, hiring, and retention.

The Judiciary has implemented the Model Intern Diversity Pilot Program, which is designed to connect talented, underserved undergraduate students with federal courts and prepare them for permanent judiciary employment. It has also begun planning implementation of the new Defender Services Diversity Fellowship program, which is designed to create a pipeline of diverse attorneys qualified to join federal defender offices, Criminal Justice Act panels, and federal capital trial teams. The first cohort's fellowships will begin in the fall of 2022.



DEPARTMENT OF HEALTH AND HUMAN SERVICES





DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children and Families

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations and Intelligence	\$20.000	\$20.000	\$67.000
Total Drug Resources by Function	\$20.000	\$20.000	\$67.000
Drug Resources by Decision Unit			
Promoting Safe and Stable Families – Discretionary Program	\$0.000	\$0.000	\$7.000
Promoting Safe and Stable Families – Mandatory Program	\$20.000	\$20.000	\$60.000
Total Drug Resources by Decision Unit	\$20.000	\$20.000	\$67.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$63.5	\$66.5	73.8
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

Program Summary

MISSION

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 provide 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.



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.

METHODOLOGY

On the mandatory side of PSSF, 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 misuse, 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, appropriations in fiscal years 2018 through 2020 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 most children at risk of removal remained in their parent's custody following enrollment into RPG services. However, among youth who were in an out-of-home placement, placement rates 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. Therefore, the FY 2020 appropriations included an additional \$10 million for the RPG program, which 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 2023, ACF requests \$67.0 million for drug control activities, an increase of \$47.0 million above the FY 2022 CR level.



Regional Partnership Grants

FY 2023 Request: \$67.0 million

(\$47.0 million above the FY 2022 CR level)

This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance misuse. Adult SUDs, including OUD, remain a major and growing factor for involvement in the child welfare system and 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.

EQUITY

As called for by the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The ACF is working to advance equity across programs and processes, focusing on people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. The RPGs cross-system collaborative approach is well suited to address institutional inequities in services and differences among populations and is necessary to meet the complex needs of children and families across programming.

Additional funding presents an opportunity for grants to support work to collaboratively address equity and disparity related to substance-use disorders within child welfare and partner systems. Grants may focus on serving children and families who may be historically underserved, marginalized, and adversely affected by persistent poverty and inequality, recruiting and retaining staff to support these families, and selecting services and programs with evidence to support their use in serving children and families of color. Efforts may focus on inequities in the provision of treatment and treatment facilities as it relates to enrollment and completion in recovery services.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$456.619	\$458.079	\$647.369
Harm Reduction	30.460	30.500	85.500
Total Drug Resources by Function	\$487.079	\$488.579	\$732.869
Drug Resources by Decision Unit			
Opioid Abuse and Overdose Prevention and Surveillance	\$474.119	\$475.579	\$713.369
Infectious Diseases and the Opioid Epidemic ¹	12.960	13.000	19.500
Total Drug Resources by Decision Unit	\$487.079	\$488.579	\$732.869

Drug Resources Personnel Summary			
Total FTEs (direct only) ²	239	239	356
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ³	\$7,798.5	\$7,850.5	\$10,674.8
Drug Resources Percentage	6.3%	6.2%	6.9%

¹ Infectious Diseases and the Opioid Epidemic supports the CDC in reducing morbidity, mortality, and incidence of infectious diseases associated with drug use.

² Includes vacancies.

³ Excludes ATSDR and mandatory programs, includes funding from the Prevention and Public Health Fund and PHS Evaluation Transfers.

Program Summary

MISSION

CDC serves as the nation’s public health agency and exercises expertise in developing and applying disease prevention and control, environmental health, as well as health promotion and health education activities designed to improve the health of the people of the United States. CDC supports the Administration’s drug control priorities by preventing overdose deaths and drug-related harms using a five-pillar approach:

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 prevention activities 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 drug



overdose data. CDC is also strengthening partnerships with public safety and scaling public health and harm reduction strategies to expand access to evidence-based treatment to assist in sustaining long-term recovery. Across the agency, CDC has dedicated efforts to reach disproportionately affected populations (e.g., tribes, minority, and rural communities) with a focus on advancing racial equity.

METHODOLOGY

CDC determined the drug control budget using the relevant amounts under the 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 overdoses, infectious diseases, and deaths

Budget Summary

In FY 2023, the CDC request of \$732.9 million for drug control activities is \$244.3 million above the FY 2022 CR level.

Opioid Abuse and Overdose Prevention

FY 2023 Request: \$713.4 million

(\$237.8 million above the FY 2022 CR level)

The President's Budget Request outlines activities in five pillars that capitalize on CDC's scientific expertise: 1) conducting surveillance and research; 2) building state, local, and tribal capacity; 3) supporting providers, health systems, and payers; 4) partnering with public safety; and 5) empowering consumers to make safe choices. Efforts support the integration of state and local prevention and response efforts, provide support for providers and health systems prevention (including the use of prescription drug monitoring programs (PDMP) as a clinical decision support tool), and enhance partnerships with public safety and first responders, establish and improve linkages to medications for opioid use disorder (MOUD) and other supportive services, and empower individuals to make informed choices. Activities within each of these pillars support multiple ONDCP drug policy priorities.

To effectively advance activities within each of these priorities, timely, high-quality data are necessary for public health officials and decision makers. Data can help to understand the extent of the problem and how various populations are being affected, focus resources, and evaluate the effectiveness of prevention and response efforts. CDC plays a critical role in improving data by helping states improve their surveillance systems to better monitor the overdose epidemic and optimize evidence-based prevention efforts. In FY 2017, CDC began funding states to collect data on both fatal and nonfatal overdoses. CDC-supported surveillance improvements since then have helped public health experts adapt to the rapidly changing epidemic, such as identifying at-risk communities and implementing tailored strategies to link individuals to evidence-based harm reduction, care, and treatment. 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 and makes these data and automated report functions available in the state's syndromic system. The Ohio state health department encourages and assists local health departments to use these data to quickly inform action.

CDC's State Unintentional Drug Overdose Reporting System (SUDORS), a module of the National Violent Death Reporting System, allows states to collect data on all unintentional or undetermined intent drug overdose deaths in one place. As a result, states can spot trends and



understand factors leading to overdose deaths. Data collected by SUDORS include valuable contextual information from death scene investigations, detailed information on toxicology and drugs contributing to death, the route of administration, decedent demographics, 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 critical data system allows communities to spot trends and understand contextual and environmental factors leading up to overdose deaths, with the goal of preventing overdose and related harms while expanding access to treatment and long-term recovery. For example, Connecticut used SUDORS data to identify an increase in drug overdose deaths involving xylazine in 2019. The state notified CDC and neighboring states about the increase and inquired if similar increases were occurring in other jurisdictions. CDC disseminated Connecticut's data to funded jurisdictions and published a *Morbidity and Mortality Notes from the Field* publication detailing the characteristics of xylazine deaths captured in SUDORS to inform prevention efforts.

This, along with other initiatives within the CDC's response to drug overdose prevention, interventions to prevent infectious diseases associated with injecting drug use, and support of primary prevention strategies aimed at youth, support the Administration's drug policy priorities across all seven priority areas.

Priority 1 Expanding access to evidence-based treatment

States, communities, and tribes play an important role in expanding access to evidence-based treatment and linking individuals to evidence-based treatment. For instance, they respond to drug overdose outbreaks, license healthcare providers, coordinate and house prescription drug monitoring programs, run large public insurance programs such as Medicaid and workers' compensation, and support community-based harm reduction efforts. For example, in a *Morbidity and Mortality Weekly Report* published in 2020, "Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019," researchers O'Donnell et al. found that at least one potential opportunity for intervention was identified in 62.7% of overdose deaths.⁶

CDC's Overdose Data to Action (OD2A) program⁷ provides approximately \$300 million per year to 47 states, Washington, D.C., 16 localities, and two territories to advance the understanding of the drug overdose epidemic and scale up surveillance, prevention, and response activities. Through OD2A, CDC supports a robust menu of strategies encompassing several ONDCP priorities, including linkage to evidence-based treatment and innovative surveillance activities that can assist in evaluating linkage to care efforts. OD2A helps states, territories, and localities to facilitate connections with recovery community organizations (RCO), including peer recovery, harm reduction groups, or local treatment providers. For example, Franklin County, Ohio, used OD2A funding to hire four peer support specialists to assist individuals exiting jail by referring and linking them to treatment and helping with transportation and case management. Other jurisdictions are implementing post-overdose response protocols, including emergency departments, that incorporate links between public health, treatment providers, community-based

⁶ O'Donnell, J., Gladden, R.M., Mattson, C.L., et al. 2020. Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants – 24 States and the District of Columbia, January-June 2019. Accessible as of 2/22/2022 at <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6935a1-H.pdf>

⁷ <https://www.cdc.gov/drugoverdose/od2a/index.html>



service organizations, and healthcare providers. These protocols promote overdose education, treatment, linkage to care and MOUD, and naloxone distribution.

CDC also supports access to care and treatment by working with providers and healthcare systems. These efforts include upstream prevention activities to increase safer prescribing, maximize the use of PDMPs, and advance insurer and health systems interventions at the federal, state, and local levels. A key component within CDC's health systems work includes the CDC Guideline for Prescribing Opioids for Chronic Pain.⁸ The recommendations in the Guideline focus on clinical practice and provide evidence and guidance to improve how prescription opioids are prescribed—and ultimately improve patient care. The Guideline provides up-to-date guidance on weighing the risks and benefits of opioids, appropriate tapering strategies, and focusing on decreasing stigma and linking patients to care and treatment. As a part of the Guideline implementation, CDC has focused on resources and training⁹ related to assessing opioid use disorder screening and motivational interviewing. An impact study of the Guideline found that approximately 14.2 million fewer opioid prescriptions were 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 by 106%. CDC is currently disseminating and translating the 2022-updated Guideline that leverages the latest science.

Priority 2 Advancing racial equity in our approach to drug policy

CDC is working across programmatic areas to ensure health equity underlies strategic priorities as well as projects and activities, including grants and cooperative agreements. CDC has identified areas in funded programs that can focus on health equity, ensuring that surveillance programs are capturing data that can help pinpoint where resources need to be targeted and that prevention programs are implemented with a health equity lens. For example, CDC maintains a Spanish-language drug overdose website¹⁰ to ensure prevention and harm reduction messages reach Spanish-speaking individuals and has worked on safer prescribing toolkits for tribal organizations. CDC is also working with a national partner to develop resources and technical assistance on implementing an environmental scan that identifies gaps in root causes of drug overdose prevention and maintaining a web resource repository of tools to assist funded jurisdictions in planning, implementing, and evaluating health equity work. Jurisdictions have participated in training focused on incorporating health equity into their programmatic work plans. For example, Washington, D.C., is leveraging OD2A resources to help community-based organizations strengthen and integrate culturally and linguistically appropriate, evidence-based promising practice models to prevent overdoses.

CDC's *Rx Awareness* campaign seeks to increase awareness of the dangers of prescription drugs, lower prescription misuse, divert patients to nonopioid pain management options, and increase awareness about recovery while reducing stigma. The campaign includes perspectives from a range of individuals, including a pregnant woman, a veteran, a native American, an Alaskan

⁸ <https://www.cdc.gov/opioids/providers/prescribing/guideline.html>

⁷ <https://www.cdc.gov/opioids/providers/training/interactive.html>

⁸ <https://www.cdc.gov/opioids/es/index.html>



native, an older adult, and a younger adult. These stories include the individuals' histories and perceptions of the roots of SUD, including social determinants in their own lives. The campaign is highly customizable so that health departments and community partners can tailor it within their own communities. CDC is funding health education campaigns to educate the public about the risks of synthetic opioids, illicit drugs, and polysubstance use and misuse; promote harm reduction strategies; and increase empathy and compassion for people who use drugs (reduce stigma).

CDC is also working across health systems to improve equitable approaches to pain management. Racial and ethnic disparities in medical care in the United States cut across many illnesses and have led to stark differences in clinical outcomes for many disease processes among Americans. CDC is identifying areas for enhanced public health technical support and service delivery, assisting in building essential partnerships with community-based organizations, and providing an enhanced understanding of barriers to treatment. This work will inform future actionable steps for addressing health disparities in pain management.

CDC-funded tribal partner projects improve overdose surveillance and data infrastructure, as well as develop and implement culturally appropriate prevention strategies. In partnership across the agency, CDC is providing approximately \$12 million to 11 Tribal Epidemiology Centers and 15 tribes or tribal-serving organizations. These collaborations address issues of data quality, completeness, accuracy, and timeliness. Funding also supports regional overdose prevention strategic planning to develop prevention strategies that are appropriate for tribal communities and that builds upon the strengths inherent to tribal organizations.

In addition to working with health departments and health systems, the CDC is working with public safety and harm reduction organizations that serve Black, Indigenous and people of color (BIPOC) to develop, disseminate, and evaluate educational and communications materials to reduce negative health outcomes related to opioid use disorder (OUD). These tools use a trauma-informed, recovery-oriented approach to address the social determinants of health and incorporate real-world "how to" steps to implement the recommendations.

Priority 3 Enhancing evidence-based harm reduction effort

CDC focuses on harm reduction across several programmatic areas within the agency. For example, the CDC's Overdose Data to Action (OD2A) program includes activities focused on linking people to care and treatment through individual empowerment and harm reduction. Jurisdictions can create messaging for those who use illicit drugs in the drug supply and participate in harm reduction strategies; partner with harm reduction organizations to develop, implement, and evaluate strategies based on the best available research evidence; and evaluate the impact of the strategies to understand better the core components, prevention potential, and implementation factors necessary to scale up these efforts, along with the impact of these efforts individually and in combination with other prevention strategies. For example, Philadelphia used OD2A resources to develop protocols for naloxone distribution that increased the statewide availability of naloxone. A team of Harm Reduction Specialists coordinates the distribution of naloxone received by the state to various city agencies and community organizations that work with individuals at high risk for overdose.



CDC engages in public safety collaboration, partnering with ONDCP to provide funding for community-based projects as part of the Overdose Response Strategy's (ORS) Combatting Opioid Overdose through Community-level Intervention (COOCLI).¹¹ This effort supports implementation of innovative strategies within a targeted geographic area to build the evidence base for response activities that other communities can employ. Projects include efforts on post-overdose strategies to link people to care using patient navigators and recovery coaches; justice-involved populations and access to MOUD; and buprenorphine induction in the emergency department. These pilot projects are taking place in high-need areas, with funding provided to support personnel, services, technology, and equipment needs. This program supported efforts like the Manchester Fire Department's Crisis Response Unit to expand support and resources to individuals' post-overdose so that they can reduce the risk of repeat overdose and the rate of overdose fatalities. The Crisis Response Unit uses a combination of spatial mapping through the Overdose Detection Mapping Application Program (ODMAP) and Social Network Analysis to identify high-risk and high-influence individuals for proactive, targeted intervention in the Manchester community, then facilitate referrals to addiction and mental health services, food and housing assistance, and other basic needs.

Through the Opioid Rapid Response Program¹² (ORRP), CDC helps mitigate overdose risks resulting from law enforcement actions taken against clinicians who prescribe opioids and MOUD. Patients receiving long-term opioid therapy for pain management and patients taking MOUD who lose access to their prescribers can face increased risk of overdose. Without swift intervention, stigma and other factors may present barriers to accessing necessary continued care. The ORRP supports state and local preparedness for prescription supply disruptions and facilitates advanced notice to state "trusted contacts" who specialize in overdose prevention. Information shared by law enforcement agents helps state and local public health/behavioral health agencies assess risk and formulate response strategies, such as provider referrals, risk communication, harm reduction, and health alerts.

CDC works alongside other national partners to help states implement MOUD in jails and prisons. Nine states have participated in regional training workshops and received follow-up technical assistance to provide governors' offices, state public health and public safety officials, and senior correctional administrators to build support for and increase access to MOUD in correctional settings and upon reentry. The program also focuses on pre-arrest diversion and deflection of individuals with SUDs away from the criminal justice system and connections to treatment in the community.

CDC has partnered with the Bureau of Justice Assistance to develop educational materials on partnerships between public health and public safety to understand and collaborate on harm reduction programs. This collaboration resulted in brief publications for police, sheriffs, probation, and judges on the topic of risk reduction as well as a training curriculum on risk reduction for a criminal justice audience.

As the nation continues to respond to the overdose crisis and rising rates of overdoses and fatalities, it is important to stop drug use-related transmission of infectious diseases, such as viral

¹¹ http://www.ubalt.edu/about-ub/offices-and-services/provost/reporting-units/sponsored-research/ondep_nofa.cfm

¹² <https://www.cdc.gov/opioids/opioid-rapid-response-program.html>



hepatitis, HIV, and other drug-related bacterial and fungal infections. CDC's work to address the infectious diseases associated with substance use focuses on four key strategies:

1. Ensure implementation of and access to high quality SSPs nationwide
2. Increase testing and linkage to care in local communities.
3. Increase state and local capacity to detect and respond to infectious disease clusters and prevent further transmission.
4. Increase linkage to SUD treatment at healthcare encounters for drug use-related infections.

CDC is advancing work that ensures evidence-based harm reduction activities, such as SSPs, are accessible to persons who use drugs. CDC investments enhance efforts to ensure that SSPs are high quality and comprehensive, both through researching and disseminating science about the health of people who use drugs, as well as offering robust technical assistance and educational resources. CDC also strengthens SSP monitoring and evaluation to improve nationwide understanding of drug use patterns; access to prevention and intervention services to prevent infectious disease consequences of drug use; and link people who use drugs to SUD treatment and overdose prevention and reversal. Finally, CDC supports evidence-based services that reduce morbidity and mortality of infectious diseases among people who use drugs, increase linkages to SUD treatment, and reduce stigma. A particular focus is dedicated to high-impact settings such as SSPs, hospital emergency departments, correctional settings, and among groups who have been disproportionately affected.

Appropriations provided to HHS allow CDC, under certain circumstances, to support syringe services programs, with the exception that funds may not be used to purchase needles or syringes. State, local, Tribal, or territorial health departments must first consult with CDC and provide evidence that their jurisdiction is experiencing or at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use. Currently, 44 states, Washington, D.C., one tribal nation, and one territory have received this determination of need from CDC. Greater flexibility for how federal resources could be used, including the purchase of needles and syringes, could increase the capacity of these programs to effectively reach persons who use drugs.

Research is another critical component of the CDC's response to the overdose 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 MOUD¹³ 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.

Priority 4 Supporting evidence-based prevention efforts to reduce youth substance use

The DFC Support Program is the nation's leading effort to mobilize communities to prevent and reduce substance use among youth. Created in 1997 by the Drug-Free Communities Act,

¹³ <https://www.cdc.gov/opioids/medication-assisted-treatment-opioid-use-disorder-study.html>



administered by ONDCP, and managed through a partnership between ONDCP and CDC, the DFC program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. The DFC program, made up of more than 700 community coalitions across the country, aims to mobilize community leaders to identify and respond to the drug problems unique to their community and change local community environmental conditions tied to substance use.

CDC continues to look for upstream prevention efforts, such as collecting data on key risk factors like Adverse Childhood Experiences (ACEs). These activities align with the ONDCP's policy priorities to support evidence-based prevention efforts to reduce youth substance use. For example, in FY 2020, the 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. This state-based phone survey collects data on risk factors, chronic health conditions, and the 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.

In communities that experience high rates of overdoses, CDC addresses upstream risk factors for substance misuse by supporting local public health departments to implement a comprehensive community approach that prevents ACEs and strengthens 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, including harm reduction and linkage to care initiatives, have had to adapt in the wake of the COVID-19 pandemic. CDC invested resources to determine 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 to substance misuse during COVID-19. These intervention strategies address both prescription and illicit opioids, emerging substances such as stimulants, and polysubstance use.

CDC's COOCLI program supports the Martinsburg Initiative, an innovative, multisector partnership focused on drug 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.

Finally, CDC funds 28 large urban local school districts to employ primary prevention strategies demonstrated to reduce sexual risk, overdose, and experience of violence, as well as to improve adolescents' mental health, with a specific focus on advancing health equity.



Priority 5 Reducing the supply of illicit substances

Law enforcement is a critical partner in improving surveillance activities, sharing data, and tailoring interventions. CDC works with ONDCP to support the ORS, which is an unprecedented public health/public safety partnership between CDC and HIDTAs and, in 2022, expanded to include all 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 local interventions. Projects include integrating overdose protocols into a mobile health program, conducting overdose education and naloxone distribution in correctional facilities settings, and working with families and infants with Neonatal Abstinence Syndrome (NAS) to decrease opioid-related harms. As the drug supply continues to change, many states are piloting new ways to collect and analyze information on the evolving drug market. The ORS has prioritized these innovative projects as a way to ensure that public health and public safety agencies have as much information as possible about the market in their state and regions. For example, in Rhode Island, the ORS Public Health Analyst and Drug Intelligence Officer began a collaboration to compile and analyze data on substances seized by law enforcement agencies in the state.

Priority 6 Advancing recovery-ready workplaces and expanding the addiction workforce

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the risk of opioid use disorder, overdose, and death. More than 11.5 million Americans aged 12 or older reported misusing prescription opioids in 2016. Therefore, CDC supports continuing medical education and other health professional training to advance better pain management practices, specifically focusing on under-resourced populations (e.g., rural and tribal communities).

In 2018, CDC published *Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain*¹⁴ 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, the 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. As a result, many systems are reporting improvements in prescribing and greater guideline-concordant care. CDC is also collaborating with the Office of the National Coordinator for Health 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.

Through OD2A, CDC supports collaborations between health systems and state health departments. This includes identifying and scaling up promising prevention practices such as

¹⁴ <https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf>



overdose protocols, coordinated care models for high-risk opioid patients, and quality improvement strategies to improve opioid prescribing practices. Jurisdictions also focus on academic detailing, which assists physicians in reducing potentially risky opioid prescribing practices, to prepare pharmacists to effectively distribute naloxone to the public, and many other innovative and community-based initiatives designed to deliver new skills to those individuals poised to make an impact on the rate of overdose in their communities. New York City has actively undertaken two academic detailing campaigns using OD2A funds: one to support providers of buprenorphine-based MAT with additional training and assistance, and the other to train and support clinic staff in adopting safe opioid prescribing practices.

Priority 7 Expand access to recovery support services

Linkage to care, which includes substance use treatment, employment assistance, education programs, and housing services, is critical to overdose recovery and improving chances of completing recovery programs. CDC's OD2A program helps jurisdictions establish and improve patient linkages to MOUD and other recovery support services. For example, Kentucky used OD2A funds to maintain the state's "Find Help Now" website, which links individuals to over 530 treatment facilities that are represented by 230 different providers. In addition, OD2A supports full-time case managers in New Mexico's Problem-Solving courts to divert individuals with SUDs from incarceration into treatment.

As previously discussed in Priority 3, CDC also partners with ONDCP to provide funding for community-based projects as part of the ORS' 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.

Finally, CDC collaborates with the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (BJA COSSAP)¹⁵ to support effective state, local, and tribal responses to illicit substance use in order to reduce overdose deaths, promote public safety, and support access to treatment and recovery services in the criminal justice system. CDC partners with BJA COSSAP on multiple demonstration projects, including rural responses¹⁶ to the opioid crisis, Overdose Detection Mapping Application Program (ODMAP)¹⁷ expansion in states and tribes, harm reduction education and training for law enforcement, building bridges between jail and community-based treatment, and overdose fatality review (OFR)¹⁸ implementation.

¹⁵ <https://www.cossapresources.org/Program/DemoProjects>

¹⁶ <https://rural.cossapresources.org/>

¹⁷ <https://odmap.cossapresources.org/>

¹⁸ <https://www.cossapresources.org/Tools/OFR>



Infectious Diseases and the Opioid Epidemic

FY 2023 Request: \$19.5 million

(\$6.5 million above the FY 2022 CR level)

CDC will expand support for syringe services programs and strengthen national capacity to share information and expand access to harm reduction services. CDC will continue to leverage existing partnerships in syringe services programs and other high-impact settings such as correctional facilities, emergency departments, and in non-emergency healthcare encounters for drug use-related infections to improve the health of people who use drugs.

EQUITY

CDC's priorities for equity in drug control are described under program activities above, and the agency is participating in implementation of Executive Orders issued by the Biden-Harris Administration including Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government) and Executive Order 14035 (Executive Order on Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce).

CDC's FY 2023 budget request includes increases to programs that address longstanding health disparities among racial and ethnic minority communities and other disproportionately affected communities around the country. CDC is committed to reducing health disparities, achieving health equity, and fostering a diverse public health workforce to ensure all people can achieve lifelong health and wellbeing. CDC partners with and provides funding to community-based and national organizations to implement effective prevention programs, fosters collaborations with providers and clients, supports local school districts in establishing effective health and wellness strategies, and conducts scientific studies to provide better diagnostics and behavioral tools for prevention.

In addition, the development and implementation of the agency's new CORE Health Equity Science and Intervention Strategy (CORE) challenges all CDC Centers, Institutes, Offices and programs across the Agency to examine their programmatic priorities and identify transformative goals and action plans for advancing health equity in the areas of science, intervention, partnerships, and workforce. Through the CORE strategy, CDC is embedding health equity into the fabric of our work at all levels. To ensure an effective health equity strategy for our nation, CDC is committed to bringing together partners from different sectors to gain collective expertise and perspectives, inform next steps, and create a shared commitment to reduce health inequities.



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

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Treatment	\$10,630.000	\$11,640.000	\$11,220.000
Total Drug Resources by Function	\$10,630.000	\$11,640.000	\$11,220.000
Drug Resources by Decision Unit			
Medicaid Treatment	\$7650.000	\$8,450.000	\$7,810.000
Medicare Treatment	2,980.000	3,190.000	3,410.000
Total Drug Resources by Decision Unit	\$10,630.000	\$11,640.000	\$11,220.000

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$1,423.5	\$1,512.9	\$1,565.0
Drug Resources Percentage	0.7%	0.7%	0.7%

¹The total agency budget reflects only Medicare and Medicaid current law benefit costs as estimated by the CMS Office of the Actuary. The Medicaid total reflects the net outlays of Medical Assistance Payments benefit grants and the Vaccines for Children Program, administered by the Centers for Disease Control and Prevention. The Medicare total reflects gross benefit outlays.

Program Summary

MISSION

CMS is 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 SUD treatment services in Medicare and Medicaid, 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 2013, 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 2020 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 2023 President’s Budget. The annual growth rates were adjusted by comparing the rate of SUD expenditure growth from FY 2007 through 2013 to all service expenditure growth and adjusting the growth rate proportionately.



Medicare

The projections of Medicare spending for the treatment of SUD are based on the FY 2023 President's Budget baseline. These projections reflect estimated Part A and Part B spending into FY 2023 and are based on an analysis of historical fee-for-service claims through 2020, using the primary diagnosis code¹⁹ included on the claims. The historical trend is then used to make projections into the future. These projections are very similar to those for the FY 2022 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 SUD 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

In FY 2023, the CMS request of \$11,220.0 million for drug control activities is \$420.0 million below the FY 2022 CR level.

The total FY 2023 drug control outlay estimate for CMS is \$11,220.0 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.

Medicaid

FY 2023 Estimate: \$7,810.0 million
(\$640.0 million decrease from the FY 2022 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 2023 Estimate: \$3,410.0 million
(\$220.0 million increase from the FY 2022 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

¹⁹ Based on the ICD coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes; 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.



and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare SUD treatment benefit payments are made by Medicare Part A and Medicare Part B. This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

EQUITY

CMS is committed to advancing health equity, including the health disparities that underline our health system, including SUD treatment services. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs. This will help eliminate avoidable differences in health outcomes experienced by disadvantaged or underserved people, and provide the care and support that our enrollees need to thrive. Known health disparities exist in access to SUD and related treatment services. Under the Executive Order 13985 and the Agency's prioritization of advancing health equity, CMS will complete an equity impact assessment for any changes to programs or policies, including all of the CMS programs under the HHS Overdose Prevention Strategy.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Research and Development: Treatment & Prevention (CDER)	\$20.000	\$20.000	\$46.000
Interdiction (ORA)	44.500	44.500	54.500
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	\$3.7
Drug Resources Percentage	2.0%	2.0%	2.7%

Program Summary

MISSION

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.

FDA recognizes that the nation continues to face a drug overdose crisis. While the number of prescription opioids dispensed has steadily declined since 2012, opioid overdose deaths continue to rise. Between October 2020 and September 2021, there were an estimated 78,000 overdose deaths involving legal and illicit opioids. In recent years illicit opioids, largely driven by fentanyl and its analogues, have become key contributors to the overdose crisis. FDA is additionally aware of other controlled substances – including benzodiazepines and stimulants, particularly methamphetamine – being used in combination with opioids. The complexity of addressing polysubstance use makes efforts even more important.

FDA also recognizes the risk of opioids and other controlled substances as well as the benefits of these drugs for patients who need them, including those with debilitating chronic conditions. It



will take carefully developed, coordinated, and sustained action by multiple stakeholders to reduce the incidence of drug misuse, misuse, addiction, overdose, and death while preserving appropriate access to these drugs for patients who need them. Doing its part to ensure the safe use of opioids and other controlled substances and ameliorate the overdose crisis is among FDA's highest priorities. FDA is engaging in many ongoing activities aimed at furthering these goals. In alignment with HHS' new Overdose Prevention Strategy, FDA is focusing its efforts on opioids and other controlled substances in the following four areas:

- Support primary prevention by reducing unnecessary initial prescription drug exposure and inappropriate prolonged prescribing;
- Encourage harm reduction through innovation and education;
- Advance the development of SUD treatments; and,
- Protect the public from unapproved, diverted, and counterfeit drugs presenting serious overdose risk

METHODOLOGY

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

Budget Summary

In FY 2023, the FDA requests \$100.5 million for drug control activities, \$36.0 million above the FY 2022 CR level.

Center for Drug Evaluation and Research

FY 2023 Request: \$46.0 million

(\$26.0 million above the FY 2022 CR level)

The FY 2023 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 overdose crisis. CDER has base funding for regulatory science, enforcement, and innovation activities, to address the opioid epidemic. CDER continues to utilize the \$20.0 million in opioids base funding to further develop and implement evidence-based actions to address FDA's 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)
- Researching chronic pain therapies to inform the ongoing discussion about the appropriate use of opioid analgesics in chronic pain care



- Studying how comparative feedback to providers would impact the number of left-over opioid pills to help inform and improve the safety of opioid prescribing practices for acute pain
- Enhancing FDA’s opioids systems model, a United States 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 Opioid Use Disorder (OUD)
- 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 misuse potential
- Enhancing the Opioid Data Warehouse, a cloud-based large data warehouse and analytical capability which allows the FDA to assess opioid vulnerability points in the population better, 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
- Exploring the impact of different packaging components of packaged opioids on opioid use as experienced by patients, prescribers, and pharmacists
- Assessing trends in opioid analgesic use in patients with and without cancer to understand the impact of opioid-reduction efforts on cancer patients
- Supporting the development and regulatory assessment of new and generic intranasal naloxone sprays by generating new testing and evaluation models

FDA-supported research initiatives that have enhanced our understanding of appropriate opioids use for pain treatment, as well as risks and mitigating factors to address opioid misuse, overdose, and death. However, as fatal overdoses continue to increase in the United States, further work is needed to address the overdose crisis, including the impact of other addictive substances as well as the impact of the COVID-19 pandemic.

Office of Regulatory Affairs – Field Activities

FY 2023 Request: \$54.5 million

(\$10.0 million above FY 2022 CR level)

The FY 2023 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 IMFs to include staffing by scientists along with expanding ORA’s use of analytical tools for expedited screening of packages and expanding 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 United States. 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 the FDA can physically inspect less than 0.06 percent of the packages that are presumed to contain drug products 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 FTEs. The 2018 Omnibus Spending Bill provided the FDA with additional resources for the IMFs, which will bring the 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 that 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 United States as well as senior customs officers flown in from India, targeted inbound parcels from India at the United States 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 United States if they have been convicted of a felony for conduct related to the importation of any drug or controlled substance. On June 24, 2019, the FDA issued its first notice of debarment for a felony conviction involving two counts of illegal drug importation under this new authority. Since that time, the FDA has issued eight more notices of debarment based on felony convictions. Additionally, the first debarment case for a United States addressee, not based on a conviction but who exhibited a pattern of attempted importation posted in the Federal Register on November 30, 2020. This individual attempted to import several shipments consisting of large amounts of sildenafil in various forms into the United States 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 United States 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.

EQUITY

FDA's mission to facilitate the development and availability of therapeutics, vaccines, diagnostics, and other medical products, as well as advance efforts to ensure food safety and promote healthy eating, has a clear impact on underserved and vulnerable communities. The FDA is dedicated to advancing the health of our nation's most vulnerable and underrepresented populations to achieve health equity for all and is working to support the Administration's



Executive Orders, including Executive Order 13950, “On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

FDA continues to work to address gaps, including efforts to advance clinical trial diversity. Moreover, health disparities that existed long before COVID-19 have been amplified during the pandemic, especially for racial and ethnic minorities and other underserved populations. As a result, FDA’s responsibilities to protect those most at risk and advance health equity, including across racial, ethnic, and rural/urban lines, have exponentially grown and become increasingly complex. The FDA expects health equity-focused efforts to increase significantly, including the amount and urgency of work, to address not only current priorities and COVID-19 but also efforts to address the gaps and needs of racial and ethnic minorities and other diverse populations disproportionately impacted by certain diseases and conditions (e.g., lupus, cardiovascular disease, Sickle Cell Disease, HIV/AIDS, etc.).

FDA is working to advance equity through our present work utilizing multiple strategies and approaches. For example:

- FDA’s active and passive vaccine surveillance systems can be leveraged to assess safety in specific subpopulations, including underserved communities.
- FDA’s advancements can support communities with a high prevalence of medical comorbidities, as well as those individuals with rare diseases, by allowing for monitoring of the safety and effectiveness of therapies in specific populations and by addressing supply chain challenges and mitigating drug shortages to improve the overall availability of critical drugs and devices.
- Finally, FDA utilizes acquisition strategies to ensure that our funding announcements provide opportunities for minority-owned, women-owned, veteran-owned and HUBZone small businesses, as well as minority institutions of higher learning. FDA coordinates with the Small Business Administration (SBA) for contract actions prior to their announcement. Any contract not designated for a small business will include a requirement for subcontracting with small businesses, if applicable.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$84.350	\$101.000	\$157.125
<i>Health Center Program</i>	<i>54.300</i>	<i>54.000</i>	<i>54.000</i>
<i>Rural Communities Opioid Response Program</i>	<i>30.050</i>	<i>47.000</i>	<i>103.125</i>
Treatment	\$712.550	\$649.000	\$764.875
<i>Health Center Program</i>	<i>488.700</i>	<i>486.000</i>	<i>486.000</i>
<i>National Health Service Corps SUD Workforce Program</i>	<i>105.000</i>	<i>105.000</i>	<i>165.000</i>
<i>Addiction Medicine Fellowship Program</i>	<i>22.900</i>	<i>24.000</i>	<i>24.000</i>
<i>SUD Treatment and Recovery Loan Repayment</i>	<i>16.000</i>	<i>16.000</i>	<i>28.000</i>
<i>Rural Communities Opioid Response Program</i>	<i>79.950</i>	<i>63.000</i>	<i>61.875</i>
Total Drug Resources by Function	\$795.900	\$795.000	\$922.000
Drug Resources by Decision Unit			
Health Center Program	\$543.000	\$540.000	\$540.000
National Health Service Corps SUD Workforce Program	105.000	105.000	165.000
Addiction Medicine Fellowship Program	22.900	24.000	24.000
SUD Treatment and Recovery Loan Repayment	16.000	16.000	28.000
Rural Communities Opioid Response Program	110.000	110.000	165.000
Total Drug Resources by Decision Unit	\$795.900	\$795.000	\$922.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$12.1	\$11.9	\$13.3
Drug Resources Percentage	6.6%	6.7%	6.9%

Program Summary

MISSION

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

METHODOLOGY

Health Center Program

For each of the fiscal years 2016 – 2019, HRSA provided new annual ongoing grant funding supporting SUD/Mental Health (MH) service expansion in health centers totaling \$545.0 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 \$2.0 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 \$3.0 million total reduction in drug control funding. The remaining \$540.0 million in ongoing supplemental SUD/MH funding initiated in prior fiscal years and incorporated in annual health center continuation awards is scored as drug control funding.

National Health Service Corps SUD Workforce Program

Funds are used to provide loan repayment assistance to reduce providers' educational and financial debt in exchange for service at SUD treatment facilities in underserved areas. Funds reflect the portion of National Health Service Corps (NHSC) discretionary budget requests dedicated to the SUD Workforce Loan Repayment Program. As these funds support providers of SUD treatment services, 100 percent of the amount is scored as treatment funding.

Addiction Medicine Fellowship (AMF) Program

Funds are used to support the clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings. Funds reflect the portion of Behavioral Health Workforce budget line requests dedicated to the AMF program. As these funds support providers of SUD treatment services 100% of the amount is scored as treatment funding.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program

Funds are used to provide loan repayment assistance to reduce qualified SUD providers' educational financial debt in exchange for service at SUD treatment facilities in underserved areas. Funds reflect the portion of Behavioral Health Workforce budget line requests dedicated to the STAR Loan Repayment Program. As these funds support providers of SUD treatment services, 100 percent of the amount is scored as treatment funding.

Rural Communities Opioid Response Program (RCORP)

The Rural Communities Opioid Response Program (RCORP) allocates funds through competitive grants and cooperative agreements. The entirety of these programs is scored as drug control funding. The prevention-treatment split for FY 2021 was revised to match the programs funded based on the enacted budget. The FY 2022 prevention-treatment splits were revised to account for the CR, which is \$55.0 million below the FY 2022 President's Budget. The FY 2023 prevention-treatment split was revised to account for the Budget Request, that is \$55.0 million above the FY 2022 CR.

Federal Office of Rural Health Policy (FORHP)

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



Budget Summary

In FY 2023, HRSA requests \$922.0 million for drug control activities, which is \$127.0 million above the FY 2022 CR level.

Health Center Program

FY 2023 Request: \$540.0 million

(No change from the FY 2022 CR level)

In FY 2023, the Health Center Program plans to support approximately 1,400 grantees and provide primary health care services to nearly 30 million patients at the Budget Request level, 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, the FY 2022 CR level and the FY 2023 Budget Request level 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 2023, reflect the ongoing annual SUD/MH awards initiated in FY 2016 through FY 2019, health center continuation awards made in FY 2020 and FY 2021, and projections for FY 2022 through FY 2023.

National Health Services Corps SUD Program

FY 2023 Request: \$165.0 million

(\$60.0 million above FY 2022 CR level)

Funding has been appropriated to the NHSC to expand and improve access to quality opioid and SUD treatment in rural and underserved areas nationwide. The primary purpose of this dedicated funding is to expand the availability of SUD treatment providers to include the SUD workforce and categories for outpatient services, including Opioid Treatment Programs, Office-based Opioid Treatment Facilities, and Non-opioid Outpatient SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment assistance to reduce their educational financial debt in exchange for service at SUD treatment facilities.

Addiction Medicine Fellowship (AMF) Program

FY 2023 Request: \$24.0 million

(No change from the FY 2022 CR level)

The AMF program seeks to increase the number of board-certified addiction medicine and addiction psychiatry specialists trained in providing interprofessional behavioral health services, including OUD and SUD prevention, treatment, and recovery services, in underserved, community-based settings. The AMF Program is designed to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.



Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP)

FY 2023 Request: \$28.0 million

(\$12.0 million above FY 2022 CR level)

The Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP) provides for the repayment of educational loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. The STAR LRP complements the NHSC SUD Workforce LRP as it is able to award loan repayment to more provider types and at a broader range of site types than those that are eligible for the NHSC SUD Workforce LRP. In FY 2023, STAR LRP participants will be fulfilling part of their required SUD treatment service commitments, and HRSA anticipates making 112 awards with approximately \$28 million in funding.

Rural Communities Opioid Response Program (RCORP)

FY 2023 Request: \$165.0 million

(\$55.0 million above FY 2022 CR level)

The RCORP initiative aims to reduce the morbidity and mortality associated with SUD, including OUD, in high need rural communities by establishing, expanding, and sustaining prevention, treatment, and recovery services at the county, state, and/or regional levels. Since RCORP's inception in FY 2018, the program has invested over \$404.0 million in grants and technical assistance to rural communities serving more than 1,500 counties across 47 states and two territories. The most recent full-year of performance measurement data collection shows that a cohort of FY 2019 RCORP grantees provided direct SUD/OUD prevention, treatment, and recovery services to 366,871 rural residents ensuring that 23,605 rural residents received MAT services.

HRSA supports the following grant and cooperative agreement programs through RCORP:

- **RCORP-Implementation** provides multi-year support to rural communities to reduce the morbidity and mortality associated with SUD/OUD by establishing and/or expanding SUD/OUD services. The core/required activities of this program include, but are not limited to, naloxone training, distribution, and administration; identifying and screening at-risk individuals for SUD/OUD and referring them to harm reduction services, treatment, and other support services; building the workforce and infrastructure to support evidence-based MAT provision; and expanding the peer recovery workforce and recovery support services. These activities align with Administration Priorities. The Implementation grants that HRSA fully funded in FY 2021 and FY 2022 will remain active in FY 2023. HRSA anticipates re-competing RCORP-Implementation in FY 2025 when the FY 2022 cohort's performance period has ended. HRSA does not anticipate re-competing this program in FY 2023.
- **RCORP-Behavioral Health Care Support** provides support to rural communities to respond to new and ongoing behavioral health needs of rural residents at risk for, or diagnosed with, SUD/OUD and/or co-occurring disorders. The program focuses on building the infrastructural capacity of rural communities to deliver behavioral health, including SUD/OUD, services across the continuum; enhancing care coordination to



provide effective care; and addressing social determinants of health to promote health equity. In FY 2023, HRSA will support the continuation of grants awarded in FY 2022.

- **RCORP-Rural Centers of Excellence on Substance Use Disorders** support the dissemination of best practices related to the treatment for and prevention of SUDs within rural communities, with a focus on the current opioid crisis. HRSA will recompet these cooperative agreements in FY 2023.
- **RCORP-Technical Assistance and Evaluation** provide technical assistance and evaluation support encompassing the entire RCORP initiative. HRSA will support the continuation of funding for one initiative-wide technical assistance cooperative agreement in FY 2023. HRSA will also recompet the RCORP initiative-wide evaluation cooperative agreement in FY 2023.
- **Rural Behavioral Health Workforce Centers** develop and implement training and mentorship programs that build the capacity of rural health care providers, paraprofessionals, non-clinical staff, and community members to care for individuals with behavioral health, including SUD/ODU, needs in rural locations within the Northern Border Regional Commission. HRSA will continue funding these cooperative agreements in FY 2023.

In FY 2023, HRSA will continue to invest in initiatives and support evidence-based strategies that address the specific SUD issues and behavioral health services needs in rural communities. The FY 2023 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.

This request will also enable HRSA to continue expanding RCORP's focus to include other emergent behavioral health needs in rural communities. For example, in FY 2022, HRSA piloted a new program—RCORP-Behavioral Health Care Support--targeting rural individuals with SUD/ODU and/or co-occurring disorders, in recognition of the fact that about half of those who experience an SUD during their lifetime will also experience a mental illness, and vice versa.²⁰

In FY 2023, HRSA plans to continue funding for the FY 2022 behavioral health pilot program, existing cooperative agreements that provide needed technical assistance, evaluation, and workforce development support, and a new pilot program allowing rural communities to increase access to medication-assisted treatment and training for MAT providers, and a tribal-focused behavioral health care support grant program. HRSA will continue to solicit feedback from rural stakeholders and engage and partner with other Federal agencies to promote a coordinated approach to addressing this devastating epidemic and ensure HRSA's efforts are aligned with Administration priorities.

Finally, this request will enable HRSA to strengthen RCORP's commitment to reducing disparities in health outcomes and access among vulnerable populations. Beginning in FY 2021,

²⁰ <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>



new RCORP recipients are required to produce a Disparities Impact Statement during the course of their grant to enable them to monitor and assess the impact their programs have on vulnerable populations within their service areas. In accordance with Executive Order 13985, RCORP programs will continue to emphasize consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.

EQUITY

Health Center Program

The health center model of care uniquely positions health centers to address health disparities and advance health equity. As community-based and patient-directed organizations, health centers ensure access to affordable, quality, and cost-effective primary health care to the nation's underserved and most socially vulnerable populations. Nearly 1,400 HRSA-funded health centers operate over 14,000 sites, providing comprehensive primary and preventive care on a sliding fee scale to nearly 30 million patients each year. Approximately 91% of health center patients are individuals or families living at or below 200% of the Federal Poverty Guidelines and over 62% of health center patients are racial/ethnic minorities. Health centers also serve nearly 1 million agricultural workers, about 1.3 million individuals experiencing homelessness, and approximately 5.2 million individuals living in or near public housing. In addition to ensuring access to primary and preventive care, health centers' model of care includes the provision of non-clinical enabling services, including translation, transportation, outreach and education, care coordination, and eligibility assistance, that recognize and help to address the social and environmental barriers to health and health care experienced by their patients.

National Health Service Corps SUD Workforce Program

The NHSC SUD Workforce LRP has worked to increase access to evidence-based SUD treatment to communities in need. Providers recognized through this program are dedicated to caring for underserved communities in urban, rural, and tribal areas. Each NHSC clinician serves patients in Health Professional Shortage Area (HPSA) – communities with limited access to health care. In addition, the NHSC SUD Workforce LRP clinicians work at NHSC-approved SUD treatment facilities that have implemented a Sliding Fee Discount Program that enables the site to offer services to patients regardless of their ability to pay.

Addiction Medicine Fellowship (AMF) Program

The AMF program aims to improve equity by improving the health of the underserved and connecting skilled professional to communities in need. Awardees are to collaborate and establish relationships with underserved, community-based settings. Within these settings, the addiction medicine/addiction psychiatry fellows are to practice knowledge and skills acquired in treating the populations served by the facility during a clinical rotation. They may also complete a clinical rotation at a community-based setting specializing in treating infants, children, adolescents, or pregnant or postpartum women, where they are also practicing the knowledge and skills acquired.



Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program

The STAR LRP aims to improve equity by reducing the barriers to access to SUD treatment and recovery services. The workforce supported through this program work in both mental Health Professional Shortage Areas and areas where the drug overdose mortality rates are above the national average. The STAR LRP also recognizes SUD support services provided by behavioral health paraprofessionals as an eligible provider types and new community-based settings (e.g., faith-based settings, crisis management centers, etc.) as eligible access points for treatment or recovery services.

Rural Communities Opioid Response Program (RCORP)

RCORP addresses the disproportionate challenges rural communities face in accessing behavioral health care services, which include limited workforce, transportation barriers, and stigma, through community-based grants and technical assistance. RCORP funding also targets behavioral health care disparities within rural communities. For example, this budget request for FY 2023 includes funding for an RCORP-Tribal Behavioral Health Support pilot grant program that will allow HRSA to target specific funding to rural Tribal communities. Additionally, applicants to RCORP programs are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include but are not limited to: racial and ethnic minorities, pregnant people, adolescents, and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc. Since FY 2021, RCORP recipients have been required to produce a Disparities Impact Statement during the course of their grant to enable them to monitor and assess the impact their programs have on vulnerable populations within their service areas. In accordance with Executive Order 13985, RCORP programs will continue to emphasize consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.



DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request ¹
Drug Resources by Function			
Prevention	\$34.217	\$34.267	\$36.767
Treatment	100.961	101.247	103.747
Total Drug Resources by Function	\$135.178	\$135.514	\$140.514
Drug Resources by Decision Unit			
Alcohol and Substance Abuse ¹	\$131.556	\$131.892	\$136.892
Urban Indian Health Program	3.622	3.622	3.622
Total Drug Resources by Decision Unit	\$135.178	\$135.514	\$140.514

Drug Resources Personnel Summary			
Total FTEs (direct only)	171	171	171
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$6.2	\$6.8	\$9.3
Drug Resources Percentage	2.2%	2.0%	1.91%

¹ IHS FY 2023 drug control funding estimates are consistent with levels reported in the FY 2023 President's Budget. IHS revised its FY 2023 drug control funding estimate to \$177.477 million based on programmatic funding changes following the release of the President's Budget. The IHS Congressional Budget Justification reflects the revised drug control estimate.

² Adult Treatment funds are excluded from the ONDCP Drug Budget and Moyer Anti-Drug Abuse methodologies because this program reflects the original authorized program from IHS with the sole focus of alcoholism treatment services for adults. This determination was made in consultation with ONDCP when the drug control budget was initially developed in the early – 1990s.

Program Summary

MISSION

IHS, an agency within HHS, is responsible for providing Federal health services to American Indian and Alaska Native (AI/AN) people. IHS supports SUD 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 NIAAA programs transferred to the IHS under the Urban Indian Health budget.

Budget Summary

In FY 2023, IHS requests \$140.5 million for drug control activities, an increase of \$5.0 million above the FY 2022 CR level.



Alcohol and Substance Abuse

FY 2023 Request: \$136.9 million

(Increase of \$5.0 million over the FY 2022 CR level)

In FY 2023, the IHS budget request for its drug control activities supports ONDCP's funding priorities as well as the President's *Strategy*. The *Strategy* emphasizes the partnership between federal agencies and their State, local, Tribal, and international counterparts and reduce drug-induced mortality. IHS is also working with federal partners to implement ONDCP's efforts to address the current opioid crisis and reduce the number of American's dying from dangerous drugs.

The IHS Alcohol and Substance Abuse program serves AI/ANs impacted by SUDs through IHS, Tribal, and Urban Indian operated treatment and prevention programs and Youth Regional Treatment Centers (YRTCs). The IHS established a multi-disciplinary workgroup to form the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE). The HOPE Committee is comprised of a multidisciplinary membership to include clinical representation from family medicine, pharmacy, behavioral health, nursing, pediatrics, physical therapy, epidemiology, and injury prevention. The HOPE Committee work plan supports the HHS 5-Point Strategy to Combat the Opioid Crisis with a specific focus on better pain management; improving access to culturally relevant prevention, treatment, and recovery support services; increasing availability and distribution of opioid overdose reversing drugs; and, improved public health data reporting and surveillance.

Expanding Access to Evidence-Based Treatment

Increasing Access to MAT Services: In June 2019, IHS released the Special General Memorandum *Assuring Access to MAT* that requires federal IHS facilities to create an action plan to identify or create local medication-assisted treatment resources and coordinate patient access to these services when indicated.²¹ Key components of these approaches include enhanced screening and early identification of Opioid Use Disorders, improved care coordination and patient referral for treatment, and workforce development strategies to increase education and resources surrounding using medications in the support of recovery. In addition, the IHS created workforce development strategies that include SUD training for healthcare workers and technical assistance materials to support sites with creating integrated SUD approaches to care.

The IHS does face challenges in providing MAT in certain sectors within Indian Country. The rural and frontier nature of where AI/ANs live creates barriers to accessing health facilities. IHS has published a policy in the Indian Health Manual (Chapter 38) entitled *Internet Eligible Controlled Substance Prescriber Designation* to assure access to MAT using telemedicine models for remotely located Tribal members.²² In December 2019, IHS processed the first tribal clinician application to receive this designation.

IHS Opioid Grant Program: In FY 2021, IHS awarded a total of \$16 Million in grants to address the opioid crisis. IHS awarded thirty-five grants under the Community Opioid Intervention Pilot Project (COIPP) for AI/ANs targeted at opioid specific activities.

²¹ <https://www.ihs.gov/ihm/sgm/2019/assuring-access-to-medication-assisted-treatment-for-opioid-use-disorder/>

²² <https://www.ihs.gov/ihm/pc/part-3/chapter-38-internet-eligible-controlled-substance-provider-designation/>



IHS Substance Abuse and Suicide Prevention (SASP): The SASP is a nationally-coordinated grant program (formerly referred to as the Methamphetamine and Suicide Prevention Initiative (MSPI)) which focuses on substance misuse and suicide prevention providing intervention resources targeted to Tribes, Tribal programs, and Urban Indian communities with the greatest need for these programs.

Successful outcomes during the fourth year of the program include expanded behavioral health services offered through school settings and home visiting, with a total of 1,475 patients receiving care. Over 270 providers were trained in behavioral health integration, with 163 of those providers located within a primary care setting. Project accomplishments include 67,168 individuals screened for suicide ideation, 54 percent of the SASP program suicide prevention projects implemented an enhanced process for suicide screening, and over 11,003 community members have been trained in suicide and/or substance use prevention. In summary, the SASP program continues to support tribes, tribal organizations, urban Indian organizations (UIOs), and federal facilities offering care.

Preventing Alcohol-Related Deaths (PARD): In the 2017 Senate Appropriations Committee Report 114-281, the Committee directed IHS to “allocate \$2,000,000 of the increase provided for the alcohol and substance abuse program to fund essential detoxification and related services.” The funds provided to Gallup, New Mexico, and the Great Plains Area (specifically the Oglala Sioux Tribe) to address the need for social detoxification services were made available in FY 2017 through a competitive cooperative agreement.

Supporting Evidence-Based Prevention Efforts to Reduce Youth Substance Use:

IHS SASP - Generation Indigenous (Gen-I): Of the 174 SASP projects funded, 19 projects specifically focus on substance use prevention, treatment, and aftercare, while 107 focus on substance use and suicide prevention among Native youth. IHS established the Universal Alcohol Screening (UAS) as a national measure to increase screening and improve detection and intervention strategies among patients aged 9 through 75.

Youth Regional Treatment Centers: The IHS YRTCs provide residential SUD and mental health treatment services to AI/AN youth. Congress established these YRTCs in each of the 12 IHS Areas, with two (northern and southern) specifically authorized for the California Area. The document “Guidance for Caring for Patients in Youth Regional Treatment Centers During the COVID-19 Pandemic” was developed to support care delivery among the YRTCs during this ever-evolving situation.²³

YRTC Aftercare Pilot Project: Two YRTC facilities, Desert Sage and the Healing Lodge of the 7 Nations are in the last year of an IHS supported aftercare pilot project. YRTCs have an important role in maintaining the health of patients after discharge.

Enhancing Evidence-Based Harm Reduction Efforts

The IHS has expanded access to harm reduction interventions that include increased access to the opioid overdose reversal medication, naloxone. Since 2015, the IHS has maintained an ongoing collaboration with BIA to train and provide naloxone to BIA Law Enforcement Officers (LEO)

²³ https://attcnetwork.org/sites/default/files/2020-08/YRTC_Document_08_05_20.pdf



for responding to opioid overdoses. A revision to Chapter 35 was released in 2020 to further expand first responder definitions to community members and reduce administrative reporting requirements related to requests for resupply.

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

In FY 2022, IHS will support the new trauma informed care policy by developing on-demand online training for clinical and non-clinical staff. This training will provide guidance to IHS facilities in delivering trauma-informed care services along with promoting self-care to prevent secondary traumatic stress, which can lead to compassion fatigue and burnout.

Reducing the Supply of Illicit Substance

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

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

FY 2023 Request: \$3.6 million

(No change from the FY 2022 CR 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.

AI/AN people who live in urban centers present a unique morbidity and mortality profile. Urban AI/AN populations suffer disproportionately higher mortality from certain causes in sharp contrast to mainstream society. These unique challenges require a targeted response. Existing UIOs see their efforts in health education, health promotion, and disease prevention as essential to impacting the behavioral contributors to poor health²⁴:

²⁴ Indian Health Service, Report to Congress: New Needs Assessment of the Urban Indian Health Program and the Communities it Serves at 10 (Mar. 31, 2016) (hereinafter New Needs Assessment), available at https://www.ihs.gov/urban/includes/themes/newihstheme/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf.



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

Alcohol and drug-related deaths continue to plague urban AI/AN people. Alcohol-induced mortality rates for urban AI/AN people are markedly higher than for urban all races. All regions, with the exception of eastern seaboard cities in the Nashville Area, show dramatically higher rates for urban AI/AN people than for urban all races who live in the same communities: the Billings Area has 4 times the greater alcohol-induced rate of mortality, the Phoenix Area is 6 times greater, the Tucson Area is 6.7 times greater, and the Great Plains Area is 13.4 times greater.²⁵ In addition, urban AI/AN populations are more likely to engage in health risk behaviors. Urban AI/AN people are more likely to report heavy or binge drinking than all-race populations, and urban AI/AN people are 1.7 times more likely to smoke cigarettes. Urban AI/AN people more often view themselves in poor or only fair health status, with 22.6 percent reporting fair/poor health as compared to 14.7 percent of all races reporting as fair/poor.

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

The UIOs emphasize integrating behavioral health, health education, health promotion, and disease prevention into primary care offered within a culturally appropriate framework, which leads to positive outcomes for urban AI/AN people. Urban AI/AN people needing SUD treatment commonly exhibit co-occurring disorders. UIOs have recognized the need for more mental health and SUD counselors to adequately address the needs presented by AI/AN people with co-occurring disorders. Stakeholders reported the need for more age and gender-appropriate resources for SUD outpatient and residential treatment. While male AI/AN people can encounter wait times for treatment admission up to six months, treatment options for youth, women, and women with children can be greater than six months. Some of the most successful AI/AN treatment programs for youth, women, and women with children are administered by UIOs. Affecting lifestyle changes among urban AI/AN families requires a culturally sensitive approach. UIOs have operated culturally appropriate initiatives to reduce health risk factors. The continued

²⁵ Ibid.



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

IHS has contracts and grants with 41 UIOs to provide health care and referral services for Urban Indians in 22 states. These IHS contracts and grants with UIOs address the *IHS Strategic Plan Goal 1 by ensuring that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people*. UIOs provide high-quality, culturally relevant prevention, early intervention, outpatient and residential SUD treatment services, and recovery support to address the unmet needs of the Urban Indian communities they serve. Social determinants of health play a key role in health and wellness, and UIOs address a range of factors contributing to improved health outcomes. According to the most recent urban Indian data, 76,760 AI/AN patients access services through UIO programs. Also, UIOs performed 729,888 visits for AI/AN patients, including medical, dental, behavioral health, and other professional and enabling services directly or by paid referral. Data also indicates that members from 529 of the 574 (92 percent) federally recognized Tribes accessed services from at least one of the 41 UIOs.

In FY 2021, the IHS Office of Urban Indian Health Programs awarded 4-in-1 grants to 33 UIOs. The grantees are awarded for a three-year funding cycle from April 1, 2019 - March 31, 2022. These grants provide funding to UIOs to make health care services more accessible for AI/ANs residing in urban areas. Funding is used to support four health program areas: health promotion and disease prevention services; immunization services; alcohol and substance misuse related services; and mental health services. Grantees are required to participate in a national evaluation of the 4-in-1 grant program, which addresses *IHS Strategic Plan Goal 2 to promote excellence and quality through innovation of the Indian health system into an optimally performing organization*. The national evaluation includes reporting on the cultural interventions integrated into the 4-in-1 program activities, and practice based and evidence-based approaches that are implemented or modified to meet the needs of the Urban Indian service population.

Many of the grantees reported interruptions/changes with their programs due to the COVID-19 pandemic:

- Many clinics run by UIOs had to temporarily close because they did not have the resources to provide a safe visit experience.
- Nearly all UIOs reported expanding telehealth services.
- There was an increase in demand for SUD and mental health treatment due to elevated anxiety and stress levels.
- All non-essential in-person activities were halted.
- Many programs across various UIOs were switched to a virtual format. Some activities, such as a back-to-school health fair, were transitioned to be a drive-thru process.
- Despite the importance of many of these virtual services, many clients that UIOs serve lack internet capabilities, creating a significant barrier to accessing services.
- Elders expressed less desire in meeting virtually.

EQUITY

Alcohol and Substance Abuse



IHS is also working to improve equity and reduce barriers to SUD treatment and services. In May of 2020, IHS released a trauma-informed care policy to guide Indian Health Service facilities to improve patient engagement and health outcomes as well as supporting provider and staff wellness. In 2021, IHS established a multidisciplinary workgroup to create and sustain a culture of physical, psychological, and emotional safety for all individuals and staff that have experienced trauma. In addition, many of the IHS Division of Behavioral Health SUD programs and initiatives include “Increasing Access to Care” and “Increasing Access to Medication-assisted Treatment.” Understanding the urgent need to the prioritize specific populations such as children and youth and their families as appropriate in SUD prevention, treatment, and recovery efforts, IHS will require each of the Substance Abuse and Suicide Prevention (SASP) grantees to develop culturally-appropriate approaches to engage youth in prevention and treatment activities. IHS recognizes that telemedicine is one tool for increasing access to specialized medical services, such as telebehavioral health. To that end, IHS provided a 23 percent increase in telebehavioral health encounters nationally among AI/AN between FY 2020 and FY 2021. Finally, as a resource to AI/AN healthcare providers, IHS hosted Clinician Extension for Community Healthcare Outcomes (ECHOs) sessions to provide timely, up-to-date information related to emerging SUD treatment and services among rural and remote AI/AN communities.

Urban Indian Health Program

In FY 2021, the OUIHP leveraged the IHS Office of Public Health Support’s Indefinite Delivery Indefinite Quantity (IDIQ) contract to develop a new 5-year IHS OUIHP strategic plan. On December 3, 2021, the IHS initiated an urban confer to seek input and recommendations on the new strategic plan to improve access to high-quality, culturally competent health services for Urban Indians, which addresses IHS Strategic Plan Goal 2 to promote excellence and quality through innovation of the Indian health system into an optimally performing organization. In FY 2022, the expectation is to evaluate the existing OUIHP strategic plan and establish a new strategic plan, including goals, strategies, and performance measures based on recommendations from UIOs, partners, and external stakeholders.

On December 27, 2020, the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) was signed into law. The Act provided IHS with a total FY 2021 appropriation of \$6.4 billion. The Joint Explanatory Statement for Division G for the Act designated \$1,000,000 to conduct an infrastructure study for facilities run by Urban Indian Organizations (UIOs). The infrastructure study provides the first step towards creating a comprehensive action plan to focus on improving equity and reduce barriers to programs and services, which addresses IHS Strategic Plan Goal 1 to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people. In FY 2021, the IHS initiated urban confer to seek input on developing and implementing the infrastructure study from UIOs. In FY 2022, the IHS awarded a contract to The Innova Group to conduct the infrastructure study to identify future facility needs of UIOs.



DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Research and Development: Prevention	\$592.103	\$600.944	\$736.638
Research and Development: Treatment	948.880	944.035	1,173.396
Total Drug Resources by Function	\$1,540.983	\$1,544.979	\$1,910.034
Drug Resources by Decision Unit			
National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)	65.116	65.319	66.708
National Institute on Drugs and Addiction (NIDA)	1,475.867	1,479.660	1,843.326
Total Drug Resources by Decision Unit	\$1,540.983	\$1,544.979	\$1,910.034
Drug Resources Personnel Summary			
Total FTEs (direct only)	389	398	398
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$41.4	\$41.5	\$50.5
Drug Resources Percentage	3.7%	3.7%	3.8%

Program Summary

MISSION

NIDA and the NIAAA, two of the 27 Institutes and Centers of the National Institutes of Health (NIH), support research in pursuit of the objectives of the *Strategy*.²⁶

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 substance use disorder (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

²⁶ The FY 2023 President’s Budget proposes to rename the National Institute on Drugs and Addiction to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Effects and Alcohol-Associated Disorders to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.



treatment of alcohol-related problems, including alcohol use disorder, across the lifespan. A major priority within NIAAA's mission is research on preventing and treating underage drinking and its harmful consequences.

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, costing the United States an estimated \$249 billion annually. 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 the prevention and treatment of alcohol-related problems and co-occurring conditions and to disseminate evidence-based information to health care providers, researchers, policymakers, and the public. These ongoing efforts have significantly broadened our understanding of alcohol misuse and AUD and provided support for integrating alcohol prevention and treatment services into mainstream health care.

METHODOLOGY

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

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

Budget Summary

In FY 2023, NIH requests \$1,910.0 million for drug control activities, an increase of \$0.365 million above the FY 2022 CR level. (\$1,843.3 million for NIDA and \$66.7 million for NIAAA)

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 shows 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 developing and deploying 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 insufficient to address SUD if these therapies do not reach the people needing them. Moreover, 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 is built on extensive, well-established NIH research, including basic science of the complex neurological pathways involved in pain and addiction, implementation science to develop and test treatment models, and research to integrate behavioral interventions with MOUD.

As part of the NIH HEAL Initiative, NIDA (and, to a lesser extent, NIAAA) supports various projects to advance 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 Opioids²⁷
- Focusing Medication Development to Treat Opioid Use Disorder and Prevent and Treat Opioid Use Disorder and Overdose²⁸
- Determining strategies to reduce opioid overdose in communities hardest hit by the opioid crisis (the HEALing Communities Study)²⁹
- Determining ways to improve the effectiveness and adoption of interventions within justice systems. (The Justice Community Opioid Innovation Network)³⁰
- Preventing At-Risk Adolescents Transitioning into Adulthood from Developing Opioid Use Disorder³¹
- Prevention of Progression to Moderate or Severe Opioid Use Disorder³²
- Optimizing the Duration, Retention, and Discontinuation of Medication Treatment for Opioid Use Disorder³³

²⁷ <https://heal.nih.gov/research/research-to-practice/enhancing-clinical-trials-network>

²⁸ <https://heal.nih.gov/research/medication-options/focusing-development>

²⁹ <https://heal.nih.gov/research/research-to-practice/healing-communities>

³⁰ <https://heal.nih.gov/research/research-to-practice/jcoint>

³¹ <https://heal.nih.gov/research/new-strategies/at-risk-adolescents>

³² <https://heal.nih.gov/research/new-strategies/prevent-progression>

³³ <https://heal.nih.gov/research/new-strategies/duration-retention-discontinuation>



- 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)³⁴
- Integrative Management of Chronic Pain and Opioid Use Disorder³⁵

Stimulants have also emerged as an overdose threat. From 2019 to 2020, overdose deaths involving methamphetamine increased by 45 percent, and overdose deaths involving cocaine increased by more than 24 percent.³⁶ Given the urgent need to confront these dramatic increases, NIDA has also prioritized the development of medications to treat stimulant use disorders.

National Institute on Alcohol Effects and Alcohol-Associated Disorders

FY 2023 Request: \$66.7 million

(\$1.4 million above the FY 2022 CR 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 United States youth. Binge drinking³⁷ 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. NIAAA supports a broad range of basic, translational, and clinical research to improve our understanding of the impact of alcohol exposure on adolescent health and to improve interventions for alcohol-related problems among youth in community and healthcare settings. NIAAA also disseminates information about evidence-based interventions by developing resources for the public.

Basic research is key to developing innovative prevention and treatment strategies for underage drinking. Within its portfolio on adolescent brain research, NIAAA supports two key initiatives: 1) the Neurobiology of Adolescent Drinking in Adulthood (NADIA) consortium to examine, using animal models, the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood; and 2) the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), a longitudinal study of approximately 800 youth ages 12-21 to identify brain characteristics that may predict alcohol misuse or occur as a consequence of adolescent alcohol exposure. NCANDA laid the methodological foundation for NIH's Adolescent Brain Cognitive Development (ABCD) study, the largest longitudinal study of brain development and child health in the United States.

Prevention of underage drinking has long been one of NIAAA's top priorities. NIAAA's portfolio in this area 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 tailored for underserved populations and specific settings, including the college setting.

³⁴ <https://heal.nih.gov/research/infants-and-children/healthy-brain>

³⁵ <https://heal.nih.gov/news/stories/new-impowr-research-program-puts-people-first>

³⁶ <https://wonder.cdc.gov/med-icd10.html>

³⁷ 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.



NIAAA provides the College Alcohol Intervention Matrix (CollegeAIM), an online resource that rates over 60 evidence-based alcohol interventions in terms of effectiveness, cost, and other factors, allowing school officials to select among the many potential interventions to address harmful and underage student drinking. NIAAA also supports research to address alcohol misuse in young adults who are not enrolled in college.

Increasing implementation of alcohol screening and brief intervention in primary care and developing evidence-based behavioral therapies to reduce underage drinking is another priority area for NIAAA. For example, NIAAA developed the Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide to assist pediatric and adolescent health practitioners in identifying patients at risk for underage drinking and associated problems. This screening resource 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.

National Institute on Drugs and Addiction

FY 2023 Request: \$1,843.3 million

(\$363.7 million above the FY 2022 CR 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 the HEAL Initiative® in NIDA will increase by \$135.1 million or 50.0 percent compared with the FY 2022 CR level. In addition, funding for research into opioids and pain management outside the HEAL Initiative® will increase by an additional \$196.3 million.

Division of Neuroscience and Behavioral Research

FY 2023 Request: \$603.5 million

(\$107.6 million above the FY 2022 CR Level)

NIDA's Division of Neuroscience and Behavior (DNB) advances knowledge of the basic biological mechanisms that underlie substance use and SUDs and that guide the development of novel prevention and treatment strategies for SUDs and overdose. This includes identifying the effects of illicit substances on brain structure and function throughout the lifespan and across stages of drug use and SUDs. Areas of focus include identifying the genetic variants and epigenetic modifications that determine vulnerability to SUDs; the effects of drugs on gene expression and brain development and function; the nature and dynamics of drug-receptor interactions at the atomic level; and the cellular signaling engaged by these interactions that may underlie the development of addiction. DNB-supported research has elucidated the neurobiology of opioid, nicotinic, cannabinoid, and benzodiazepine receptors, and this knowledge is being leveraged to guide the development of novel therapeutics to treat SUD, the adverse consequences of illicit drugs, and pain. The DNB portfolio also includes research that is advancing our understanding of the mechanisms by which neuromodulation, such as transcranial stimulation, deep brain stimulation, and neurofeedback, can be used to treat SUD by identifying specific brain circuits that can be modulated by these approaches with precision to yield therapeutically



beneficial effects. DNB-supported research using cutting-edge genetics and neuro-engineering approaches to interrogate and modulate populations of brain cells is revealing a complex map of neural circuits that are engaged by addictive drugs and that underlie their rewarding and aversive effects. Research using advanced computational approaches including theoretical modeling and novel methods for analyzing large, diverse data sets are being used to link SUD-related behaviors to underlying neural mechanisms.

DNB is also pioneering Big Data Science as a tool to understand the biology of addiction. A cross-cutting research theme in the Division is that of sex differences. DNB promotes research to elucidate the neurobiological basis of sex differences in drug effects and in the development of addiction. This is critical for developing individually tailored prevention and treatment strategies. Finally, DNB supports a robust research portfolio focused on the shared biological mechanisms underlying drugs and HIV, and how these mechanisms are involved in HIV-associated neurological disorders.

Division of Epidemiology, Service, and Prevention Research

FY 2023 Request: \$421.3 million

(\$75.1 million above the FY 2022 CR 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 the annual Monitoring the Future survey of substance use and related attitudes among youth and young adults, the Population Assessment of Tobacco and Health, which collects biospecimens and behavioral data associated with tobacco use, as well as 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 NIDA's mission. To this end, DESPR funds a portfolio of prevention research to understand and intervene upon mechanisms that underlie risk for and resilience to drug use and 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. NIDA 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 SUDs 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 SUDs.



Division of Therapeutics and Medical Consequences

FY 2023 Request: \$136.0 million

(\$24.2 million above the FY 2022 CR Level)

NIDA's Division of Therapeutics and Medical Consequences (DTMC) supports research to evaluate the safety and efficacy of pharmacological and non-pharmacological interventions to prevent and treat SUDs and drug overdose. 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 the risks of developing new treatments for SUDs. 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,³⁸ which the FDA approved 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 safe and effective new and repurposed medications to prevent and treat OUD and overdose. NIDA is also prioritizing the development of new treatments for stimulant (i.e., cocaine and methamphetamine) overdose and stimulant use disorders. This portfolio includes developing novel pharmacotherapies, repurposing medications already approved by the FDA for other indications, as well as developing novel vaccines and monoclonal antibodies to treat stimulant use disorders. (See program portrait for “Immunotherapies for Substance Use Disorder and Overdose” in the NIDA chapter of the NIH Congressional Justification documents.)

Center for Clinical Trials Network

FY 2023 Request: \$48.0 million

(\$8.6 million above the FY 2022 CR Level)

The overarching mission of the NIDA Clinical Trials Network (CTN) is to allow treatment providers, treatment researchers, patients, and NIDA to collaboratively develop, validate, refine, and deliver new treatment options to patients. The CTN comprises 16 research nodes with 30 Node principal investigators affiliated with academic medical centers and large health care networks, 2 research coordinating centers, and more than 240 community-based treatment programs and provider organizations. This unique partnership enables the CTN to conduct studies of behavioral, pharmacological, and integrated treatment interventions in multisite clinical trials to test their effectiveness across a broad range of settings and populations. It also allows the CTN to facilitate the transfer of research results to providers and patients. In addition, 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 the NIH HEAL Initiative, the CTN was able to add five new nodes, expanding its geographical reach and capacity to develop and test interventions in diverse populations.

Through the HEAL Initiative, the CTN has launched several multisite trials examining methods for optimizing the treatment of OUD. One study will examine if rapid transition to extended-release naltrexone following detoxification is more effective than standard detoxification and naltrexone initiation. Another study is underway to evaluate strategies to improve medication treatment retention and strategies to improve outcomes among patients who have achieved stable remission on OUD medications and want to discontinue medication. The CTN is conducting

³⁸ <https://nida.nih.gov/about-nida/noras-blog/2018/05/nida-supported-science-leads-to-first-fda-approved-medication-opioid-withdrawal>



studies to evaluate a collaborative care intervention for preventing progression of opioid misuse to OUD, medications for treating OUD during pregnancy, and strategies for integrating OUD screening and treatment into emergency departments, hospitals, primary care clinics, and AI/AN communities. The network has supported studies to capture important data for research on SUD in EHR systems in primary care and emergency departments and is currently testing clinical decision support 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, and transcranial magnetic stimulation, for methamphetamine and cocaine use disorders. A CTN study recently demonstrated that a combination of bupropion and extended-release naltrexone successfully reduced methamphetamine use and cravings in adults with methamphetamine use disorder.

Office of Translational Initiatives and Program Innovations

**FY 2023 Request: \$48.5 million
(\$8.6 million above the FY 2022 CR Level)**

NIDA's Office of Translational Initiatives and Program Innovations (OTIPI) takes research discoveries in prevention, detection, and treatment of SUDs 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. These tools provide or support psychosocial and medication-based treatment, help individuals sustain their recovery from SUDs, and even facilitate prevention. For example, reSET and reSET-O are mobile applications (apps) that deliver cognitive behavioral therapy to people with non-opioid SUDs (reSET) and OUD (reSET-O), and were the first "digital medicines" to receive FDA approval for the treatment of addiction.³⁹

With NIDA support, another company developed a hospital bassinet pad that delivers gentle, random vibrations to reduce irritability and improve cardiorespiratory function in newborns born dependent on opioids, which received breakthrough device designation from the FDA. In addition, a cloud-based referral tool called OpenBeds was expanded to facilitate patient referrals to addiction treatment facilities.⁴⁰ OTIPI also helps startups develop technology to help people in recovery. For example, Sober Grid is an app that connects patients with others in recovery and with peer coaches to help them remain drug-free.⁴¹ We the Village, Inc. uses telehealth and a social support network to deliver a care model based on community reinforcement and family training.⁴² Finally, to prevent the diversion of drugs, one company developed systems to monitor

³⁹ <https://peartherapeutics.com/products/reset-reset-o/>

⁴⁰ <https://apprisshealth.com/solutions/openbeds/>

⁴¹ <https://www.sobergrid.com/>

⁴² <https://wethevillage.co/>



controlled substances in hospitals, and another developed a tool to detect and report illicit online sales of controlled substances.^{43,44}

Responding to the Opioid Crisis

FY 2023 Request: \$405.4 million

(\$135.1 million above the FY 2022 CR Level)

Through the HEAL Initiative, NIDA continues to expand support for research to address opioid misuse and addiction and increase the efficiency of translating research into benefits for people. HEAL funds are being used to accelerate the development and availability of novel treatments for OUD and overdose, including developing longer-acting formulations of existing OUD drugs like buprenorphine and methadone and developing novel immunotherapies including vaccines that could block the effect of opioids in the brain to help people with OUD and decrease overdoses. Opioid misuse often begins during adolescence, and young adulthood, so behavioral interventions and treatment options tailored to this population are crucial to maximize positive outcomes. HEAL funds are used to support research to develop and test effective technology-driven, scalable interventions that can prevent opioid misuse and OUD among adolescents and young adults, focusing on vulnerable populations such as AI/AN and Black communities.

Using HEAL funds, NIDA supports research to develop effective implementation strategies for evidence-based interventions, focusing on high-risk populations. The Justice Community Opioid Innovation Network (JCOIN) is testing strategies for expanding effective OUD treatment and care for people in justice settings in partnership with local and state justice systems and community-based treatment providers. This research will help improve OUD treatment access for vulnerable individuals during incarceration and after release. The HEALing Communities Study, an unprecedented multisite implementation study being conducted in 67 communities across New York, Massachusetts, Kentucky, and Ohio, aims to reduce opioid-related overdose deaths by deploying evidence-based strategies to prevent and treat opioid misuse and OUD. Researchers work with community members and local coalitions to launch intervention activities and communications campaigns, engage at-risk populations, create data dashboards to help guide community decision-making, and develop community action plans to implement specific evidence-based practices to facilitate sustainable, successful solutions tailored to the needs of the local communities.

The HEALthy Brain and Child Development Study is a trans-NIH effort led by NIDA with support from HEAL and 10 NIH Institutes and Offices to prospectively examine the brain and behavioral development in children from birth to 9-10 years of age. This study is establishing a cohort of pregnant women across various regions and demographics in the USA. It will follow their children through the first decade of life 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.

Finally, the HEAL Initiative is building the Integrative Management of chronic Pain and OUD for Whole Recovery (IMPOWR) network to develop effective treatment interventions for people who experience both chronic pain and OUD. The IMPOWR network consists of clinical research centers that collaborate to develop effective interventions, best models of care for delivery of

⁴³ <https://investics.com/>

⁴⁴ <https://www.s-3.io/>



services, and sustainable implementation strategies for a variety of patients with co-occurring chronic pain and OUD or opioid misuse, with an emphasis on highly vulnerable groups, such as AI/AN, Black, Hispanic, and rural populations.

Intramural Research Program

FY 2023 Request: \$106.8 million

(\$2.6 million above the FY 2022 CR 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 2023 Request: \$82.3 million

(\$1.8 million above the FY 2022 CR Level)

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in reviewing, awarding, and monitoring research grants, training awards, and research and development contracts. Additionally, the functions of RMS encompass strategic planning, coordination, dissemination of latest research findings and funding opportunities, 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 HEALSM Initiative, spearheading NIH's response to the opioid overdose epidemic.



In addition to the infrastructure required to support research and training, NIDA strives to provide evidence-based resources and educational materials about substance use and addiction, including information about timely public health topics such as opioid overdose prevention, marijuana research, use rates, and consequences of vaping, synthetic drug trends, and medications for the treatment of SUDs, 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 substance use and addiction in English and Spanish. 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, which is aimed at engaging and educating clinicians in training and in practice in the latest science related to substance use and addiction.

EQUITY

Equity is a vital consideration in NIDA and NIAAA efforts to support the objectives of the *Strategy*. For example, both NIDA, and NIAAA support the NIH UNITE initiative that was established to identify and address structural racism within the NIH-supported and greater scientific community. Both Institutes are also part of NIH’s broader efforts to advance health equity research by improving minority health, reducing health disparities, and removing barriers to advancing health disparities research, as well as the agency’s efforts to expand, sustain, and promote scientific workforce diversity.

The COVID-19 pandemic highlighted racial health disparities that are particularly stark in the field of addiction, where punitive approaches to drug use have disproportionately affected Black individuals and other communities of color.⁴⁵ Moreover, the fastest increases in opioid overdose deaths are among Black Americans,^{46,47} and children of minority groups are more likely to have lost a parent to COVID-19 than white children.⁴⁸

To address these disparities, in July 2020 NIDA established its Racial Equity Initiative to eliminate racism in NIDA’s workplace, scientific workforce, and research portfolio. NIDA is tracking its minority health and health disparities portfolios to identify gaps and create targeted funding opportunities to which \$100 million will be dedicated over 10 years. NIDA is funding research on the impact of racism on drug use outcomes, ameliorating disparities in SUD care, and implementing culturally-tailored interventions. In addition, researchers are developing solutions to address digital inequalities in communities heavily impacted by drug addiction. NIDA is also increasing its support for highly meritorious projects carried out by scientists from underrepresented minority groups.

NIAAA supports a range of efforts aimed at reducing health disparities and promoting health equity. One area of interest is the social determinants of health that influence the initiation of underage alcohol use. Current studies are exploring factors that drive alcohol misuse—including sleep quality, adverse childhood experiences, and family or peer stress—among minority

⁴⁵ www.tandfonline.com/doi/pdf/10.1080/07418825.2012.761721?needAccess=true

⁴⁶ ajph.aphapublications.org/doi/10.2105/AJPH.2021.306431

⁴⁷ pubmed.ncbi.nlm.nih.gov/33211981/

⁴⁸ <https://pubmed.ncbi.nlm.nih.gov/34620728/>



adolescent populations. Understanding the social and environmental factors that influence alcohol misuse can inform targeted prevention approaches. NIAAA also supports the development of culturally-adapted interventions to reduce underage drinking.



DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance use And Mental Health Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$600.560	\$602.050	\$935.540
Treatment	3,562.500	3,571.990	5,060.890
Total Drug Resources by Function	\$4,163.060	\$4,174.040	\$5,996.430
Drug Resources by Decision Unit			
Programs of Regional and National Significance – Prevention	\$208.220	\$208.220	\$311.910
Programs of Regional and National Significance – Treatment	495.120	496.680	566.370
Substance Abuse Prevention and Treatment Block Grant ²	1,849.650	1,858.080	3,008.080
State Opioid Response Grants	1,498.030	1,500.000	2,000.000
Health Surveillance and Program Support ³	112.040	111.060	111.070
Total Drug Resources by Decision Unit	\$4,163.060	\$4,174.040	\$5,996.430

Drug Resources Personnel Summary			
Total FTEs (direct only)	267	310	318
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$6.0	\$6.1	\$10.7
Drug Resources Percentage	69.4%	68.5%	56.1%

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

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

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

Program Summary

MISSION

SAMHSA’s mission is to reduce the impact of substance use 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 SUDs. Major programs for FY 2023 will include the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), State Opioid Response Grants (SOR) grants, and competitive grant programs reflecting Programs of Regional and National Significance (PRNS), and Health Surveillance and Program Support (HSPS). SAMHSA’s Centers for Substance Abuse Prevention 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 (DAWN) is allocated fully to Substance Use Prevention Services 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 percentage 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 the Substance Use Prevention Services appropriation, including the Substance Use Prevention Services PRNS, and 20 percent of the SAPTBG funds specifically appropriated for prevention activities from the Substance Use Services appropriation. The treatment function also includes the Substance Use Services appropriation, including the Substance Use Services PRNS, SOR grants, and 80 percent of the SAPTBG funds.

Budget Summary

In FY 2023, SAMHSA requests \$6.0 billion, an increase of \$1.8 billion over the FY 2022 CR level.

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

Programs of Regional and National Significance – Prevention

FY 2023 Request: \$311.9 million
(\$103.7 million above the FY 2022 CR level)

In FY 2023, SAMHSA requests \$311.9 million for PRNS – Prevention, an increase of \$103.7 million above the FY 2022 CR level. This funding will support the programs and activities identified below.



Strategic Prevention Framework

FY 2023 Request: \$126.7 million

(\$7.2 million above the FY 2022 CR level)

SAMHSA's Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective Substance Use Prevention Services and reducing substance use problems. The SPF – Partnerships for Success (SPF-PFS) program addresses underage drinking among youth and young adults aged 12 to 20. It allows states to prioritize state-identified top data-driven substance misuse target areas. To accelerate the healing of our youth and communities, SAMHSA is proposing to sustain the SPF-PFS program with the provision of augmented guidance and technical assistance to all grantees. Funding will provide communities with much needed resources to implement prevention programming, including evidence-based programs, awareness campaigns, targeted strategies to address disparities, developing and maintaining data systems, hiring prevention staff, and other activities.

Minority AIDS

FY 2023 Request: \$42.0 million

(\$0.8 million above the FY 2022 CR level)

The needs of people living with HIV and those who are at risk for infection continue to evolve. Approximately 1.2 million people in the U.S. have HIV; about 13 percent don't know it and need testing. In 2019, nearly 37,000 people received an HIV diagnosis in the United States. HIV continues to disproportionately affect racial and ethnic minorities and gay, bisexual, and other men who have sex with men⁶⁵. In addition, because HIV and viral hepatitis share common modes of transmission, one-third of HIV-infected individuals are also infected with hepatitis C.⁶⁶ The use of injection drugs is driving the increase in Hepatitis C cases. The Minority AIDS program supports activities that build a strong foundation for delivering and sustaining high-quality and accessible substance misuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes, and tribal organizations to prevent and reduce the onset of substance misuse and transmission of HIV/AIDS among at-risk populations, including racial/ethnic minority youth and young adults 13 to 24. SAMHSA works with college and university clinics/wellness centers and community-based providers that can provide comprehensive substance misuse and HIV prevention strategies. These strategies combine education and awareness programs, social marketing campaigns, and HIV and viral hepatitis testing services in non-traditional settings with substance misuse and HIV prevention programming for the population of focus. Because of the high rate of HIV/AIDS and hepatitis co-morbidity, this program includes viral hepatitis prevention and education training. The MAI program and many other HIV/AIDS programs across HHS contribute to the goal to end the HIV epidemic in the United States.

SAMHSA has helped to prevent HIV and hepatitis infection acquired through substance use and misuse. SAMHSA's Minority AIDS and viral hepatitis prevention programs have included a focus on community-based organizations and minority serving institutions and a focus on the continuum of care



Federal Drug-Free Workplace

FY 2023 Request: \$5.1 million

(\$0.2 million above the FY 2022 CR 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. The increase in funding is based on the implementation of the new mandatory guidelines for oral fluid and hair in the federally regulated drug testing program. This increase will allow SAMHSA to continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace programs and to operationalize the newly authorized specimen and new drug testing program for oral fluid, a first in over 30 years.

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 2023 Request: \$10.0 million

(No change from the FY 2022 CR 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. SAMHSA, under the leadership of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD), continues to garner support for program efficacy over the next year and implement evaluation plans for the upcoming 2022–2023 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening a referral management system; the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and the beginning of a multi-year evaluation of the student assistance and school health and wellness-focused training with formative, outcome, and long-term impact evaluation methodologies that schools and districts can adopt.



Tribal Behavioral Health Grants

FY 2023 Request: \$23.7 million

(\$2.9 million above the FY 2022 CR level)

SAMHSA's Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of substance misuse 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 misuse, trauma, and suicide and by promoting the mental health of AI/AN young people. In FY 2016, SAMHSA expanded activities through the braided TBHG/NC funding to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance misuse, and promote mental health and resiliency among youth in tribal communities. This request, along with \$23.1 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.

Centers for the Application of Prevention Technologies

FY 2023 Request: \$12.0 million

(\$4.5 million above the FY 2022 CR 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 Use Prevention Services interventions and provide training and technical assistance services to the Substance Use Prevention Services field. The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of Substance Use Prevention Services efforts; providing intensive technical assistance and learning resources to prevention professionals 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.

The increase in funding will allow the establishment of tailored state-of-the-art substance use prevention technical assistance to states, communities, Tribe, or territories, to strengthen grantee programs. The capacity to provide direct technical assistance was not available in the previous fiscal year. Grantees and the field have expressed challenges with this loss of technical assistance capacity. This funding will support the HHS priority of advancing the goal of ending the opioid crisis and the President's *Strategy* priority of supporting evidence-based prevention efforts to reduce youth substance use.

Science and Service Program Coordination

FY 2023 Request: \$4.1 million

(No change from the FY 2022 CR level)

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around Substance Use Prevention Services. 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 Use Prevention Services efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native communities.



Improving Access to Overdose Treatment

(Program being realigned from Treatment to Prevention in FY 2023)

FY 2023 Request: \$1.5 million

(\$0.50 million above the FY 2022 CR level)

As part of SAMHSA's response to the increase in the number of opioid-related overdose deaths, the Opioid Overdose Prevention Toolkit was developed to help reduce the number of opioid-related overdose deaths and adverse events. SAMHSA's Improving Access to Overdose Treatment (ODTx) grant program utilizes this toolkit and other resources to help grantees train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of known or suspected opioid overdose. In addition, the ODTx program addresses the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including prescription opioids as well as illicit drugs such as heroin). FY 2023 funds will continue increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder.

Grants to Prevent Prescription Drug/Opioid Related Deaths

(Program being realigned from Treatment to Prevention in FY 2023)

FY 2023 Request: \$18.0 million

(No change from the FY 2022 CR level)

Opioid overdose is a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics), such as fentanyl. SAMHSA's Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program 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, and provide materials to assemble and disseminate overdose kits. FY 2023 funds will continue to 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.

First Responder Training

(Program being realigned from Treatment to Prevention in FY 2023)

FY 2023 Request: \$63.0 million

(\$26.0 million above the FY 2022 base CR 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. The FR-CARA program provides funding to state, Tribal and local governments to train and equip first responders to administer



naloxone. To date, grantees report having trained 124,392 first responders and community members on the use of naloxone or other FDA approved drugs or devices, and how to respond to overdose emergencies. The program has equipped these communities with 306,759 FDA-approved overdose reversal kits since the start of the program. Of these, 125,679 doses have been administered to treat suspected overdose cases, resulting in more than 38,406 confirmed overdose reversals. The additional funds will support expanding the program to an additional 7 communities.

Substance Abuse Prevention Minority Fellowship Program

FY 2023 Request: \$1.3 million

(\$1.0 million above the FY 2022 CR level)

SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. Since its start in 1973, the program has helped to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology, and substance use/addiction counseling. In 2006, the program expanded to include marriage and family therapists and later added professional counselors. Professional guilds receive competitively awarded grants and then competitively award the stipends to post-graduate students pursuing a degree in that professional field. The MFP program has had a variety of focuses, including youth and addiction counselors.

In FY 2021, SAMHSA supported eight grant continuations and exercised the option year on the MFP the technical assistance contract. In FY 2022 Annualized CR, SAMHSA will support eight grant continuations, the technical assistance contract and award a new cohort of one grant.

Substance Abuse Prevention and Treatment Block Grant

FY 2023 Request: \$3.0 billion

(\$1.2 billion above the FY 2022 CR level)

The goal of the SAPTBG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, harm reduction, and recovery support services necessary to improve individual outcomes and reduce the impact of substance misuse on America's communities. SAPTBG grantees plan, implement and evaluate SUD prevention, treatment, and recovery support services based on the specific needs of their state systems and populations.

The SAPTBG program enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and supports encompassing prevention, treatment, and recovery support services for all individuals who need them. Funding will aid in having a positive effect on the health and quality of life of individuals with SUD as demonstrated by positive client outcomes in the treatment domains of the National Outcomes Measures (NOMs); improve state prevention and treatment systems' infrastructure and capacity resulting in an increase in services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of state data



management systems; aid states in leveraging requirements, resources, and federal guidance to sustain and improve state systems further emphasizing the importance of the SAPTBG in the development of the same; and contribute to the development and maintenance of successful state collaborations with other agencies and stakeholders concerned with preventing and treating SUD.

It is imperative that our addiction crisis response evolves from an acute short-term individual-focused treatment response to a broader community recovery response. Addiction is a chronic illness, and recovery often is a life-long process where external community and social determinants of health play a vital role in its sustainability. Therefore, starting in FY 2022, a new 10 percent set aside within the SAPTBG for non-clinical recovery support services requires that at least 10 percent of grantees' SAPTBG expenditures be used for RCOs, peer recovery support services, and other recovery support services. These services may include recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries; develop strategies and educational campaigns, training, and events to reduce addiction/recovery-related stigma and discrimination at the local level; provide addiction treatment and recovery resources and support system navigation; make accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborate and coordinate with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts. SAMHSA anticipates that this set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing overdose crisis that has accelerated during the COVID-19 pandemic.

State Opioid Response

FY 2023 Request: \$2.0 billion

(\$500.0 million above the FY 2022 CR level)

SAMHSA established the SOR grants program in FY 2018. This program aims to address the opioid crisis by increasing access to treatment that includes 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 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 SOR grants to include methamphetamine and other stimulants, giving states and tribes the 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. The funding increase in FY 2023 will allow the program to continue to include state efforts to address stimulants, including methamphetamine and cocaine. Stimulants are an increasing source of concern and are responsible for more deaths than opioids in many states, even as opioid overdose deaths continue to increase. The increase will also enhance states' ability to address stimulants and other issues related to the overdose epidemic that have been compounded due to COVID-19. A primary strategy to reduce overdose deaths in the SOR program, which will continue in FY 2023, is education on the purchase and distribution of naloxone, a proven medication that reverses opioid-related overdoses to save lives. In the FY 2022 funding announcement, the SOR program



will require a comprehensive needs assessment with accompanying strategies to include a focus on naloxone distribution and saturation, particularly in areas with high rates of overdose mortality.

Programs of Regional and National Significance – Treatment

FY 2023 Request: \$566.4 million

(\$69.7 million above the FY 2022 CR level)

In FY 2023, SAMHSA requests \$566.4 million for PRNS – Prevention, an increase of \$69.7 million above the FY 2022 CR level. This funding will support the programs and activities identified below.

Opioid Treatment Programs/Regulatory Activities

FY 2023 Request: \$13.1 million

(\$4.4 million above the FY 2022 CR level)

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid dependence. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with 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 clinical program 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, there are through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis. The funding increase in FY 2023 will allow SAMHSA to continue to award new and continuation Provider's Clinical Support System-Universities (PCSS-U) grants and Provider's Clinical Support System MAT Grant (PCSS-MAT) to address the nation's need for increased access to care and treatment for opioid and other SUDs.

Screening, Brief Intervention, and Referral to Treatment

FY 2023 Request: \$30.6 million

(\$0.6 million above the FY 2022 CR level)

Among individuals aged 12 or older in 2020, 162.5 million (58.7 percent) used tobacco, alcohol, or an illicit drug in the past month.⁸³ Among the 138.5 million current alcohol users age 12 or older, 61.6 million (44.4 percent) were binge drinkers. Among past month binge drinkers, 17.7 million people (28.8 percent of current binge drinkers and 12.8 percent of current alcohol users) were past month heavy drinkers. This imposes a great cost on society by compromising individual health and potentially causing injury to others. NIDA found that misusing illicit drugs, tobacco, and alcohol costs society \$740 billion yearly (September 15, 2020).⁸⁴ Of the individuals who need treatment for substance use disorder, only 10 percent received specialty treatment for their condition.³ The vast majority meeting criteria for having a drug/alcohol substance use disorder have not been diagnosed.

In 2003, SAMHSA started the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, which includes state implementation grants intended to help primary care physicians identify individuals who misuse substances and help them intervene early with education, brief treatment, or referral to specialty treatment if that is needed. The program's goals are to reduce the rate of substance misuse, intervene early to prevent progression to more severe illness, and increase the number of



individuals with a substance use disorder who receive treatment. Studies have long shown that this approach is effective in helping reduce harmful alcohol consumption.

The SBIRT program requires state grant recipients to implement the model in all primary care settings, as well as hospitals, trauma centers, federally qualified health centers, and other relevant health care settings. Recipients may use funds to screen for substance use, co-occurring mental illness, and drug/alcohol substance use disorder. In addition, they can support evidence-based client-centered interventions, such as Motivational Interviewing, brief treatment, and referral to specialty care for individuals exhibiting symptoms of substance use disorder. The population of focus is adults and adolescents seeking medical attention and intervention in primary care and other health care settings.

The SBIRT Student Training and Health Professionals Training grant programs support SBIRT training efforts for medical students, medical residents, nurses, social workers, psychologists, pharmacists, dentists, and physician assistants. These efforts aim to develop further the primary healthcare workforce in substance use disorder treatment and services.

Below represents the six National Outcome Measures (NOMS) for CSUS. The NOMS are based in GPRA survey instruments for all discretionary grant programs. These data help SAMHSA create a national picture of substance misuse to build evidence to support program outcomes associated with SAMHSA grants.

Targeted Capacity Expansion

FY 2023 Request: \$147.9 million

(\$45.7 million above the FY 2022 CR level)

The Targeted Capacity Expansion (TCE) program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for SUD treatment and recovery support services. Examples of such needs include limited or no access to MAT for opioid use disorders, a lack of resources needed to adopt and implement health information technologies (HIT) in SUD treatment settings, and a short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process. The funding increase in FY 2023 will allow SAMHSA to continue to fund TCE-Special Projects and MAT PDOA grants, making MAT services accessible to 40 percent more individuals suffering from OUD.

Treatment Systems for Homeless

FY 2023 Budget Request: \$37.1 million

(\$0.7 million above FY 2022 CR level)

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with SUDs or co-occurring mental and SUDs who are experiencing homelessness, including youth, veterans, and families. SAMHSA's Treatment Systems for Homeless programs are crucial to achieving reducing homelessness for nearly 5,000 people. In FY 2021, 4,003 clients were served through SAMHSA's Grants for the Benefit of Homeless Individuals (GBHI) program. The increase in FY 2023 will continue to fund new and continuing GBHI grants with grant supplements for direct technical assistance to about 22 of the 55 continuation grants.

Pregnant and Postpartum Women

FY 2023 Request: \$49.4 million

(\$16.5 million above the FY 2022 CR level)

The Pregnant and Postpartum Women (PPW) supports grants for residential treatment. The PPW 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. The PPW program provides services not covered under most public and private insurance. In FY 2020, SAMHSA funded new state PPW pilot grants and continuation state PPW pilot grants for program implementation, supplements for direct technical assistance, and continuation evaluation contracts to provide an array of services and supports to pregnant women and their children. During FY 2021, 392 clients were served in the PPW-PLT program. The funding increase in FY 2023 will allow SAMHSA to continue to fund state PPW pilot grants, pilot continuation grants, and residential treatment grants.

Building Communities of Recovery

FY 2023 Request: \$20.0 million

(\$10.0 million above the FY 2022 CR level)

The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol misuse. Programs are designed to be overseen by individuals in recovery from SUDs who reflect the community served. 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. The funding increase in FY 2023 will continue to support new and continuation grants to develop, expand, and enhance recovery support services.

Minority AIDS

FY 2023 Request: \$66.9 million

(\$1.3 million above the FY 2022 CR level)

The purpose of the Minority AIDS or Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) program is to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS and receive HIV services and treatment. Populations of focus for the TCE-HIV programs include African American, Hispanic/Latina, and other racial/ethnic minority women ages 18 years and older; black young men who have sex with men (YMSM) (ages 18-29); other high-risk populations such as Latino YMSM and men who have sex with men (MSM) (ages 30 years and older); and gay, bisexual, and transgender individuals who have a SUD or COD, are HIV positive or at risk for HIV/AIDS and hepatitis.

The FY 2023 President's Budget request is \$66.9 million, an increase of \$1.3 million from the FY 2022 CR level. As a result, SAMHSA plans to award 41 new grants and 87 TCE-HIV continuation grants.

Minority Fellowship Program

FY 2023 Request: \$7.1 million

(\$1.3 million above the FY 2022 CR level)

SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and



substance use disorders among racial and ethnic minority populations. This program is jointly administered by the Center for Substance Use Services (CSUS), the Center for Substance Use Prevention Services (CSUPS), and the Center for Mental Health Services (CMHS) at SAMHSA. CSUS also funded one additional grant to support the program that specializes in fellowships for addiction psychiatry, psychology, and addiction medicine. Combined, these programs will support fellowships for hundreds of students and support additional training through webinars on culturally appropriate services to thousands of students. The FY 2023 President's Budget request is \$7.1 million, an increase of \$1.3 million from the FY 2022 CR level. The purposed funding will support two continuation grants, award a new cohort of 10 grants and the technical assistance contract. The increase in funding will increase the number of trained behavioral health providers to 6,500.

Criminal Justice Activities

FY 2023 Request: \$124.4 million
(\$35.4 million above the FY 2022 CR level)

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with 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, and recovery support services such as recovery housing and peer recovery support services designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements. In addition, 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's ORP grants are encouraged to use part of their annual award to provide medication-assisted treatment with FDA-approved medications.

The funding increase in FY 2023 will continue to support new and continuing drug court grants, ORP grants, and one contract. From these, at least 20 awards will be made to tribes/tribal organizations.



Peer Support Technical Assistance Center

FY 2023 Request: \$1.5 million

(\$0.5 million above the FY 2022 CR level)

The program is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271) 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 training, technical assistance, support to RCOs, 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 RCOs and peer support networks. Since its implementation, the Peer Support Technical Assistance Center has implemented 24 events serving over 5,400 participants with over 90 percent satisfaction with the overall quality of the events. The increase in FY 2023 will continue to support the existing grantee in this program.

Treatment, Recovery, and Workforce Support

FY 2023 Request: \$9.0 million

(\$3.0 million above the FY 2022 CR level)

The program is authorized by section 7081 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to support the implementation of evidence-based programs for the 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. Therefore, 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. The funding increase in FY 2023 will continue to fund new and continuation grants.

Emergency Department Alternatives to Opioids

FY 2023 Request: \$9.0 million

(\$3.0 million above the FY 2022 CR 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, the program seeks to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions. The funding increase in FY 2023 will continue to fund new and continuing grants.

Other PRNS Treatment Programs

FY 2023 Request: \$50.4 million

(\$5.3 million above the FY 2022 CR level)

The budget request includes resources for several Treatment Capacity programs including: Recovery Community Services Program; Children and Families; Addiction Technology Transfer Centers; and Comprehensive Opioid Recovery 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.

Health Surveillance and Program Support

FY 2023 Request: \$110.1 million
(\$1.0 million below the FY 2022 CR level)

In FY 2023, SAMHSA requests \$311.9 million for Health Surveillance and Program Support, a decrease of \$1.0 million below the FY 2022 CR level. This funding will support the programs and activities identified below.

Health Surveillance and Program Support

FY 2023 Request: \$76.5 million
(\$10.0 million below the FY 2022 CR level)

The substance use portion of the Health Surveillance and Program Support (HSPS) appropriation 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 CDCs 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 use 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 National Survey on Drug Use and Health, Behavioral Health Services Information System, Substance Abuse and Mental Health Data Archive, and Evidence-Based Practices Resource Center 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. The increase in funding in FY 2023 will allow CBHSQ to increase the scope of the eligible substance use and mental health treatment facilities for the National Substance Use and Mental Health Services Survey (N-SUMHSS), including certified community behavioral health centers and licensed substance use and mental health group practices. Expanding the eligible universe of substance use and mental health providers will increase access across culturally diverse populations by making comprehensive information readily available to the public. The FY 2023 funding increase to Program Support will allow SAMHSA to hire additional FTE to balance the supervisory to employee ratio as well as the workload of SAMHSA's Grant's Management Specialists.

Public Awareness and Support

FY 2023 Request: \$6.6 million
(\$13,000 above the FY 2022 CR level)

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders, and substance abuse issues. This represents the total funding available for these activities first divided evenly between Mental Health and Substance Abuse. The 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 2023 Request: \$5.7 million

(\$1.1 million below the FY 2022 CR level)

Performance and Quality Information Systems provides funding to support SAMHSA's Performance Accountability and Reporting System (SPARS) related activities and support 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) to use the data to enhance grantee performance monitoring and improve the 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.

Behavioral Health Workforce Data and Development

FY 2023 Request: \$0.5 million

(No change from the FY 2022 CR 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 substance use disorders. 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.

Drug Abuse Warning Network

FY 2023 Request: \$20.0 million

(\$10.0 million above the FY 2022 CR 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 better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. This request represents the total funding available for these activities. DAWN is allocated fully to substance abuse. This funding will continue to support the contract to fund the expansion of additional hospitals for FY 2022 to inform stimulant abuse prevention and response strategies.

DAWN's expansion to additional hospitals will allow SAMHSA DAWN data-based estimates to be more generalizable and more representative across the country. It will also allow SAMHSA to produce a 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. In addition,



the budget request will increase publicly available information from DAWN, including data on emerging trends of major metropolitan regions and other geographic variables such as urban and rural.

Data Request and Publication User Fees

FY 2023 Request: \$0.8 million

(No change from the FY 2022 CR level)

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

EQUITY

The Office of Behavioral Health Equity (OBHE) coordinates SAMHSA's efforts to reduce mental and/or substance use disorders across a spectrum of under resourced populations by advancing equity. The SAMHSA Office of Behavioral Health Equity (OBHE) was established in accordance with Section 10334(b) of the Patient Protection and Affordable Care Act (ACA) of 2010. OBHE advances behavioral health equity by reducing disparities in racial, ethnic, LGBTQIA+, and other under-resourced communities across the country by improving access to quality services and supports that enables all to thrive, participate, and contribute to healthier communities. OBHE is organized around 5 key public-facing strategic domains on policy, data, quality practice and workforce development, communication, and technical assistance. OBHE also has one internal facing strategy area focused on infrastructure. For the next three years, OBHE's efforts are focused on the promotion of behavioral health equity for a targeted population: under resourced racial and ethnic minorities, LGBTQIA+, Mixed race, and poor rural white residents.

OBHE currently funds two separate contracts from The National Network to Eliminate Disparities in Behavioral Health (NNED) and NNEDLearn. OBHE Flagship Initiatives include the Disparity Impact Statement (DIS), Elevate Community Based Organizations (CBOs), The NNED, and CoE LGBT. Additionally, OBHE conducts a monthly SAMHSA-wide Equity Cross-Cutting workgroup that addresses topics like Diversity Equity and Inclusion (DEI), including SAMHSA's key Offices and Centers. OBHE also works closely with the Agency for Healthcare Research and Quality's (AHRQ) to co-produce racial/ethnic/LGBTQ small reports data snap shots. OBHE also serves on President Biden's Equity driven Executive Order (EO) workgroups (EO 13985, 13995, 14021, and others) and other trans-HHS workgroups such as NIH's SDoH as well as serve on NASEM Forum on Mental Health and Substance Use Disorders.

Disparity Impact Statement 2.0 Initiative

SAMHSA's Disparity Impact Statement 2.0 Initiative seeks to improve the current mechanism to ensure that the investments made by SAMHSA to its grantees reach all Americans in need of behavioral health services- no matter their race, ethnicity, social, economic status, or sexual orientation. This Initiative will involve analyzing how the current DIS is implemented across the agency, the capacity of SAMHSA to expand the DIS across a greater segment of its investments and programs, and the necessary changes needed to update the current DIS components and framework. This Initiative will also provide guidance to SAMHSA to facilitate the development of clear guidance for grantees on the purpose and expectations for targeting and addressing



behavioral health disparities in their communities, provide clear instruction on how to submit an appropriate DIS to SAMHSA, and determine the most effective method to report, monitor and evaluate DIS impact to ensure effectiveness.

Elevate CBOs Initiative

Elevate CBOs is an overarching policy-driven initiative at SAMHSA's Office of Behavioral Health Equity to build capacity, increase the visibility, and highlight the unique role of CBOs serving under-resourced communities in behavioral health. Community-based organizations (CBOs) play an important role when serving their respective communities. CBOs work at the local level to maintain community morale and cohesion, build connection between officials at various levels of government with community and provide critical services to the community.

The National Network to Eliminate Disparities in Behavioral Health (NNED)

NNED is a virtual network of community-based organizations across the U.S. focused on the mental health and substance use issues of diverse racial, ethnic, cultural, and sexual minority communities. Using a data informed approach, the NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity. It is currently funded by SAMHSA and managed by SAMHSA's Office of Behavioral Health Equity (OBHE). NNED opportunities include NNEDLearn, Partner Central, and NNEDshare. NNEDLearn is an annual intensive training for NNED members from community-based organizations to develop their skills in evidence-supported and culturally appropriate practices for mental illness and substance use. Partner Central is a private space for NNED members to search for community-based organizations in the network to build partnerships to achieve a shared goal. NNEDshare is a collaborative online space for NNED members and the public to share resources and intervention efforts to improve the delivery of behavioral health care interventions in diverse populations.

LGBTQ+ Behavioral Health Equity Center of Excellence

The Center of Excellence on LGBTQ+ Behavioral Health Equity (CoE LGBTQ+ BHE) will provide behavioral health practitioners with vital information on supporting the population of people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities, and expressions (LGBTQ+). Research shows that LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers. The CoE LGBTQ+ BHE's mission is to bring information and resources to the behavioral health field to enhance culturally responsive care and decrease disparities for this population.



DEPARTMENT OF HOMELAND SECURITY





DEPARTMENT OF HOMELAND SECURITY
Customs and Border Protection

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$494.051	\$494.051	\$517.537
Interdiction	2,546.257	2,526.025	2,581.850
Total Drug Resources by Function	\$3,040.308	\$3,020.076	\$3,313.477
Drug Resources by Decision Unit			
Operations and Support	\$2,924.347	\$2,924.347	\$3,194.059
<i>Border Security Operations</i>	673.164	673.164	760.655
<i>Trade and Travel Operations</i>	1,503.692	1,503.692	1,604.910
<i>Integrated Operations</i>	690.471	690.471	774.383
<i>Mission Support</i>	57.020	57.020	54.111
Procurement, Construction, and Improvements	115.961	95.729	119.418
<i>Border Security Operations</i>	20.700	0.468	12.075
<i>Integrated Operations</i>	95.261	95.261	107.343
Total Drug Resources by Decision Unit	\$3,040.308	\$3,020.076	\$3,313.477
Drug Resources Personnel Summary			
Total FTEs (direct only)	10,725	11,052	11,599
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$16.4	\$16.0	\$17.4
Drug Resources Percentage	18.6%	18.9%	19.0%

Program Summary

MISSION

Titles 8 U.S.C. and 19 U.S.C. authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. Through this statutory authority, 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), U.S. Border Patrol (USBP), Office of Training and Development (OTD), Office of Information and Technology (OIT), and Air and Marine Operations (AMO)] were provided with guidance on preparing estimates for the reporting of drug control funds. Based on their operational expertise, these offices are asked to estimate 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 US Point of Entries (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 2022 there will be 3,316 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.

United States Border Patrol

USBP is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2000 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. The FY 2023 Budget supports 300 additional hires to the 19,555 Border Patrol agents (funded by Operations and Support (O&S) – Border Security operations – US Border Patrol) assigned to the mission of detecting and apprehending illegal entrants between POEs. These illegal entrants include aliens and drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated POEs due to their undocumented status, thus preventing their illegal entry. It has been determined that 15 percent of the total agent time nationwide is related to drug activities, which equates to 2,978 Border Patrol Agent full-time equivalent (FTE). Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence, and 96.5 percent to drug interdiction. These activities include staffing a total of 35 permanent border traffic checkpoints nationwide, 35 permanent checkpoints 35 on the Southern border, 1 permanent checkpoint on the Northern border, and 189 tactical immigration checkpoints, including 863 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 smuggling drugs and people into the United States.

In addition to staffing and canine units, the U.S. Border Patrol manages several programs focused on acquiring and deploying 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, the Integrated Fixed Towers program, and the Tactical Communications Modernization program. Additionally, the Tactical Infrastructure program is responsible for the deployment and maintenance of infrastructure, including roads, fencing, lighting, gates, etc. 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 Operations and Support (O&S) funding – supports drug interdiction activities.

CBP is the lead agency within DHS for the development, deployment, operations, and maintenance of border technology, tactical infrastructure, and border 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 2022, CBP requested \$54M of Procurement, Construction, and Improvement (PC&I) funding for the Border Security Technology.

Office of Training Development

OTD calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed, and subject matter experts determine course hours delivered related to drug enforcement activities under interdiction and intelligence efforts for this tasking. If specific courses offered through the National Training Plan contain drug enforcement-related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours).

Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers, agents, and intelligence analysts. Office of Training Development's day-to-day operational resources (to include pay and general operating budgets) are attributed to drug enforcement activities at the same rate as the percentage of NTP course delivery costs attributable to drug enforcement activities for both interdiction and intelligence efforts, which are initially projected at 14.75% for interdiction and 0.53% for intelligence during FY 2023. 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 and TECS software applications, as well as 10 percent of data center operations costs are in support of the drug mission.

Air and Marine Operations

AMO is a critical component of CBP's border security mission and the DHS risk-based and multi-layered approach to homeland security. AMO applies advanced capabilities and employs unique skill sets to protect the Nation's borders and preserve America's security interests. Using flight hours spent performing drug-related activities, AMO has determined that 82 percent of the budget resources that support AMO are considered drug-related. Of the total flight hours flown by AMO,



19 percent were related to intelligence and 81 percent were related to interdiction in FY 2021. 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 Governmental Accountability Office (GAO) and OIG reviews, which provides reliable source data for the drug methodology described above.

Budget Summary

In FY 2023, CBP requests \$3,313.5 million, a net increase of \$293.4 million above the FY 2022 CR level.

Operations and Support

FY 2023 Request: \$3,194.1 million

(\$269.7 million above the FY 2022 CR 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, smugglers and the seizure of contraband.

Border Security Operations

FY 2023 Request: \$760.7 million

(\$87.5 million above the FY 2022 CR level)

The President's Budget provides funding for border security between the POEs. The USBP has primary responsibility for drug interdiction between the land POEs. In pursuit of drugs, USBP 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 USBP including line watch, traffic check operations, and train and bus checks. USBPs 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.

USBP also participates in numerous interagency drug task force operations with other federal, State, and local LEAs through Operation Alliance along the southern border. USBP is an active participant in the Southwest Border HIDTA in Texas, New Mexico, Arizona, and California. To further assist USBP in this endeavor, all 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 2023 Request: \$1,604.9 million

(\$101.218 million above the FY 2022 CR level)

The FY 2023 Request is \$101.218 million above the FY 2022 ACR 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 for 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 at home and abroad, to address 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 on the creation of targeting rules to identify high-risk targets and to increase cooperation with foreign and domestic law-enforcement partners. NTC continuously develops and updates targeting protocols to identify precursor chemicals and narcotics to address the increasing heroin, fentanyl, and opioid threat. NTC will continue to collaborate and strengthen ties with our investigative partners from the 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 an 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 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. For example, 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 2023 Request: \$774.4 million

(\$83.9 million above the FY 2022 CR level)

AMO is the lead operational component within CBP responsible for air and maritime border security. AMO's mission areas include air, maritime, and land law enforcement; domain awareness; extended border and foreign operations; and contingency and national security operations. 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 2021, AMO P-3 aircraft flew 6,022 hours in drug control efforts, which represents 82 percent of all AMO P-3 hours. These hours were in support of JIATF-S in the Source and Transit zones.

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, TOC, 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, open-source 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 various sources, including CBP and USCG aircraft.

Mission Support

FY 2023 Request: \$54.1 million

(\$2.9 million below the FY 2022 CR level)

The FY 2023 Request of \$54.111 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 2023 Request: \$119.4 million

(\$23.7 million above the FY 2022 CR level)

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



Border Security Operations

FY 2032 President's Budget: \$12.1 million
(\$12.6 million above the FY 2022 CR level)

The request includes \$12.075 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.

Integrated Operations

FY 2023 Request: \$107.3 million
(\$12.1 million above the FY 2022 CR 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 Maritime Patrol Aircraft; high-performance helicopters; and single/multi-engine support aircraft. CBP AMO's range of maritime assets includes interceptor, safe-boat, and utility-type vessels.

EQUITY

CBP supports the President's initiative to promote diversity and inclusion in the Federal workforce and expand its scope to include equity and accessibility (Executive Order on Diversity, Equity, Inclusion, and Accessibility in the Federal Workplace). One way in which OTD supports this is by continuing to incorporate multiple modules supporting this initiative into training programs. OIT has established the Service Contract Review Board (SCRB) to periodically review service contracts to validate continued need and alignment to meeting mission needs, as well as validate current and future acquisition strategies to ensure equity across CBP's portfolio of administrative, professional, and technical service providers.

CBP's Privacy and Diversity Office (PDO) is currently updating CBP's Diversity, Equity, Inclusion, and Accessibility (DEIA) Strategic Plan per Executive Order (EO) 14035 and in alignment with the Government-wide DEIA Strategic Plan that was issued in November 2021. It is a whole-of-component endeavor that will reinvigorate and advance DEIA policies and practices across all aspects of employment. PDO requested funds to complete a thorough and professional barrier analysis during FY23 to identify and address barriers to equal employment opportunities.

FY21 Focus on Diversity

- **Increased Diversity Focused Events:** CBP participated in 207 virtual and in-person Diversity focused recruitment/hiring events which comprised 20% of overall events, resulting in 1,122 unique leads.
- **Expanded Diversity Recruitment Program:** CBP hosted 6 Diversity and Inclusion webinars focused on women, minorities and veterans, which generated 8,276 unique leads.
- **New Digital Media Capabilities:** CBP hosted an all-female panel of recruiters to an audience of over 500k unique Twitter accounts and provided additional content for LinkedIn. CBP advertised new diversity-focused publications to promote CBP opportunities to underrepresented populations.
- **Recognized as Top Employer:** CBP was recognized by Monster as the top Federal agency for the seventh consecutive year on their list of 2021 Best Employers for Veterans.



FY 2022 Focus on Diversity

- **Expand CBP’s Digital Media Presence:** Beginning January 2022, CBP positions will be posted on the Historically Black Colleges and Universities Network, Diversity Job Board, and Professional Diversity Network. Targeted banner ads and email blasts will be sent to members of these under-represented populations, and posted on social media platforms such as LinkedIn, Pinterest, and Reddit, promoting CBP as an employer who values diversity, equity, and inclusion.
- **Develop and Strengthen Partnerships:** CBP will develop partnerships with 15 new organizations such as Historically Black Colleges and Universities, Minority Serving Institutions, and Women’s Colleges and Universities.
- **Support DHS’s 30X23 Hiring Initiative, Increasing CBP’s Diversity Recruitment Hires:** The goal of this initiative is to increase the representation of women in law enforcement hires to 30% by 2023 across all DHS components. CBP’s action plan includes the expansion of targeted sourcing efforts such as women-focused webinars, social media posts, advertisements, and in-person events.



DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final ¹	FY 2022 CR	FY 2023 Request ²
Drug Resources by Function			
State and Local Assistance	\$13.500	\$13.162	\$13.162
Total Drug Resources by Function	\$13.500	\$13.162	\$13.162
Drug Resources by Decision Unit			
Operations & Support	\$13.500	\$13.162	\$13.162
Total Drug Resources by Decision Unit	\$13.500	\$13.162	\$13.162

Drug Resources Personnel Summary			
Total FTEs (direct only)	---	---	---
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ³	\$4.6	\$5.0	\$5.2
Drug Resources Percentage ⁴	<0.1%	<0.1%	<0.1%

¹ This dollar value is based on an estimate from CBP that 15 percent of OPSG funds will benefit drug enforcement. The total amount appropriated for OPSG is \$90M.

² Amount is notational and subject to change upon enacted legislation.

³ Amount does not include funds for major disasters under the Disaster Relief Fund.

⁴ The Drug Resources Percentage is based on the CBP estimate of 15% of OPSG will benefit drug enforcement, not actual data.

Program Summary

MISSION

FEMA's 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 that 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 2023, FEMA requests \$13.2 million for drug control activities, no change from the FY 2022 CR level.

Operation Stonegarden

FY 2023 Request: \$13.2 million

(No change from the FY 2022 CR level)

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

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

EQUITY

FEMA works to ensure equity in hiring and employee development.



DEPARTMENT OF HOMELAND SECURITY
Federal Law Enforcement Training Centers

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$55.720	\$55.720	\$53.700
State & Local Assistance	1.740	1.740	1.680
International	0.580	0.580	0.560
Total Drug Resources by Function	\$58.050	\$58.050	\$55.940
Drug Resources by Decision Unit			
Operations & Support	\$58.050	\$58.050	\$55.940
Total Drug Resources by Decision Unit	\$58.050	\$58.050	\$55.940

Drug Resources Personnel Summary			
Total FTEs (direct only)	219	219	190
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.3	\$0.3	\$0.4
Drug Resources Percentage	17.1%	17.1%	14.1%

Program Summary

MISSION

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 approximately 118 Federal Participating Organizations, as well as training and technical assistance to State, local, Tribal, territorial, and international law enforcement entities. FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills related to investigation. FLETC supports the *Strategy* by providing drug investigations training for law enforcement agents and officers.

METHODOLOGY

The portion of FLETC's total budget considered to be drug resources is identified by historical trends of drug-related training relative to total student-weeks of training and the associated budget authority required to conduct that training. Advanced training programs with a drug nexus are considered to provide 100% support to drug enforcement activities. State and local training programs with a drug nexus are also considered to provide 100 percent support. International training with a drug nexus 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 has been updated from 20.4 percent to 17.6% in FY23. As a result, the percentage of FLETC's total budget authority in support of drug enforcement activities fluctuates.

Budget Summary

In FY 2023, FLETC requests \$55.9 million for drug control activities, a decrease of \$2.1 million from the FY 2022 CR level.

Operations and Support

**FY 2023 Budget Request: \$55.9 million
(\$2.1 million below the FY 2022 CR level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on recognizing and identifying 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 2023 request reflects a reduction in the total drug resources due to an updated percentage of 17.6% of drug nexus training.

EQUITY

Equity is an element identified in the DHS Diversity, Equity, Inclusion, and Accessibility (DEIA) Strategic Plan. FLETC plans to improve equity and reduce barriers by collecting data pertaining to relevant areas (e.g., pay/hiring/promotion) to support the need for equity in those areas. Additionally, FLETC plans to conduct an employee survey to collect qualitative and quantitative data to benchmark the DEIA initiatives current status. FLETC's DEIA strategy is led by the FLETC Strategic Recruitment, Diversity, and Inclusion Council, which is working to identify diversity challenges to propose actions for implementation to mitigate unconscious bias in hiring, promoting, and workforce engagement.



DEPARTMENT OF HOMELAND SECURITY
Immigration and Customs Enforcement

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$28.155	\$28.155	\$29.557
Investigations	587.141	87.141	642.895
International	11.898	11.898	12.601
Total Drug Resources by Function	\$627.194	\$627.194	\$685.053
Drug Resources by Decision Unit			
Operations & Support	\$627.194	627.194	\$685.053
<i>Intelligence</i>	28.155	28.155	29.557
<i>Investigations: Domestic</i>	587.141	587.141	642.895
<i>Investigations: International</i>	11.898	11.898	12.601
Total Drug Resources by Decision Unit	\$627.194	\$627.194	\$685.053
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,639	2,639	2,680
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.3	\$8.3	\$8.4
Drug Resources Percentage	7.5%	7.5%	8.1%

Program Summary

MISSION

ICE-HSI, a multi-mission law enforcement agency (LEA), utilizes comprehensive border enforcement strategies to identify, disrupt and dismantle significant TCOs through the management of key border enforcement, narcotics, and contraband smuggling programs. ICE-HSI achieves these objectives by leveraging Title 19 and Title 21 authorities, maintaining cadre of Title 21, cross-designated Special Agents⁴⁹ and a Task Force Officer program consisting of more than 3,400 federal, State and local law enforcement partners from more than 500 agencies.

The HSI directorate is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within, and out of the United States. ICE-HSI supports the President’s *Strategy* and ONDCP initiatives by supporting the overall ICE-HSI mandate to detect, disrupt, and dismantle smuggling organizations. The

⁴⁹ Interagency Cooperation Agreement Between DEA and ICE Regarding Investigative Functions Related to the Controlled Substances Act, 2009. This agreement provides that DEA will authorize cross-designated ICE agents to investigate violations of Title 21, United States Code. The authority of the Attorney General to cross-designate Federal Law Enforcement Officer to enforce Title 21 has been delegated to the DEA Administrator by Reorganization Plan No. 2 of 1973, Executive Order 11727, dated July 6, 1973, and 28 C.F.R. 0.100 and 0.101.



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-HSI Investigative Case Management System (ICM). ICE-HSI agents record the hours they work, categorized by the type of investigation in ICM. Following the close of the fiscal year (FY), a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, showing all investigative case hours logged. Counternarcotics activity percentages are determined separately for each ICE-HSI program responsible for counternarcotics enforcement. The percentages for Domestic Investigations, International Investigations, and Intelligence programs are determined by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours logged by each program. In FY 2021, 31.67 percent of case hours were drug-related for ICE-HSI Domestic Investigations, 9.54 percent for ICE-HSI International Investigations, and 28.68 percent for Intelligence. The ICE-HSI drug budget is projected by applying these ratios to the annual appropriations request for each ICE-HSI program executing counternarcotics activities.

ICE-HSI utilizes the Significant Case Report (SCR) process to report on its impact on the mission. SCRs encompass the diverse categories investigated by ICE-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; labor exploitation; and cybercrime. SCRs demonstrate how ICE-HSI investigations have disrupted and dismantled significant investigations of TCOs.

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 Consolidated Priority Organization Targets (CPOTs); or investigations of Regional Priority Organization Targets (RPOTs).

Budget Summary

In FY 2023, ICE requests \$685.1 million for drug control activities, an increase of \$57.9 million above the FY 2022 CR level.

Operations and Support

FY 2023 Request: \$685.1 million
(\$57.9 million above the FY 2022 CR level)

The Operations and Support account contributes to the ICE-HSI 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 *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 2023 Request: \$29.6 million

(\$1.4 million above the FY 2022 CR level)

ICE-HSI Intelligence provides criminal analysis to support and drive criminal investigations and criminal investigative priorities pursuant to the HSI Framework for Criminal Analysis. Consequently, the most efficient enabler of HSI investigations targeting complex TOC networks is intelligence support provided by HSI Criminal Analysts. An investigation supported by an HSI Criminal Analyst is twice as likely to achieve an arrest. In FY 2021, HSI's criminal analysis directly facilitated over 14,700 arrests and provided support to the HSI seizure of approximately \$135M in currency and assets.

ICE-HSI Intelligence produces and shares its criminal analysis with law enforcement partners to support efforts to disrupt the flow of illicit drugs. ICE-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 partners to coordinate and de-conflict intelligence and investigative actions.

Domestic Investigations

FY 2023 Request: \$642.9 million

(\$55.8 million above the FY 2022 CR level)

Border-related crime and the violence often associated with it pose a significant risk to the public safety and national security of the United States. Therefore, ICE-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 response to TCO activities, ICE-HSI has assigned more than 1,600 Special Agents and 200 Intelligence Research Specialists to Southwest Border Offices.

In FY 2023, ICE-HSI will continue to foster and strengthen enforcement efforts within the BEST. ICE-HSI has expanded the BEST program to 82 locations throughout the United States consisting of over 119 investigative groups. BEST now leverages more than 2,000 federal, State, local, Tribal and foreign law enforcement agents and officers representing over 200 law enforcement agencies and National Guard units. The requested resources will support investigative efforts, coordination with federal, State, local, and foreign LEAs, and participation in task forces, such as OCDETF and its OCDETF Fusion Center (OFC), HIDTAs, OCDETF Strike Force, the International Organized Crime Intelligence and Operations Center (IOC2), DEA's Special Operations Division (SOD), NTC, 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 and intelligence centers consisting of representatives from multiple foreign and domestic Federal law enforcement agencies that include DEA, Federal Bureau of Investigation (FBI), and the Internal Revenue Service (IRS). During field investigations, these centers allow ICE-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. Additionally, ICE-HSI will continue participation at the NTC in collaboration with U.S. Customs and Border Protection (CBP), to enhance our shared border security mission. HSI's collaborative presence at the NTC supports the entire border security continuum from CBP interdictions to ICE-HSI investigations, cumulating in the joint exploitation of intelligence. These centers also allow ICE-HSI to deconflict and coordinate 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 ports of entry by blending into the legitimate mass cross-border traffic, TCOs also seek to exploit the international mail facilities (IMFs) and express consignment facilities (ECCs) that handle and sort through large volumes of mail and parcels entering and crossing the United States to conceal their illicit activities. Law enforcement faces 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-HSI, 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), CBP, United States Postal Service (USPS), DEA, Alcohol, Tobacco, Firearms and Explosives (ATF), FBI, USCG, Investigative Services, and the U.S. Attorney's Office (USAO), along with other key federal, state, local, and foreign LEAs. 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 United States to Mexico.

ICE-HSI will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center, which targets bulk cash smuggling both domestically and internationally. Bulk cash smuggling is a preferred method of operation for TCOs to smuggle funds into or out of the United States. The Bulk Cash Smuggling Center is focused on disrupting facilitation pipelines used to move currency 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. ICE-HSI has refined its ability to target money laundering and financial violations through the National Bulk Cash Smuggling Center which generates long-term, multi-jurisdictional bulk cash investigations.

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



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-HSI to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. A total of eighteen operational ICE-HSI TTUs are in existence globally, with the TTU in Bogota, Colombia, as an example, having been established in 2004. The Colombia TTU comprises Colombian law enforcement professionals assigned under the Finance Ministry within the National Tax and Customs Administration was developed to support Colombian efforts to address trade-based money laundering. Like all TTUs, representatives from the TTU in Colombia use trade and financial data to develop criminal targets involved in trade-based money laundering.

By developing relationships with foreign counterparts through TTUs, ICE-HSI built 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, Bolivia, and France.

ICE-HSI, in partnership with CBP, employs the National Initiative for Illicit Trade (NIITE) maritime targeting model by leveraging global maritime shipping industry data in conjunction with other intelligence holdings to support domestic and foreign offices' efforts to illuminate TCO's that operate in foreign countries. ICE-HSI is focused on industries and nations that produce known precursors that are diverted to illegally produce fentanyl, methamphetamine, and other narcotics supplied to the United States. These targeting leads have produced actionable seizures of narcotics and precursor chemicals, leading to further intelligence gathering and case support for ongoing domestic and foreign investigations. In addition, ICE-HSI's efforts have led to the indictments and arrests of several high-level TCO members in bilateral investigations.

ICE-HSI has developed a methodology, "Operation Hydra," which is an intelligence based counternarcotics operation designed to target the illicit shipment of fentanyl and precursors from foreign locations that are destined for the United States. "Operation Hydra" works by enabling ICE-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.

ICE-HSI develops close ties with other federal agencies to coordinate on complex, priority investigations through the Special Operations Unit (SOU). The ICE-HSI SOU is situated in a multi-agency coordination center at the DEA SOD which consists of representatives from 35 different federal, state, intelligence, and foreign agencies. SOU utilizes both classified and unclassified law enforcement resources to assist ICE-HSI field offices in dismantling TCOs by identifying and exploiting the command-and-control networks used by the criminal enterprise and collaborating with other agencies. SOU also serves as a real-time de-confliction and coordination center for criminal communication devices to ensure officer safety, prevent potential "blue-on-blue" situations, and support criminal network dismantlement.



International

FY 2023 Request: \$12.6 million

(\$0.7 million above the FY 2023 CR level)

With 86 offices in 56 countries around the world, including ten DOD liaison offices, ICE-HSI is the largest investigative component of the Department of Homeland Security. ICE-HSI 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-HSI coordinates with DEA on its overseas narcotics investigations. In Colombia, Ecuador and Peru, ICE-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-HSI supports the *Strategy* by attacking the vulnerabilities of DTOs and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the United States is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation's borders. ICE-HSI agents enforce a wide range of criminal statutes, including Title 18 and Title 19 of the United States Code to investigate transnational crimes. These statutes address general smuggling issues as well as customs violations. ICE-HSI 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 Department of State (DOS) consular officers. This critical mission is accomplished through ICE-HSI's Visa Security Program (VSP). VSP operations are presently functioning at 41 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 ICE-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 the ICE-HSI Special Agents are then shared for utilization by both ICE-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. ICE-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 these TCIUs, as well as two International Taskforce units, across 14 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 ICE-HSI who then screen the data against United States Government databases. ICE-HSI currently conducts dedicated BITMAP operations in 17 countries.

ICE-HSI BEST and ICE-HSI International Operations have initiated training of foreign national law enforcement officers assigned to domestic BEST units, to include Mexican law enforcement. This initiative engages foreign national law enforcement officers in temporary assignment as subject matter experts to domestic BEST units. This training enhances foreign national law enforcement capacity by coordinating foreign national law enforcement officers' training in support of international cross-border efforts 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, ICE-HSI and our law enforcement partners in Spain investigated and dismantled a clandestine laboratory used to process methamphetamine within the Iberian Peninsula. ICE-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. ICE-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 United States 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. ICE-HSI also continues to work closely with our Chinese counterparts to identify illicit manufacturers based on seizures made at United States and foreign ports of entries and mail facilities.

Discussion

ICE-HSI coordinated with ONDCP and established new performance metrics in FY 2021 to better indicate the success of counternarcotics enforcement across all investigative areas. In FY 2021, ICE-HSI officially retired its current "Percent of" performance measure to implement its new "Number of" measure. These measures are consistent with the ICE-HSI vision and mission and are meaningful measures that relate to the work of ICE-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 ICE-HSI investigations directly related to the disruption and/or dismantlement of CPOTs and RPOTs in accordance with targets designated by the OCDEF.

ICE-HSI's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. ICE-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 2021, ICE-HSI seized \$185.7 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 April 2019, the People's Republic of China announced its intent to control all fentanyl-related substances, adopting the legal definition in DEA's rule with some minor additions and adding it to the Supplementary List of Non-Medical Narcotic Drugs and Psychotropic Drugs. As a result, ICE-HSI has observed a dramatic decrease throughout FY 2020 and FY 2021 in fentanyl seizures shipped directly from overseas at the Express Consignment Centers and International Mail Facilities; while conversely, there has been a steady increase in seizures of fentanyl smuggled along the Southwest land border.

Though fentanyl seizures made at land border ports of entry 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 have identified that the majority of illicit fentanyl seized in the international mail and ECC environments is shipped in concentrations of over 90 percent, whereas the majority of fentanyl in the land border port of entry environment is seized in concentrations of less than 10 percent. Purchasers can also access open source and Dark Web marketplaces directly for fentanyl and other illicit opioids, where they can be easily purchased.

ICE-HSI's strategy concerning the fentanyl/opioid threat encompasses several campaigns which restrict the flow of fentanyl and precursors into the country. Precursors are often purchased from traditional chemical producing nations through proxy companies and via enterprises which then have shipments diverted from their legitimate supply chains. ICE-HSI NTC Investigations (NTC-I) provides assistance to HSI Domestic and International offices by targeting illicit precursor movements within commercial modalities of transportation to include air and maritime cargo modalities. NTC-I employs multiple data streams and the subject matter expertise of CBP officers to illuminate anomalous shipments indicative of possible illicit chemical precursor movements. In some instances, NTC-I has been able to assist with the detection and seizure of containerized shipments of precursor chemicals being sent directly from China to Mexico by facilitating the inspection and copying of document shipments between the Shipper and



Consignee as they transit the United States ICE-HSI's unique and far-reaching authorities to enforce and regulate the movement of carriers, persons, and commodities between the United States and other nations enables ICE-HSI to play a key role, in conjunction with state and local law enforcement partners, across the country to address large-scale fentanyl trafficking organizations.

ICE-HSI BEST has been the largest platform used to carry out ICE-HSI's comprehensive, multi-layered strategy to address TCOs involved in the smuggling of poly shipments of drugs. This strategy facilitates the immediate application of investigative techniques on seized parcels, which aids in establishing probable cause needed to effect enforcement actions on individuals associated with fentanyl laden parcels. Consequentially, these seizures and arrests disrupt the movement of illicit opioids and opioid precursors transiting through the mail and express consignment shipments, and aid in the dismantling of distribution networks.

Recognizing that transactions conducted on the Dark Web often involve the utilization of cryptocurrency, in FY 2017, to address the fentanyl crisis and related financial crimes, the ICE-HSI Financial Crimes Unit and the Computer Crimes Unit instituted the CyberFinancial Program (CFP). The CFP is a concerted effort in cryptocurrency and Dark Web training and outreach for our internal investigators and analysts as well as federal, State, local, and international law enforcement partners to strengthen the global awareness and knowledge needed to address the emerging threat. In FY 2021, CFP conducted 15 virtual Introduction to Virtual Currency Investigations courses to 720 participants from across the globe, consisting of 665 Law Enforcement Officers and analysts, and 45 government officials. In addition, CFP in conjunction with Cyber Crimes Center (C3), participated in three Intermediate Virtual Currency and Darknet Investigations courses to an audience of 84 HSI agents, analysts, and TFOs. The CFP contributed to the initiation of 429 ICE-HSI led investigations, 219 arrests, 105 convictions, 194 indictments and recovery of \$84.9 million in cryptocurrency.

EQUITY

ICE-HSI has utilized a variety of hiring mechanisms for Criminal Investigators (Special Agents) that fosters equity and inclusion. HSI has advertised and filled both entry-level and senior-level agent positions from across the spectrum of veterans, federal agencies, State and local law enforcement, general public non-federal hires and task force officers allowing for access across many classes of applicants. In FY 2021, HSI filled several positions through direct hire candidates from a variety of applicant pools, targeting positions specifically related to opioid and fentanyl investigations in challenging and rural locations and has created internal opportunities for ICE-HSI agents to fill its OCDETF Program Manager positions. In FY 2022, ICE-HSI is filling positions from a prior year announcement specifically utilizing authority to hire those identifying as female. This effort will ultimately increase the cadre of female agents who will perform the HSI law enforcement mission and ultimately drug control investigations. HSI has also focused on providing small business and minority owned contractors the opportunity to bid on various contracts when applicable.



DEPARTMENT OF HOMELAND SECURITY
Science and Technology Directorate

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Research and Development	\$6.000	\$6.000	\$4.000
Total Drug Resources by Function	\$6.000	\$6.000	\$4.000
Drug Resources by Decision Unit			
Research and Development: Interdiction	\$6.000	\$6.000	\$4.000
Total Drug Resources by Decision Unit	\$6.000	\$6.000	\$4.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.8	\$0.8	\$0.9
Drug Resources Percentage	0.8%	0.8%	0.4%

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 projects directly support drug interdiction, it was determined that the entirety of project resources was used to for calculating S&T’s drug control efforts.

Budget Summary

In FY 2023, S&T requests \$4.0 million for drug control activities, a decrease of \$2.0 million below the FY 2022 CR level.



Research and Development: Opioid/Fentanyl Detection

FY 2023 Request: \$4.0 million

(\$2.0 million below the FY 2022 CR level)

The FY 2023 S&T request is \$4.0 million for drug control activities, a decrease of \$2.0 million from FY 2022 CR. The final report of the President's Commission on Combating Drug Addiction and the Opioid Crisis recognized challenges that limit DHS's ability to detect and interdict synthetic opioids, like fentanyl, that cross the United States' land, sea, and air borders, including international mail. The top challenges that DHS face include the physical detection and interdiction of opioids due to the ability of synthetic opioids to be smuggled in very small or dilute quantities and low number of available automated detection systems, as well as the discovery and disruption of TCOs/DTOs, criminal networks, and individuals who 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. Under the existing program, hardware and associated analytics for those technologies were developed through FY 2021 with a year-end 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. S&T will develop analytics to exploit available data (e.g., advanced electronic data, 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 began in FY 2021 and are anticipated to continue through FY 2024. This program 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 program 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 the United States' borders without disrupting the flow of legitimate commerce.

EQUITY

S&T conducts research and development on technologies that can improve DHS Component's capabilities and works to ensure equity in hiring and employee development.



DEPARTMENT OF HOMELAND SECURITY
United States Coast Guard

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Interdiction	\$2,074.570	\$2,074.570	\$2,084.247
Research and Development	1.490	1.490	1.063
Total Drug Resources by Function	\$2,076.060	\$2,076.060	\$2,085.310
Drug Resources by Decision Unit			
Operations & Support	\$1,355.480	\$1,355.480	\$1,560.369
Procurement, Construction, & Improvements	719.090	719.090	523.878
Research and Development	1.490	1.490	1.063
Total Drug Resources by Decision Unit	\$2,076.060	\$2,076.060	\$2,085.310
Drug Resources Personnel Summary			
Total FTEs (direct only)	7,680	7,680	7,920
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$13.1	\$13.1	\$13.8
Drug Resources Percentage	15.9%	15.9%	15.1%

Program Summary

MISSION

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. The USCG drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. Interdicting illicit drug-related trafficking as close to the source as possible helps dismantle TOC networks that directly threaten the national security of the United States, exploit its citizens, and destabilize Western Hemisphere neighbors. USCG addresses this objective 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.

USCG has a comprehensive approach to maritime counterdrug law enforcement in the source, transit, and arrival zones. The key objectives of 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

USCG does not have a specific appropriation for drug interdiction activities. All USCG operations, capital improvements and acquisitions, 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 [LRS] aircraft).

Established baselines of operational activity are used to further allocate those costs to the various missions.

Operations & Support (O&S)

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 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 (PC&I)

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 (R&D)

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

Budget Summary

In FY 2023, the USCG requests \$2,085.3 million for drug control activities, an increase of \$9.3 million from the FY 2022 CR level.

Operations and Support

FY 2023 Request: \$1,560.4 million
(\$204.9 million above the FY 2022 CR level)

In the FY 2023 budget, O&S will fund sustainment of operations and readiness investments from the FY 2022 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 2023 Request: \$523.9 million
(\$195.2 million below the FY 2022 CR level)

The FY 2023 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 2023 investments will provide the USCG with assets that will be in service for decades. These assets will enhance the USCG's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve our economic resources and vitality, and protect the environment.

The FY 2023 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 2023 budget:

- Supports small-unmanned aerial systems (sUAS), which provide NSCs a key detection and monitoring capability in support of counter-drug operations.
- Supports funding for the 270-foot Medium Endurance Cutter Service Life Extension, enabling legacy assets to continue to conduct drug interdiction operations.
- Continues to support the Offshore Patrol Cutter (OPC) acquisition as part of the recapitalization of the USCG 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 Fast Response Cutter (FRC), and will replace the USCG's rapidly aging MEC fleet.



- Supports program management and acquisition of Over The Horizon and Long-Range Interceptor 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 detection and monitoring support in the Western Hemisphere Drug Transit Zone.

Research and Development

FY 202 Request: \$1.1 million

(\$0.4 million below the FY 2022 CR level)

R&D funding allows the USCG to sustain critical missions for the Department of Homeland Security. The requested R&D funding supports all 11 statutorily mandated USCG mission programs. These mission programs, in turn, directly support the USCG's role as the principal federal agency for ensuring maritime safety, security, and stewardship.

FY 2023 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 2023 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.

EQUITY

The USCG continues to provide consistent and systematic fair, just, and impartial treatment of all individuals, recognizing and appreciating the talents and skills of employees from all backgrounds and communities. The USCG's FY 2023 budget includes the funding necessary to recruit and retain a diverse and inclusive workforce reflective of the Nation it serves.



**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 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Treatment	\$627.769	\$627.769	\$756.217
Total Drug Resources by Function	\$627.769	\$627.769	\$756.217
Drug Resources by Decision Unit			
Continuum of Care: Homeless Assistance Grants	\$602.769	\$602.769	\$731.217
Section 8071 Pilot Recovery Housing Program	25.000	25.000	25.000
Total Drug Resources by Decision Unit	\$627.769	\$627.769	\$756.217

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$59.6	\$59.6	\$71.9
Drug Resources Percentage	1.1%	1.1%	1.1%

Program Summary

MISSION

The President’s *Strategy* calls for federal support for reducing barriers to recovery from SUDs. Lack of housing creates a sense of hopelessness for those using substances and presents a barrier to maintaining recovery. 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 *Strategy* identifies supportive environments and drug-free homes as necessary elements for recovery. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes.

METHODOLOGY

The Office of Special Needs Assistance Programs in HUD does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in our communities, including individuals with chronic mental health or substance use issues, persons living with HIV/AIDS, and formerly incarcerated individuals. 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 2020) shows that 22.3 percent of clients served will receive substance use treatment.



The Recovery Housing Program allocates, via formula, funds to grantees whose age-adjusted rate of overdose deaths based on data from CDC was above the national average. Section 8071 (Pilot Program to Help Individuals in Recovery from a substance use disorder become Stably Housed) of the SUPPORT Act authorized the pilot program. The Consolidated Appropriations Act, 2022 (H.R.2471) provided \$25 million for such purposes.

Budget Summary

In FY 2023, HUD requests \$756.2 million, an increase of \$128.5 million above the FY 2022 CR level.

Continuum of Care Homeless Assistance Grants

FY 2023 Request: \$731.217 million
(\$128.5 million above the FY 2022 CR)

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 a 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.

Recovery Housing Program

FY 2023 Request: \$25.0 million
(No change from the FY 2022 CR level)

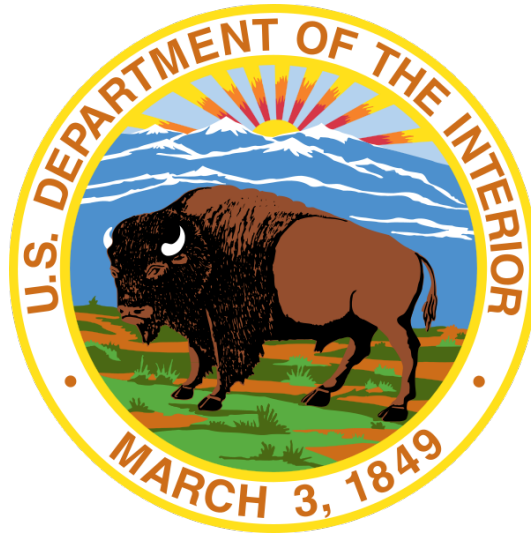
The Recovery Housing Program allocates funds to States and the District of Columbia to provide stable, transitional housing for individuals in recovery from a SUD. The funding covers a period of not more than two years or until the individual secures permanent housing, whichever is earlier.

EQUITY

People of color are overrepresented among the homeless population compared to the Nation's population. Black or African American people accounted for 39 percent of all people experiencing homelessness but are 12 percent of the total United States population. Recognizing homelessness programs and systems have a significant and direct responsibility to ensure they are not, themselves, having a disparate impact on people based on their race and ethnicity, HUD is incorporating a race equity lens in its homelessness response, using the CoC Program Competition and the delivery of technical assistance to homeless service grantees to center equity in strategic planning and project implementation at the local level. Two recent initiatives involved assigning technical assistance coaches with CoC and the Housing Opportunities for Persons with AIDS Program project sponsors to work with them to identify and test strategies that address overrepresentation and ensure disenfranchised persons receive housing.



DEPARTMENT OF THE INTERIOR





DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 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	\$2.2	\$2.8
Drug Resources Percentage	0.7%	0.7%	0.5%

Program Summary

MISSION

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 Office of Justice Services (OJS) directly operates or funds law enforcement, tribal courts, and detention facilities on federal Indian lands. The mission of the OJS is to uphold tribal sovereignty and customs and provide for the safety of Indian communities affected by illegal drug activity or misuse.

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 2023, BIA requests \$14.9 million for drug control activities focusing on the disruption and dismantling of drug trafficking organizations; no change from the FY 2022 CR level.



BIA Drug Initiative

FY 2023 Request: \$14.9 million

(No change from the FY 2022 CR level)

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

In FY 2023, \$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 2023, \$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.



EQUITY

Recognizing that tribal communities have seen disproportionately high use and distribution of illegal narcotics and related crime on reservations as compared to non-Indian areas, Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government) specifically identifies Indigenous and Native American persons in section 2(a). Accordingly, all Drug Initiative funding identified herein supports the needs of federally recognized tribes and their historically underserved communities. In addition to addressing these challenges directly, BIA personnel serve as a key access point where other federal, State, and local agencies can often leverage their resources alongside BIA to help serve tribal communities more broadly.



DEPARTMENT OF THE INTERIOR
Bureau of Land Management

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 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 Drug Resources by 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)	\$1.3	\$1.6	\$1.6
Drug Resources Percentage	0.4%	0.3%	0.3%

Program Summary

MISSION

The overall mission of BLM is to sustain the health, diversity, and productivity of the public lands for the use and enjoyment of present and future generations. In support of that mission, one of the primary goals of the Resource Protection and Law Enforcement program is the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

METHODOLOGY

The Bureau’s appropriation for the Resource Protection and Law Enforcement subactivity includes \$5.1 million for drug enforcement. BLM primarily uses these funds for the identification, investigation, and eradication of marijuana cultivation on public lands and rehabilitation of the cultivation sites. Under its Government Performance and Results Act (GPRA) Performance Plan, the Bureau utilizes specifically defined Program Element designations to calculate and track expenditures associated with its patrol, investigative, and drug enforcement activities.



Budget Summary

In FY 2023, the BLM requests \$5.1 million for drug control activities; no change from the FY 2022 level.

Resource Protection and Law Enforcement

Total FY 2023 Request: \$5.1 million (just the drug component)

(No change from the FY 2022 CR level)

Resource Protection and Law Enforcement Program efforts in support of the *Strategy* include:

- directing significant funding to address large-scale marijuana cultivation activities by DTOs on BLM-managed public lands in California;
- directing funding to public lands in Idaho, Oregon, Nevada, Utah, and other States as needed to address the expansion of marijuana cultivation activities into those areas; and
- directing funding to public lands in Arizona and New Mexico to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest Border.

Associated activities include:

- Conducting proactive uniformed 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.

EQUITY

The BLM Office of Law Enforcement & Security (OLES) is developing a Diversity Action Plan for equity and inclusion, which includes a leadership commitment from the Director.

Additionally, all OLES leadership participated in a Championing Diversity training and will be participating in an Inclusive Leadership Workshop for Senior Leaders.



DEPARTMENT OF THE INTERIOR
National Park Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$3.392	\$3.392	\$3.392
Total Drug Resources by Function	\$3.392	\$3.392	\$3.392
Drug Resources by Decision Unit			
National Park Protection Subactivity	\$3.392	\$3.392	\$3.392
Total Drug Resources by Decision Unit	\$3.392	\$3.392	\$3.392

Drug Resources Personnel Summary			
Total FTEs (direct only)	28	28	28
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$3.1	\$3.1	\$3.6
Drug Resources Percentage	0.1%	0.1%	0.1%

Program Summary

MISSION

The NPS works to preserve the resources and values of the national park system for the enjoyment, education, and inspiration of this and future generations. NPS is required to enforce all federal laws and regulations within all park units, allowing the public to enjoy the national park units safely, providing employees a safe place of employment, and keeping resources unimpaired for future generations. In support of that mission, a comprehensive Visitor and Resource Protection Program works to identify, investigate and disrupt marijuana cultivation and smuggling activities on public lands, seize and eradicate marijuana plants upon discovery, and perform clean-up and restoration affected by clandestine operations.

METHODOLOGY

The NPS does not have a specific appropriation for drug control. However, the bureau’s appropriation in the Visitor and Resource Protection functional area includes approximately \$3.4 million for drug enforcement. The primary focus of these funds is the identification, investigation, and eradication of marijuana cultivation on public lands and costs for the rehabilitation of lands. 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 2023, the NPS requests \$3.4 million for drug control activities; no change from FY 2022 CR level.

National Park Protection Subactivity

FY 2022 Request: \$3.4 million

(No change from the FY 2022 CR level)

The budget directs resources to the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

EQUITY

NPS drug policy enforcement is consistent with Executive Order Executive Order 13985 -- Advancing Racial Equity and Support for Underserved Communities Through the Federal Government and other Executive Orders that endorse diversity, equity, inclusion, and accessibility in all Federal activities. NPS policing practices are systematically fair and impartial in the treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment. The pursuit of criminal justice is based on evidence of a crime regardless of the community, identity, race, ethnicity, background, ability, culture, and belief of the suspected perpetrator. In addition, NPS pursues a proactive, inclusive policy in park protection officer hiring and employment practices enabling NPS to recruit, hire, develop, promote, and retain the talents and skills of employees of all backgrounds, including those from disadvantaged communities.



DEPARTMENT OF JUSTICE





DEPARTMENT OF JUSTICE

Asset Forfeiture Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$134.710	\$151.277	\$165.414
State and Local Assistance	71.626	89.275	89.275
Total Drug Resources by Function	\$206.336	\$240.552	\$245.689
Drug Resources by Decision Unit			
Asset Forfeiture	\$206.336	\$240.552	\$245.689
Total Drug Resources by Decision Unit	\$206.336	\$240.552	\$245.689

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.6	\$1.5	\$1.4
Drug Resources Percentage	12.6%	16.6%	17.7%

Program Summary

MISSION

The mission of the Department's AFP is:

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

The Assets Forfeiture Fund (AFF) 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. As a result of the coronavirus pandemic, the AFF has experienced sporadic and unpredictable revenue for regular and large case receipts since FY 2020. This is largely due to delays in forfeiture processing, including investigations and seizures.

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

METHODOLOGY

While the AFP's mission does not specifically address the *Strategy*, the AFF supports two drug-related agencies (DEA and OCDETF). All AFF-funded drug investigative monies for the 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. DoJ supports state and local assistance through the allocation of AFP monies, commonly referred to as Joint Law Enforcement Operations (JLEO) Program Operations Expenses.

Budget Summary

In FY 2023, AFP requests \$254.7 million for drug control activities, an increase of \$14.1 million above the FY 2022 CR level.

Asset Forfeiture Program

FY 2023 Request: \$254.7 million

(\$14.1 million above the FY 2022 CR 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 Based on Forfeiture, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure.

The request for DEA and OCDETF investigative activities is \$165.4 million, \$14.1 million greater than the FY 2022 CR level. Additionally, DEA and OCDETF State and local assistance funding is approximately \$89.2 million, which is equal to the FY 2022 CR level. The FY 2023 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 the acquisition of specialized assistance, such as to reconstruct seized financial records.
- **Awards for Information Leading to Forfeiture:** Section 114 of Public Law 104-208, dated September 30, 1996, amended the Justice Fund statute to treat payments of awards based on the amount of the forfeiture the same as other costs of forfeiture.
- **Joint Federal/State and Local Law Enforcement Operations:** Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a federal law enforcement agency participating in the [AFF]." Such cooperative efforts significantly benefit federal, State, and local law enforcement efforts.

EQUITY

The AFP fully supports, coordinates, recognizes, and encourages components' efforts to conduct research and other evidence-building activities to identify leading practices and promote the benefits of diversity, equity, inclusion, and accessibility for Federal performance and operations. The AFP strives to ensure transparency and accountability in how AFP fosters diversity while ensuring compliance with non-discrimination laws and merit principles.



DEPARTMENT OF JUSTICE
Bureau of Alcohol, Tobacco, Firearms, and Explosives

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$39.198	\$39.188	\$46.150
Total Drug Resources by Function	\$39.198	\$39.188	\$46.150
Drug Resources by Decision Unit			
Law Enforcement Operations	\$39.188	\$39.188	\$46.150
Total Drug Resources by Decision Unit	\$39.198	\$39.188	\$46.150

Drug Resources Personnel Summary			
Total FTEs (direct only)	177	177	188
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.5	\$1.5	\$1.7
Drug Resources Percentage	2.6%	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 -- addressing armed criminals and those who supply them with firearms – is an important component of the *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

ATF does not receive a specific appropriation for drug-related work relative to the *Strategy*. However, the ATF does contribute to the *Strategy* through its mission to address violent firearms crime by drug offenders in American communities. To quantify how the ATF supports the *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 *Strategy*.

BUDGET SUMMARY

In FY 2023, ATF requests \$46.2 million for drug control activities, an increase of \$7.0 million above the FY 2022 CR level.

Law Enforcement Operations

FY 2023 Request: \$46.2 million

(\$7.0 million above the FY 2022 CR 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 DTO are often reluctant to part with firearms because they are 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 transnational DTOs; and possession of explosives while attempting to cross the United States border into Mexico.

Investigations

In FY 2023, \$3.7 million is requested in program enhancements to address surging firearms violence in American communities. The ATF will be working collaboratively with Federal, State, and local partners and will identify and expand the best use of crime gun intelligence to address the "market" or "source" areas for illegally trafficked firearms into these areas. The ATF will be embedded with local homicide units and expand the availability of its National Integrated Ballistic



Information Network Correlation Center, which will be utilized to match ballistics from crime scenes to other ballistic evidence nationwide. The ATF will also leverage the National Tracing Center to provide actionable intelligence and leads for investigators by tracing recovered crime guns. These investigations have a nexus with armed drug dealers, armed DTOs, and felons illegally in possession of firearms, drugs, and narcotics.

Specifically, the FY 2023 Budget:

- Supports DoJ's Comprehensive Strategy to Combat Gun Violence.
- Supports additional DoJ Firearms Trafficking Strike Force groups to follow-up on the increasing number of investigative leads and conduct criminal enforcement operations.

EQUITY

ATF is committed to building, developing, and sustaining a work environment that values differences; encourages collaboration; and fosters personal development to enable all employees to realize their full potential in fulfilling the ATF mission. ATF focuses on providing a foundation of diversity and inclusion that engages the ATF workforce to uphold our core values of professionalism, integrity, diversity, commitment, innovation, and excellence.



DEPARTMENT OF JUSTICE
Bureau of Prisons

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Corrections	\$3,651.832	\$3,651.832	\$3,616.270
Treatment	230.857	230.857	194.179
Harm Reduction	0.120	0.120	0.137
Total Drug Resources by Function	\$3,882.809	\$3,882.809	\$3,810.586
Drug Resources by Decision Unit			
Salaries and Expenses	\$3,824.135	\$3,824.135	3,729.363
<i>Inmate Care and Programs (non-add)</i>	<i>1,594.784</i>	<i>1,594.784</i>	<i>1,528.343</i>
<i>Institution Security and Administration (non-add)</i>	<i>1,613.541</i>	<i>1,613.541</i>	<i>1,653.649</i>
<i>Contract Confinement (non-add)</i>	<i>464.594</i>	<i>464.594</i>	<i>399.201</i>
<i>Management and Administration (non-add)</i>	<i>151.216</i>	<i>151.216</i>	<i>148.170</i>
Buildings and Facilities	58.674	58.674	81.223
<i>New Construction (non-add)</i>	<i>0.924</i>	<i>0.924</i>	<i>0.906</i>
<i>Modernization and Repair (non-add)</i>	<i>57.750</i>	<i>57.750</i>	<i>80.317</i>
Total Drug Resources by Decision Unit	\$3,882.809	\$3,882.809	\$3,810.586

Drug Resources Personnel Summary			
Total FTEs (direct only)	16,690	16,690	17,160
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.1	\$8.1	\$8.1
Drug Resources Percentage	47.9%	47.9%	47.9%

Program Summary

MISSION

The mission of 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. 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. 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 2023, BOP requests \$3,810.6 million for drug control activities, a decrease of \$72.2 million from the FY 2022 CR 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 SUD treatment and other programs in these facilities.

In response to the growth of federal inmates with diagnoses of a SUD, BOP continues to develop evidence-based treatment practices to manage and treat drug-using offenders. 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 maintains the current drug treatment programs that support residential substance use treatment to eligible inmates. BOP is proceeding with implementation of a MAT program for inmates with opioid use disorder, utilizing all three FDA-approved medications (i.e., methadone, buprenorphine, naltrexone).

Salaries and Expenses

FY 2023 Request: \$3,729.4 million

(\$94.7 million below the FY 2022 CR level)

Salaries and Expenses encompasses four decision units – Inmate Care and Programs, Institution Security and Administration, Contract Confinement, and Management and Administration.

Inmate Care and Programs

FY 2023 Request: \$1,528.3 million

(\$66.4 million below the FY 2022 CR level)

Inmate Care and Programs covers the costs of food, medical supplies, clothing, education, welfare services, release clothing, transportation, gratuities, staff salaries, and operational costs of functions directly related to providing inmate care. Inmate Care and Programs support the following treatment programs/activities:

Drug Program Screening and Assessment: Upon entry into a BOP facility, an inmate's records are assessed to determine if there is a history of substance use, a judicial recommendation for substance use treatment, a violation due to substance use, or if the instant offense is related to substance use. If so, the inmate is required to participate in the Drug



Education course and is referred to other substance use treatment programs (i.e., Non-Residential Drug Abuse Program, Residential Drug Abuse Program, MAT) as appropriate.

Drug Abuse Education: Participants in the Drug Education course receive factual information on the relationship between substance use and crime as well as the psychological, biological, and social impact substance use has on a person. Participants are encouraged to consider their substance use treatment needs and volunteer for the appropriate treatment programs. In FY2021, 19,378 inmates participated in Drug Education.

Nonresidential Drug Abuse Treatment (NRDAP): NRDAP was designed to provide maximum flexibility to meet offender treatment needs. Individuals who have relatively mild substance use problems and do not require intensive substance use treatment benefit from the shorter duration of NRDAP. Offenders who have moderate to severe SUDs but little time remaining on their sentences are prioritized for NRDAP participation. Finally, offenders who have completed the unit-based component of the Residential Drug Abuse Program participate in the Follow-up component of NRDAP for one year or until they transfer to community placement. In FY 2021, 13,570 inmates participated in NRDAP.

Residential Drug Abuse Program (RDAP): The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires BOP, subject to the availability of appropriations, to provide appropriate residential substance use treatment for 100 percent of inmates who have a diagnosis for SUD and who volunteer for treatment. More than half of BOP's facilities operate a Residential Drug Abuse Program (RDAP). Participants live in a unit dedicated to RDAP, away from the general population. The RDAP is based on Cognitive Behavioral Therapy (CBT), wrapped into a modified therapeutic community model of treatment. Both CBT and therapeutic communities have proven to be effective treatment models with inmate populations. In FY 2021, 10,465 inmates participated in Residential Drug Treatment Program.

In coordination with NIDA, the BOP conducted a rigorous three-year outcome study of RDAP, beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition, female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

Nonresidential Follow-up Treatment: If an inmate has time to serve in the institution after completing the RDAP, he or she must participate in follow-up treatment in the institution. Follow-up treatment ensures the inmate remains engaged in the recovery process and is held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts 12 months or until the inmate is transferred to a Residential Reentry Center (RRC).

The FIT Program. The Female Integrated Treatment (FIT) Program is a holistic residential treatment program designed to be responsive to the gender-specific needs of women. It uses an integrated treatment model to address trauma related disorders, mental illness, and SUD integrated



with vocational programming. FIT Programs are located at Federal Satellite Low Danbury (females) and Secure Female Facility Hazelton (females).

Institution Security and Administration

FY 2023 Request: \$1,653.6 million

(\$40.1 million above the FY 2022 CR level)

Institution Security and Administration covers costs associated with the maintenance of facilities and institution security, including motor pool operations, powerhouse operations, and other administrative functions.

Contract Confinement

FY 2023 Request: \$399.2 million

(\$65.4 million below the FY 2022 CR level)

Contract Confinement provides for the confinement of sentenced federal offenders in a government-owned, contractor-operated facility, as well as State, local, and private contract facilities and contract community residential reentry centers. Contract Confinement also supports the following treatment program:

Community Treatment Services (CTS): CTS provides a nationwide comprehensive network of 160 contracted community-based treatment providers, screens over 2,500 inmates for services monthly, and provides clinical oversight for over 4,000 offenders in treatment every day. This network of professionals consists of licensed individuals (e.g., certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies resulting in a variety of behavioral health treatment services available throughout the country. In addition to providing substance use treatment to RDAP participants, the BOP expanded community-based treatment services to include treatment for all offenders with SUD, mental illness and sex offenders, including oversight for the final phase of the RDAP, Sex Offender Treatment Program (SOTP) and MAT. Moreover, crisis intervention counseling, (e.g., situational anxiety, suicidality, depression, grief/loss, and adjustment issues) is also available to offenders placed in RRCs, on home confinement, and on Federal Location Monitoring (FLM).

Consistent with the standard of care in the community, in 2022 CTS anticipates offering Peer Recovery Support services to all offenders with significant mental health, reintegration difficulties (e.g., suicidal ideations, use of drugs/alcohol, etc.) and/or with SUDs who would benefit from additional non-clinical recovery support services. A contract for Peer Recovery Support services is currently out for solicitation. These services will be offered by certified peer support specialists and will be available to offenders 24-hours a day, 7 days a week in addition to existing individual and group counseling services.

CTS also oversees all Prison Rape Elimination Act (PREA) referrals for allegations reported in the community. CTS recognizes that the transition from the institution to the community is stressful for the offender as well as for the family members. Therefore, CTS also offers family therapy for the offender and their family members as a means to facilitate successful reentry. In addition to extensive clinical oversight of the offenders' progress in treatment, CTS staff provide contract oversight for all community-based treatment providers.



Management and Administration

FY 2023 Request: \$148.2 million

(\$3.0 million below the FY 2022 CR level)

Management and Administration covers all costs associated with general administration and oversight functions and provides funding for the central office, six regional offices, and staff training centers.

Buildings and Facilities

FY 2023 Request: \$81.2 million

(\$22.6 million above the FY 2022 CR level)

Buildings and Facilities includes two decision units - New Construction and Modernization and Repair Costs.

New Construction

FY 2023 Request: \$0.91 million

(\$0.02 million below the FY 2022 CR 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 2023, the Administration proposes a rescission of \$886.5 million in prior year unobligated new construction balances.

Modernization and Repair

FY 2022 Request: \$80.3 million

(\$22.6 million above the FY 2022 CR level)

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs. BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the nation's taxpayers. 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.

EQUITY

The Department recognizes the importance of language access to promote the fair and impartial administration of justice and will work with components with constituencies with particularly high language access needs, such as BOP, in making its programs more language accessible.



DEPARTMENT OF JUSTICE
Criminal Division

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prosecution	\$45.081	\$45.081	\$46.861
Total Drug Resources by Function	\$45.081	\$45.081	\$46.861
Drug Resources by Decision Unit			
Enforcing Federal Criminal Laws	\$45.081	\$45.081	\$46.861
Total Drug Resources by Decision Unit	\$45.081	\$45.081	\$46.861
Drug Resources Personnel Summary			
Total FTEs (direct only)	172	172	171
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	22.9%	22.9%	19.5%

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 USAOs, is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys prosecute many nationally significant cases, and they also formulate and implement criminal enforcement policy and provide advice and assistance to LEAs and USAOs. In executing its mission, CRM dedicates specific resources in support of the *Strategy* 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 2023, CRM requests \$46.9 million for drug control activities, an increase of \$1.8 million above the FY 2022 CR level.



Enforcing Federal Criminal Laws

FY 2023 Request: \$46.9 million

(\$1.8 million above the FY 2022 CR level)

Many of CRM's Sections and Offices contribute to the drug-related activities. The most noteworthy and directly impacted is CRM's Narcotic and Dangerous Drug Section (NDDS). 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 counternarcotics 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.

EQUITY

It is a DoJ priority to foster a high-performing workforce that represents the public it serves. CRM supports this priority by recruiting, developing, and retaining a competent and diverse workforce. In FY 2022, the Division hired a Diversity Program Manager to focus its efforts more in this area.



DEPARTMENT OF JUSTICE Drug Enforcement Administration

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$187.451	\$187.451	\$206.706
International	438.358	438.358	449.255
Investigations	2,122.556	2,122.556	2,425.648
Prevention	8.337	8.337	10.299
State and Local Assistance	12.430	12.430	12.695
Total Drug Resources by Function	\$2,769.132	\$2,769.132	\$3,104.603
Drug Resources by Decision Unit			
Salaries and Expenses	\$2,333.263	\$2,336.263	\$2,523.116
<i>Domestic Enforcement</i>	<i>1,859.471</i>	<i>1,859.471</i>	<i>2,034.812</i>
<i>International Enforcement</i>	<i>464.362</i>	<i>464.363</i>	<i>475.609</i>
<i>State and Local Assistance</i>	<i>12.430</i>	<i>12.430</i>	<i>12.695</i>
Diversion Control Fee Account	\$423.869	\$432.869	\$581.487
Total Drug Resources by Decision Unit	\$2,769.132	\$2,769.132	\$3,104.603

Drug Resources Personnel Summary			
Total FTEs (direct only)	8,273	8,273	8,611
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.8	\$2.8	\$3.1
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

In FY 2023, DEA requests \$3,104.6 million for drug control activities, an increase of \$335.5 million above the FY 2022 CR level.



Salaries & Expenses

FY 2023 Request: \$2,523.1 million

(\$186.9 million above the FY 2022 CR level)

The DEA's 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 2023 Request: \$2,034.8 million

(\$175.3 million above the FY 2022 CR level)

The Domestic Enforcement Decision Unit comprises the majority of the DEA's investigative and support resources and through FY 2021, includes 23 Field Divisions, 57 District Offices, 100 Resident Offices, and 58 Posts of Duty. These resources, in conjunction with the 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.

To further its investigations, the DEA will continue to focus on transforming its ability to leverage data to make operational decisions, organize priorities, and determine how to leave a positive impact on local communities, all in alignment with the federal Data Strategy. Recently, the DEA initiated Operation Overdrive, a data-driven approach using national crime statistics and CDC data to identify hot spots of drug-related violence and overdose deaths across the country in order to devote its law enforcement resources to where they will have the most impact - the communities where criminal drug networks are causing the most harm.

The Special Operations Division's (SOD) mission is to establish seamless law enforcement strategies and operations aimed at dismantling major TCOs by attacking their command and control networks. SOD controls approval and funding for most Title III wiretaps, coordinates overlapping investigations, and ensures the sharing of intelligence. Since 2017, SOD has been the Federal government's coordination point for addressing TCOs. There are approximately 500 people stationed at the SOD, including representatives from over 30 agencies.

Task forces are a valuable resource and greatly enhance the DEA's ability to carry out its mission. Through the 4th quarter of FY 2021, the DEA led 397 State and local task forces. Moreover, these task forces consisted of an on-board strength of 2,805 Special Agents and 3,079 Task Force Officers (TFOs), all of whom are deputized with Title 21 authority and dedicated full-time to investigate major TCOs and address local trafficking problems.

DEA's intelligence program comprises several sections responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions, and provides policymakers with drug trend information upon which tactical and strategic decisions are based. DEA is represented in the United States Intelligence Community (IC) through the Office of National Security Intelligence, which facilitates information sharing with other members of the IC. DEA routinely shares approximately 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 11 domestic and foreign law enforcement agencies.

The FY 2023 request includes current services funding to support domestic operations and to fund mandatory increases of existing costs. Funding also supports programmatic enhancements to include:

- \$31.1 million to establish the DEA Information Sharing Center to consolidate multiple internal and external data sources and leverage advanced analytical tools and subject-matters experts to create robust data sets that will be used to identify hot spots of drug-related violence and overdose deaths and to target criminal drug network activity.
- \$7.9 million to invest in investigative technology and cyber subject-matter experts including cell-site simulators, financial cyber analytic tools, and cyber analysts to address criminal enterprises operating on or through the Internet.
- \$3.3 million to deploy additional personnel 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.
- \$19.8 million to support the deployment of a permanent body-worn camera program for the DEA's federally-deputized TFOs and special agents.
- \$3.0 million to improve information technology infrastructure to address cybersecurity risks and improve the DEA's security capabilities.

International Enforcement

FY 2023 Request: \$475.6 million

(\$11.2 million above the FY 2022 CR level)

As the United States Government's single point of contact for coordinating drug investigations in foreign countries, DEA provides interagency leadership in the effort to disrupt and dismantle TCOs. To date, DEA's global footprint is organized into eight DEA foreign regions, which include 92 offices located in 69 countries. Specifically, DEA focuses these resources on DEA Priority Target Organizations (PTOs) with and without a direct connection to a Consolidated Priority Organization Target. 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 order to disrupt the flow of drugs, money, and precursor chemicals into the United States, the DEA developed the Drug Flow Attack Strategy (DFAS) and its enforcement arm, Operation All Inclusive, in FY 2006. This strategy includes a specific focus on intelligence-driven enforcement, sequential operations, and predictive intelligence. The Southwest Border is an integral part of the DFAS as most illicit drugs smuggled into the United States enter through this border. Through the DFAS, the DEA and other interagency components attack the operational vulnerabilities of TCOs to eliminate the source of a drug. The DEA's FY 2023 request reflects mandatory increases of existing costs, including the Department of State (DoS) charges and General Services Administration (GSA) rent.



State & Local Assistance

FY 2023 Request: \$12.7 million

(\$0.3 million above the FY 2022 CR level)

DEA has the responsibility to respond to the clandestine laboratory training requirements and hazardous waste cleanup needs of the United States law enforcement community. DEA supports State and local law enforcement with methamphetamine-related assistance and training, which allows State and local agencies to better address the methamphetamine threat in their communities and reduce the impact of methamphetamine on the quality of life for Americans. By providing training in the techniques of clandestine laboratory drug enforcement and hazardous waste cleanup, DEA is able to expand drug enforcement across the United States in a cost-effective manner. 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).

Diversions Control Fee Account

FY 2023 Request: \$581.5 million

(\$148.6 million above the FY 2022 CR level)

The Diversion Control Division's (DC) 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 DEA to handle controlled substances or listed chemicals through a system of scheduling, quotas, recordkeeping, reporting, and security requirements.

During FY 2021, 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 enhanced 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 Angeles, CA; New Orleans, LA; Miami, FL; Detroit, MI; El Paso, TX; Phoenix, AZ; Seattle, WA; and St. Louis, MO.

The DC's mission also includes providing registrant outreach initiatives, such as hosting nationwide conferences to DEA registrants, and training on applicable laws and regulations pertaining to pharmaceutical controlled substances. During FY 2021, the DC held ten Opioid and Diversion Awareness virtual events in which more than 20,350 registrants attended. The DC also held a virtual event in June for the Importer, Exporter, and Chemical registrants and had over 200 participants. Education and direct engagement with the registrant community are vital in mitigating the opioid epidemic.

The National Prescription Drug Take Back Initiative (NTBI) aims to provide a safe and easy means of disposing unused or expired medications while educating the public about prescription drug misuse. To date, the DEA, working with its law enforcement partners, has removed 15.3 million pounds of unused medication from circulation. Although NTBI events have been a huge success for the DEA, the need for these events has decreased over time due to increased registered reverse distributors (disposers).



The FY 2023 request includes current services funding, including pay raises, change in compensable days, and GSA rent. The FY 2023 request also supports an increase in personnel resources to identify, target, disrupt, and dismantle the individuals and organizations responsible for the illicit manufacture and distribution of pharmaceutical controlled substances in violation of the Controlled Substances Act.

EQUITY

DEA is committed to recruiting, retaining, and promoting a workforce that reflects the diversity of our country and the people it serves. DEA employees are expected to uphold the values of fairness, justice, and equality in everything that it does. DEA must continue to foster an inclusive work environment where individual differences are understood, respected, and valued. With this philosophy as the foundation, in 2021, the DEA Administrator established the Diversity Executive Board. The mission of the Board is to provide a formal organizational structure for the DEA that holds its leaders, as well as the workforce in general, accountable for creating and fostering an environment that fully integrates the values of diversity, equity, and inclusion into the DEA culture. The Board will advise on and guide the DEA's diversity, recruitment, equity, and inclusion efforts, and establish applicable goals for the agency.



DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$7.028	\$7.070	\$8.791
Investigations	140.648	140.648	152.323
Total Drug Resources by Function	147.718	\$147.718	161.114
Drug Resources by Decision Unit			
Criminal Enterprises Federal Crime	147.718	147.718	161.114
Total Drug Resources by Decision Unit	147.718	\$147.718	161.114

Drug Resources Personnel Summary			
Total FTEs (direct only)	865	865	879
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$9.7	\$9.7	\$10.7
Drug Resources Percentage	1.5%	1.5%	1.5%

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, FBI employs a multidisciplinary approach to address the drug crisis in America. FBI is utilizing the full spectrum of its most sophisticated investigative techniques against the illicit narcotic threat.

METHODOLOGY

FBI’s resources that are scored as a part of the National Drug Control Budget include three priority initiatives within the Criminal Program: TOC - Western Hemisphere, 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 2023, the FBI requests \$161.1 million for drug control activities, which is \$13.4 million above the FY 2022 CR level.



Criminal Enterprises Federal Crime

FY 2023 Request: \$8.8 million

(\$1.7 million above FY 2022 CR level)

FBI intelligence activities for FY 2023 will be focused on strategic, tactical, and network analysis, training, outreach, and collaboration, and tool development. Strategic analysis will inform policy makers, law enforcement, and the IC on emerging trends and threats while guiding the prioritization of investigative resources. For example, a JCODE mapping initiative will identify hotspots in the United States of individuals purchasing and selling drugs on the Darknet, enabling JCODE to target these areas for additional resources, training, and outreach. The initiative will also provide the FBI with a baseline of United States-based Darknet related activity, which can be tracked over time. Tactical intelligence will amplify existing and generate new investigations. Network analysis will identify potential targets and disrupt DTOs and their money laundering efforts.

FBI intelligence will enhance collaboration with foreign partners, to include dedicating additional intelligence resources to triage and analyze large datasets seized during law enforcement operations for operational targeting and strategic intelligence value. Training and outreach will include international, federal, state, and local law enforcement partners on TCOs use of sophisticated technologies, including Darknet, social media, encrypted platforms, and applications, and dedicated encrypted devices. FBI intelligence will also continue to engage with operational counterparts on tool development for proactive targeting and prioritization. Additionally, the FBI will amplify their network within the IC to share knowledge and tools.

Investigations

FY 2023 Request: \$152.3 million

(\$11.7 million above the FY 2022 CR level)

FBI has established strategic initiatives to focus on the largest TCOs in order to identify, target, disrupt, degrade, and dismantle the organizations. In order 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. 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.



EQUITY

FBI's mission is to develop and execute diversity and inclusion strategies to support a high performing, diverse, and inclusive workforce and foster a culture that integrates diversity and inclusion across the enterprise.



DEPARTMENT OF JUSTICE
Office of Justice Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$29.500	\$29.500	\$41.500
State and Local Assistance	172.500	172.500	179.850
Treatment	385.092	385.092	412.504
Total Drug Resources by Function	\$587.092	\$587.092	\$633.854
Drug Resources by Decision Unit			
Edward Byrne Memorial Justice Assistance Grant Program	\$48.400	\$48.400	\$53.350
Byrne Criminal Justice Innovation Program	6.600	6.600	7.500
Comprehensive Opioid, Stimulant, and Substance Abuse Program	185.000	185.000	190.000
COPS Anti-Heroin Task Forces	35.000	35.000	35.000
COPS Office Anti-Methamphetamine Task Forces Program	15.000	15.000	15.000
Adult Drug Court Program	83.000	83.000	95.000
Harold Rogers' Prescription Drug Monitoring Program	32.000	32.000	33.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	17.000
Justice and Mental Health Collaboration	5.250	5.250	6.000
Mentoring for Youth Affected by the Opioid Crisis	16.500	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	14.000	14.000	14.000
Residential Substance Abuse Treatment Program	34.000	34.000	35.000
Second Chance Act Program	35.350	35.350	38.136
Veterans Treatment Courts Program	25.000	25.000	25.000
Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	17.492	17.492	23.368
Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program	\$3.000	\$3.000	\$9.000
Total Drug Resources by Decision Unit	\$587.092	\$587.092	\$633.854
Drug Resources Personnel Summary			
Total FTEs (direct only)	42	42	45
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.8	\$2.8	\$4.0
Drug Resources Percentage	21.3%	21.3%	15.9%



Program Summary

MISSION

OJP was established by the Justice Act of 1984. Its mission is to provide leadership, resources, and solutions for creating safe, just, and engaged communities.

METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *Strategy* that focus on addressing drug-related crime and breaking the cycle of drug abuse through drug treatment and drug abuse prevention. In collaboration with ONDCP, OJP reviewed and updated its drug budget methodology for use in the FY 2019 Drug Control Budget; this revised methodology has been applied to all three of the fiscal years included in the FY 2023 submission. Specific methodology notes for OJP programs are provided below:

- 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).
- Amounts reported for the Byrne Justice Assistance Grant Program reflect 10 percent of total funding for this program as drug-related.
- 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.
- The Forensic Support for Opioid and Synthetic Drug Investigations, Mentoring for Youth Affected by the Opioid Crisis, and Opioid-Affected Youth Initiative programs were created as new funding carve-outs included under existing OJP programs in the Consolidated Appropriations Act, 2018 (Public Law 115-141).
- The Forensic Support for Opioid and Synthetic Drug Investigations program is funded as a \$17.0 million carve-out of the Paul Coverdell Forensic Science Improvement Grants program in FY 2021 – FY 2023. Of the total appropriated or requested for the Paul Coverdell Forensic Science Program, the \$17.0 million carve-out is scored as drug related and represents approximately 52 percent in FY 2021 and FY 2022 ACR (\$17.0 million of \$33.0 million) and approximately 49 percent in FY 2023 (\$17.0 million of \$35.0 million) of the total program.
- The Opioid-Affected Youth Initiative is funded as a carve-out under the Delinquency Prevention Program, and 100 percent of the carve-out is scored as drug related. The FY 2021 appropriation provides \$10.0 million, the FY 2022 ACR provides \$10.0 million, and the FY 2023 Budget proposes \$16.0 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, and 100 percent of the carve-out is scored as drug related. Of the total appropriated or requested for the Youth Mentoring Program, the \$16.5 million carve-out is scored as drug related and represents approximately 16 percent in FY 2021 and FY 2022 ACR (\$16.5 million of the \$100 million) approximately 14 percent in FY 2023 (\$16.5 million of \$120 million).



- Amounts shown for the Justice and Mental Health Collaboration Program reflect 15 percent of total funding for this program as drug-related.
- Amounts reported for the Regional Information Sharing System reflect 35 percent of total funding for this program as drug-related.
- 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 percent of total SCA funding and OJJDP will manage the remaining 14 percent in FY 2021 - FY 2023.
 - 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.
- 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 2023 drug control request for OJP is \$633.9 million, an increase of \$46.8 million from the FY 2022 CR level.

The FY 2023 budget proposes to increase several programs, including the Drug Courts Program, the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), programs funded under Purpose Areas 3 and 9 of the Coordinated Tribal Assistance Solicitation (CTAS), and the Opioid-Affected Youth Initiative.

Edward Byrne Memorial Justice Assistance Grant (JAG) Program

FY 2023 Request: \$53.4 million
(\$5.0 million above the FY 2022 CR level)

The 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 criminal justice system components, 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.



Byrne Criminal Justice Innovation Program

FY 2023 Request: \$7.5 million

(\$0.9 million above the FY 2022 CR level)

The Byrne Criminal Justice Innovation (BCJI) Program assists local and tribal communities address priority crime problems by creating place-based, community-oriented strategies. It provides grants and technical assistance to help communities plan and implement initiatives that focus on the following goals: integrating crime control efforts with community revitalization strategies; improving the use of data and research to problem solve and guide program strategies; promoting community engagement in crime prevention and revitalization efforts; encouraging sustainable collaboration with law enforcement and other partners to tackle problems from multiple angles; and building trust between communities and law enforcement.

Comprehensive Opioid, Stimulant, and Substance Abuse Program

FY 2023 Request: \$190.0 million

(\$5.0 million above the FY 2022 CR level)

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 use 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.

Office of Community Oriented Policing Services (COPS Office) Anti-Heroin Task Force Program

FY 2023 Request: \$35.0 million

(No change from the FY 2022 CR 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 Office Anti-Methamphetamine Task Force Program

FY 2023 Request: \$15.0 million

(No change from the FY 2022 CR 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.

Adult Drug Court Grant Program

FY 2023 Request: \$95.0 million

(\$12.0 million above the FY 2022 CR level)

The Drug Court program provides grants and technical assistance to State, local, and Tribal governments to support the development, expansion, and enhancement of adult and juvenile 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 individuals with substance misuse disorder from incarceration, reducing their risk of recidivism, and improving public safety and health.

Harold Rogers' Prescription Drug Monitoring Program

FY 2023 Request: \$33.0 million

(\$1.0 million above the FY 2022 CR 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.

Forensic Support for Opioid and Synthetic Drug Investigations

FY 2023 Request: \$17.0 million

(No change from the FY 2022 CR 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.

Justice and Mental Health Collaboration Program

FY 2023 Request: \$6.0 million

(\$0.8 million above the FY 2022 CR level)

The Justice and Mental Health Collaboration program will provide grants, training, and technical and strategic planning assistance to help State, local, and Tribal governments develop multi-faceted strategies to promote a system-wide response to the needs of individuals with mental illness or co-occurring mental illness and SUD and who have come into contact with the justice



system. These strategies typically bring together criminal justice, social services, public health agencies, as well as community organizations.

Mentoring for Youth Affected by the Opioid Crisis

FY 2023 Request: \$16.5 million

(No change from the FY 2022 CR 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 misuse to avoid negative outcomes (such as delinquency, dropping out of school, or substance abuse).

Opioid-Affected Youth Initiative

FY 2023 Request: \$16.0 million

(\$6.0 million above the FY 2022 CR 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 drug misuse that are affecting youth and community safety.

Project Hope Opportunity Probation with Enforcement

FY 2023 Request: \$5.0 million

(\$0.5 million above the FY 2022 CR 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 or post-release supervision.

Regional Information Sharing Systems

FY 2023 Request: \$14.0 million

(No change from the FY 2022 CR 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 United States territories, with some member agencies in Canada, Australia, and the United Kingdom. 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 9,600 federal, State, county, and municipal LEAs nationwide.

Residential Substance Abuse Treatment Program

FY 2023 Request: \$35.0 million

(\$1.0 million above the FY 2022 CR 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 individuals subject to post-release supervision. The



program's goal is to improve public safety and reduce criminal recidivism by helping individuals successfully reintegrate into society and remain drug-free after release.

Second Chance Act Program

FY 2023 Request: \$38.1 million

(\$2.8 million above the FY 2022 CR level)

The Second Chance Act Program builds on OJP's past reentry initiatives by providing grants to establish and expand adult and juvenile reentry programs that improve public safety by reducing criminal recidivism and assist individuals in successfully reintegrating into society following their release from correctional institutions. 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 contribute to successful reintegration into society, which will reduce recidivism rates and lower the number of individuals violating the terms of their post-release supervision (and therefore reduce the number of releasees returning to prison or jail).

Veterans Treatment Courts Program

FY 2023 Request: \$25.0 million

(No change from the FY 2022 CR level)

This program provides grants, training, and technical assistance to State, local, and tribal governments to support the creation and development of Veterans Treatment Courts. These courts are a hybrid of existing drug and mental health court programs that use the problem-solving courts model to serve veterans struggling with substance misuse disorder, 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.

Coordinated Tribal Assistance Solicitation Purpose Area 3: Justice Systems and Alcohol and Substance Abuse

FY 2023 Request: \$23.4 million

(\$5.9 million above the FY 2022 CR level)

DoJ's 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 substance misuse disorder and strengthen and enhance their courts and justice systems. This purpose area supports all of the activities previously funded by the 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 2023 President's Budget.

Coordinated Tribal Assistance Solicitation Purpose Area 9: Tribal Youth Program

FY 2023 Request: \$9.0 million

(\$6.0 million above the FY 2022 CR level)

CTAS Purpose Area 9 focuses on supporting and enhancing tribal efforts to prevent and respond to juvenile delinquency (including responding to youth alcohol and substance misuse) and improving tribal juvenile justice systems. This purpose area supports all of the activities previously funded under the OJP's Tribal Youth Program. The funding request shown for this



purpose area is estimated based on overall funding levels included in the FY 2023 President's Budget.

EQUITY

OJP is committed to advancing work that promotes civil rights and racial equity, increases access to justice, supports crime victims and individuals impacted by the justice system, strengthens community safety and protects the public from crime and evolving threats, and builds trust between law enforcement and the community. OJP grant programs present a significant opportunity to further equity across a broad spectrum of services and programs, and in a way that is inclusive of historically underserved and marginalized populations and implemented in a non-discriminatory manner. OJP will review program authorities and solicitations and identify opportunities to add or expand equity considerations in application materials, priority and review criteria, data requests, and/or performance measures. Such equity considerations could include identifying disparities in access to federally funded services and benefits, particularly by historically underserved and marginalized populations, and proposing strategies to reach or serve those populations, addressing barriers to services, and evaluating uses of funds against demographic data. Equity considerations will be tailored to address the particular objectives of each program and the needs of the communities being served by those programs.



DEPARTMENT OF JUSTICE
Organized Crime Drug Enforcement Task Forces

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by 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)	2,702	2,702	2,456
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.6	\$0.6	\$0.6
Drug Resources Percentage	100%	100%	100%

Program Summary

MISSION

The Interagency Crime and Drug Enforcement appropriation funds the OCDETF Program. The mission of OCDETF is to reduce the supply of illegal drugs in the United States and diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. Additionally, in support of the Attorney General’s Organized Crime Council, OCDETF similarly facilitates the disruption and dismantlement of Priority TCOs 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 2023, OCDETF requests \$550.5 million for drug control activities, no change from the FY 2022 CR level.



Investigations

FY 2023 Request: \$381.5 million

(\$0.3 million above the FY 2022 CR level)

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the United States illicit drug supply. OCDETF Regional Coordination Groups also target and identify RPOTs, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

Bureau of Alcohol, Tobacco, Firearms, and Explosives

FY 2023 Request: \$12.9 million

(\$0.2 million above the FY 2022 CR level)

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, ATF's jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent DTOs. The FY 2023 request will continue to support ATF investigative activities as a member of the OCDETF Program.

Drug Enforcement Administration

FY 2023 Request: \$198.5 million

(\$2.4 million above the FY 2022 CR level)

DEA is the agency most actively involved in the OCDETF Program, with a participation rate in investigations that exceeds 80 percent. Also, DEA is the only federal agency in OCDETF that has drug enforcement as its sole mission. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with state and local authorities have made DEA an essential partner. The FY 2022 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

Federal Bureau of Investigation

FY 2023 Request: \$139.2 million

(\$1.7 million above the FY 2022 CR level)

FBI brings to OCDETF its expertise in the investigation of traditional organized crime and white collar/financial crimes. FBI also has developed valuable relationships with foreign and state and local law enforcement. FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. FBI contributes to the OCDETF Program and to the goal of targeting major DTO and their financial infrastructure. The FY 2023 request will continue to support the personnel and operational costs for FBI's participation in the OCDETF Program.

United States Marshals Service

FY 2023 Request: \$10.6 million

(\$0.1 million above the FY 2022 CR level)

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 USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2023 request will continue to support the personnel and operational costs for USMS' participation in the OCDETF Program.

OCDETF Fusion Center

FY 2023 Request: \$20.7 million
(\$0.7 million above the FY 2022 CR level)

The FY 2023 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, FinCEN, and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and RPOTs. The OCDETF Fusion Center is also responsible for passing along actionable leads through the DEA's 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 TOC.

International Organized Crime Intelligence and Operations Center

FY 2023 Request: \$4.5 million
(\$0.3 million above the FY 2022 CR level)

The mission of the 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 2023 Request: \$168.9 million
(\$.3 million below the FY 2022 CR level)

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for U.S. Attorneys) and the DoJ's CRM.

Criminal Division

FY 2023 Request: \$2.4 million
(\$0.1 million below the FY 2022 CR level)

With the increasing complexity and scope of OCDETF cases, senior CRM 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 2023 request will continue to support the personnel and operational costs for CRM's participation in the OCDETF Program.

Threat Response Unit

FY 2023 Request: \$1.5 million
(\$0.1 million below the FY 2022 CR level)

The request will fund the OCDETF Executive Office attorneys detailed to the CRM's Office of Enforcement Operations to enhance its support of OCDETF Southwest Border-related wiretap



applications and requests for approval to employ sensitive investigative techniques, and to CRM's Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

United States Attorneys' Offices

FY 2023 Request: \$160.0 million

(\$5.3 million below the FY 2022 CR level)

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled. The FY 2023 request will continue to support the personnel and operational costs for AUSAs' participation in the OCDETF Program.

EQUITY

OCDETF recognizes the importance of promoting equity, diversity, inclusion, and accessibility to produce a fair and impartial work environment for its employees. OCDETF is firm in its view that such an environment furthers its core mission by ensuring that the most meritorious candidates are able to contribute their respective expertise and experience toward protecting the American public from the threats posed by TCOs. OCDETF will continue to align its hiring and administrative processes with the goals set forth in Executive Order 13985.



DEPARTMENT OF JUSTICE
United States Attorneys

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prosecution	\$105.984	\$105.984	\$105.984
Total Drug Resources by Function	\$105.984	\$105.984	\$105.984
Drug Resources by Decision Unit			
Salaries and Expenses	\$105.984	\$105.984	\$105.984
Total Drug Resources by Decision Unit	\$105.984	\$105.984	\$105.984

Drug Resources Personnel Summary			
Total FTEs (direct only)	572	572	572
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.3	\$2.3	\$2.8
Drug Resources Percentage	4.5%	4.5%	3.8%

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 *Strategy*. USAOs work with federal, State, and local LEAs 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 drug overdose deaths in the United States have increased at an alarming rate, driven primarily by fentanyl and fentanyl analogues, USAOs have intensified their efforts to prosecute cases involving opioids, and particularly in synthetic opioids. Moreover, 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 also medical professionals 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 *Strategy* as both are intended to reduce illicit drug distribution and drug use.



METHODOLOGY

The USAOs do not have a specific appropriation for drug control activities. The USAOs' drug budget estimates are derived by calculating the costs of attorney and non-attorney FTE dedicated to non-OCEDETF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system.

Budget Summary

In FY 2023, the USAOs request \$106.0 million for drug control activities; no change from the FY 2022 CR level.

Salaries and Expenses

FY 2023 Request: \$106.0 million

(No change from the FY 2022 CR level)

The funding requested will be used to support the personnel and expenses necessary to prosecute Federal controlled substance laws and associated money laundering.

In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, particularly fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths. The USAOs have focused on cases involving overdose deaths caused by both illicit and pharmaceutical opioids. While criminal enforcement is the mainstay of USAOs' anti-drug efforts, it is only one of the three prongs of the DoJ'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.

EQUITY

The USAOs represent and defend the government in its many roles, as employer, regulator, law enforcer, medical care provider, revenue collector, contractor, procurer, property owner, judicial and correctional systems managers, and administrator of federal benefits. USAO fully supports the fair and impartial administration of justice and will work with other Federal Law enforcement and state and local investigative agencies to provide access to training, career development, and other opportunities as part Department's core values.



DEPARTMENT OF JUSTICE
United States Marshals Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Corrections	\$792.179	\$597.388	\$553.252
International	1.443	1.443	1.808
Investigations	142.886	142.886	178.975
Prosecution	264.559	264.559	312.558
Total Drug Resources by Function	\$1,201.067	\$1,006.276	\$1,046.593
Drug Resources by Decision Unit			
Salaries and Expenses	\$408.888	408.888	493.351
<i>Fugitive Apprehension (non-add)</i>	<i>144.329</i>	<i>144.329</i>	<i>180.793</i>
<i>Judicial and Courthouse Security (non-add)</i>	<i>174.713</i>	<i>174.713</i>	<i>210.750</i>
<i>Prisoner Security and Transportation (non-add)</i>	<i>89.846</i>	<i>89.846</i>	<i>101.808</i>
Federal Prisoner Detention	792.179	597.388	553.252
Total Drug Resources by Decision Unit	\$1,201.067	\$1,006.276	\$1,046.593

Drug Resources Personnel Summary			
Total FTEs (direct only)	1,307	1,307	1,478
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$3.7	\$3.7	\$3.9
Drug Resources Percentage	32.7%	27.4%	26.6%

Program Summary

MISSION

USMS’s mission statement is “To protect, defend, and enforce the American justice system.” USMS is the enforcement arm of the federal courts and works in concert with other federal agencies, including DEA, FBI, BOP, ICE, ATF, IRS and USCG. USMS also works in cooperation with DoJ’s CRM, Tax Division, and the 94 USAOs, the Superior Court for the District of Columbia, and State and local law enforcement.

USMS’s 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, USMS focuses its investigative and fugitive apprehension resources on coordinated, nationwide investigations targeting the entire infrastructure of major drug trafficking. 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

USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, 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, 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, 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, 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, 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. 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 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 2023, the USMS requests \$1,046.6 million for drug control activities, an increase of \$40.3 million above the FY 2022 CR level.

Salaries and Expenses

FY 2023 Request: \$493.3 million
(\$84.5 million above the FY 2022 CR level)

The FY 2023 request for S&E is \$493.3 million, an increase of \$84.5 million above the FY 2022 CR level. The USMS’s request supports the Administration’s goals of reducing violent crime.



Fugitive Apprehension

FY 2023 Request: \$180.8 million

(\$36.5 million above the FY 2022 CR level)

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. 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). USMS has a long history of providing assistance and expertise to other LEAs in support of fugitive investigations. The broad scope and responsibilities of USMS concerning the location and apprehension of federal, state, local, and foreign fugitives are 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 2023 Request: \$210.8 million

(\$36.0 million above the FY 2022 CR level)

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a federal courthouse facility), to include security maintenance for prisoners in custody during court proceedings. Deputy 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. 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 2023 Request: \$101.8 million

(\$12.0 million above the FY 2022 CR level)

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house federal detainees. As each prisoner is placed into USMS custody, a Deputy 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 USMS employees and members of the judicial process.

Federal Prisoner Detention

FY 2023 Request: \$553.3 million

(\$44.1 million below the FY 2022 CR level)

The FPD appropriation is responsible for the costs associated with the care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related



transportation for federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to BOP. USMS aims to better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components. USMS request responds to current detention population trends.

EQUITY

USMS recognizes the various barriers to equity. Historically, women have occupied positions in federal law enforcement at rates lower than expected based on their participation in the civilian labor force. USMS equity initiatives, including USMS' targeted recruitment efforts, are designed to attract and engage strong applicants from diverse backgrounds, including women, and/or retain talented USMS employees. Moreover, USMS' current strategies to address gender equity and equality are inextricably intertwined with work USMS does concerning racial equity. Both gender and racial equity are part of USMS' overall focus on diversity as a core organizational value. The diversity training, career development opportunities, and strategic recruitment efforts are all intended to assist USMS in attracting and retaining the most qualified and talented individuals from all segments of society.



DEPARTMENT OF LABOR





DEPARTMENT OF LABOR
Employment and Training Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$6.000	\$6.000	\$6.000
Total Drug Resources by Function	\$6.000	\$6.000	\$6.000
Drug Resources by Decision Unit			
Job Corps	\$6.000	\$6.000	\$6.000
Total Drug Resources by Decision Unit	\$6.000	\$6.000	\$6.000

Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.7	\$1.7	\$1.8
Drug Resources Percentage	0.3%	0.3%	0.3%

Program Summary

MISSION

The Job Corps program is administered by the DoL’s 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 121 Job Corps centers nationwide in 50 states, Puerto Rico, and the District of Columbia, providing services to approximately 50,000 at-risk youth each year to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program (TEAP), which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants. The Jobs Corps program operates on a program year (PY) basis – as opposed to a fiscal year (FY) basis. Funds appropriated for Program Year 2021 are available for obligation from July 1, 2021, through June 30, 2022.

METHODOLOGY

The Office of Job Corps’ expenditures for the TEAP program are for counselors to prepare Job Corps program participants for employment, including education on the implications 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 misuse; and identification of and provision of counseling services to students with substance misuse problems and arrangement of appropriate treatment. In addition, the budget includes the full cost of drug testing each individual student upon entry.



Budget Summary

In FY 2023, OJC requests \$6.0 million for drug control activities; no change from the FY 2022 CR level.

Drug-related activity in the population served by Job Corps contributes to academic difficulties, health-related problems, and involvement with the juvenile justice system.

Trainee Employment Assistance Program and Drug Initiative

FY 2023 Request: \$5.3 million

(No change from the FY 2022 CR level)

In FY 2023, \$5.3 million in requested funding will support 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 misuse on employability. For all new students, Job Corps uses a TEAP to help them understand and prevent drug-related issues. The TEAP program includes components for drug prevention and drug education activities. Each Job Corps center employs TEAP specialists to facilitate the program with an overall goal to ensure students are prepared to enter the workforce drug-free and able to secure and maintain gainful employment. TEAP specialists employ a multitude of empirically-based tools to ensure our students are drug-free and remain that way, thus fostering a stronger, healthier, and drug-free society. TEAP programming focuses on prevention, treatment, and recovery. Activities include drug testing, screening for level of risk for abusing substances, group, and individual intervention services, and educational programming that focus on prevention. Referrals for substance use treatment are provided when students require specialized substance use therapy or inpatient treatment.

Drug Testing Support Drug Initiative

FY 2023 Request: \$0.7 million

(No change from the FY 2022 CR level)

In FY 2023, \$0.7 million in requested funding will support testing of all Job Corps students on campus. Job Corps has a Zero Tolerance Policy for drug possession, use, and distribution. Students who violate this policy will be separated.

EQUITY

Job Corps is committed to advancing equity within the program. Through its strategic planning efforts, Job Corps will assess various facets of the program (including the recruitment and admission of applicants, the availability of trades, the curriculum, etc.) and the impact those targeted efforts have on student outcomes.



DEPARTMENT OF LABOR
Office of Workers' Compensation Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Treatment	\$7.769	\$7.769	\$7.769
Total Drug Resources by Function	\$7.769	\$7.769	\$7.769
Drug Resources by Decision Unit			
Prescription Management Unit	\$2.615	\$2.615	\$2.615
Pharmacy Benefit Management Services	0.974	0.974	0.974
Federal Employees Compensation Act and Opioid Control Unit	4.180	4.180	4.180
Total Drug Resources by Decision Unit	\$7.769	\$7.769	\$7.769
Drug Resources Personnel Summary			
Total FTEs (direct only)	68	68	68
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	9.7%	9.6%	9.5%

Program Summary

MISSION

The Special Benefits program is administered by DoL's OWCP. The Special Benefits fund, administered by OWCP, comprises two accounts representing obligations for benefits under the Federal Employees' Compensation Act (FECA), as amended, with extensions, and the Longshore and Harbor Workers' Compensation Act (LHWCA), as amended, with extensions. The requested funding provides resources necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits made to eligible claimants or their survivors as mandated by each of the Acts. Under extensions of FECA, the program pays benefits to certain groups, such as War Hazards Compensation Act claimants, non-federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers.

Spending authority is also provided for FECA program administration out of annual "Fair Share" collections. Fair Share assessments are mandated under Section 8147(c) of the FECA for 23 nonappropriated agencies, including the United States Postal Service, with each paying a pro rata share of OWCP's cost to administer FECA claims filed by their employees. Section 10(h) of the amended LHWCA authorized annual adjustments in compensation to beneficiaries in cases of permanent total disability or death occurring on or prior to October 27, 1972, with the federal government paying half the costs of the annual increase for compensation of those cases. A direct appropriation provides the necessary resources to meet the required annual increase in benefits for



the federal share of the costs for compensation and related benefits for the pre-1972 cases. Private insurance companies and/or employers pay the remaining 50 percent of the compensation.

METHODOLOGY

The Program Integrity, Prescription Management, and Fraud Prevention Branch continues to improve the safety and quality of care through controls for prescription drugs while at the same time reducing medical costs and referring suspicious providers to the Department of Labor OIG. However, as new drugs enter the market and as questionable prescribing and billing practices evolve to circumvent controls, the FECA 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. This effort directly supports the objective of improving access and use of data by providing high-quality and timely information to inform evidence-based decision-making and ongoing initiatives supported by the Secretary to reduce improper payments.

In late 2021, the FECA Program implemented Pharmacy Benefit Management (PBM) services to improve the safety, quality, and cost-effectiveness of prescription care provided to claimants under the FECA. This cost-sharing service is 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 2023, OWCP Special Benefits program requests \$7.8 million for drug control activities; no change from the FY 2022 CR level.

Prescription Management Unit Drug Initiative

FY 2023 Request: \$2.6 million

(No change from the FY 2022 CR level)

In FY 2023, \$2.6 million in requested funding will support the 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. Drug-related activity in Prescription Management Unit is a major contributor to OWCP's drug control activities.

Pharmacy Benefit Management Services Drug Initiative

FY 2023 Request: \$1.0 million

(No change from the FY 2022 CR level)

In FY 2023, \$1.0 million in requested funding will support the safety, quality, and cost-effectiveness of prescription care provided to claimants. The FECA program has implemented this cost-sharing service for use by all federal Departments/Agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor



benefits for workplace injuries. This initiative, combined with the PMU, will enable the program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate. Decreasing opioid use will assist in return-to-work efforts for beneficiaries whose use of certain medication limits activity, leading to greater savings on wage-loss compensation payments. It will also assist the program in certifying the necessity of payments made for medical treatment under the FECA. Drug-related activity in Pharmacy Benefit Management Services is a major contributor to OWCP's drug control activities.

Federal Employees Compensation Act and Opioid Control Unit Drug Initiative

FY 2023 Request: \$4.2 million

(No change from the FY 2022 CR level)

In FY 2023, \$4.2 million in requested funding will support the program's efforts to reduce the potential for opioid misuse and addiction among injured federal workers. The program used data to implement new policies and institute targeted controls and tailored treatment that resulted in a series of successes:

- 57 percent decline in overall opioid use (measured as FECA claimants that have had an opioid prescription within the prior 180 days)
- 39 percent drop in new opioid prescriptions
- 72 percent decline in new opioid prescriptions lasting more than 30 days
- 88 percent drop in claimants with a Morphine Equivalent Dose (MED) of 500 or more
- 67 percent drop in users with a MED of 90 or more

Drug-related activity in FECA and Opioid Control Unit is a major contributor to OWCP's drug control activities.

EQUITY

OWCP is committed to finding ways to make a thoughtful and intentional focus on equity a routine part of how the agency does business. Equity analyses should permeate every aspect of the OWCP business process both internally and in our dealings with stakeholders. Achieving this goal will take time, effort, self-awareness, and persistent attention.

The development of meaningful metrics and effective programs requires careful attention to incentive structures, impediments to achieving desired goals, and possible unintended consequences. As OWCP drives towards supporting the Department's Agency Priority Goal of advancing racial equity and supporting underserved communities, it will initially plan to focus on three core areas: external outreach, program accessibility and inclusion, and equitable administration and operations.



DEPARTMENT OF LABOR
Office of Inspector General

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$1.800	\$1.800	\$1.800
Total Drug Resources by Function	\$1.800	\$1.800	\$1.800
Drug Resources by Decision Unit			
Fighting Fraud Involving Opioids and Compounded Medications in the FECA Program	\$1.800	\$1.800	\$1.800
Total Drug Resources by Decision Unit	\$1.800	\$1.800	\$1.800
Drug Resources Personnel Summary			
Total FTEs (direct only)	9	9	9
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	2.0%	2.0%	1.7%

Program Summary

MISSION

The Office of Inspector General (OIG) has dedicated significant investigative resources over the years to improve the 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 healthcare programs, has experienced a dramatic increase in the costs and misuse 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

The OIG will continue to 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 2023, the Office of Inspector General requests \$1.8 million for drug control activities; no change from the FY 2022 CR level.

Fighting Fraud Involving Opioids and Compounded Medications in the FECA Program

Total FY 2023 Request: \$1.8 million

(No change from the FY 2022 CR level)

Over prescription of Opioids and the use of Compounded Medications in the FECA Program is a major contributor to opioid addiction and to the unlawful and unnecessary prescribing of medications to treat injured federal workers. Provider fraud that involves the prescribing of medically unnecessary compounded medications, including those that contain opioids, is a significant area of concern for the OIG.

In FY 2023, \$1.8 million in requested funding will support the OIG's oversight of OWCP's management of pharmaceutical costs and compounded drug medications in the FECA program, including reviewing OWCP's management of the use of opioids. The funding will allow the OIG to continue important criminal law enforcement activities targeting the unlawful prescribing of opioids to FECA claimants that often results in addiction.

EQUITY

OIG's efforts to address provider fraud that involves the unlawful prescription of opioids advances the goals of the President's June 25, 2021 Executive Order on Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce, in that it is a strategy to advance equity and accessibility in a federal employee compensation program by ensuring accessibility to high-quality healthcare to all federal employees.



OFFICE OF NATIONAL DRUG CONTROL POLICY





OFFICE OF NATIONAL DRUG CONTROL POLICY

High Intensity Drug Trafficking Areas

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Intelligence	\$72.746	\$72.746	\$71.940
Interdiction	22.838	22.383	22.135
Investigations	177.170	178.893	176.847
Prevention	5.183	3.460	3.460
Prosecution	6.049	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	290.000	290.000	293.500
Drug Resources by Decision Unit			
HIDTA	290.000	290.000	293.500
Total Drug Resources by Decision Unit	290.000	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	66.4%	66.4%	65.1%

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 2023, ONDCP requests \$293.5 million for the HIDTA Program, an increase of \$3.5 million above the FY 2022 CR level.



HIDTA

FY 2023 Request: \$293.5 million

(\$3.5 million above the FY 2021 CR level)

For FY 2023, the request level for HIDTA is \$293.5 million, an increase of \$3.5 million from the FY 2022 CR level. The request includes up to \$5.8 million for auditing services and associated activities. The allocation is needed to enhance oversight and accountability by enabling HIDTA 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), technological solutions to performance management and financial compliance and oversight. The request also includes up to \$3.5 million to fund the Grants Management System. (Since the FY 2023 was developed based upon the FY 2022 CR level, the request for the Grants Management is up to \$3.5 million, which would allow for the flexibility of funding the new system or funding the estimated annual maintenance cost of \$1.5 million).

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, 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 overdose response strategy in HIDTAs on a nationwide basis.

ORS has an ambitious goal – to leverage its strategic partnerships to target the organizations and individuals trafficking deadly drugs, such as 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 law enforcement agency.

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 3,002 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 \$17.6 billion (wholesale value) of drugs from the market and seized \$827.7 million in cash from drug traffickers.
- HIDTA includes law enforcement representation at different levels of federal, State, local, and Tribal governments. Drug enforcement efforts should target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within the United States, and should not disproportionately focus on specific racial or ethnic groups. ONDCP believes it is critical to approach the HIDTA program with an equity lens, and this assessment will strengthen current understanding of barriers and opportunities.

EQUITY

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

At the regional level, HIDTAs engage with underserved communities, including Tribal members and law enforcement. The HIDTA Program serves as a resource for much-needed services including substance use prevention activities, training, equipment, prosecutorial support, and law enforcement deconfliction.



OFFICE OF NATIONAL DRUG CONTROL POLICY

Other Federal Drug Control Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$107.000	\$107.000	\$111.200
Research and Development	18.182	18.182	20.470
Treatment	3.000	3.000	3.000
Total Drug Resources by Function	\$121.715	\$128.182	\$134.670
Drug Resources by Decision Unit			
Drug-Free Communities	\$102.000	102.000	106.000
Anti-Doping Activities	14.000	14.000	14.000
World Anti-Doping Agency Dues	2.932	2.932	3.420
Model Acts Program	1.250	1.250	1.250
Section 103 of Public Law 114-198	5.000	5.000	5.200
Drug Court Training and Technical Assistance	3.000	3.000	3.000
Performance Audits and Evaluations	----	----	0.500
Policy Research	----	----	1.300
Total Drug Resources by Decision Unit	\$121.715	\$128.182	\$134.670

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	29.4%	29.4%	29.9%

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 2023, ONDCP requests \$134.7 million for Other Drug Control Activities, an increase of \$6.5 million above the FY 2022 CR level.

Other Federal Drug Control Programs

FY 2023 Request: \$134.7 million

(\$6.5 million above the FY 2022 CR level)

The request includes funding for the programs detailed below.

Drug Free Communities (DFC)

FY 2023 Request: \$106.0 million

(\$4.0 million above the FY 2022 CR level)

The 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 2023 request level for DFC is \$106.0 million and 2 FTE. This is an increase of \$4.0 million from the FY 2022 CR 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 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

FY 2023 Request: \$14.0 million

(No change from the FY 2022 CR level)

This funding continues the effort to educate athletes on the dangers of drug use and to eliminate illegal drug use in Olympic and associated sports in the United States.

World Anti-Doping Agency (WADA) Dues

FY 2023 Request: \$3.2 million

(\$0.2 million above the FY 2022 CR 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 the United States' dues.

Model Acts Program

FY 2023 Request: \$1.3 million

(No change from the FY 2022 CR level)

This funding provides resources to advise states on establishing laws and policies to address illicit drug use issues, and revise such model state drug laws and draft supplementary model state laws to take into consideration changes in illicit drug use issues in the state involved.

Sec. 103 of Public Law 114-198

FY 2023 Request: \$5.2 million

(\$0.2 million above the FY 2022 CR level)

This funding provides grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises and emerging drug misuse issues within the area served by the eligible entity. ONDCP is requesting up to 12% for administrative costs associated with the program. This is a change from the 8% cap for administrative costs.

Drug Court Training and Technical Assistance

FY 2023 Request: \$3.0 million

(No change from the FY 2022 CR 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 interdisciplinary drug court teams to increase drug court participant retention and completion rates, and provide a state-by-state examination of drug courts.

Performance Audits and Evaluations

FY 2023 Request: \$0.5 million

(This is a new initiative.)

Funding will be used to support performance audits and evaluations to examine the efficiency and effectiveness of federal efforts, and provide an avenue for corrective action if the goals/objectives of the *Performance Review System (PRS) report* and the *National Drug Control Assessment* are not being met.

Policy Research

Total FY 2023 Request: \$1.3 million

(This is a new initiative.)

Funds will be used to conduct short-turnaround contract research projects to address specific issues concerning policy and in support of the *Strategy*.

EQUITY

ONDCP is committed to advancing equity within their programs. Specifically, through the Community Anti-Drug Coalitions of America (CADCA) National Coalition Institute (NCI), a National Youth Advisory Committee (NYAC) was formed in September 2021 to ensure that diverse youth voices are involved in the development of substance use prevention solutions. Additionally, the 2022 National Coalition Academy (NCA) curriculum was revised with a health equity lens to increase understanding of its correlation to substance use prevention.



OFFICE OF NATIONAL DRUG CONTROL POLICY

Salaries and Expenses

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Interdiction	\$3.680	\$3.680	\$4.468
International	3.680	3.680	4.468
Investigations	2.392	2.392	2.904
Prevention	3.128	3.128	3.798
State and Local Assistance	2.392	2.392	2.904
Treatment	3.128	3.128	3.798
Total Drug Resources by Function	\$18.400	\$18.400	\$22.340
Drug Resources by Decision Unit			
Operations	\$18.400	\$18.400	\$22.340
Total Drug Resources by Decision Unit	\$18.400	\$18.400	\$22.340
Drug Resources Personnel Summary			
Total FTEs (direct only)	65	65	74
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources Percentage	4.2%	4.2%	5.0%

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 2023, ONDCP requests \$22.3 million, an increase of \$3.9 million above the FY 2022 CR level.



Operations

FY 2023 Request: \$22.3 million

(\$3.9 million above the FY 2022 CR level)

The FY 2023 request for ONDCP S&E Operations is \$22.3 million and supports a level of 74 FTE. This is an increase of \$3.9 million over the FY 2022 CR level of \$18.4 million. The request includes 9 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 SUD and its consequences by coordinating the nation's drug control policy, ONDCP requires 9 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 of the Administration:

- In 2021, ONDCP announced that a total of 745 community coalitions in all 50 states received over \$93 million through DFC program grants. This represents the largest single-year investment in the program's history.
- ONDCP released model laws for states to help expand access to naloxone and syringe services programs.
- ONDCP announced the release of a model law for State legislatures that would help ensure opioid litigation settlement funds are directed to addressing addiction and the overdose epidemic in impacted communities and with public accountability.
- HHS released the Practice Guidelines for the administration of Buprenorphine for Treating Opioid Use Disorder, which exempt eligible health care providers from certain federal certification requirements related to training, counseling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine. This action expands access to evidence-based treatment by removing a critical barrier to buprenorphine prescribing.
- President Biden announced two Executive Orders to counter TCOs and illicit drug trafficking, first by formally establishing the United States Council on TOC, and second, by modernizing and expanding the United States Government's ability to target DTOs, their enablers, and financial facilitators through sanctions and other related actions.
- ONDCP and CDC provided funding for the nationwide expansion of the HIDTA ORS to all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The Strategy brings together drug intelligence officers and public health analysts at the local and regional level to share information and develop evidence-based intervention and support services that reduce overdoses.
- ONDCP disbursed a historic baseline amount of \$273 million to 33 HIDTAs, which included \$5 million to expand the ORS to all 50 states.
- "Drug misuse" was classified by GAO in the high-risk category in March. ONDCP has convened an interagency working group to address the designation.
- ONDCP consulted nearly 100 stakeholders in developing the Statement of Policy Priorities, which was delivered to Congress by the April 1st deadline.



EQUITY

The spirit of Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government) is carried throughout ONDCP's first-year drug policy priorities. There is a specific policy priority focused on advancing racial equity, and there is also a broader equity focus – of reaching underserved communities – many of which involve close collaboration with the interagency. The agency actively engages people with lived experience in the development of drug policy to ensure that ONDCP meets the healthcare needs of our citizens where they are at.

ONDCP's Deputy Director spearheaded an agency-wide effort to include equity as a core component of its work. As a result of this effort, "Advancing racial equity in its approach to drug policy" was included in the Statement of the Biden-Harris Administration's Drug Policy Priorities released on April 1, 2021.

ONDCP's leadership created agency-wide workplans that will guide ONDCP in implementing these first-year priorities. One action of particular import is the establishment of a research agenda to meet the needs of historically-underserved communities. Furthermore, advancing racial equity in ONDCP's approach to drug policy is a strong focus in the *Strategy*.

ONDCP's leadership understands that Executive Order 13985 is designed to transform how agencies interact with the people they serve. During the agency assessment, and the development of the Equity Action plan ONDCP executing the following tasks:

- On May 13, 2021, the ONDCP Human Capital Specialist coordinated with the Equal Employment Opportunity Commission (EEOC) to deliver an equity training session on Equal Employment Opportunity (EEO) issues and the EEO processes. This training was attended by all supervisory personnel within the ONDCP.
- As part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, a virtual training course was held on May 20, 2021 for the regional HIDTA Directors and Deputy Directors. This unique training was designed to provide HIDTA leadership with the skills to accurately assess their workplace environment and address the challenges, hopes, and concerns held by their staff. Moreover, the training develops a cohesive multidisciplinary team to assist participants in identifying opportunities for cultural shifts in the workplace from stress to support.
- On June 22, 2021, the Acting Director of ONDCP testified before Congress in support of proposed legislation to end the federal sentencing disparity between crack cocaine and powder cocaine. ONDCP continues to work on efforts to support this proposed legislation.
- In July 2021, ONDCP published a Request for Information (RFI) in the Federal Register (86 FR 35828) to solicit comments and input on the Application of Equity in United States National Drug Control Policy. This RFI allowed ONDCP to engage with members of the general public and stakeholder organizations to evaluate and assess to what extent ONDCP's policy development process, drug budget review and certification processes, and grant administration programs perpetuate systemic barriers to opportunities for



underserved communities. ONDCP received more than 75 comments from stakeholders, citizens, and interest groups.

In addition to these early actions focused on immediately advancing equity goals in the ONDCP's work, ONDCP leadership was consistently involved in the assessment process. ONDCP leadership included the perspectives and input from ONDCP staff, and the agency met all of the interim and final deadlines established by the Executive Order. ONDCP submitted its final Agency Equity Action plan to OMB on January 21, 2022. The Action plan focused on the following five areas: NDCS Policy Development Process; HIDTA Program; National Drug Control Budget Oversight Process; Ongoing Outreach to Tribal Nations; and the DFC Grant Program. Each focus area included stated goals, and anticipated barriers to achieving these equity goals.



DEPARTMENT OF STATE





DEPARTMENT OF STATE

Bureau of International Narcotics and Law Enforcement Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
International	\$420.276	\$406.812	\$374.679
Total Drug Resources by Function	\$420.276	\$420.276	\$374.679
Drug Resources by Decision Unit			
International Narcotics Control and Law Enforcement	\$420.276	\$420.276	\$374.679
Total Drug Resources by Decision Unit	\$420.276	\$420.276	\$374.679

Drug Resources Personnel Summary			
Total FTEs (direct only)	142	118	127
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$37.7	\$41.2	\$41.9
Drug Resources Percentage	1.1%	1.0%	1.0%

¹Total Agency Budget is the entire foreign assistance budget (both State and USAID).

Program Summary

MISSION

DoS' INL is responsible for the Department's counternarcotics activities. INL's mission is to help keep Americans safe at home by countering transnational crime; the cultivation, production, and trafficking of illicit drugs; and instability abroad. INL helps countries address these threats by providing assistance to develop and strengthen their counternarcotics, law enforcement, and justice institutions. INL's efforts are directed at reducing the impact of crime and preventing illicit trafficking of drugs, such as cocaine, methamphetamine, heroin, and synthetic opioids, including fentanyl and its analogues, from reaching United States shores.

INL publishes the United States government's International Narcotics Control Strategy Report, and develops, implements, and monitors foreign assistance programs that advance United States counternarcotics priorities. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and synthetic illegal drugs. INL technical assistance and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering activities. Training and assistance also support reducing drug use through prevention, treatment, and recovery-oriented programs as well as projects that are designed to strengthen drug-free community coalitions that target illegal drugs, promote antidrug networks, improve treatment systems, and engage in empirically based outcome evaluations. INL's aviation program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.



Projects funded by INL are also directed at sustainably improving foreign partners' capabilities in law enforcement and intelligence gathering; increasing drug interdictions; enhancing law enforcement capacity to conduct effective investigations, prosecutions, and convictions of major narcotics criminals; and breaking up major DTOs. These activities enable foreign governments to serve as stronger partners with United States law enforcement and criminal justice agencies in investigating and prosecuting transnational crime. INL is responsible for foreign policy formulation and coordination to advance diplomatic initiatives in counternarcotics and transnational crime 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 categories. Within the Peace and Security program category, INCLE resources support the Citizen Security and Law Enforcement, Counternarcotics, Trafficking in Persons, and Transnational Threats and Crime program areas. The Department scores as drug control all funding that is allocated under the Counternarcotics program area.

The FY 2023 budget totals for country, regional, and global programs in this document only include program funds. Consistent with the FY 2022 Congressional Budget Justification (CBJ), all country program development and support (PD&S) funds for FY 2023 are centralized in the INL PD&S operating unit. PD&S funding reflects the necessary costs of administering and conducting proper oversight of INL foreign assistance programming, including counternarcotics programming. The centralization of PD&S funds for the bureau is intended to 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.

BUDGET SUMMARY

In FY 2023, CBJ requests \$374.7 million for Drug Control Activities, a decrease of \$32.1 million below the FY 2022 CR level.

International Narcotics Control and Law Enforcement

FY 2023 Request: \$374.7 million

(\$32.1 million below the FY 2022 CR level)

In support of the President's agenda that prioritizes the well-being of Americans, bolsters the United States' national security, secures our borders, and advances United States economic interests, the FY 2023 INCLE request concentrates resources where they offer the most value and impact to these priorities. The requested total of \$374.7 million is for counternarcotics programming (\$315.4 million) and related PD&S (\$59.2 million). Excluding PD&S, the total decrease in INCLE counternarcotics programming from the FY 2022 CBJ to the FY 2023 CBJ is \$31.4 million. 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. In addition,



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 the United States' 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.

Country and Regional Programs (Alphabetical by Region)

Africa

Liberia

The FY 2023 CBJ request for Liberia is \$0.9 million in program funds, a straightline from the FY 2022 CBJ. The FY 2023 request for counternarcotics 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 counternarcotics 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 counternarcotics efforts.

Nigeria

The FY 2023 CBJ request for Nigeria is \$0.3 million in program funds. The FY 2022 CBJ did not include counternarcotics funding for Nigeria. The FY 2023 request for counternarcotics will support a CN Advisor who will liaise and assist the Nigerian Drug Law Enforcement Agency (NDLEA) and Nigerian Customs to strengthen their capabilities to investigate, interdict, and disrupt drug trafficking through technical assistance, mentoring, and provision of training. This includes developing and implementing counternarcotics training that strengthen NDLEA and Customs officer investigative skills and assisting the NDLEA and Customs to develop the management structures to run an efficient and effective agency. The advisor will also facilitate and support Nigerian participation in regional counternarcotics efforts and provide technical assistance, guidance, and input for counternarcotics policy-related matters for INL and Mission Nigeria as needed.



East Asia and the Pacific

Indonesia

The FY 2023 CBJ request for Indonesia is \$0.9 million in program funds, a straightline from the FY 2022 CBJ. The Indonesian government faces challenges in ensuring cross-border cooperation on counternarcotics due to extensive and porous maritime borders and numerous ports. The FY 2023 request will support the provision of specialized technical training and equipment to counternarcotics officers to increase their ability to investigate drug trafficking cases and address narcotics and precursors trafficking. United States assistance will also increase the Government of Indonesia's capacity to reduce demand and rehabilitate drug users.

Laos

The FY 2023 CBJ request for Laos is \$0.5 million in program funds, a straightline from the FY 2022 CBJ. 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.

The Philippines

The FY 2023 CBJ request for the Philippines is \$0.4 million in program funds, a straightline from the FY 2022 CBJ. United States' assistance supports Philippine efforts to reduce drug demand by supporting comprehensive capacity building interventions in developing the drug demand reduction workforce, professionalizing drug prevention and treatment services, and supporting 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 counternarcotics projects focused specifically on transnational interdiction, such as units focused on drug trafficking across international borders.

Vietnam

The FY 2023 CBJ request for Vietnam is \$1.0 million in program funds, a straightline from the FY 2022 CBJ. The FY 2023 CBJ request will support the provision of specialized training, technical assistance, and equipment to Vietnam's counternarcotics officers to increase their ability to investigate drug-trafficking cases and address drug and precursor trafficking. United States 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.



South and Central Asia

Afghanistan

The FY 2023 CBJ request for Afghanistan is \$5.0 million in program funds, a decrease of \$16.2 million from the FY 2022 CBJ level of \$21.2 million. Afghanistan consistently produces over 80 percent of the world's opium. Narcotics-derived revenue increases corruption, undercuts the licit economy, causes a public health crisis, and damages trust in public institutions. Domestic drug use 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 who 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.

Following the drawdown in Afghanistan, INL has been approved to continue limited non-humanitarian assistance programming in Afghanistan, including counternarcotics programs. This includes programs that support Afghan women professionalization in counternarcotics studies at higher education institutions, such as the Asian University for Women in Bangladesh, as well as support for treatment and prevention efforts to address SUDs, including services for Afghans in rural areas and for women and children. In addition, funds will continue to support messaging campaigns to raise awareness about the threat of illicit narcotics to the health and security of Afghans and assist rural farmers to grow licit alternatives to poppy.

Kazakhstan

The FY 2023 CBJ request for Kazakhstan is \$0.4 million in program funds, a straightline from the FY 2022 CBJ. 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. Funds will support the development of DEA-implemented training programs on the detection of synthetic drug trafficking and the dismantling of laboratories. Funds will also assist the Government of Kazakhstan to develop a drug intelligence "fusion center" with the participation of several Kazakhstani law enforcement agencies.

Pakistan

The FY 2023 CBJ request for Pakistan is \$3.0 million in program funds, a decrease of \$1.0 million from the FY 2022 CBJ level of \$4 million. The FY 2023 request for counterdrug activities in Pakistan will focus on initiatives that improve regional stability, address transnational crime, and advance United States national security interests by supporting efforts to address 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. Funds will continue to develop the capability of Pakistan's counternarcotics law enforcement agencies, such as the Anti-Narcotics Force and Customs, to disrupt narcotics trafficking. INCLE assistance will be targeted toward Khyber Pakhtunkhwa and Balochistan to address 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.

The FY 2023 request will primarily support interdiction efforts by providing training, mentorship, equipment, and targeted material support in coordination with the DEA. It will also bolster law enforcement agencies' presence along Pakistan's porous border and maritime channels to prevent



Afghan-sourced opiates from entering global markets. Additionally, 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 2023 CBJ request for Tajikistan is \$1.0 million in program funds, a straightline from the FY 2022 CBJ. Tajikistan is located along a major drug trafficking route for opiates and other drugs transiting from Afghanistan to Russia and Eastern Europe. The INL counternarcotics drug interdiction program enhances the government's capacity to address narcotics trafficking, diminishing the amount of illegal drugs flowing through Central Asia and decreasing funding for TOC operations and terrorist funding. INL counternarcotics programs include close collaboration with the Tajikistan Drug Control Agency (DCA) and support training assistance for the DCA via its training academy. The counternarcotics drug demand reduction 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 2023 CBJ request for Uzbekistan is \$0.2 million in program funds, a straightline from the FY 2022 CBJ. Uzbekistan experiences cross-border opiate trafficking from Afghanistan and Tajikistan. INCLE counternarcotics 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 addressing illicit drug-related money laundering.

Central Asia Regional

The FY 2023 CBJ request for Central Asia Regional is \$2.0 million, an increase of \$0.7 million from the FY 2022 CBJ. 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. INCLE funds seek 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 counternarcotics units both inside and outside the region. 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 TOC groups. Increased funding will enable INL to support efforts to establish trusted, vetted investigative units among the region's counternarcotics authorities.

Western Hemisphere

Colombia

The FY 2023 CBJ request for Colombia is \$115.5 million in program funds, a decrease of \$17.0 million from the FY 2022 CBJ. The United States, working closely with our Colombian partners, will continue to implement a holistic counternarcotics 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. The holistic strategy focuses on integrated supply reduction, comprehensive rural security, justice and development, and environmental protection. Over the long term, integrated implementation of these pillars is intended to decrease the availability of cocaine in the United States and Colombia, curb drug-related violence that continues to threaten Colombian communities, and reduce the number of cocaine-related overdose deaths in the United States.

To stem the growing strength of illegal armed groups and consolidate state control over the entire national territory, the United States and Colombian governments will continue to work together to dismantle these armed groups; address cocaine trafficking; provide security and other government services to all Colombians, particularly in rural areas; and foster licit economic opportunities. With INCLE counternarcotics funds, the United States government will support and complement Colombia's holistic national counternarcotics strategy by pursuing an integrated strategy that includes eradication, laboratory destruction, interdiction, and other law enforcement operations against TCOs, particularly in strategic rural areas where nearly all narcotics production and trafficking occur. INL programming complements USAID economic and rural development programs that seek to provide licit economic opportunities to Colombians. By bringing these interventions in targeted high coca producing and notoriously dangerous areas, the United States 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 counternarcotics funding will assist the Colombian government as it implements the following aspects:

- Maintaining a fleet of United States- and Colombian-titled aircraft for counternarcotics and law enforcement missions, including rural security.
- Tailoring coordinated eradication and interdiction operations appropriate to local conditions.
- Designing and investing in new strategies and technologies to improve the safety, security, and effectiveness of eradication teams.
- Continuing rigorous interdiction operations, including precursors, high-value 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

Mexico

The FY 2023 CBJ request for Mexico is \$13.0 million in program funds, a \$9.0 million decrease from the FY 2022 CBJ.

In October 2021, the United States and Mexico opened a new era in security cooperation based on partnership, guided by shared responsibility, and driven by a national security interest in both countries to stop criminal groups from smuggling the illicit drugs and weapons that threaten the health and safety of our citizens and engage in human smuggling and human trafficking. The



United States-Mexico Bicentennial Framework for Security, Public Health, and Safe Communities establishes a comprehensive, long-term approach for binational actions to pursue the safety and security of our societies. The framework is informed by the drug policy priorities of the Administration, which promote an evidence-based public health and public safety approach to reducing drug demand and overdoses and saving lives, as well as a focus on ensuring racial equity, community-based crime prevention, and the promotion of harm-reduction efforts.

INL programs will support the Bicentennial Framework, according to three goals:

Goal 1: Protect Our People: Build sustainable, healthy, and secure communities to benefit citizens of both nations.

- **Drug Demand Reduction:** FY 2023 funds will promote evidence-based public health cooperation between the United States and Mexico to address SUDs, expand therapeutic justice and alternatives to incarceration for drug-related crimes, and professionalize mental health and addiction treatment professionals using international certification standards.

Goal 2: Prevent Transborder Crime: diminish the capacity of TCOs and prevent trafficking of drugs, arms, wildlife, and people as well as human smuggling.

- **Humane and Secure Border and Port Management:** FY 2023 funds will support the development of a more integrated United States-Mexico border to facilitate legitimate trade and travel, reduce redundant layers of screening, and enhance capabilities to detect illicit goods. Assistance increases Mexico's capacity to manage airports and seaports and an orderly migration process that promotes human rights through technology and technical assistance. These funds will support various task forces to advance efforts to counter arms, drugs, human trafficking, migrant smuggling, and cybercrime.
- **Counternarcotics and Precursor Chemical Control:** FY 2023 funds support Mexican efforts to better target, analyze, and eradicate poppy fields and promote intelligence-driven counternarcotics operations. Funds help train and equip Mexican officials to detect and safely dismantle clandestine drug labs, provide technology to disrupt the supply chain of diverted precursor chemicals used to make drugs, and support exchanges with the private sector to prevent precursor chemical diversion

Goal 3: Pursue Criminal Networks: Impunity Reduction and Equitable Access to Fairer Justice: FY 2023 counternarcotics funding for INL programs may include training in the use of data and analysis in counternarcotics investigations while promoting cooperation between investigators, analysts, prosecutors, forensic experts, and police through taskforces and specialized units.

The FY 2023 INCLE budget request does not include any funding for alternative development since the GOM has publicly stated that it plans to support alternative development with its own resources.



Peru

The FY 2023 CBJ request for Peru is \$42.7 million in program funds, a decrease of \$1.0 million from the FY 2022 CBJ request. The United States government will continue to support Peru's three-pronged counternarcotics strategy that balances eradication, interdiction, and alternative development in Peru. In CY 2020, Peru recorded another record high in coca cultivation and cocaine production. Peru was hit hard by the COVID-19 pandemic with some of the highest infection and death rates in South America. In CY 2021, the pandemic continued to severely hamper Peruvian counternarcotics efforts, forcing a five month pause in eradication as well as budget cuts. In addition, Peru's presidential elections and political turnover attributed to delays in the country's counternarcotics efforts.

INL's 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 Asia. Supporting Peru in curbing illicit coca cultivation and production of illicit narcotics is essential to the United States' national interests. Transnational criminal networks threaten the United States 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 2023 request for Peru will remain focused on counternarcotics, particularly in response to the CY 2020 increase in coca cultivation to 88,200 hectares (ha) of coca from 72,000 ha in CY 2019 and 52,000 ha in CY 2018. FY 2023 funds will be used to provide operational support for the labor-intensive manual eradication program managed under Peru's Coca Monitoring and Reduction Agency, particularly in high-yield coca regions, including the western highlands of Puno and the Valley of Apurimac, Ene, and Mantaro Rivers. These two regions are the sources of nearly 85 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 counternarcotics funding to cover personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations.

The FY 2023 CBJ bilateral request also supports Peru's aviation costs, which are a critical enabler of eradication and interdiction programming. Counternarcotics aviation assistance includes training for Peruvian National Police pilots, aircrews, and support personnel needed to operate and maintain a fleet of United States government-owned Huey-II helicopters and fixed-wing aircraft while the negotiations to nationalize the aviation program with the Peruvian government continue.

INCLE funds for Peru 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, and bulk currency. 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 2023 CBJ request for CARSI is \$46.4 million in program funds, an increase of \$1.0 million from the FY 2022 CBJ. INL programming is in support of the Administration’s Root Causes Strategy, which will address security and governance in the region. Resources for counternarcotics activities will support Central American countries to continue successful efforts to disrupt the trafficking of narcotics.

INCLE funding addresses the security-related drivers of irregular migration from Central America to the United States and addresses drug trafficking, TOC, gangs, violence, including gender-based violence, and human smuggling to keep them from reaching the United States border. The FY 2023 request will support targeted training and advisors from the DEA, FBI, DHS/HSI, USCG, other United States government agencies, and INL subject matter experts to build the intelligence and interdiction capacities of partner country vetted units and specialized task forces to detect, deter, and disrupt the trafficking of narcotics before they can 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 counternarcotics, gangs, bulk cash smuggling, human trafficking and smuggling, extortion, corruption, and money laundering. To reduce narcotics usage and narcotics-related crime, assistance will support training, crime prevention, alternative sentencing, school resource officers, and targeted 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, and providing equipment and logistics support to sea- and land-based interdiction forces. Programming also provides maritime and land interdiction advisors to strengthen CARSI partner country capacity for operations and ensure sustainability through self-maintenance. (Note: Consistent with the FY 2022 CBJ, the Department is requesting Economic Support Fund and INCLE funding for CARSI in the newly created State Central America Regional operating unit. In prior years, CARSI was funded under the State Western Hemisphere Regional operating unit.)

State Western Hemisphere Regional – Caribbean Basin Security Initiative (CBSI)

The FY 2023 CBJ request for CBSI is \$6.5 million in program funds, a straightline from the FY 2022 CBJ. 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 counter crime, violence, and corruption, 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 2023 request for counterdrug activities in the Caribbean includes funds to disrupt illicit narcotics trafficking 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 United States 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, prosecution capabilities; enhance maritime domain awareness and operational readiness; and strengthen port security through bilateral, sub-regional, and regional engagement, strategic planning, and capacity building.

State Western Hemisphere Regional – Other (Western Hemisphere Regional Security Cooperation)

The FY 2023 CBJ request for State Western Hemisphere Regional – Other is \$0.5 million in program funds, a decrease of \$1.0 million from the FY 2022 CBJ. 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. Counternarcotics funds will facilitate regional coordination to improve interdiction efforts, which may include targeting of precursor chemicals.

Centrally Managed INL Programs Drug Demand Reduction (DDR)

The FY 2023 CBJ request for DDR is \$15.0 million in program funds, a straightline from the FY 2022 CBJ. With FY 2023 funds, INL will support DDR programming that has been validated through outcome evaluations. INL's DDR programming aims to reduce 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 United States-supported counternarcotics policy approaches. Training and other aspects of the program are designed to professionalize the workforce and disseminate scientifically grounded methodologies to include the promotion of treatment for persons with SUDs involved with the criminal justice system through alternative to incarceration systems. 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 further instill international evidence-based standards promoted by the United States.

Programming has supported the development of specialized training materials, which have subsequently been adopted by United States universities to benefit United States 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 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. INL is also working to promote quality assurance for drug treatment centers to ensure the promotion of the international standards for treatment developed by the United Nations.

Drug Supply Reduction (DSR)

The FY 2023 CBJ request for DSR is \$19.9 million in program funds, an increase of \$2.9 million from the FY 2022 CBJ. Funds will support global and regional programs to address and reduce illicit supplies of drugs, particularly synthetic drugs such as fentanyl and methamphetamine, and their precursor chemicals that are fueling the deadly United States drug crisis. The funds will support Administration priorities to reduce drug supply and stop drug overdose deaths. 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 United States 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 projects to identify industry leaders in responsible management practices to prevent the manufacture, sale, and movement of synthetic drugs and share best practices globally.

Global Crime and Drugs Policy (GCDP)

The FY 2023 CBJ request for GCDP is \$3.1 million in program funds, a straightline from the FY 2022 CBJ. INL has mobilized large multilateral forums to react quickly to the United States opioid crisis, including the threat posed by illicit fentanyl and its analogues, and broader proliferation of new psychoactive substances. The international framework for cross-border law enforcement cooperation to prevent, investigate, prosecute, and dismantle drug trafficking and transnational crime groups are codified under the three UN drug treaties, the UN Convention against TOC, and the UN Convention against Corruption, all of which are based on United States law and practice. INL's GCDP funding to the 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 2023 request for counterdrug programs will continue assistance to UNODC and the OAS Inter-American Drug Abuse Control Commission. Broadly, UNODC and the OAS deliver technical assistance programming that protects United States citizens by enabling greater operational cooperation between international 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 cooperation to reduce illegal drug supplies in the Western Hemisphere, a critical effort in addressing the United States opioid challenge. Programs through UNODC and the OAS also enhance international cooperation among states to help eliminate safe havens for TCOs and enable greater burden-sharing through contributions from a wider array of donors.

Activities under this line item are limited to global and regional programs that enable UNODC and the OAS to operate a network of field offices and central Secretariat services; ensure internal accountability and oversight; and deliver technical guidance, research, and analysis on treaty and policy obligations in the field of drug control and TOC. Support to UNODC and the OAS under this line item benefits all other INCLE line items that leverage these institutions to deliver United States foreign assistance at the country, regional, and global levels.

Interregional Aviation Support (IAS)

The FY 2023 CBJ request for IAS is \$37.4 million in program funds, an increase of \$9.0 million from the FY 2022 CBJ. With FY 2023 funds, INL will continue to provide the centralized core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL's aviation activities in Peru, Panama, Costa Rica, and temporary locations. This base of support is essential for managing and sustaining logistical systems and the Air Wing management structure, which are critical for successful air operations. Centrally administered oversight provided through IAS includes: setting, implementing, and monitoring uniform safety and training standards consistent with aviation industry practices; a logistics support system for acquiring, storing, and shipping critical aviation parts and components worldwide; fleet-wide maintenance management; administration of aviation support contracts; and maintaining technical expertise and capability to employ Unmanned Aircraft Systems in support of counter narcotics and law enforcement operations as required. The increase in the FY 2023 request is needed to cover the deficit caused by the closure of Embassy Air Afghanistan, which shouldered a significant portion of global shared costs for aviation. In its absence, the share for IAS increased by nearly \$10.0 million.

PD&S

The FY 2023 CBJ request for PD&S supporting INL's counternarcotics programming is \$59.2 million, a decrease of \$0.8 million from the FY 2022 CBJ. Consistent with the FY 2022 CBJ, the entirety of INL's PD&S budget for all of its administrative requirements for bilateral, regional, and centrally managed operating units is requested in a single, centralized, worldwide PD&S operating unit in the FY 2023 CBJ. This consolidation of the Bureau's PD&S funds is intended to increase INL's flexibility to administer and oversee programmatic requirements – particularly in response to urgent and emerging needs around the world – as well as accelerate access to this funding.



The overall FY 2023 request for INL – PD&S is \$207.3 million, which includes the \$59.2 million in support of INL’s PD&S requirements for counternarcotics programming. The level of PD&S for counternarcotics is proportionate to the level of counternarcotics program funds across the INCLE account (approximately 29 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.

EQUITY

Inequity is a national security challenge with global consequences. The enterprise-wide implementation of E.O. 13985 is a historic shift for DoS, as it requires advancing racial equity and support for underserved communities across all dimensions of United States foreign policy and the broader foreign affairs mission. Principally, this means embedding E.O. 13985 into our externally-facing efforts.

On behalf of Secretary Blinken, the Deputy Secretary of State for Management and Resources, Brian P. McKeon, has led the implementation of E.O. 13985. On March 29, 2021, Deputy Secretary McKeon established an Agency Equity Team, which serves as an enterprise-wide effort to implement E.O. 13985 in our foreign affairs mission. The Agency Equity Team has over 80 colleagues from across our institution, which includes civil service and foreign service employees, political appointees, and contracted employees. The Agency Equity Team’s objective is to identify how we can advance racial equity and support for underserved communities through U.S. foreign policy and assistance, public engagements and exchanges, grants, procurement, contracts, and consular services. The Equity Action Plan provides a roadmap for DoS to generate better-informed policies, programs, and processes to address barriers to equity worldwide and achieve our foreign policy goals. This includes sustained engagement with individuals from marginalized racial and ethnic groups and other underserved communities domestically and overseas.



DEPARTMENT OF STATE
United States Agency for International Development

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
International	\$79,330	\$55,230	\$52,806
Total Drug Resources by Function	\$79,330	\$55,230	\$52,806
Drug Resources by Decision Unit			
Development Assistance	\$20,500	\$23,735	\$16,000
Economic Support Fund	58,830	31,495	36,806
Total Drug Resources by Decision Unit	\$79,330	\$55,230	\$52,806

Drug Resources Personnel Summary			
Total FTEs (direct only)	17	20	20
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$24.9	\$27.7	\$29.4
Drug Resources Percentage	0.2%	0.2%	0.2%

¹Total Agency Budget is the USAID-managed foreign assistance accounts, including DA, ESF, among others.

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 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 programs support United States CN objectives by helping countries develop economically viable alternatives to narcotics production. Specifically, USAID implements alternative livelihood programs that focus on licit job creation, improving commercial agricultural production and market linkages in drug production-prone areas.

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 2021, USAID’s efforts continued to target the flow of illicit drugs to the United States by supporting the transition to peace. In October 2021, the United States Government and the Colombian government announced a more integrated and holistic approach to counter-narcotics. The new strategy integrates public security, counter-narcotics, economic development, and environmental resilience, aiming to make coca eradication gains more



sustainable and by addressing related criminal activities. It expands state presence and licit economic opportunities by connecting isolated rural conflict zones to licit markets while strengthening communities weakened by decades of conflict. It also continues our record of success in bringing in Colombia's powerful private sector and the power of licit markets to coca growing areas.

USAID programs complement INL programs in eradication and interdiction, with USAID supporting sustainable licit crops and livelihoods, land titling, local government strengthening, community development, youth and women's empowerment, rule of law, and human rights efforts. Land titling is an especially important element of our integrated and holistic approach. Besides being central to reducing rural conflict, land titles can reduce coca production and recidivism. Without a land title, about three-quarters of coca growers replant after eradication. With a title, re-planting drops to about 20 percent. 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

USAID/Peru's Alternative Development budget declined from \$32.0 million in FY 2013 to \$10.0 million in FY 2020. 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. This increased investment in conjunction with USAID's work to improve access to digital and financial services, improve basic public services, improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas have helped catalyze economic growth and job creation in post-eradication zones while also providing support to incentivize and facilitate participation in the licit economy. While in FY 2013 USAID helped 20,560 families to transition to licit livelihoods, that number nearly quadrupled, to over 77,000, in FY 2021. With \$13.0 million of investments from private partners in FY 2021, alternative development assistance helped farmers improve yields and the quality of their products on 98,907 hectares of cacao and coffee-based agroforestry plantations—a 180 percent increase, from 35,317 in FY 2013. USAID also focused on helping farmers aggregate their product to meet market demands, leading to \$118.6 million in cacao and coffee sales during FY 2021.

In contrast with prior years when the USG provided 90 percent of funding for alternative development programs, the GOP's investment in alternative development has jumped substantially from \$4.0 million in 2010 to \$39.0 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.) USAID is also working with Peru's counter-narcotics 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 alternative development regions in coming years. To date, USAID has facilitated the transfer of over \$500 million from the central government to municipalities in counter-narcotics zones to improve basic services, including water and sanitation, electricity, roads, health facilities, and schools.



Beginning in FY 2019, USAID has focused on strengthening the capacity of DEVIDA and other GOP entities to replicate successful alternative development 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 in the near future plans to reduce direct government-to-government assistance for alternative development.

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. However, a great deal of political uncertainty has followed the June 2021 presidential election. The new Peruvian government continues to cooperate with the USG on counter-narcotics issues. However, the Government of Peru's approach to eradication (carrying out forced eradication primarily in natural protected areas and buffer zones, as well as on indigenous peoples' lands, and encouraging "voluntary" eradication only in the VRAEM) complicates the implementation of alternative development. Even under ideal circumstances, it would likely take several years to reverse Peru's rising cocaine production. There is a need to increase eradication in the VRAEM and Puno, increase interdiction, and increase jobs for the rural poor.

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 Department of State allocate all funding according to the Foreign Assistance Standardized Program Structure, which contains a Program Area for counter-narcotics. All USAID-managed counter-narcotics 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 2023, USAID requests \$52.8 million for drug control activities, a decrease of \$2.4 million from FY 2022 CR level.

Economic Support Fund (ESF) and Development Assistance (DA) – Andean Region

Colombia

The FY 2023 Request of \$36.8 million for drug control activities, a \$0.1 million increase above the FY 2022 CR level. Colombia is the world's leading cocaine producer; nearly all cocaine seized in the United States originates in Colombia. Coca cultivation and cocaine production remain at record levels. ONDCP's 2020 report on illicit cultivation in Colombia indicates a 15.5 percent increase over last year to 245,000 hectares. The United States and Colombia share responsibility for addressing this surge. United States assistance requests aligned with the Interim National Security Strategic Guidance will focus on dismantling criminal groups, reducing coca cultivation, advancing state presence through rural security and integrated rural development, and increasing environmental protections.

The FY 2023 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. The solutions to these problems lie in comprehensively tackling the root causes for coca cultivation. In 2021, a new, holistic United States-Colombia Counternarcotics Strategy was adopted that is focused on drug supply reduction; comprehensive rural security, and development; and environmental protection. The strategy lays the framework to define broader measures of success for counternarcotics efforts in rural communities to include metrics on access to state services, institutional presence, land formalization, and income for licit producers, as well as coca cultivation.

Assistance will continue programs that promote equitable and environmentally sustainable economic growth—an important counterpart to the Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL) counter-narcotics 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. 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 percent of the country’s coca. Land formalization can play a critical role in sustainably addressing coca cultivation as it changes incentives for farmers to grow coca. Therefore, USAID is testing a new model in three priority municipalities that voluntarily substitutes illicit crops for land titles, while providing smallholder farmers with economic opportunities.

This sequenced model is coordinated with Colombian and interagency counterparts in areas such as demining, rural security, and eradication. In addition, assistance will strengthen legal economies in rural, conflict-affected areas by increasing the competitiveness of licit producers and the value of licit products. Activities will support the Government of Colombia’s initiatives to better integrate security and alternative livelihood programs to further reduce drug production and address other illegal activities such as gold mining; consolidate security; strengthen rural economic development and promote licit and sustainable economic alternatives (e.g., entrepreneurship, creative/circular economies, tourism, etc.); increase access to financial services; promote access to tangible assets such as local internet connectivity; 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 support peace implementation priorities, catalyze and strengthen public and private sector investments in key regions, boost confidence and create trust in the state and other institutions.

Peru

The FY 2023 Request of \$16.0 million for drug control activities, a \$2.5 million decrease from the FY 2022 CR level. The FY 2023 Request for Peru will support the Peruvian-led strategy of eradication, interdiction, and alternative development. According to the Office of National Drug Control Policy, Peru saw an alarming 22 percent year-over-year increase in coca cultivation in 2020, reaching its highest level since 1995; potential cocaine production reached 810 metric tons, the highest level ever. The pandemic, a sharp economic recession, and political instability severely hindered Peru’s counterdrug response in 2020 and 2021. Political turmoil -- including three presidents, eight interior ministers, and five police chiefs in one year -- limited progress on counter-narcotics priorities. There was very little eradication in 2020 and 2021 due to COVID-19



and political instability. Peru's 2022 eradication plan aims to uproot 18,000 hectares of coca, including 1,200 hectares in Mazamari and Alto Anapati in the northern Valley of the Apurímac, Ene, and Mantaro Rivers (VRAEM). 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 the Peruvian Amazon through a three-pronged approach focusing on alternative development, eradication, and interdiction.

Once a community gives up coca, USAID's alternative development 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 public services, environmentally sustainable farming knowledge, improved local governance, access to Internet, financial services, and markets). In line with leveraging Peruvian resources, USAID has progressively transferred many aspects of alternative development 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.

EQUITY

Inequity is a national security challenge with global consequences. The enterprise-wide implementation of E.O. 13985 is a historic shift for DoS, as it requires advancing racial equity and support for underserved communities across all dimensions of United States foreign policy and the broader foreign affairs mission. Principally, this means embedding E.O. 13985 into our externally-facing efforts.

On behalf of Secretary Blinken, the Deputy Secretary of State for Management and Resources, Brian P. McKeon, has led the implementation of E.O. 13985. On March 29, 2021, Deputy Secretary McKeon established an Agency Equity Team, which serves as an enterprise-wide effort to implement E.O. 13985 in our foreign affairs mission. The Agency Equity Team has over 80 colleagues from across our institution, which includes civil service and foreign service employees, political appointees, and contracted employees. The Agency Equity Team's objective is to identify how we can advance racial equity and support for underserved communities through U.S. foreign policy and assistance, public engagements and exchanges, grants, procurement, contracts, and consular services. The Equity Action Plan provides a roadmap for DoS to generate better-informed policies, programs, and processes to address barriers to equity worldwide and achieve our foreign policy goals. This includes sustained engagement with individuals from marginalized racial and ethnic groups and other underserved communities domestically and overseas.



DEPARTMENT OF TRANSPORTATION





DEPARTMENT OF TRANSPORTATION Federal Aviation Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$17.500	\$17.500	\$17.760
Intelligence - interdiction	1.900	1.900	2.540
Investigations	1.380	1.380	1.535
State & Local Assistance	1.900	1.900	2.540
Total Drug Resources by Function	\$22.680	\$22.680	\$24.375
Drug Resources by Decision Unit			
Aviation Safety/Aerospace Medicine	18.880	18.880	19.295
Security and Hazardous Material Safety	3.800	3.800	5.080
Total Drug Resources by Decision Unit	\$22.680	\$22.680	\$24.375

Drug Resources Personnel Summary			
Total FTEs (direct only)	114	114	119
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$18.0	\$18.0	\$18.6
Drug Resources Percentage	0.1%	0.1%	0.1%

Program Summary

MISSION

The mission of FAA is to provide the safest, most efficient aerospace system in the world. The Office of Aerospace Medicine supports drug-related activities within 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 (ASH) 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 LEAs engaged in drug interdiction efforts.

METHODOLOGY

There are no single identifiable line items within the Office of Aerospace Medicine or ASH appropriations that fund drug control efforts. 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 ASH funding is an estimate of support provided to law enforcement agencies to assist in the interdiction of dangerous drugs and narcotics coming into the United States.



Budget Summary

In FY 2023, FAA requests \$24.4 million for drug control activities, an increase of \$1.7 million from the FY 2022 CR level.

Aviation Safety/Aerospace Medicine

FY 2023 Request: \$19.3 million

(\$0.4 million above the FY 2022 CR level)

In FY 2023, Aviation Safety/Aerospace Medicine is requesting \$19.3 million for drug control activities, an increase of \$0.4 million above the FY 2022 CR level.

Drug Abatement Division

FY 2023 Request: \$14.0 million

(\$0.5 million above the FY 2022 CR level)

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 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 United States 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 2023, 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.

Internal Substance Abuse Program

FY 2023 Request: \$5.3 million

(\$0.1 million below the FY 2022 CR level)

Funding in FY 2023 will also support the FAA Internal Substance Abuse Program's requirement to randomly 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 tests: pre-employment, random, reasonable suspicion, post-accident, return-to-duty, follow-up, and voluntary. There are two contractors who provide services on a per-sample basis (Forensic Drug and Alcohol Testing and ALERE Laboratory).



The five categories of drugs the agency tests for are amphetamines, cannabinoids (marijuana), cocaine, opioids, and Phencyclidine, more commonly known as PCP. The funding is required to ensure compliance with drug testing mandated by Executive Order 12564 dated September 15, 1986, and implemented by the Department of Transportation Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

Industry and internal FAA employee testing programs do not exercise discretion in determining who is tested. Testing is conducted either randomly or based on specific circumstances identified above (pre-employment, post-accident, etc.). Neither FAA nor DoT currently collects demographic information related to drug and alcohol testing. The agency will review its data collection and the use of demographic information as a way to protect the equity of drug testing programs.

Security and Hazardous Materials Safety

FY 2023 Request: \$5.1 million

(\$1.3 million above the FY 2022 CR level)

ASH's Law Enforcement Assistance division was initially structured to devote 100 percent of its staff time to ONDCP-related work. Since then, responding to incidents caused by Unmanned Aircraft Systems (UAS) and Laser pointers affecting the safety of the NAS, has been added to the Division's responsibilities, thereby reducing the direct support available for ONDCP work. To address the additional workload from UAS and Laser incidents, ASH requested and received additional LEA positions in the FY 2021 enacted budget, and requested additional positions in FY 2022. In FY 2023, the additional manpower will support LEA activities, to include prioritizing ONDCP initiatives and related investigations.

FY 2023 funding will provide ASH's continued support to DEA, CBP, ICE, and other LEAs in their efforts to interdict narcotics smuggling within the United States while collaborating with foreign entities as appropriate. ASH supports the Administration's initiatives on the national drug control strategy and will continue to provide assistance to federal, State, and local LEAs in their efforts to reduce the supply of illicit substances by providing investigative support, information, and training on aviation operations, registered aircraft, and certificated airmen.

Collaborating with law enforcement is beneficial for both FAA and the agencies the FAA supports, as well as the United States Government's efforts at large. FAA's awareness of investigations and information will enable and support the initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. Harnessing FAA's continuing partnerships, LEA 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 or revocation of airmen and/or aircraft certificates or civil penalties. The FAA LEAP special agents will continue to conduct regulatory investigations into airmen who were convicted of drug-related offenses and are in violation of certain U.S.C. Statutes and Federal Aviation Regulations as a result of information received from individual states, the District of Columbia, and three territories.



FY 2023 funding also supports continued training to federal, State, and local LEAs by LEAP special agents. This 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.

EQUITY

Aviation Safety/Aerospace Medicine

To achieve diversity, inclusion, gender equity while reducing bias, FAA employs a random selection process based on a unique numeric identifier (employee number, Social Security number, etc.) when selecting individuals subject to testing. The purpose is to increase the generalizability of the results. By drawing a random sample from a larger population, the goal is that the sample will be representative of the larger group and less likely to be subject to bias and systemic or unintended errors. Test results from the prior year are utilized to determine the appropriate sample size for the following year.

Security and Hazardous Materials Safety

ASH fosters an inclusive work environment throughout FAA that promotes opportunities for all, including traditionally underrepresented groups such as Hispanics, Women, and People with Disabilities (PWD) / People with Targeted Disabilities (PWTD) through consideration of direct hiring authorities and flexibilities when applicable. To help promote equity in ASH, managers and employees are required to attend annual Diversity, Equity, Inclusion and Accessibility training, choosing from courses such as Harmony & Respect, Reasonable Accommodations, Preventing Bullying, Equity, Hiring PWD / PWTD, and Transgender. FAA has examined the content of its training materials to ensure culturally relevant practices are maintained. LEAP outreach and training is done at the request of LEAs and as such, FAA does not choose or influence any specific demographic, nor does it collect demographic information.



DEPARTMENT OF TRANSPORTATION National Highway Traffic Safety Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prevention	\$11.640	\$14.900	\$15.700
Research	\$0.700	\$0.700	\$1.900
Emergency Medical Services	\$0.500	\$0.500	\$0.500
Total Drug Resources by Function	\$12.840	\$16.100	\$18.100
Drug Resources by Decision Unit			
Drug-Impaired Driving Program	\$2.000	\$2.000	\$2.000
Highway Safety Research	\$1.700	\$1.700	\$2.900
Emergency Medical Services	\$0.500	\$0.500	\$0.500
Communications and Consumer Information	\$8.640	\$11.900	\$12.700
Total Drug Resources by Decision Unit	\$12.840	\$16.100	\$18.100

Drug Resources Personnel Summary			
Total FTEs (direct only)	3	3	3
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.1	\$1.3	\$1.3
Drug Resources Percentage	1.1%	1.2%	1.4%

Program Summary

MISSION

The mission of 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 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. The Office of Communications and Consumer Information is responsible for providing accurate and timely vehicle and traffic safety information to consumers, media, and partner organizations.

METHODOLOGY

NHTSA funds drug-impaired driving research and programs out of its core research and demonstration budget authorized under 23 U.S.C. 403. Additional funding is provided out of NHTSA's High Visibility Enforcement program authorized under 23 U.S.C. 404. NHTSA follows a budget strategy planning process to develop projects each fiscal year and implements standard procedures and controls. 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 2023, NHTSA is requesting \$18.1 million for drug control activities, an increase of \$2.0 million above the FY 2022 CR level.

Drug-Impaired Driving Program

FY 2023 Request: \$2.0 million

(No change from the FY 2022 CR level)

In FY 2023, \$2.0 million in requested funding will support NHTSA assistance to stakeholders at the national, state, and local levels to implement effective drug-impaired driving countermeasures. Activities will include research and development support for the Drug Evaluation and Classification Program; the International Association of Chiefs of Police Annual Drugs, Alcohol, and Impaired Driving Conference; Regional Toxicology Liaison Program; and a Regional Probation and Parole Liaison Program.

Highway Safety Research

FY 2023 Request: \$2.9 million

(\$1.2 million above the FY 2022 CR level)

In FY 2023, \$2.9 million in requested funding will support NHTSA 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. Projects will include a National Roadside Study of Alcohol and Drug Use by Drivers (last conducted in 2013-2014) and a survey regarding awareness and self-reported behavior before and after impaired driving prevention campaigns.

Emergency Medical Services

FY 2023 Request: \$0.5 million

(No change from the FY 2022 CR level)

In FY 2023, \$0.5 million in requested funding will support efforts to improve EMS treatment and surveillance of fatal and non-fatal opioid overdose patients. NHTSA's National Emergency Medical Services Information System (NEMSIS) database allows local communities, states, and territories to receive EMS data (including naloxone administration data) in near-real time and enables the linkage of EMS records with hospital records, PDMPs, and other sources of health information. In FY 2023, NHTSA will continue collaborating with EMS stakeholders to increase the number of states and territories voluntarily submitting NEMSIS Version 3 data.⁵⁰

Communications and Consumer Information

FY 2023 Request: \$12.7 million

(\$0.8 million above the FY 2022 CR level)

In FY 2023, \$12.7 million in requested funding will support the development of communications and media materials to increase public awareness of the dangers of driving after drug use and deter impaired driving.

⁵⁰ <https://nemsis.org/>



EQUITY

All discretionary grants will incorporate racial equity criteria consistent with recent Executive Orders.



DEPARTMENT OF THE TREASURY





DEPARTMENT OF THE TREASURY

Financial Crimes Enforcement Network

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$1.680	\$2.120	\$2.200
Total Drug Resources by Function	\$1.680	\$2.120	\$2.200
Drug Resources by Decision Unit			
Salaries and Expenses	\$1.680	\$2.120	\$2.200
Total Drug Resources by Decision Unit	\$1.680	\$2.120	\$2.200

Drug Resources Personnel Summary			
Total FTEs (direct only)	12	14	14
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.2
Drug Resources Percentage	1.3%	1.7%	1.1%

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, address money laundering and its related crimes, including terrorism, 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 transaction data; analyzes and disseminates data for law enforcement purposes; 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 for 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 2023. The FTE estimate was based on staff working on TCOs with a demonstrated drug nexus, including opioids, and anticipated staff increases in FY 2023. The funding level was estimated using the salary and benefit costs for GS 13-5 personnel.



Budget Summary

In FY 2023, FinCEN requests \$2.2 million for drug control activities, \$0.1 million above the FY 2022 CR level.

Salaries and Expenses

FY 2023 Request: \$2.2 million

(\$0.1 million above the FY 2022 CR level)

FinCEN is seeking to strengthen its efforts to address drug-related financial crimes, including money laundering, cybercrime, and the 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.

Regarding matters relating to narcotics money laundering and illicit finance, FinCEN conducts analysis to develop information that can be useful for investigations of TCOs, including those that engage in narcotics trafficking. BSA data is the primary source of information that FinCEN uses to detect and examine illicit narcotics money flows. However, because criminal organizations often segregate narcotics trafficking from the laundering of narcotics proceeds, FinCEN is often reliant on leads from law enforcement or red flag indicators of narcotics money laundering to detect illicit financial flows related to narcotics trafficking in BSA data.

Examples of FinCEN activities supporting the *Strategy* include:

- FinCEN is a principal-level member of The Interdiction Committee (TIC), and participates actively in TIC activities to discuss and resolve issues related to the coordination, oversight, and integration of international, border, and domestic drug interdiction efforts.
- FinCEN actively participates in the Strategic Division of the United States Council on TOC, providing illicit finance expertise to the development of strategic plans and recommendations for addressing the criminal activities of TOC, including drug trafficking and its support networks.
- FinCEN personnel will continue to provide analytical case support to DEA and multi-agency investigations into Chinese and Middle Eastern money laundering organizations, fentanyl precursor chemical supply networks, and darknet drug trafficking resulting in indictments, arrests, seizures, and proffers.

EQUITY

FinCEN's Diversity, Inclusion and Equality program director is working with colleagues across Treasury and other Federal entities to implement new programs that prioritize minority recruiting, diversity and inclusion, which will recognize and redress inequities in and proactively advance equities through data collection efforts, programs and processes.



DEPARTMENT OF THE TREASURY
Internal Revenue Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Investigations	\$68.974	\$60.257	\$60.257
Total Drug Resources by Function	\$68.974	\$60.257	\$60.257
Drug Resources by Decision Unit			
Criminal Investigation	\$68.974	\$60.257	\$60.257
Total Drug Resources by Decision Unit	\$68.974	\$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)	\$11.9	\$11.9	\$14.1
Drug Resources Percentage	0.58%	0.51%	0.43%

Program Summary

MISSION

The mission of IRS-Criminal Investigation (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 IRS mission by investigating criminal violations under its jurisdiction through three programs: Legal Income Source, Illegal Income Source and Narcotics Programs. IRSCI focuses its counter-narcotics resources on investigating individuals and TOC groups involved in illegal drug trafficking, cyber-crime, and financial fraud schemes designed to legitimize illicit proceeds. IRSCI focuses on the financial aspects of crime, to reduce or eliminate the financial incentives of narcotics trafficking and money laundering by utilizing our unique financial investigative expertise and statutory authority.

IRSCI Narcotics Program supports the Biden-Harris Administration’s *Strategy*, contributing to multi-jurisdictional task forces and other law enforcement efforts to disrupt and dismantle transnational drug trafficking and money laundering organizations, using the United States financial system. IRSCI continues to follow previously laid out strategies and contribute in a significant way by implementing programs recommended by the *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*.

The Southwest Border Region is responsible for the largest and most active OCDETF investigations encompassing 11 judicial districts and 6 OCDETF Strike Forces which IRSCI



participates. IRSCI also has one full-time GS-14 OCDETF Coordinator dedicated to the Southwest Region Coordination Group (SWRCG) who carefully reviews OCDETF, CPOT, and RPOT proposals. Furthermore, IRSCI staffs a full-time GS-14 Desk Officer assigned to the OCDETF Fusion Center South West Border Unit.

In the last 10 years, IRSCI participated in approximately 36% of all OCDETF investigations nationwide. During the same period, IRSCI participated in 44% of all OCDETF investigations initiated in the Southwest Border Region, showing an increased emphasis to address the money laundering activities in that region. Finally, IRSCI historically participated in 90% of all money laundering prosecutions. There is a direct correlation between our involvement and the prosecution of financial charges primarily due to management discussions and agreements with USAO in the various judicial districts across the country.

Nationally, IRSCI continues to support multi-agency task forces including OCDETF, Strike Force Initiatives, HIDTA task forces, DEA's SOD, the IOC2, and the OCDETF Fusion Center. In addition, IRSCI continues the collaboration and partnership with the DoD on its Threat Finance Program. IRSCI investigates an array of financial crimes that pertain to CTF. IRSCI assists in the financial aspects of terrorism investigations, particularly the abuse of non-profit organizations to finance terrorist organizations and activities. IRSCI also focuses on legal-source (tax refund fraud) and illegal-source financial crime (e.g., telemarketing scams, money laundering), both of which tighten the overall financial sector in support of CTF.

Furthermore, IRSCI leads Suspicious Activity Report Review Teams (SARRT) and/or Financial Crimes Task Forces (FCTF) in all judicial districts throughout the nation. The goals of the SARRTs and FCTFs are to identify, disrupt and/or dismantle criminal organizations actively utilizing the United States financial institutions (banks, money service businesses, etc.) to facilitate the movement of illicit proceeds (internationally and domestically) from all illegal sources including narcotics trafficking.

METHODOLOGY

The Narcotics Program's drug control funding is calculated by the share of full time equivalent (FTE) staff performing CN efforts against the IRSCI budget request.

Budget Summary

In FY 2023, IRSCI, requests \$60.3 million for drug control activities, no change from the FY 2022 CR level.

Criminal Investigations

FY 2023 Request: \$60.3 million

(No change from the FY 2022 CR level)

IRSCI's drug control budget request for FY 2023 is \$60.3 million and 295 FTE, no change from the FY 2022 CR level. This is based on FTE cost estimates and is the same funding level requested in prior years. IRSCI plays an important 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 (Title 18) are particularly useful in financial investigations of significant narcotics trafficking organizations and the facilitators that support the organization. These provisions of law are substantial weapons in the prosecution, seizure, and forfeiture of



illicit funds and profits generated from these activities and crucial to the disruption and dismantling of criminal networks.

IRSCI continues to be a participating member of the OCDETF Program. By primarily focusing on sophisticated multi-jurisdictional criminal networks that meet OCDETF designation standards, IRSCI makes a significant contribution to numerous priority target investigations while maximizing the use of its resources. IRSCI contributes to the overall narcotics mission by contributing approximately 10-12% of our Direct Investigative Time (DIT) to narcotics money laundering and an additional 18-20% of our DIT to non-tax financial crimes related to TOC.

In addition to the aforementioned investigative time, IRSCI's office of Narcotics detailed a GS-15, Assistant Director to serve as the lead agency overseeing the implementation of the Illicit Finance Program which includes training and providing oversight of the Financial Investigative Contractors at the OCDETF Executive Office (EO-OCDETF). IRSCI's office of Narcotics also staffs fulltime GS-14 law enforcement positions at DEA SOD, OCDETF Fusion Center, and IOC2. IRSCI also has attachés in 11 embassies around the world as well as ongoing connectivity to DOJ's Money Laundering and Asset Recovery Section (MLARS), Treasury's Office of Terrorism Finance and Financial Crimes (TFFC), United States TOC – Strategic Division, Five Eyes Law Enforcement Group (FELEG) - MLWG, Organization for Economic Co-operation and Development (OECD), and the Financial Action Task Force (FATF).

Furthermore, IRSCI leads Suspicious Activity Report Review Teams (SARRT) and/or Financial Crimes Task Forces (FCTF) in all judicial districts throughout the nation. Though the goals of the SARRTs are to disrupt and/or dismantle all forms of criminal organizations illicit financial activity, there is significant overlap into the money laundering organizations of drug traffickers and third-party money launders. As reflected in the FY 2023 IRS Priorities table below, IRSCI is undertaking an Information Technology modernization project to migrate all the legacy case management systems into one platform. The new Enterprise Case Management (ECM) system will be capable of disaggregating investigative data into demographic categories.

In FY 2020, the entire world was set upon by a global pandemic that shuttered businesses and governments alike. IRS offices, USAO, and Court rooms were all shuttered for several months. As a result, IRSCI is reflecting decreased performance numbers in completed and adjudicated narcotics related investigations. However, IRSCI's conviction rate remains relatively constant and unaffected by the closures.

Despite the pandemic during 2021, IRSCI virtually hosted numerous anti money laundering (AML) conferences and continued our outreach efforts in compliance presentations for local, regional, and national partners both from the public and private sectors. IRSCI continues to be a leader and advocate for financial investigations in outreach and training by:

- Promoting fraud awareness by highlighting case examples that originated from reports filed by financial institutions at the Financial Crimes Enforcement Network (FinCEN);
- Educating the attendees on the law enforcement perspective associated with FinCEN filing requirements; and
- Increasing collaboration between IRSCI and its AML counterparts.



Moreover, IRSCI continues to play a key role in the training and continuing education of federal, state, and local partners on the latest trends and methods associated with financial investigations through our membership and participation in the HIDTA offices across the country. IRSCI continues to work with partners on strengthening the prosecution, seizure, and ultimate forfeiture of illicit funds associated with narcotics trafficking. IRSCI also supports the training and education of international partners via participation with the Association for Economic Co-operation and Develop (OECD) and the State Department's International Law Enforcement Academies (ILEA) located in Budapest, Hungary, and Gaborone, Botswana.

As a result of globalization and the speed with which financial transactions can be conducted between continents, our criminal investigations have become more international in scope. In response, IRSCI's international strategy continues to support IRSCI Attaches in strategic foreign posts to facilitate the collaboration, training, and transnational support to conduct multi-national criminal investigations. Such bi-lateral support is especially crucial to the success of high-level tax, narcotics, TOC, and money laundering investigations. Since the inception of TOC actor or TCO designations, 20 cases have received this priority designation. IRSCI participated in 14 (70%) of these investigations and continues to investigate newly identified organizations.

IRSCI has continued building out our cyber capabilities. Our Cyber Crimes Unit (CCU), which stood up in 2016, continues to produce significant results in the dismantling of criminal enterprises operating within the digital landscape. This special team is directly targeting actors utilizing the internet, dark web, and virtual currencies as a vehicle to conduct and profit from the sale of illicit narcotics. While the CCU continues to initiate multiple OCDETF investigations on dark net vendors IRSCI has initiated a pilot program to expand our cyber capabilities. This new initiative is dedicated to Cyber-OCDETF investigations. IRSCI has contracted with a vendor to train a new generation of special agents to conduct narcotics investigations being conducted virtually via the internet and paid for in cryptocurrency.

IRSCI is committed to dismantling, disrupting, and prosecuting these TCOs operating in the shadows, in support of the *Strategy*. As mentioned above, IRSCI is actively involved in 70% of all Priority TCOs. Additionally, IRSCI recently entered a Memorandum of Understanding with partner agencies to join the Joint Criminal Opioid Darknet Enforcement (JCODE) task force and is currently staffed with one GS-14 criminal investigator.

EQUITY

IRSCI is committed to the agency's policy of not tolerating discrimination by employees, volunteers or anyone who works with taxpayers, because of race, color, national origin, reprisal, disability, age, sex, sexual orientation or parental status, while also ensuring that diversity and inclusion are integrated into these policies to support the IRS's mission. In addition, IRSCI exercises fair and equitable hiring practices.



DEPARTMENT OF THE TREASURY
Office of Foreign Assets Control

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Prosecution	\$0.681	\$0.681	\$0.911
Total Drug Resources by Function	\$0.681	\$0.681	\$0.911
Drug Resources by Decision Unit			
Salaries and Expenses	\$0.681	\$0.681	\$0.911
Total Drug Resources by Decision Unit	\$0.681	\$0.681	\$0.911
Drug Resources Personnel Summary			
Total FTEs (direct only)	6	6	6
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$57.2	\$57.2	\$60.4
Drug Resources Percentage	1.2%	1.2%	1.5%

Program Summary

MISSION

OFAC is a component of the Office of Terrorism and Financial Intelligence (TFI) within the Department of the Treasury. OFAC administers and enforces economic and trade sanctions based on United States 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 three major sources: (1) E.O. 13581 (“Blocking Property of Transnational Criminal Organizations”), (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, and (3) E.O. 14059 (“Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade”). 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.



FTE estimate was based staff who work on the Kingpin Act and Executive Orders 13581 and 14059. The funding level was estimated using the salary and benefit costs for GS 13-5 personnel.

Budget Summary

In FY 2023, OFAC requests \$0.9 million for drug control activities, an increase of \$0.2 million over FY 2022 CR level.

Salaries and Expenses

FY 2023 Request: \$0.9 million

(\$0.2 million above the FY 2022 CR level)

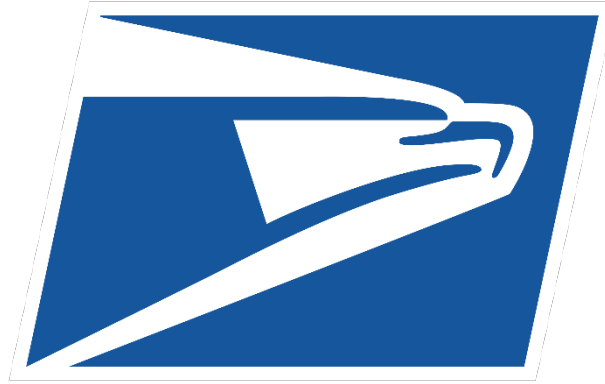
OFAC’s authorities regarding drug-related sanctions that derive from three major sources: (1) Executive Order 13581 “Blocking Assets and Prohibiting Transactions with Significant Narcotics Traffickers,” (2) the Kingpin Act (21 U.S.C §§ 1901-1908 and 8 U.S.C. §1182) which provides authority for the application of sanctions to significant foreign narcotics traffickers and their organizations operating worldwide, and (3) E.O. 14059 (“Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade”). 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 the Department of the Treasury’s 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.

EQUITY

OFAC supports the Department of the Treasury’s equity efforts and the Department’s Coordinated Strategy to Advance Racial Equity at Treasury. Efforts include prioritizing minority recruiting, diversity and inclusion.



UNITED STATES POSTAL SERVICE



UNITED STATES
POSTAL SERVICE



UNITED STATES POSTAL SERVICE

United States Postal Inspection Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 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			
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)	227	227	227
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	14%	14%	14%

Program Summary

MISSION

As the law enforcement arm of the U.S. Postal Service, USPIS supports and protects the U.S. Postal Service 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.

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.

USPIS' Contraband Interdiction & Investigations (CI2) Program protects postal employees, the American public, and the United States 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 U.S. Postal Service and United States 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 address the distribution of illegal contraband through the United States Mail and the international postal system.

USPIS estimates the total number of work hours related to counterdrug efforts 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 2023, the Inspection Service requests \$76.4 million for drug control activities, no change from the FY 2022 CR level.

The Inspection Service used spending amounts from FY 2020 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 2023: \$68.5 million

(No change from FY 2022 CR level)

Postal Inspectors assigned to the Contraband Interdiction and Investigations 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 address the distribution of illegal contraband through the United States Mail and the international postal system.



Asset Forfeiture Fund Expenditures

FY 2023: \$2.9 million

(No change from FY 2022 CR level)

Legally seized assets by administrative, civil, or criminal proceedings, used to fund law enforcement related equipment and investigative and interdiction operations to effectively address illicit drugs trafficked through the mail.

CI2 Nonpersonnel Expenses

FY 2023: \$0.1 million

(No change from FY 2022 CR level)

Funds other items within Operating Expenses.

CI2 Operating Expenses

FY 2023: \$4.1 million

(No change from FY 2022 CR level)

Funds needed to conduct day-to-day work and include supplies, training, travel, etc.

CI2 Capital Expenses

FY 2023: \$0.9 million

(No change from FY 2022 CR level)

Funds equipment over \$10,000.

EQUITY

USPIS carries out its mission without regard to race, color, sex (including sexual orientation, gender identity and transgender status, or gender stereotyping), national origin, religion, age, physical or mental disability, or genetic information.



DEPARTMENT OF VETERANS AFFAIRS





DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2021 Final	FY 2022 CR	FY 2023 Request
Drug Resources by Function			
Treatment	\$973.649	\$1,014.132	\$1,055.633
Research and Development	25.418	25.000	25.000
Total Drug Resources by Function	\$999.067	\$1,039.132	\$1,080.633
Drug Resources by Decision Unit			
Medical Care	\$973.649	\$1,014.132	\$1,055.633
Medical & Prosthetic Research	25.418	25.000	25.000
Total Drug Resources by Decision Unit	\$999.067	\$1,039.132	\$1,080.633

Drug Resources Personnel Summary			
Total FTEs (direct only)	3,098	3,137	3,176
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$108.9	\$100.9	\$123.6
Drug Resources Percentage	0.9%	1.0%	0.9%

¹Agency budget for FY 2021 includes supplemental appropriations provided under P.L. 117-2, American Rescue Plan.

Program Summary

MISSION

VHA's 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.

METHODOLOGY⁵¹

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

⁵¹ VA does not track obligations by ONDCP function. In the absence of such capability, VA forecasts obligations by specialized treatment associated with a primary substance use disorder diagnosis. For additional budget detail and estimates on VA's program and initiatives not included under the approved ONDCP methodology to address Substance Use, Opioid Use, and Alcohol Use Disorders in Veterans, please see VA's FY 2023 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.



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 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 National Drug Control Budget. 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 2023, VHA requests \$1,080.6 million for drug control activities, an increase of \$41.5 million above the FY 2022 CR level.

Medical Care

FY 2023 Request: \$1,080.6 million
(\$41.5 million above the FY 2022 CR level)

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits VA to providing SUD treatment services to every eligible Veteran regardless of where he or she lives. To further enhance access to SUD treatment, clinics offering these services must offer extended clinic hours during the week and on weekends and all facilities must provide same-day access for emergent need for SUD treatment.

In 2021, 244,564 Veterans who received services within VHA were diagnosed with a drug use disorder. Of these Veterans, VHA provided services by mental health clinicians in a variety of settings and modalities, including outpatient, clinical video telehealth or telephone care to nearly 86 percent (209,456) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving treatment within VHA in FY 2021, approximately 16 percent (38,199) used amphetamines, around 25 percent (61,152) used cocaine, around 27 percent (66,993) used



opioids, and around 54 percent (13,779) used cannabis. (These categories are not mutually exclusive.)

Data for 2020 reflected 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 SAMHSA to ensure continued access to MOUD. In 2021, VHA saw a slight increase in utilization. In reviewing available data on utilization of SUD specialty services, Veterans are gradually re-engaging with SUD services. Consistent with expansion in use of telehealth since the start of the pandemic, VHA continued to utilize telehealth (telephone only and audio/visual) to support provision of SUD specialty treatment.

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. The 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. The proposed 2023 budget is aligned with several Biden-Harris Drug Policy Priorities, which include:

- Expanding access to evidence-based treatment;
- Advancing racial equity in our approach to drug policy;
- Enhancing evidence-based harm reduction efforts;
- Advancing recovery-ready workplaces and expanding the addiction workforce; and
- Expanding access to recovery support services.

Expanding Access to Evidence-Based Treatment VHA SUD Service Care Delivery

National policy and expectations for the management of SUD within VHA is guided by VHA Handbook 1160.04 and the VA / DoD Clinical Practice Guidelines for the Management of SUD (<http://www.healthquality.va.gov/>). VHA is a leader in the prevention and treatment of SUD and uses a stepped care approach to SUD treatment. Patients with at-risk alcohol use or the least severe SUDs may be treated with evidence-based brief interventions and/or medical management in primary care or general mental health. For those with more severe disorders, specialty SUD treatment programs provide intensive services including withdrawal management, evidence-based psychosocial treatments, SUD medication, case management and relapse prevention. In an effort to better identify and engage Veterans in SUD treatment, VHA is drafting a proposal to provide universal drug screening through primary care as it already does for alcohol use disorder. As an integrated healthcare system, VHA is uniquely situated to address the needs of Veterans diagnosed with a SUD, including providing supports to address co-occurring medical, mental health, and psychosocial needs (e.g., housing, employment). Treatment for SUD occurs across settings and with policy defining expectations for access to SUD treatment, including expectations for access through Community Based Outpatient Clinics (CBOC) and Health Care Centers (HCC).



VHA also 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 PACT-based care, VHA is implementing the Behavioral Health Interdisciplinary Program – Collaborative Chronic Care Model (BHIP-CCM) at every VHA 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 generally provide at least three hours of service per day and patients attend three or more days per week. At the same time, outpatient SUD treatment providers are expected to collaborate with colleagues in inpatient and residential SUD care settings in coordinating Veterans’ transitions across these levels of SUD care. Such efforts are necessary for helping ensure continuity of SUD care that is responsive to changes in Veterans’ clinical status.

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, equivalent to Level 4, Medically Managed Intensive Inpatient Treatment as specified by the American Society of Addiction Medicine Patient Placement Criteria, 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 2021, 70 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. Several new Domiciliary SUD programs are under development with the number of programs expected to grow over the next few years.

Programs to end homelessness⁵² 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, provide SUD treatment services such as Contingency Management, and serve as linkages between homeless and SUD programs when Veterans need more intensive SUD treatment services. In 2022, case management for Supported Services for Veteran Families (SSVF) was also supported and included funding for VA case managers expected to work with SSVF grantees and homeless program staff to engage Veterans experiencing SUD concerns into VA services including but not limited to SUD specialty care or residential services.

The central goal of the HCHV program is to reduce homelessness among Veterans by connecting homeless Veterans with health care and other needed services. This program provides outreach, case management, and HCHV Contract Residential Services (CRS), ensuring that chronically homeless Veterans, especially those with serious mental illness and/or SUD, can be placed in VA or community-based programs that provide quality housing and services that meet their specialized needs.

The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose of the program is to promote the development and provision of supportive housing or related services — to help homeless Veterans achieve residential stability, increase their skill levels or income, and obtain greater self-sufficiency. In addition, GPD-funded projects offer communities a way to help homeless Veterans by providing housing and other services and assisting VAMCs by augmenting or supplementing care.

Through a collaborative program between HUD and VA, HUD provides eligible homeless Veterans with a Housing Choice rental voucher, and VA provides case management and supportive services so that Veterans can gain housing stability and recover from physical and mental health problems, SUDs, and other issues contributing to or resulting from homelessness. HUD-VASH subscribes to the principles of the Housing First model of care. Housing First is an evidence-based practice model that rapidly moves homeless individuals into housing and wraps supportive services around them as needed to help them exit homelessness and achieve housing stability as well as improve their ability and motivation to engage in treatment. The program's goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their community.

⁵² For additional budget detail and estimates on VA's Veterans Homelessness Programs, please see VA's FY 2023 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Veterans Homelessness Programs.



In addition, an Enhanced Use Lease (EUL) program provides a mechanism for a non-VA entity to develop and operate supportive housing for homeless and at-risk Veterans and their families on VA property. VA enters into a long-term ground lease with a private, not-for-profit, or local government entity, which develops, constructs/rehabilitates, finances, operates and maintains the housing. This innovative tool provides Veterans with housing and an expanded range of services that would not otherwise be available on medical center campuses. VA's EUL program and implementation process are aligned with the Housing First philosophy. Since 1991, VA has executed 105 EULs, including 49 operational housing EULs nationwide comprised of more than 3,300 housing units. In addition, VA housing EULs have raised over \$1.5 billion of non-VA funding. These EUL projects provide safe, affordable living arrangements near health care providers, which contribute to positive health care outcomes for Veterans. The EUL program is managed by the Office of Asset Enterprise Management (OAEM). A list of awarded EUL projects, including EUL housing projects, can be found at: <http://www.va.gov/assetmanagement/>.

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 38,199 Veterans who received care in VHA during 2021 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. VHA implemented CM in 2011, and through September 2021, VHA has provided contingency management services to over 5,700 Veterans with nearly 92 percent of the greater than 73,000 urine samples testing negative for the target drug(s) (e.g., stimulants or cannabis). In January 2022, VHA plans to launch a stimulant safety initiative that will include a focus on expanding access to evidence-based practice such as CM and Cognitive Behavioral Therapy (CBT) for Veterans with stimulant use disorder.

Opioid Use Disorder⁵³

Slightly more than 66,993 Veterans with an OUD diagnosis were seen in VHA in 2021. 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. VHA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative in August 2018 with the intent of supporting the expansion of M-OUD in level 1 clinics (primary care, general mental health and pain management clinics). Phase One sites in each VISN implemented this expansion during FY 2019. From August 2018 through September 2021 there was a 211 percent increase in the number of patients receiving buprenorphine in the Phase One level clinics and 194 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

⁵³ For additional budget detail and estimates on VA's Opioid Prevention and Treatment program, please see VA's FY 2023 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Opioid Prevention, Treatment, and Program.



buprenorphine for more than 90 days. A National Virtual SCOUTT conference for Phase One sites took place in September 2020 with over 300 attendees. Phase Two of the SCOUTT initiative was launched in 2020 and three regional conferences occurred in April 2021 attracting over 500 participants. Since the launch of Phase Two in October 2020, there has been a 29 percent increase in the number of patients receiving buprenorphine and a 20 percent increase in the number of providers prescribing buprenorphine. Further, the infrastructure developed to support Phase One of the SCOUTT initiative also supports level one clinics at facilities that are not formally involved in the SCOUTT initiative.

In 2021, evidence-based MOUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, was accessible to patients seen at 100 percent of VHA medical centers. VHA 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 (45.8 percent through quarter three of 2021) 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 fourth quarter of 2019, VA has seen a 4 percent increase in the number of Veterans that received MOUD (total of 27,358, for 2021). Starting in 2021, the PDSI has expanded its focus to include safer prescribing of stimulant medication.

The number of providers with a DEA X-waiver have also continued to increase since the fourth quarter of 2020 with over 6,500 providers who have written any prescription issued to the VHA pharmacy (VA employed and community providers serving Veterans) as of December 2021 holding an X-Waiver. This reflects an increase of 19 percent from the same time point in 2020. 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 is significantly lower than the number of providers with an X-waiver with only 21 percent of those providers with an X-waiver issuing a prescription for buprenorphine as of December 2021. 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 January of 2021, in an effort to reduce prescribing barriers, VHA also removed the requirement for written consent to provide buprenorphine for the treatment of opioid use disorder. In addition, in July 2020, VA formalized efforts to provide training to support efforts to ensure that all providers eligible to obtain an X-waiver had access to the training utilizing primarily an 8-hour half and half (four hours online and four hours live training) for physicians and a 24-hour training model for eligible non-physician prescribing providers. Between July 2020 and July 2021 VA offered trainings with over 525 providers trained. Given the changes in training requirements for providers treating 30 or less patients put forward with the new SAMHSA Buprenorphine Guidelines in April 2021, additional trainings are being planned to include the addition of shorter



focused trainings for providers and other interdisciplinary staff who support MOUD. VA has also started offering “office hour” sessions for MOUD treatment consultation with SMEs where providers can discuss cases and ask question of subject matter experts (SMEs) in live sessions as well as continuing consultation via e-mail through the VHA “Ask the Expert Program” and direct live patient consultation through the National TeleMental Health Center. VHA also 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 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 one 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 M-OUD. As of the fourth quarter of 2021, 212 VA CPS providers are routinely delivering OUD care with 47,150 encounters in 2021. This represents a 77 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 2022.

Enhancing Evidence-Based Harm Reduction Efforts Opioid Safety Initiative⁵⁴

VHA 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. The OSI makes the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in quarter four of 2012 (beginning in July 2012) to quarter four of 2021 (ending in September 2021), many aspects of the OSI continue to show positive results. Fewer than 377,679 Veterans were on long-term opioids. The average dose of selected opioids has continued to decline as 60,652 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

⁵⁴ For additional budget detail and estimates on VA’s Opioid Safety Initiative including ongoing efforts to address P.L. 114-198, title IX, the Jason Simcakoski Memorial and Promise Act please see VA’s FY 2023 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Opioid Prevention, Treatment, and Program.



time that VHA has seen a 6 percent increase in Veterans that have utilized VHA outpatient pharmacy services.

According to CDC, 50 million adults in the United States have chronic daily pain, with 19.6 million adults experiencing high-impact chronic pain that interferes with daily life or work activities. Chronic pain is a national public health problem as outlined in the 2011 study by the IOM. 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. VHA'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, VHA addressed the problem of clinically inappropriate high dose prescribing of opioids through the VA's national program, OSI. Second, VHA 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.

VHA 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. Most of the decline in VHA 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. VHA has been recognized by many as a leader in the pain management field for the responsible use of opioids. Notably, VHA 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 VHA 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 VHA's Pain Management Strategy.

To further strengthen OSI and keep this trend moving in the right direction, VHA 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 include the Stratification Tool for Opioid Risk Mitigation (STORM), which is available to all clinical staff in the VHA. These tools include information about the dosages of opioids and other sedative medication, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of



complex patients. The STORM allows VHA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. 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 VHA medical centers. As of September 30, 2021, academic detailers (specially trained VA Pharmacists) have held 76,183 outreach visits related to Opioid Safety, Overdose Education and Naloxone Distribution, opioid use disorder, and suicide prevention.

As VHA continues its efforts to address opioid over-use, complementary and integrative medicine treatments are an important component to VHA's Pain Management Strategy. VHA 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.

VHA has several other programs that are complementary to the Opioid Safety Initiative and include:

- **State PDMP:** Fifty (50) States, the District of Columbia, and Puerto Rico are activated for outgoing transmission of VA controlled substances prescription data. 50 of 54 individual states/regional/territories PDMPs are currently participating in the VA's new integrated PDMP query solution. Since the solution was deployed across VA on November 9, 2020, over 2 million queries have been executed with the PDMP button to help guide treatment solutions. This does not include queries that are done manually, for example, from those states that are not yet integrated into the PDMP solution.
- **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, 2021, Veterans have returned over 250 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 has started 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. Given the increase in opioid-involved stimulant overdoses, VHA also recommends offering OEND to Veterans with stimulant use disorders. 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 final rule has been published in the Federal Register that amended two of VA's copayment regulations, 38 CFR 17.108 and 17.110, to accurately implement these changes into the Code of Federal Regulations. The proposed rule also defines who VHA considers to be at high risk for overdose. This definition will assist in the implementation of the public law and facilitate identification of high-risk Veterans. Early identification of these Veterans can facilitate provision of lifesaving opioid antagonist medication. Since implementation of the OEND program in 2014, over 36,700 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 650,000 naloxone prescriptions have been dispensed to over 328,100 Veterans (as of December 2021). Through December 2011, as documented through spontaneous reporting of overdose reversal events as well as through a national note, over 2,000 overdose reversals with naloxone have been reported.

As of April 2021, 129 VHA facilities had equipped 3,552 VA Police officers with naloxone, with 136 reported opioid overdose reversals with VA Police naloxone, and 77 VHA facilities had equipped 1,095 External Defibrillator Automated (AED) cabinets with naloxone, with 10 reported opioid overdose reversals with AED cabinet naloxone. VHA's Rapid Naloxone Initiative received the 2020 John M. Eisenberg National Level Innovation in Patient Safety and Quality Award. This prestigious award from The Joint Commission (TJC) and National Quality Forum recognizes those who have made significant and long-lasting contributions to improving patient safety and health care quality. Notably, in 2018 VHA dispensed a naloxone prescription for 1 in 6 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.

Syringe Service Programs

In May of 2021 the Assistant Under Secretary for Clinical Services issued interim guidance on SSPs recommending that VA medical Centers develop SSPs or otherwise ensure Veterans enrolled in VHA care have access to SSPs where such programs are not prohibited under state, county, or local law. In addition to providing access to sterile needles, syringes and other supplies, SSPs facilitate safe disposal of used syringes and provide the opportunity to link to other important services, such as buprenorphine induction, and programs such as OEND, screening and treatment for viral hepatitis and HIV, screening for sexually transmitted infections and referral to social, mental health, and other medical services. VHA is currently in the process of drafting a directive supporting the establishment of SSPs in VHA Medical Centers where not prohibited by under state, county, or local law.

In 2022, VHA will implement a national electronic medical record note template for SSPs that will facilitate documentation of screening for infectious diseases associated with injection drug use, vaccinations, referrals for services, and prescriptions for syringes. VHA plans to develop a standard VHA SSP kit for VA facilities standing up SSPs, facilitating consistent practices in assembling, prescribing, and dispensing a specified set of essential sterile items to Veterans who inject drugs. VHA also plans to develop Talent Management System (TMS) training to enhance provider knowledge about harm reduction and SSPs and give them the information they need to educate Veterans on safer injection practices and safer drug use. At the start of 2022, there were four VA facilities operating SSPs, with another 18 VA facilities close to standing up and implementing SSPs. By the end of 2022 and continuing into 2023, VHA expects the number of programs to increase significantly with the implementation of the SSP Directive and the standard VHA SSP kits. The fiscal year 2023 efforts will focus on assisting programs with implementation via data tools and other supportive resources. VHA will promote innovative practices demonstrated to have benefits, such as the distribution of fentanyl test strips, and work to disseminate proven innovations to the maximum extent possible consistent with variations in legal and regulatory requirements throughout the United States

Post-Overdose Assessment and Care Planning

During 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 address the myriad of overdose risk factors from a patient-centered perspective and to support Veteran engagement in timely treatment following a non-fatal overdose (opioid and non-opioid related). In July 2021, VHA mandated use of a national medical record note template to report overdose (e.g., SBOR), with a focus on improving post-overdose care. As past non-fatal overdoses increase the risk of future overdose events, VHA also mandated facilities have a process to ensure that overdose events are reviewed with a focus on engaging patients in treatment. In general, VHA is aligning the required processes for reporting non-fatal overdoses with the already required reporting and post-event treatment interventions for Veterans who make a suicide attempt. This initiative involves a national medical record note template designed to standardize and streamline the process of overdose reporting across VHA, enhancing



the visibility of accidental overdoses within the Veteran’s medical record, improving clinical care after the suicide/overdose event, and facilitating real-time tracking of overdose event data, for use in clinical decision support tools and local/national aggregate reports.

Implementation of the 2023 SUD budget⁵⁵ focuses on expanding and scaling up the addiction workforce and advancing the recover-ready workplace as well as access to recovery services through:

- Expanding the addiction workforce to support residential and general SUD care delivery (including funding for new SUD providers in our General Mental Health Clinics, Primary Care-Mental Health Integration Programs, and through the addition of telehealth providers in our Clinical Resource Hubs)
- Enhancing employment opportunities for Veterans in recovery by funding SUD specific supported employment staff at VA Medical Centers
- Increasing Peer Support Services by increasing the number of SUD-Specific Peer Specialists at VA Medical Centers. Specific training in SUD is being planned for Peer Specialists. Strategies to help support hiring of Peer Specialists with bilingual skills will be initiated.

Other Initiatives

Veterans Justice Programs⁵⁶

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

⁵⁵ For additional budget detail and estimates on VA’s Substance Use Disorder Program, please see VA’s FY 2023 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Substance Use Disorder Program.

⁵⁶ For additional budget detail and estimates on VA’s Veterans Homelessness Programs, please see VA’s FY 2023 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Veterans Homelessness Programs.



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 positions added in 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 (72 percent) or SUD (56 percent) diagnosis, or both (48 percent). Within one year of their VJO outreach visit, 92 percent of Veterans with mental health diagnoses participated in at least one VHA mental health visit. Within the same timeframe, 66 percent of Veterans with SUD diagnoses received at least one VHA SUD visit. These Veterans averaged 12 outpatient visits that year. Veterans seen by HCRV Specialists have a similar profile, with 43 percent with a mental health diagnosis, 23 percent with a SUD diagnosis and 18 percent with both. Veterans in HCRV access VHA care at high rates, but slightly lower than those in VJO with 86 percent of those with a mental health diagnosis having at least one visit, an average of 11 outpatient visits within one year of their HCRV outreach visit. For those with a SUD, 52 percent received at least one visit, and an average of 6 outpatient visits within one year of their HCRV outreach visit. Improving access to treatment and care for this segment of the Veteran population is in direct alignment with the identified agency goals.

In communities where justice programs relevant to Veterans exist (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 601 Veterans Treatment Courts and other Veteran-focused courts, with more planned. Their duties in a Veterans Treatment Court include linkage to VHA treatment services. These specialists also educate and advocate for the availability of evidence-based SUD treatments, especially MOUD, in criminal justice settings and in preparation for transition of patients from those settings to community living. 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.

Collaboration with Federal Partners

VHA is committed to working collaboratively with other federal partners in support of the *Strategy* and will continue to share insights of VHA efforts to address SUD care with ONDCP and other interagency partners. With the support of ONDCP, VHA provided an update on VHA peer support services through a webinar in September 2020. Furthermore, VHA is working collaboratively with the IHS and DoD on joint training opportunities in the SUD lane including overdose prevention, opioid safety and evidence-based SUD practice. VHA is also collaborating



actively with HHS)/SAMHSA on education related to Contingency Management and oversight of the VA Opioid Treatment programs. VHA also recently worked with HSS in FY 2020 to provide access for staff from IHS 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. VHA is currently working collaboratively with the DoD to share lessons learned across the agencies to support access to MOUD, particularly for transitioning service members and in 2021 VHA along with DoD updated the VA/DoD Clinical Practice Guidelines for the Management of SUDs.

Research and Development

FY 2023 Request: \$25.0 million

(No change from the FY 2021 CR level)

VHA research supports the generation of new knowledge to improve prevention, diagnosis, and treatment of SUDs (e.g., opioids, alcohol, tobacco, cocaine, cannabis, methamphetamine, etc.), as well as the development and testing of innovative, non-opioid approaches for chronic pain management for Veterans. The VA patient population has experienced many of the problems of at-risk opioid and addiction that have made this a major clinical and public health issue in the United States. Opioids are used to treat pain, but they are associated with dangerous side effects including depressed breathing, cognitive impairment, and the potential for addiction.

The 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) SUD and Pain. Findings from the SOTA were published in the *Journal of General Internal Medicine* (*Becker WC et al., J Gen Intern Med. 2020*). Three areas of focus included managing opioid use disorder, tapering of long-term opioid therapy for pain when risk outweighs benefit, and co-occurring pain and SUD.

Recommendations made by SOTA participants included testing implementation strategies in the VHA for: 1) Expanding access to medication treatment for OUD, 2) Testing collaborative tapering programs for patients prescribed long-term opioids, and 3) Larger trials of behavioral and exercise/movement interventions for pain among patients with SUDs. 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 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 evidence-based 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; and
- 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 Request for Application (RFA)'s list of research priorities in Fall 2020. (Note: The Parent RFA is the main funding opportunity announcement VA investigators apply to for research funding.)

In addition, the Clinical Science Research & Development (CSR&D) Service has a long-standing focus on research on pain mechanisms and treatment alternatives to opioids, and health-risk behaviors (e.g., substance use, addictive disorders) as priority areas in their parent Merit RFA. Lastly, both the Basic Laboratory Research & Development (BLR&D) and Rehabilitation Research & Development Services have mutual interest on the relationship between Traumatic Brain Injury (TBI) and substance/opioid misuse. This special emphasis area is included in the parent Merit RFAs for both services.

In summary, all of the VA Office of Research and Development's (ORD) services have demonstrated commitment to placing substance/opioid use disorders as an area of high priority in funding opportunity announcements in the hopes of stimulating the field to develop, test, and implement novel strategies towards the treatment of SUD. As VHA continues to reduce excessive reliance on opioid 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 cognitive behavioral therapy (CBT), 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 and other ion channels which have been shown to cause pain associated with phantom limb pain, corneal neuralgia, chemotherapy-induced pain, 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.

EQUITY

In June 2021 VHA brought together a workgroup to better understand gender/ethnic/racial, Lesbian Gay Bisexual Transgender Questioning and others (LGBTQ+) SUD healthcare disparities in VHA with the goal of piloting target interventions for the largest gaps in 2022 and then based on the results of these pilots disseminating best practices to the field in 2023. The workgroup is comprised of SUD subject matter experts, researchers, and clinical leaders from VA SUD treatment programs. The workgroup currently is focusing its attention on racial and gender disparities in access to MOUD. The Workgroup is identifying VA sites with little to no disparity in access to MOUD as well as sites with higher rates of disparity. By doing so, the workgroup hopes to identify challenges to equitable access to MOUD as well as best practices to resolve such disparities and promote equity in SUD care in general.

Mental Health residential treatment services, including SUD residential services for women Veterans are available in every VISN. Across the residential programs that serve women Veterans, 70 percent offer gender specific mental health services and 56 percent offer a separate, secure wing or unit for women Veterans. For those women Veterans requesting a residential program for women Veterans only, there are currently 11 programs that serve as national resources available to meet that need. Five of the women-only programs provide intensive specialty treatment for substance use. Further, about 37 percent of VA facilities offer women-only outpatient SUD or PTSD-SUD treatment, and all of VA facilities offer individual SUD or SUD-PTSD treatment for women Veterans. Finally, VA is developing at least two additional women only residential SUD treatment programs that will serve as national referral resources for women Veterans.

VHA also has pursued educational efforts to promote culturally competent SUD care, e.g., its *Best SUD Care Anywhere* webinar series has convened webinars on SUD care for women (in 2019), culturally competent SUD care (in 2020) and is convening a webinar on SUD care for Native Americans in January 2022. For the past several years, the Office of Mental Health and Suicide Prevention (OMHSP) has been working collaboratively with VHA's Office of Health Equity (OHE) in identifying issues related to capturing Veteran demographic data in our current electronic health record so that disparities in mental health services can be accurately assessed. Further, OMHSP has been examining data related to staffing and disparities in provision of mental health services. More recently, OMHSP is planning expansion of the collaboration with OHE.

Work by OMHSP and OHE are part of broader VA strategies to improve equity. These strategies include improving data to understand and track disparities especially for sexual minority Veterans and Veterans with health-related social risks; supporting recruitment, professional development, and advancement of diverse groups of leaders to ensure an inclusive workforce; establishing safe workplaces that leverage diversity and empower all staff; ensuring equity in pay and contracting; promoting special emphasis programs and employee resource groups to advance equity for all employees; and delivering training and learning to support diversity, equity, and inclusion.



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
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 (CN&SP)	Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy
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 Effects and Alcohol-Associated Disorders
NICCP	National Interdiction Command and Control Plan
NIDA	National Institute on Drugs and Addiction
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
OCDEF	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 use 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
<i>Strategy</i>	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
		AmeriCorps 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
		Military Service-Funded Operations Tempo (OPTEMPO)
	Defense Security Cooperation Agency	Building Partner Capacity Regional Center CTOC
	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 Discretionary Program
		Promoting Safe and Stable Families – Regional Partnership Grants Mandatory Program
	Centers for Disease Control and Prevention	Opioid Overdose Prevention and Surveillance
		Infectious Diseases and the Opioid Epidemic
	Centers for Medicare and Medicaid Services	Medicaid Treatment
		Medicare Treatment
	Food and Drug Administration	Center for Drug Evaluation and Research



		Office of Regulatory Affairs
	Health Resources and Services Administration	Health Center Program
		National Health Services Corps SUD Workforce Program
		Addiction Medicine Fellowship Program
		SUD Treatment and Recovery Loan Repayment
		Rural Communities Opioid Response Program
	Indian Health Service	Alcohol and Substance Abuse
		Urban Indian Health Program
	National Institutes of Health	National Institute on Alcohol Effects and Alcohol-Associated Disorders
		National Institute on Drug and Addiction
	Substance use And Mental Health Services Administration	Programs of Regional and National Significance
		State Opioid Response Grants
		Substance Abuse Prevention and Treatment Block Grant
		Programs of Regional and National Significance
		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 & Support
	Federal Law Enforcement Training Centers	Operations & Support
	Immigration and Customs Enforcement	Operations & Support
	Science and Technology Directorate	Research and Development: Interdiction
United States Coast Guard		Operations & Support
		Procurement, Construction, & Improvements
		Research & Development
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



United States Department of Justice	Asset Forfeiture Program	Asset Forfeiture
	Bureau of Alcohol, Tobacco, Firearms and Explosives	Law Enforcement Operations
	Bureau of Prisons	Salaries and Expenses
		Buildings and Facilities
	Criminal Division	Enforcing Federal Criminal Laws
	Drug Enforcement Administration	Salaries and Expenses
		Diversion Control Fee Account
	Federal Bureau of Investigation	Criminal Enterprises Federal Crime
	Office of Justice Programs	Edward Byrne Memorial Assistance Grant Program
		Byrne Criminal Justice Innovation Program
		Comprehensive Opioid, Stimulant, and Substance Abuse Program
		COPS Anti-Heroin Task Force Program
		COPS Office Anti-Methamphetamine Task Force Program
		Adult Drug Court Program
		Harold Rogers Prescription Drug Monitoring Program
		Forensic Support for Opioid and Synthetic Drug Investigations
		Justice and Mental Health Collaboration Program
		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 Program
		Second Chance Act Program
		Veterans Treatment Courts Program
		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
	United States Marshals Service	Salaries and Expenses
		Fugitive Apprehension
Judicial and Courthouse Security		
Prisoner Security and Transportation		
Federal Prisoner Detention		



United States Department of Labor	Employment and Training Administration	Job Corps
	Office of Workers Compensation Programs	Prescription Management Unit Pharmacy Benefit Management Services
	Office of Inspector General	Federal Employees Compensation Act and Opioid Control Unit Fighting Fraud Involving Opioids and Compounded Medications in the Federal Employee's Compensation Act Program
United States Department of State	Bureau of International Narcotics and Law Enforcement Affairs	International Narcotics Control and Law Enforcement
	United States Agency for International Development	Development Assistance Economic Support Fund
United States Department of Transportation	Federal Aviation Administration	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	Research and Development	Treatment
		Research and Development
United States Postal Service	United States Postal Inspection Service	CI2 Personnel Expenses
		Asset Forfeiture Fund Expenditures
		CI2 Nonpersonnel Expenses
		CI2 Operating Expenses
		CI2 Capital Expenses

*The Federal Judiciary is an independent branch of government and therefore not subject to ONDCP's oversight.



Program Level Funding

Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
AmeriCorps			
AmeriCorps State and National	33.324	33.324	33.324
AmeriCorps VISTA	7.145	7.145	7.145
Senior Corps	0.521	0.521	0.521
Total, AmeriCorps	40.900	40.900	40.900
Department of Agriculture			
United States Forest Service			
<u>Law Enforcement Agency Support</u>	<u>13.000</u>	<u>8.600</u>	<u>9.900</u>
Subtotal, United States Forest Service	13.000	8.600	9.900
Office of Rural Development			
<u>Distance Learning and Telemedicine Program</u>	<u>11.400</u>	<u>11.400</u>	<u>11.400</u>
Subtotal, Office of Rural Development	11.400	11.400	11.400
Total, Department of Agriculture	24.400	20.000	21.300
CSOSA			
Community Supervision Program	40.963	41.444	47.933
<u>Pretrial Services Agency</u>	<u>19.301</u>	<u>21.032</u>	<u>21.365</u>
Total, CSOSA	60.264	62.476	69.298
Department of Defense			
Office of the Secretary of Defense			
Drug Interdiction and Counterdrug Activities			
<i>Budget Activity 01 – Counter Narcotics Activities</i>	567.003	579.750	619.474
<i>Budget Activity 02 – Drug Demand Reduction Program</i>	127.704	126.024	130.060
<i>Budget Activity 03 – National Guard CD Program</i>	194.211	194.211	100.316
<u><i>Budget Activity 04 – National Guard CD Schools</i></u>	<u>25.511</u>	<u>25.664</u>	<u>5.878</u>
Drug Interdiction and Counterdrug Activities	914.429	925.649	855.728
Operations Tempo (OPTEMPO)			
<u><i>Operations Budgets of the Military Departments</i></u>	<u>78.272</u>	<u>75.141</u>	<u>71.008</u>
Operations Tempo	78.272	75.141	71.008
Subtotal, Office of the Secretary of Defense	4,907.529	1,010.309	919.706



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Defense Health Program			
<u>Defense Health Program</u>	<u>87.190</u>	<u>71.738</u>	<u>74.371</u>
Subtotal, Defense Health Program	87.190	71.738	74.371
Defense Security Cooperation Agency			
Building Partner Capacity	49.980	25.937	56.552
<u>Regional Center CTOC</u>	<u>4.917</u>	<u>5.015</u>	<u>5.015</u>
Subtotal, Defense Security Cooperation Agency	54.897	30.952	61.567
Total, Department of Defense	1,134.788	1,103.480	1,062.674
Department of Education			
Office of Elementary and Secondary Education			
School Safety National Activities	56.032	59.718	48.644
Total, Department of Education	56.032	59.718	48.644
Federal Judiciary			
Administrative Office of the United States Courts	2.871	3.124	3.339
Court Security	35.857	38.060	42.422
Defender Services	160.581	163.887	178.329
Federal Judicial Center	0.347	0.385	0.400
Fees of Jurors and Commissioners	10.200	10.724	13.616
Salaries and Expenses	936.973	985.139	1,040.963
<u>United States Sentencing Commission</u>	<u>6.988</u>	<u>7.290</u>	<u>7.662</u>
Total, Federal Judiciary	1,153.817	1,208.609	1,286.731
Department of Health and Human Services			
Administration for Children and Families			
<u>Promoting Safe and Stable Families</u>	<u>20.000</u>	<u>20.000</u>	<u>67.000</u>
Subtotal, Administration for Children and Families	20.000	20.000	67.000
Centers for Disease Control and Prevention			
<u>Opioid Abuse and Overdose Prevention</u>	<u>456.619</u>	<u>458.079</u>	<u>647.369</u>
<u>Infectious Diseases and the Opioid Epidemic</u>	<u>30.460</u>	<u>30.500</u>	<u>85.500</u>
Subtotal, Centers for Disease Control and Prevention	487.079	488.579	732.869
Centers for Medicare and Medicaid Services			
Grants to States for Medicaid	7,650.000	8,450.000	7,810.000
<u>Medicare</u>	<u>2,980.000</u>	<u>3,190.000</u>	<u>3,410.000</u>
Subtotal, Centers for Medicare and Medicaid Services	10,630.000	11,640.000	11,220.000
Food and Drug Administration			
Center For Drug Evaluation Research	20.000	20.000	46.000
<u>Office of Regulatory Affairs</u>	<u>44.500</u>	<u>44.500</u>	<u>54.500</u>
Subtotal, Food and Drug Administration	64.500	64.500	100.500



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Health Resources and Services Administration			
Bureau of Primary Health Care	686.900	685.000	757.000
<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	796.900	795.000	922.000
Indian Health Service			
Alcohol and Substance Abuse	131.556	131.892	136.892
<u>Urban Indian Health Program</u>	<u>3.622</u>	<u>3.622</u>	<u>3.622</u>
Subtotal, Indian Health Service	135.178	135.514	140.514
National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)			
<u>NIAAA</u>	<u>65.116</u>	<u>65.319</u>	<u>66.708</u>
Subtotal, NIAAA	65.116	65.319	66.708
National Institute on Drugs and Addiction			
<u>National Institute on Drugs and Addiction</u>	<u>1,475.867</u>	<u>1,479.660</u>	<u>1,843.326</u>
Subtotal, National Institute on Drugs and Addiction	1,475.867	1,479.660	1,843.326
Substance use And Mental Health Services Administration			
Health Surveillance and Program Support	112.040	111.060	110.070
Programs of Regional & National Significance - Prevention	208.220	208.220	311.910
Programs of Regional & National Significance - Treatment	495.120	496.680	566.370
State Opioid Response Grants	1,498.030	1,500.000	2,000.000
<u>Substance Abuse Prevention and Treatment Block Grant</u>	<u>1,849.650</u>	<u>1,858.080</u>	<u>3,008.080</u>
Subtotal, Sub. Abuse and Mental Health Services Admin.	4,163.060	4,174.040	5,996.430
Total, Department of Health and Human Services	17,807.240	18,832.112	21,089.347
Department of Homeland Security			
Customs and Border Protection			
Operations and Support	2,924.347	2,924.347	3,194.059
<u>Procurement, Construction and Improvements</u>	<u>115.961</u>	<u>95.729</u>	<u>119.418</u>
Subtotal, United States Customs and Border Protection	3,040.308	3,020.076	3,313.477
Federal Emergency Management Agency			
<u>Operations and Support (Operation Stonegarden)</u>	<u>13.500</u>	<u>13.162</u>	<u>13.162</u>
Subtotal, Federal Emergency Management Agency	13.500	13.162	13.162
Federal Law Enforcement Training Center			
<u>Operations and Support</u>	<u>48.328</u>	<u>57.920</u>	<u>59.570</u>
Subtotal, Federal Law Enforcement Training Center	58.050	58.050	55.940
Immigration and Customs Enforcement			
<u>Operations and Support</u>	<u>627.194</u>	<u>627.194</u>	<u>685.053</u>
Subtotal, Immigration and Customs Enforcement	627.194	627.194	685.053



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Science and Technology Directorate			
<u>Research and Development</u>	<u>6.000</u>	<u>6.000</u>	<u>4.000</u>
Subtotal, Science and Technology Directorate	6.000	6.000	4.000
United States Coast Guard			
Operations & Support	1,355.480	1,355.480	1,560.369
Procurement, Construction, & Improvements	719.090	719.090	523.878
<u>Research and Development</u>	<u>1.490</u>	<u>1.490</u>	<u>1.063</u>
Subtotal, United States Coast Guard	2,076.060	2,076.060	2,085.310
Total, Department of Homeland Security	5,821.112	5,800.542	6,156.942
Department of Housing and Urban Development			
Office of Community Planning and Development			
Continuum of Care: Homeless Assistance Grants	602.769	602.769	731.217
<u>Section 8071 Pilot Recovery Housing Program</u>	<u>25.000</u>	<u>25.000</u>	<u>25.000</u>
Subtotal, Office of Community Planning and Dev.	627.769	627.769	756.217
Total, Department of Housing and Urban Development	627.769	627.769	756.217
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>3.392</u>	<u>3.392</u>	<u>3.392</u>
Subtotal, National Park Service	3.392	3.392	3.392
Total, Department of the Interior	23.411	23.411	23.411
Department of Justice			
Asset Forfeiture Fund			
<u>Asset Forfeiture Fund</u>	<u>206.336</u>	<u>240.552</u>	<u>254.689</u>
Subtotal, Asset Forfeiture Fund	206.336	240.552	254.689

25.000



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Bureau of Prisons			
Contract Confinement	464.594	464.594	399.201
Inmate Care and Programs	1,594.784	1,594.784	1,528.343
Institution Security and Administration	1,613.541	1,613.541	1,653.649
Management and Administration	151.216	151.216	148.170
Modernization and Repair	57.750	57.750	80.317
<u>New Construction</u>	<u>0.924</u>	<u>0.924</u>	<u>0.906</u>
Subtotal, Bureau of Prisons	3,882.809	3,882.809	3,810.586
Criminal Division			
<u>Enforce Federal Criminal Laws</u>	<u>45.081</u>	<u>45.081</u>	<u>46.861</u>
Subtotal, Criminal Division	45.081	45.081	46.861
Drug Enforcement Administration			
Diversion Control Fee Account	432.869	432.869	581.487
<u>Salaries & Expenses</u>	<u>2,336.263</u>	<u>2,336.263</u>	<u>2,523.116</u>
Subtotal, Drug Enforcement Administration	2,769.132	2,769.132	3,104.603
Federal Bureau of Investigation			
<u>Criminal Enterprises Federal Crime</u>	<u>147.718</u>	<u>147.718</u>	<u>161.114</u>
Subtotal, Federal Bureau of Investigation	147.718	147.718	161.114
Office of Justice Programs			
Byrne Criminal Justice Innovation Programs	6.600	6.600	7.500
Byrne Justice Assistance Grant Program	48.400	48.400	53.350
Comprehensive Opioid Abuse Program (CARA)	185.000	185.000	190.000
COPS Anti-Heroin Task Forces	35.000	35.000	35.000
COPS Anti-Methamphetamine Task Forces	15.000	15.000	15.000
Drug Courts	83.000	83.000	95.000
Forensic Support for Opioid and Synthetic Drug Invest.	17.000	17.000	17.000
Justice and Mental Health Collaborations	5.250	5.250	6.000
Mentoring for Youth Affected by the Opioid Crisis-Prev.	16.500	16.500	16.500
Opioid-Affected Youth Initiative	10.000	10.000	16.000
Harold Rogers' Prescription Drug Monitoring Program	32.000	32.000	33.000
Project Hope Opportunity Probation with Enforcement	4.500	4.500	5.000
Regional Information Sharing System	14.000	14.000	14.000
Residential Substance Abuse Treatment	34.000	34.000	35.000
Second Chance Act	35.350	35.350	38.136



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Tribal Set Aside – CTAS Purpose Area 3:			
Justice Systems and Alcohol and Substance Abuse	17.492	17.492	23.368
Tribal Set Aside – CTAS Purpose Area 9: Tribal Youth Prev.			
<u>Veterans Treatment Court Program</u>	<u>25.000</u>	<u>25.000</u>	<u>25.000</u>
Subtotal, Office of Justice Programs	587.092	587.092	633.854
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>105.984</u>	<u>105.984</u>	<u>105.984</u>
Subtotal, United States Attorneys	105.984	105.984	105.984
United States Marshals Service			
<u>Salaries and Expenses</u>	408.878	408.888	493.341
<u>Federal Prisoner Detention</u>	<u>792.179</u>	<u>597.388</u>	<u>553.252</u>
Subtotal, United States Marshals Service	1,201.057	1,006.276	1,046.593
Bureau of Alcohol, Tobacco, and Firearms			
<u>Law Enforcement Operations</u>	<u>39.118</u>	<u>39.118</u>	<u>46.150</u>
Subtotal, United States Marshals Service	39.118	39.118	46.150
Total, Department of Justice	9,534.855	9,374.290	9,760.892
Department of Labor			
Employment and Training Administration			
Job Corps - Prevention	6.000	6.000	6.000
Subtotal, Employment and Training Administration	6.000	6.000	6.000
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	15.569	15.569	15.569



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Office of National Drug Control Policy			
Office of National Drug Control Policy - Operations	18.400	18.400	22.340
Drug Free Communities	102.000	102.000	106.000
Drug Court Training and Technical Assistance	3.000	3.000	3.000
Anti-Doping Activities	14.000	14.000	14.000
Model Acts Program	1.250	1.250	1.250
Section 103 of P.L. 114-198 - Prevention	5.000	5.000	5.200
World Anti-Doping Agency Dues	2.932	2.932	3.420
High Intensity Drug Trafficking Area	290.000	290.000	293.500
Performance Audits and Evaluations	N/A	N/A	0.500
<u>Policy Research</u>	<u>N/A</u>	<u>N/A</u>	<u>1.300</u>
Total, Office of National Drug Control Policy	436.582	436.582	450.510
Department of State			
Bureau of International Narcotics and Law Enforcement			
<u>International Narcotics Control and Law Enforcement</u>	<u>420.276</u>	<u>406.812</u>	<u>374.679</u>
Subtotal, Bureau of Int'l Narcotics and Law Enforcement	420.276	406.812	374.679
United States Agency for International Development			
Economic Support Fund	43.533	31.495	31.495
<u>Economic Support and Development Fund</u>	<u>10.000</u>	<u>23.735</u>	<u>23.735</u>
Subtotal, United States Agency for International Develop.	53.533	55.230	55.230
Total, Department of State	473.809	462.042	429.909
Department of the Transportation			
Federal Aviation Administration			
Air Traffic Organization	1.900	1.900	2.540
Aviation Safety/Aerospace Medicine	18.880	18.880	19.295
<u>Security and Hazardous Material Safety</u>	<u>1.900</u>	<u>1.900</u>	<u>2.540</u>
Subtotal, Federal Aviation Administration	22.680	22.680	24.375
National Highway Traffic Safety Administration			
Drug Impaired Driving Program	2.000	2.000	2.000
Emergency Medical Services	0.500	0.500	0.500
Highway Safety Research	1.700	1.700	1.700
<u>Communication and Consumer Information</u>	<u>8.680</u>	<u>7.500</u>	<u>7.500</u>
Subtotal, National Highway Traffic Safety Administration	12.880	11.700	11.700
Total, Department of Transportation	35.560	34.380	36.075



Budget Authority (in Millions)			
Program	FY 2021 Final	FY 2022 CR	FY 2023 Request
Department of the Treasury			
Financial Crimes Enforcement Network			
<u>Salaries and Expenses</u>	<u>1.680</u>	<u>2.120</u>	<u>2.200</u>
Subtotal, Financial Crimes Enforcement Network	1.680	2.120	2.200
Internal Revenue Service			
<u>Criminal Investigations</u>	<u>68.974</u>	<u>60.257</u>	<u>60.257</u>
Subtotal, Internal Revenue Service	68.974	60.257	60.257
Office of Foreign Assets Control			
<u>Salaries and Expenses</u>	<u>0.681</u>	<u>0.681</u>	<u>0.911</u>
Subtotal, Office of Foreign Assets Control	0.681	0.681	0.911
Total, Department of the Treasury	71.335	63.058	63.368
Department of Veterans Affairs			
Veterans Health Administration			
Medical & Prosthetic Research - Treatment	25.418	25.000	25.000
<u>Medical Care – Treatment</u>	<u>973.649</u>	<u>1,014.132</u>	<u>1,055.633</u>
Subtotal, Veterans Health Administration	999.067	1,039.132	1,080.633
Total, Department of Veterans Affairs	999.067	1,039.132	1,080.633
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



Federal Border Strategy Resources

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (21 U.S.C. § 1705(c)(3)(B) and (C)), as amended, requires ONDCP to coordinate with the relevant NDCPAs the development and implementation of counternarcotics Strategies for the Southwest and Northern Borders of the United States. Specifically, the SUPPORT Act states:

The two Border Counternarcotics Strategies shall:

- (I) Identify the specific resources required to enable the relevant NDCPAs agencies to implement that strategy.

The National Southwest Border Counter-Narcotics Strategy, National Northern Border Counter-Narcotics Strategy, and Caribbean Border Counter-Narcotics Strategy accompanied the release of the 2022 *Strategy* on April 21, 2022. The *National Drug Control Strategy: Budget Summary* appendix provides the funding levels for the relevant NDCPAs to implement the Border Strategies. These resources fall under the Interdiction functional area of the consolidated Federal drug control budget, which includes the transit zone as well as US borders, including ports of entry and between ports of entry. Since Congress does not appropriate funding by specific borders to the relevant NDCPAs, ONDCP is unable to report resource levels for the Southwest, Northern, and Caribbean borders distinct from each other.

The relevant NDCPAs that implement interdiction activities are:

- Department of Defense
- Department of Health and Human Services
- Department of Homeland Security
- Department of Justice
- Department of the Interior
- Department of Transportation; and
- Office of National Drug Control Policy

In the President's FY 2023 budget request for drug control efforts, the total amount of resources available for interdiction activities, including the implementation of the three Border Strategies, is \$6.1 billion. This is an increase of \$564.4 million (10 percent) above the FY 2022 CR level. The table below presents the details, by Department, of the interdiction funding levels for FY 2011 through FY 2023.



Funding for Interdiction Efforts by Department: FY2021 – FY2023

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
Department of Defense	\$418.2	\$397.4	\$649.9	+ 252.5	+63.5%
<i>Drug Interdiction and Counterdrug Activities</i>	418.2	397.4	649.9	+ 252.5	+63.5%
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	5,122.4	5,102.1	5,402.8	+ 300.7	+5.9%
<i>Customs and Border Protection</i>	3,040.3	3,020.1	3,313.5	+ 293.4	+9.7%
<i>Science and Technology Directorate</i>	6.0	6.0	4.0	- 2.0	-33.3%
<i>United States Coast Guard</i>	2,076.1	2,076.1	2,085.3	+ 9.3	+0.4%
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	1.9	1.9	2.5	+ 0.6	+33.7%
<i>Federal Aviation Administration</i>	1.9	1.9	2.5	+ 0.6	+33.7%
Office of National Drug Control Policy	26.1	26.1	26.6	+ 0.5	+2.1%
Total, Interdiction	\$5,613.4	\$5,572.4	\$6,136.8	+ \$564.4	+10.1%



Treatment Plan Resources

The SUPPORT Act (21 U.S.C. § 1705(c)(1)(N)), as amended, requires ONDCP to develop the *Strategy* which shall include “a plan to expand treatment of SUDs.” Among the items to be included in the Treatment Plan is “the specific resources required to enable the relevant [NDCPAs] to implement [the plan]”.

The Treatment Plan is incorporated within the 2022 *Strategy*, released on April 21, 2022. This appendix to the *National Drug Control Strategy: Budget Summary* provides the funding levels for the relevant NDCPAs tasked with implementing the Treatment Plan. These resources fall under the drug treatment functional area of the consolidated Federal drug control budget.

The relevant NDCPAs that implement drug treatment activities are:

- AmeriCorps
- Court Services and Offender Supervision Agency, District of Columbia
- Department of Agriculture
- Department of Defense
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Justice
- Department of Labor
- Department of Transportation
- Department of Veterans Affairs
- Federal Judiciary; and
- Office of National Drug Control Policy

In the President’s FY 2023 budget request for drug control efforts, the total amount of resources available for drug treatment activities is \$21.1 billion. This is an increase of \$1.6 billion (8 percent) above the FY 2022 CR level. The table below presents the details, by Department, of the drug treatment funding levels for FY 2021 through FY 2023.



Treatment Plan Resources by Department, FY2021 – FY 2023

	FY 2021	FY 2022	FY 2023	FY22 - FY23 Change	
	Final	CR	Request	Dollars	Percent
AmeriCorps	\$22.5	\$22.5	\$22.5	---	---
Court Services and Offender Supervision Agency	\$39.0	\$39.9	\$45.1	+ 5.3	+13.3%
Department of Agriculture	11.4	11.4	11.4	---	---
<i>Office of Rural Development</i>	11.4	11.4	11.4	---	---
Department of Defense	87.2	71.7	74.4	+ 2.6	+3.7%
<i>Defense Health Program</i>	87.2	71.7	74.4	+ 2.6	+3.7%
Department of Health and Human Services	15,964.9	16,961.3	18,345.9	+ 1,384.6	+8.2%
<i>Centers of Medicare and Medicaid Services</i>	10,630.0	11,640.0	11,220.0	- 420.0	-3.6%
<i>Food and Drug Administration</i>	10.0	10.0	23.0	+ 13.0	+130.0%
<i>Health Resources and Services Administration</i>	712.6	694.0	764.9	+ 70.9	+10.2%
<i>Indian Health Service</i>	101.0	101.2	103.7	+ 2.5	+2.5%
<i>National Institute on Alcohol Abuse and Alcoholism</i>	11.8	11.8	12.1	+ 0.3	+2.1%
<i>National Institute on Drug Abuse</i>	937.1	932.2	1,161.3	+ 229.1	+24.6%
<i>Substance use And Mental Health Services Admin.</i>	3,562.5	3,572.0	5,060.9	+ 1,488.9	+41.7%
Department of Housing and Urban Development	627.8	627.8	756.2	+ 128.4	+20.5%
Department of Justice	615.9	615.9	606.7	- 9.3	-1.5%
<i>Bureau of Prisons</i>	230.9	230.9	194.2	- 36.7	-15.9%
<i>Office of Justice Programs</i>	385.1	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	999.1	1,039.1	1,080.6	+ 41.5	+4.0%
Federal Judiciary	141.4	148.7	157.1	+ 8.4	+5.7%
Office of National Drug Control Policy	9.9	9.9	10.6	+ 0.7	+6.8%
Total, Treatment	\$18,527.4	\$19,556.5	\$21,118.9	+ \$1,562.3	+8.0%