

# NATIONAL DRUG CONTROL STRATEGY FY2024 BUDGET SUMMARY

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





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# EXECUTIVE SUMMARY

## Overview

*“The overdose epidemic is not a red state problem or a blue state problem – it’s America’s problem, and the President has reaffirmed his commitment to continuing our work together to beat this crisis. In last year’s State of the Union, the President called for removing barriers to treatment, and we have delivered on that – working with Republicans and Democrats in Congress to remove the X-waiver. And under President Biden’s leadership, our Nation has seized more illicit fentanyl at the border and domestically, denying nearly \$9 billion of profits to drug traffickers last year.*

*Because of these efforts, combined with our historic public health advances, we have now seen six straight months where overdose numbers have decreased or flattened. This is a hopeful sign, but we can’t slow down. We will hold drug traffickers accountable, reduce overdose deaths, and save American lives.”*

*Dr. Rahul Gupta*

*Director of the White House Office of National Drug Control Policy*

President Biden has made clear that addressing addiction and the overdose epidemic is an urgent priority for his Administration. In his State of the Union Address<sup>1</sup>, the President announced a “major surge to stop fentanyl” by disrupting the trafficking, distribution, and sale of fentanyl and expanding access to evidence-based prevention, harm reduction, treatment, and recovery.

The President’s call to action in his State of the Union builds on his *National Drug Control Strategy*, which lays out a robust set of actions to reduce drug overdose deaths by addressing both the demand and supply sides of drug policy. This includes building a stronger substance use disorder treatment infrastructure and reducing the supply of illicit substances through targeted law enforcement actions and commercially disrupting criminal organizations by undermining the illicit finance networks that make drug trafficking both possible and profitable.

In support of the President’s plan to beat the opioid epidemic as part of his Unity Agenda, as well as implementing the rest of the *Strategy*, the President’s Fiscal Year (FY) 2024 Budget requests \$46.1 billion for National Drug Control Program agencies (NDCPA), a \$2.3 billion increase over the FY 2023 enacted level. The Biden-Harris Administration has already made significant progress in addressing its drug policy priorities, including:

- **Expand access to evidence-based prevention, harm reduction, treatment, and recovery.** Over the last year, the Biden-Harris Administration took unprecedented steps to expand access to naloxone and other harm reduction interventions. Further, the Administration expanded access to treatment by removing critical barriers that limit its availability. At a time when

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<sup>1</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2023/02/07/fact-sheet-in-state-of-the-union-president-biden-to-outline-vision-to-advance-progress-on-unity-agenda-in-year-ahead/>



fewer than 10 percent of Americans can access the treatment they need for a substance use disorder, President Biden signed into law the removal of the X-Waiver, a certification that required medical providers willing to prescribe buprenorphine take hours of prescriber training and be subject to additional oversight from the Drug Enforcement Administration (DEA). Additionally, the Administration has proposed rule-making for take-home doses of treatment medications like methadone and telehealth prescribing for medications like buprenorphine. To further connect people to life-saving help, the Administration is working to:

- ***Deliver more life-saving naloxone to communities hit hard by fentanyl.*** By expanding use of Federal funds to purchase naloxone, releasing guidance to make it easier for programs to obtain and distribute naloxone to at-risk populations, and prioritizing the review of over-the-counter naloxone applications, the Administration is taking new steps to encourage and aid states in their efforts to use existing funding to purchase naloxone and distribute it in their communities.
- ***Ensure every jail and prison across the nation can provide treatment for substance use disorder.*** Providing treatment while individuals are in jails and prisons, and continuing their treatment in their communities, has been proven to decrease overdose deaths, reduce crime, and increase employment during reentry. The Federal Bureau of Prisons (BOP) is working to ensure that each of their 122 facilities are equipped and trained to provide in-house medication-assisted treatment (MAT), and the Centers for Medicare and Medicaid Services (CMS) is developing a demonstration opportunity to allow states to use Medicaid funds to provide health care services—including treatment for people with substance use disorder—to individuals in those facilities prior to their release.
- ***Build on historic progress to drastically expand access to medications for opioid use disorder.*** The Biden-Harris Administration will further expand access to treatment by working with medical professionals to make prescribing proven treatments, including buprenorphine for opioid use disorder (OUD), a part of routine health care delivery and ensure that manufacturers, wholesalers, and pharmacies are making medications available to everyone with a prescription.
- ***Disrupt the trafficking, distribution, and sale of drugs, including fentanyl.*** In just the last year Customs and Border Protection (CBP) has seized a historic 260,000 pounds of illicit drugs primarily at ports of entry (POE) on our border, including nearly 15,000 pounds of fentanyl. Through President Biden’s Executive Order on Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade, the Department of the Treasury has imposed sanctions against dozens of individuals and entities involved in the illicit drug trade. To aggressively expand on this historic effort, the Administration will continue:
- ***Stopping more fentanyl and other illicit drugs from getting into the United States at the Southwest Border Ports of Entry.*** By providing 123 new large-scale scanners at Land POE along the Southwest Border by FY 2026, CBP will increase its inspection capacity from what has historically been around two percent of passenger vehicles and about 17 percent of cargo vehicles, to 40 percent of passenger vehicles and 70 percent of cargo vehicles. These investments will crack down on a major avenue of fentanyl and other illicit



drug trafficking, securing our border and keeping dangerous drugs from reaching our country.

- ***Stopping more packages from being shipped into the United States with fentanyl and the materials used to make it.*** CBP has increased seizures in commercial package delivery services' warehouses from 42,000 pounds of illicit substances to more than 63,000 pounds in just the past two years.
- ***Leading a sustained diplomatic push that will address fentanyl and other synthetic drugs and the international supply chain supporting the manufacture of all illicit drugs.*** The Administration will work with international partners to disrupt the global fentanyl production and supply chain, and call on others to join our efforts. It will focus on seizing chemical ingredients and fentanyl before it can reach our communities, and hold accountable the producers, traffickers, and facilitators of these deadly drugs. Many of these ingredients and materials originate outside our borders, and the Administration will call on global partners to work together and do more to disrupt the criminal elements within their countries who sell chemicals and tools for the production of counterfeit pills around the world.
- **Work with Congress to make permanent tough penalties on suppliers of fentanyl.** The federal government regulates illicitly produced fentanyl analogues and related substances as Schedule I drugs, meaning they are subject to strict regulations and criminal penalties. But traffickers have found a loophole: they can easily alter the chemical structure of fentanyl—creating “fentanyl related substances” (FRS)—to evade regulation and enhance the drug’s impact. The DEA and Congress temporarily closed this loophole by making all FRS Schedule I. The Administration looks forward to working with Congress on its comprehensive proposal to permanently schedule all illicitly produced FRS into Schedule I.

This document focuses on investments by the 19 NDCPAs that will build on progress made by the Administration, but these investments will also require collaboration among federal, State, local, and Tribal communities across the country. Financial resources cannot solve this crisis on their own, but this increased level of support will enable the dedicated prevention, treatment, recovery, harm reduction, law enforcement, and public safety workforces to save more lives.



## Highlights of the FY2024 Request

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

**Table 1: Federal Drug Control Spending by Agency**  
 FY 2022 - FY 2024  
 (Budget Authority in Millions)

Department/Agency	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>AmeriCorps</b>	<b>\$31.8</b>	<b>\$31.8</b>	<b>\$31.8</b>
<b>Appalachian Regional Commission</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>
<b>Department of Agriculture:</b>			
Office of Rural Development	11.4	11.4	12.4
U.S. Forest Service	13.0	13.0	13.5
<b>Total USDA</b>	<b>24.4</b>	<b>24.4</b>	<b>25.9</b>
<b>Court Services and Offender Supervision Agency for D.C.</b>	<b>70.6</b>	<b>72.8</b>	<b>73.2</b>
<b>Department of Defense:</b>			
Defense Security Cooperation Agency	46.7	42.0	32.4
Drug Interdiction and Counterdrug Activities (incl. OPTEMPO)	954.1	1,034.8	953.4
Defense Health Program	96.4	100.3	84.6
<b>Total DOD</b>	<b>1,097.2</b>	<b>1,177.2</b>	<b>1,070.4</b>
<b>Department of Education</b>	<b>118.0</b>	<b>108.7</b>	<b>338.0</b>
<b>Federal Judiciary:</b>	<b>1,169.1</b>	<b>1,285.6</b>	<b>1,389.3</b>
<b>Department of Health and Human Services:</b>			
Administration for Children and Families	20.0	20.0	67.0
Centers for Disease Control and Prevention	508.6	528.6	736.4
Centers for Medicare and Medicaid Services <sup>1</sup>	12,140.0	12,970.0	11,930.0
Food and Drug Administration	72.5	79.5	102.5
Health Resources and Services Administration	828.0	855.0	1,600.0
Indian Health Service	138.0	138.9	142.4
National Institute on Alcohol Effects and Alcohol-Associated Disorders <sup>2,3</sup>	73.4	76.2	76.2
National Institute on Drugs and Addiction <sup>2,3</sup>	1,596.1	1,663.4	1,663.4
Substance use And Mental Health Services Administration <sup>3,4</sup>	4,283.2	4,500.8	5,812.4
<b>Total HHS</b>	<b>19,659.7</b>	<b>20,832.4</b>	<b>22,130.2</b>
<b>Department of Homeland Security:</b>			
Customs and Border Protection	3,436.2	3,990.2	4,335.4
Federal Emergency Management Agency	13.5	13.2	13.2
Federal Law Enforcement Training Center	59.3	56.0	57.7
Immigration and Customs Enforcement	653.7	672.8	726.4
Science and Technology Directorate	4.0	1.5	1.5
U.S. Coast Guard	2,251.3	2,180.2	2,228.6
<b>Total DHS</b>	<b>6,418.0</b>	<b>6,913.8</b>	<b>7,362.8</b>
<b>Department of Housing and Urban Development:</b>			
Office of Community Planning and Development	660.7	757.2	778.2





Department/Agency	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Department of the Interior:</b>			
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
<b>Total DOI</b>	<b>23.4</b>	<b>23.4</b>	<b>23.4</b>
<b>Department of Justice:</b>			
Assets Forfeiture Fund	211.0	242.3	242.3
Bureau of Alcohol, Tobacco, Firearms, and Explosives	40.8	43.9	49.2
Bureau of Prisons	3,781.5	4,090.5	4,149.5
Criminal Division	48.1	48.1	50.3
Drug Enforcement Administration	2,904.0	3,111.5	3,282.6
Federal Bureau of Investigation	156.8	215.9	202.7
Organized Crime Drug Enforcement Task Forces Program	550.5	550.5	550.5
Office of Justice Programs	607.7	649.6	696.1
U.S. Attorneys	101.5	101.5	101.5
United States Marshals Service	1,018.2	1,038.8	1,107.8
<b>Total DOJ</b>	<b>9,420.0</b>	<b>10,092.6</b>	<b>10,432.4</b>
<b>Department of Labor:</b>			
Employment and Training Administration	20.1	21.9	20.9
Employee Benefits Security Administration	0.0	0.0	5.5
Office of Disability Employment Policy	0.8	0.8	0.8
Office of the Inspector General	1.8	1.8	1.8
Office of Workers' Compensation Programs	7.8	7.8	7.8
<b>Total DOL</b>	<b>30.5</b>	<b>32.3</b>	<b>36.8</b>
<b>Office of National Drug Control Policy:</b>			
Operations	19.0	32.0	22.4
High Intensity Drug Trafficking Areas Program	296.6	302.0	290.2
Other Federal Drug Control Programs	133.6	137.1	149.0
<b>Total ONDCP</b>	<b>449.2</b>	<b>471.1</b>	<b>461.5</b>
<b>Department of State:</b>			
Bureau of International Narcotics and Law Enforcement Affairs <sup>5</sup>	296.3	374.7	343.6
United States Agency for International Development	70.9	70.9	56.6
<b>Total DOS</b>	<b>367.2</b>	<b>445.6</b>	<b>400.2</b>
<b>Department of the Transportation:</b>			
Federal Aviation Administration	23.2	24.4	24.6
National Highway Traffic Safety Administration	22.2	18.1	18.1
<b>Total DOT</b>	<b>45.4</b>	<b>42.5</b>	<b>42.7</b>
<b>Department of the Treasury:</b>			
Financial Crimes Enforcement Network	0.9	2.2	2.3
Internal Revenue Service	78.3	60.3	60.3
Office of Foreign Assets Control	0.9	0.9	1.1
<b>Total, Treasury</b>	<b>80.1</b>	<b>63.4</b>	<b>63.6</b>
<b>Department of Veterans Affairs:</b>			
Veterans Health Administration	1,194.7	1,261.3	1,311.9
<b>United States Postal Inspection Service:</b>	<b>72.0</b>	<b>72.0</b>	<b>72.0</b>
<b>Total Federal Drug Budget<sup>6</sup></b>	<b>\$40,945.0</b>	<b>\$43,721.1</b>	<b>\$46,057.3</b>

<sup>1</sup>The CMS budget reflects only Medicare and Medicaid current law benefit costs as estimated by the CMS Office of the Actuary.

<sup>2</sup>FY 2023 Enacted Levels include the effects of the National Institute of Health's FY 2023 permissive HIV/AIDS transfer.

<sup>3</sup>The FY 2024 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders. The 2024 Budget also proposes to change the name of the Substance Abuse and Mental Health Services Administration to the Substance use And Mental Health Services Administration.

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

<sup>5</sup>The FY 2024 level is an estimate based on FY 2023 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2023 appropriation.

<sup>6</sup>Totals 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. For the first time, agency resources that support harm reduction efforts (Table 2) are specifically reported in the National Drug Control Budget.

**Table 2: Harm Reduction Funding**  
 FY 2022 - FY 2024  
 (Budget Authority in Millions)

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>Department of Health and Human Services</b>	<b>\$351.3</b>	<b>\$403.6</b>	<b>\$508.8</b>	<b>+\$105.2</b>	<b>+26.1%</b>
<i>Centers for Disease Control and Prevention</i>	38.0	69.0	69.0	+ 0.0	---
<i>National Institute on Drugs and Addiction</i>	183.8	189.7	190.2	+ 0.5	+0.3%
<i>Substance use And Mental Health Services Admin.</i>	129.5	144.9	249.6	+ 104.7	+72.2%
<b>Department of Justice</b>	<b>0.5</b>	<b>0.6</b>	<b>0.6</b>	<b>+ 0.0</b>	<b>+4.9%</b>
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	0.1	0.1	0.1	+ 0.0	---
<i>Bureau of Prisons</i>	0.3	0.3	0.3	+ 0.0	+6.7%
<i>Drug Enforcement Administration</i>	0.1	0.1	0.1	+ 0.0	+7.1%
<i>Federal Bureau of Investigation</i>	0.0	0.1	0.1	+ 0.0	---
<i>U.S. Marshals Service</i>	0.0	0.0	0.0	+ 0.0	---
<b>Total, Harm Reduction</b>	<b>\$351.8</b>	<b>\$404.2</b>	<b>\$509.4</b>	<b>+\$105.2</b>	<b>+26.0%</b>



## **FY 2024 Budget by National Drug Control Program Agency**

### **AmeriCorps**

- In FY 2024, AmeriCorps anticipates spending approximately \$31.8 million via federal grant and program dollars awarded to 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. This includes funding to support projects through Public Health AmeriCorps, a partnership with the Centers for Disease Control and Prevention (CDC) to address urgent public health needs and build the next generation of public health leaders through national service.

### **Appalachian Regional Commission**

- The Appalachian Regional Commission is requesting \$13.0 million in FY 2024 for the Investments Supporting Partnerships In Recovery Ecosystems (INSPIRE) Initiative. This grant program aims to address the substance use disorder (SUD) crisis across Appalachia by creating or expanding a recovery ecosystem that will lead to workforce entry or re-entry.

### **Department of Agriculture**

- The FY 2024 request for the Department of Agriculture (USDA) totals \$25.9 million in resources for prevention, treatment, and domestic law enforcement efforts.
- The USDA is requesting \$12.4 million for its efforts at their Office of Rural Development (RD), including infrastructure projects (such as telemedicine networks and brick-and-mortar treatment facilities) that will help meet the needs of people with SUD in rural communities.
- The FY 2024 USDA request also includes \$13.5 million for the U.S. Forest Service (USFS) to continue efforts to keep the national forests free of dangerous drug operations. The USFS works to identify, investigate, disrupt, and dismantle drug trafficking organizations responsible for large-scale illicit marijuana grow operations on National Forest System (NFS) lands.

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

- For FY 2024, Court Services and Offender Supervision Agency of the District of Columbia (CSOSA) requests \$73.2 million for drug control activities, including funding to enhance public safety and reduce recidivism.

### **Department of Defense**

- For FY 2024, 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 (DHP).



- The DoD FY 2024 request includes \$953.4 million for Drug Interdiction and Counterdrug Activities (including Operational Tempo (OPTEMPO) funding), a net decrease of \$81.3 million from the FY 2023 enacted level, for drug control activities to counter illicit drug trafficking activities and illicit financial flows, as well as to detect and monitor the maritime and aerial transit of illegal drugs into the United States.
- The Defense Security Cooperation Agency (DSCA) is requesting \$32.4 million in FY 2024. Pursuant to 10 U.S.C. § 333 authority, DSCA will support foreign partners by building the capacity of foreign security forces and enabling them to conduct counternarcotic and counter transnational organized crime operations. In addition, DSCA will support the George C. Marshall European Center program on Countering Transnational Organized Crime (CTOC) which helps partner nations to develop strategies and policies to counter illicit traffickers and the activities of transnational criminal organizations.
- The DHP is requesting \$84.6 million in FY 2024. DHP covers the range of treatment, recovery, research and development, including specific projects related to drug misuse and advanced development research efforts with pain management.

### **Department of Education**

- The Department of Education’s FY 2024 request of \$338.0 million for its drug control programs incorporates a number of new activities to replace the expiring School Transformation Grants, which had constituted the majority of the funding reported for the drug control budget.
  - \$248.7 million for School Safety National Activities to help address trauma and stress encountered by students in our public schools, and its impact on student mental health and outcomes, particularly for students from low-income backgrounds and living in communities of concentrated poverty which can have a negative impact on the educational opportunities and support students receive.
  - \$8.3 million of the request is for the 21st Century Community Learning Centers program, which provides out-of-schooltime programming and may include drug and violence prevention programs and counseling activities.
  - \$80.9 million to support the mental health needs of college students by increasing the number of providers on college campuses, improving coordination of mental health and other services for students, and building connections and providing mental health services in the community.

### **Federal Judiciary**

- The Federal Judiciary (Judiciary) has the responsibility to provide fair and impartial justice 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. For FY 2024, the Judiciary’s drug control budget request totals \$1.4 billion.

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

- The FY 2024 request for the Department of Health and Human Services (HHS) includes \$22.1 billion in resources for prevention, treatment, harm reduction, recovery 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 2024, Substance use And Mental Health Services Administration (SAMHSA) is requesting \$5.8 billion in drug control funding. This is a \$1.3 billion increase from the FY 2023 enacted levels, with the majority of the increase in prevention and treatment programs. 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 Use Prevention, Treatment and Recovery Block Grant (SUPTRS BG), State Opioid Response (SOR) Grants, Programs of National and Regional Significance (PRNS), and Health Surveillance and Program Support (HSPS).
- In FY 2024, Health Resources and Services Administration (HRSA) is requesting \$1.6 billion in drug control funding. The Budget requests an increase of \$735.0 million from the FY 2023 enacted level, with \$684.5 million of the increase going towards treatment programs. 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 2024 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 and treatment 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 2024, 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 substance use disorder. Adult SUDs, including OUD, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of SUD (including OUD) and child welfare involvement.
- In FY 2024, CDC is requesting \$736.4 million in drug control funding. The FY 2024 Budget requests an increase of \$207.8 million for prevention activities from the FY 2023 enacted level. The President's Budget Request outlines activities in five pillars that capitalize on CDC’s scientific expertise: 1) monitoring, analyzing, and communicating trends; 2) building state, local, and tribal capacity; 3) supporting providers, health systems, payors, and employers; 4) partnering with public safety and community organizations; and 5) raising public awareness



and reducing stigma. Activities within each of these pillars support multiple *Strategy* priorities.

- In FY 2024, CMS is estimated to spend \$11.9 billion for drug control efforts. This estimate reflects Medicaid and Medicare populations and 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. There is an estimated \$1.0 billion decrease due to a decrease in the Medicaid enrollment projection stemming from the end of continuous eligibility.
- In FY 2024, the Food and Drug Administration (FDA) request includes \$102.5 million in drug control funding. The FY 2024 Budget for drug-related activities includes \$43.1 million for the Center for Drug Evaluation and Research. It also includes \$2.7 million for opioid-related activities for the Center for Devices and Radiological Health. FDA requests \$56.8 million for the Office of Regulatory Affairs (ORA) to further develop and advance strategies to confront the overdose epidemic, establish staff with specially trained field-based scientists, satellite laboratories at selected points of entry, including the International Mail Facilities (IMFs). ORA will also expand its 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 2024, the Indian Health Service (IHS) requests \$142.4 million for its drug control activities. IHS emphasizes the partnership between federal agencies and their State, local, Tribal, and international counterparts to reduce drug-induced mortality. IHS is also working with federal partners to implement the Administration's efforts to address the current overdose epidemic, and reduce the number of Americans dying from dangerous drugs.
- The FY 2024 request includes \$1.7 billion for the National Institute on Drugs and Addiction (NIDA), and \$76.2 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; the NIDA Clinical Trials Network; Translational Initiatives and Program Innovations; HEAL<sup>2</sup> Initiative<sup>®</sup> programs; 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.

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<sup>2</sup> Helping to End Addiction Long-term<sup>®</sup> Initiative: <https://heal.nih.gov/>



## **Department of Homeland Security**

- The FY 2024 request for the Department of Homeland Security (DHS) includes \$7.4 billion in resources for domestic law enforcement, interdiction, and international efforts.
- The U.S. Coast Guard's (USCG) FY 2024 request includes \$2.2 billion for drug control activities. This funding continues to support the USCG's counterdrug operations and is an increase of \$48.4 million above the FY 2023 enacted budget.
- CBP's FY 2024 request of \$4.3 billion is for drug-related resources associated with border security and trade facilitation at the POE, which provides continued support for front-line CBP Officers. Additional funding is comprised of resources dedicated to opioid detection and increased personnel costs for baseline CBP Officers.
- Immigration and Customs Enforcement (ICE) is requesting \$726.4 million in FY 2024 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 84 locations throughout the United States consisting of over 119 investigative teams.
- In FY 2024, 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 2024 request includes \$57.7 million in drug control funding to support training programs that equip law enforcement officers and agents with the basic skills to support drug investigations.
- The FY 2024 Science & Technology (S&T) Directorate request is \$1.5 million for drug control activities.

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

- In FY 2024, the Department of Housing and Urban Development (HUD) requests \$778.2 million for drug control activities. Of the total, \$748.2 million is requested for Continuum of Care (CoC) homeless assistance grants, and \$30.0 million is requested for the Recovery Housing Program.

## **Department of the Interior**

- The FY 2024 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 2024 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 2024 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 2024, 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 2024 request for the Department of Justice (DOJ) includes over \$10.4 billion in resources for domestic law enforcement, international, prevention, harm reduction, treatment, and recovery efforts to address drug control challenges, including the opioid overdose epidemic.
- DEA’s FY 2024 request includes over \$3.3 billion in support of its mission to enforce the controlled substances laws and regulations of the United States. DEA’s request provides resources to address the fentanyl threat including from the Mexican Transnational Criminal Organizations (TCOs) that are mass-producing fentanyl. The request includes resources to invest in investigative technology and financial analytic tools to support disrupting and dismantling major TCOs, coordinating drug investigations in foreign countries, and providing state and local assistance.
- BOP’s FY 2024 drug control funding request is \$4.1 billion. As part of its support for implementing the First Step Act, the funding supports further expansion of Medications for OUD (MOUD) for treating incarcerated individuals with an opioid use disorder. BOP is building capacity to expand both medication and associated psychological treatment to all inmates with a need. These efforts include providing an additional 150 positions for the Health Services Division to ensure all inmates in BOP custody who may benefit from MOUD have access to these medications if clinically indicated.
- The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is requesting \$49.2 million for drug control funding in FY 2024 to combat crime associated with arms trafficking and drug trafficking crimes.
- The Federal Bureau of Investigation (FBI) is requesting \$202.7 million for drug control funding in FY 2024 to support a comprehensive, multi-pronged criminal enterprise strategy to target fentanyl and opioid trafficking on Darknet and Clearnet, enhance intelligence activities and money laundering, and 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 2024 supports reducing the availability of illicit narcotics throughout the United States, targeting high-level transnational, national, and regional criminal organizations and networks,





and ensuring that all cases include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

- For FY 2024, the Office of Justice Programs (OJP) requests \$696.1 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; the Residential Substance Abuse Treatment (RSAT) program, Forensic Support for Opioid and Synthetic Drug Investigations program; and programs for youth. 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 2024 request includes \$1.1 billion for drug enforcement efforts that center on capturing fugitives protecting witnesses, and providing housing and care for drug-related detainees who have a connection with drug trafficking and money laundering organizations.
- The U.S. Attorneys Offices' (USAO) FY 2024 request includes \$101.5 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 drug trafficking organizations 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 2024 request for the Criminal Division (CRM) is \$50.3 million for combatting drug trafficking including investigating and prosecuting national and international drug trafficking groups.
- In FY 2024 the Asset Forfeiture Program (AFP) is requesting \$242.3 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. The use of both criminal and civil asset forfeiture is an essential component in combating criminal actors and organizations—including transnational drug cartels.

### **Department of Labor**

- The FY 2024 request for the Department of Labor (DOL) includes \$36.8 million in resources for domestic law enforcement, prevention, and treatment efforts.
- In FY 2024, Employment and Training Administration (ETA) requests \$20.9 million for drug control activities in the Job Corps and Training and Employment Services. The overall request consists of \$5.0 million for Job Corps to address the student population's academic difficulties, health-related problems, and involvement with the juvenile justice system; and an estimated \$15.9 million for Training and Employment Services to fund the projected demand of temporary employment opportunities and other workforce services associated with Disaster Recovery Dislocated Worker Grants (DWG).



- In FY 2024, 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, and \$2.6 million for the Prescription Management Unit.
- In FY 2024, the DOL Office of Inspector General (OIG) requests \$1.8 million to support the OIG's oversight of OWCP's 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.
- In FY 2024, the Employee Benefits Security Administration (EBSA), requests \$5.5 million in drug-related activities.
- In FY 2024, the Office of Disability Employment Policy (ODEP) requests \$0.8 million to support its Advancing State Policy Integration for Recovery and Employment (ASPIRE) initiative, which works to support and expand competitive integrated employment (CIE) for people with mental health conditions, including individuals with co-occurring substance use disorders.

#### **Office of National Drug Control Policy**

- The Office of National Drug Control Policy (ONDCP) is requesting \$461.5 million in FY 2024. The total request includes \$22.4 million for ONDCP salaries and expenses, \$290.2 million for the High Intensity Drug Trafficking Areas (HIDTA) program, and \$149.0 million for Other Federal Drug Control Programs, as detailed below:
  - Drug-Free Communities Program: \$109.0 million
  - Drug Court Training and Technical Assistance: \$3.0 million
  - Anti-Doping Activities: \$14.0 million
  - World Anti-Doping Agency (United States' membership dues): \$3.7 million
  - Model Acts Program: \$1.3 million
  - Section 103 of P.L. 114-198: \$5.2 million
  - Policy Research: \$1.3 million
  - Performance Audits and Evaluations: \$0.5 million
  - Evolving and Emerging Threats: \$11.0 million

#### **Department of State and U.S. Agency for International Development**

- The FY 2024 request for the Department of State and the United States Agency for International Development (USAID) includes \$400.2 million in resources for international efforts.



- The Bureau of International Narcotics and Law Enforcement Affairs (INL) requests \$343.6 million in FY 2024 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 2024, USAID requests \$56.6 million for Developmental Assistance and Economic Support Funds that support international drug control efforts.

### **Department of Transportation**

- The FY 2024 request for the Department of Transportation (DOT) includes \$42.7 million in resources for domestic law enforcement, prevention, and treatment efforts.
- In FY 2024, the Federal Aviation Administration (FAA) requests \$24.6 million in drug control funding related to Air Traffic Organization, Aviation Safety/Aerospace Medicine, and Security and Hazardous Materials Safety.
- In FY 2024, the National Highway Traffic Safety Administration (NHTSA) requests \$18.1 million in drug control funding to accelerate behavioral safety research, develop appropriate impaired driving countermeasures, and strengthen emergency medical services initiatives to combat the overdose epidemic.

### **Department of the Treasury**

- The FY 2024 request for the Department of the Treasury includes \$63.6 million in resources for domestic law enforcement efforts.
- The Internal Revenue Service (IRS) requests \$60.3 million in FY 2024 for Criminal Investigation (IRSCI) 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 2024, the Financial Crimes Enforcement Network (FinCEN) requests \$2.3 million in drug control funding to safeguard the financial system from illicit use, combat money laundering, its related crimes including terrorism, and promote national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence.
- In FY 2024, the Office of Foreign Assets Control (OFAC) budget request includes \$1.1 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.

### **Department of Veterans Affairs**

- In FY 2024, the Veterans Health Administration (VHA) request includes \$1.3 billion for drug control activities. The proposed 2024 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.



## **United States Postal Inspection Service**

- In FY 2024, the United States Inspection Service (USPIS) requests \$72.0 million for drug control activities. In order to defend the nation's mail system from illegal or dangerous use, the USPIS investigates and dismantles drug trafficking organizations and interdicts illicit drugs trafficked by the mail throughout the country. This is also done through partnering with other federal, state, local, and international law enforcement to forcefully combat the distribution of illegal contraband through the U.S. Mail and international postal system.



## FY 2024 Budget by Drug Control Function

The consolidated National Drug Control Budget details agency resources by function. Functions categorize the activities of agencies into common drug control areas. NDCPAs are requesting a total of \$45.6 billion in drug control funding, an increase of \$1.9 billion over the FY 2023 enacted level. The largest increases in funding are requested to support drug treatment (+\$825.6 million) and drug prevention (+\$808.8 million). With these increases, the Budget Request devotes an historically high 57.1 percent of drug control resources to demand reduction programs and activities. Table 3 details funding by function.

**Table 3: Federal Drug Control Funding by Function**  
 FY 2022 - FY 2024  
 (Budget Authority in Millions)

Function	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
Treatment	\$20,343.6	\$21,648.0	\$22,473.6	+ \$825.6	+3.8%
Percent	49.7%	49.5%	48.8%		
Prevention	\$2,590.2	\$2,732.0	\$3,540.9	+ 808.8	+29.6%
Percent	6.3%	6.2%	7.7%		
Domestic Law Enforcement	\$10,725.6	\$11,430.0	\$11,735.0	+ 305.0	+2.7%
Percent	26.2%	26.1%	25.5%		
Interdiction	\$6,367.3	\$6,898.3	\$7,325.2	+ 426.9	6.2%
Percent	15.6%	15.8%	15.9%		
International	\$918.4	\$1,012.8	\$982.6	- 30.2	-3.0%
Percent	2.2%	2.3%	2.1%		
<b>Total</b>	<b>\$40,945.0</b>	<b>\$43,721.1</b>	<b>\$46,057.3</b>	<b>+ \$2,336.2</b>	<b>+5.3%</b>
Demand / Supply					
Demand Reduction	\$22,933.7	\$24,380.0	\$26,014.5	+ \$1,634.4	+6.7%
Percent	56.0%	55.8%	56.5%		
Supply Reduction	\$18,011.2	\$19,341.1	\$20,042.8	+ 701.7	+3.6%
Percent	44.0%	44.2%	43.5%		
<b>Total</b>	<b>\$40,945.0</b>	<b>\$43,721.1</b>	<b>\$46,057.3</b>	<b>+ \$2,336.2</b>	<b>+5.3%</b>

Note: Detail may not add due to rounding.



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

## **Treatment**

These are activities conducted by a NDCPA that are medically directed or supervised to assist regular persons with substance use disorders, 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 substance use disorders 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 substance use disorders.

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 2022 - FY 2024  
 (Budget Authority in Millions)

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$18.7</b>	<b>\$18.7</b>	<b>\$18.7</b>	---	---
<b>Appalachian Regional Commission</b>	<b>\$13.0</b>	<b>\$13.0</b>	<b>\$13.0</b>	---	---
<b>Court Services and Offender Supervision Agency</b>	<b>\$43.5</b>	<b>\$44.9</b>	<b>\$45.8</b>	<b>+ 0.9</b>	<b>+1.9%</b>
<b>Department of Agriculture</b>	<b>11.4</b>	<b>11.4</b>	<b>12.4</b>	<b>+ 1.0</b>	<b>+8.8%</b>
<i>Office of Rural Development</i>	11.4	11.4	12.4	+ 1.0	+8.8%
<b>Department of Defense</b>	<b>96.4</b>	<b>100.3</b>	<b>84.6</b>	<b>- 15.8</b>	<b>-15.7%</b>
<i>Defense Health Program</i>	96.4	100.3	84.6	- 15.8	-15.7%
<b>Department of Health and Human Services</b>	<b>17,519.3</b>	<b>18,566.7</b>	<b>19,287.9</b>	<b>+ 721.2</b>	<b>+3.9%</b>
<i>Centers of Medicare and Medicaid Services</i>	12,140.0	12,970.0	11,930.0	- 1,040.0	-8.0%
<i>Food and Drug Administration</i>	10.5	12.5	22.9	+ 10.4	+82.8%
<i>Health Resources and Services Administration</i>	711.8	713.0	1,397.5	+ 684.5	+96.0%
<i>Indian Health Service</i>	103.4	104.1	105.0	+ 1.0	+0.9%
<i>Nat. Inst. on Alc. Effects and Alc.-Assoc'd Disorders</i>	9.5	9.8	9.8	+ 0.0	---
<i>National Institute on Drugs and Addiction</i>	993.4	1,041.6	1,041.3	- 0.3	-0.0%
<i>Substance use And Mental Health Services Admin.</i>	3,550.9	3,715.8	4,781.4	+ 1,065.7	+28.7%
<b>Department of Housing and Urban Development</b>	<b>660.7</b>	<b>757.2</b>	<b>778.2</b>	<b>+ 20.9</b>	<b>+2.8%</b>
<b>Department of Justice</b>	<b>615.5</b>	<b>688.0</b>	<b>714.0</b>	<b>+ 26.0</b>	<b>+3.8%</b>
<i>Bureau of Prisons</i>	205.2	245.7	258.5	+ 12.8	+5.2%
<i>Office of Justice Programs</i>	410.2	442.3	455.5	+ 13.2	+3.0%
<b>Department of Labor</b>	<b>16.7</b>	<b>16.7</b>	<b>22.2</b>	<b>+ 5.5</b>	<b>+32.9%</b>
<i>Employee Benefits Security Administration</i>	0.0	0.0	5.5	+ 5.5	---
<i>Employment and Training Administration</i>	15.9	15.9	15.9	+ 0.0	---
<i>Office of Disability Employment Policy</i>	0.8	0.8	0.8	+ 0.0	---
<b>Department of Transportation</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	---	---
<i>National Highway Traffic Safety Administration</i>	0.5	0.5	0.5	---	---
<b>Department of Veterans Affairs</b>	<b>1,194.7</b>	<b>1,261.3</b>	<b>1,311.9</b>	<b>+ 50.6</b>	<b>+4.0%</b>
<b>Federal Judiciary</b>	<b>143.2</b>	<b>158.8</b>	<b>171.2</b>	<b>+ 12.4</b>	<b>+7.8%</b>
<b>Office of National Drug Control Policy</b>	<b>10.0</b>	<b>10.4</b>	<b>13.3</b>	<b>+ 2.9</b>	<b>+28.0%</b>
<b>Total, Treatment</b>	<b>\$20,343.6</b>	<b>\$21,648.0</b>	<b>\$22,473.6</b>	<b>+ \$825.6</b>	<b>+3.8%</b>

*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;
- 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 2022 - FY 2024  
 (Budget Authority in Millions)

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$13.1</b>	<b>\$13.1</b>	<b>\$13.1</b>	---	---
<b>Court Services and Offender Supervision Agency</b>	<b>27.0</b>	<b>27.9</b>	<b>27.4</b>	<b>- 0.5</b>	<b>-1.6%</b>
<b>Department of Defense</b>	<b>114.9</b>	<b>130.1</b>	<b>134.3</b>	<b>+ 4.3</b>	<b>+3.3%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	<i>114.9</i>	<i>130.1</i>	<i>134.3</i>	<i>+ 4.3</i>	<i>+3.3%</i>
<b>Department of Education</b>	<b>118.0</b>	<b>108.7</b>	<b>338.0</b>	<b>+ 229.3</b>	<b>+211.0%</b>
<b>Department of Health and Human Services</b>	<b>2,088.9</b>	<b>2,211.1</b>	<b>2,785.5</b>	<b>+ 574.3</b>	<b>+26.0%</b>
<i>Administration for Children and Families</i>	<i>20.0</i>	<i>20.0</i>	<i>67.0</i>	<i>+ 47.0</i>	<i>+235.0%</i>
<i>Centers for Disease Control and Prevention</i>	<i>508.6</i>	<i>528.6</i>	<i>736.4</i>	<i>+ 207.8</i>	<i>+39.3%</i>
<i>Food and Drug Administration</i>	<i>10.5</i>	<i>12.5</i>	<i>22.9</i>	<i>+ 10.4</i>	<i>+82.8%</i>
<i>Health Resources and Services Administration</i>	<i>116.3</i>	<i>142.0</i>	<i>202.5</i>	<i>+ 60.5</i>	<i>+42.6%</i>
<i>Indian Health Service</i>	<i>34.6</i>	<i>34.8</i>	<i>37.3</i>	<i>+ 2.5</i>	<i>+7.2%</i>
<i>Nat. Inst. on Alc. Effects and Alc.-Assoc'd Disorders</i>	<i>64.0</i>	<i>66.4</i>	<i>66.4</i>	<i>+ 0.0</i>	---
<i>National Institute on Drugs and Addiction</i>	<i>602.7</i>	<i>621.8</i>	<i>622.1</i>	<i>+ 0.3</i>	<i>+0.0%</i>
<i>Substance use And Mental Health Services Admin.</i>	<i>732.3</i>	<i>785.1</i>	<i>1,031.0</i>	<i>+ 245.9</i>	<i>+31.3%</i>
<b>Department of Justice</b>	<b>37.4</b>	<b>39.3</b>	<b>48.5</b>	<b>+ 9.2</b>	<b>+23.5%</b>
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	<i>0.1</i>	<i>0.1</i>	<i>0.1</i>	<i>+ 0.0</i>	---
<i>Bureau of Prisons</i>	<i>0.3</i>	<i>0.3</i>	<i>0.3</i>	<i>+ 0.0</i>	<i>+6.7%</i>
<i>Drug Enforcement Administration</i>	<i>4.4</i>	<i>4.7</i>	<i>5.0</i>	<i>+ 0.3</i>	<i>+6.2%</i>
<i>Federal Bureau of Investigation</i>	<i>0.0</i>	<i>0.1</i>	<i>0.1</i>	<i>+ 0.0</i>	---
<i>Office of Justice Programs</i>	<i>32.7</i>	<i>34.1</i>	<i>43.0</i>	<i>+ 8.9</i>	<i>+26.1%</i>
<i>United States Marshals Service</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>+ 0.0</i>	---
<b>Department of Labor</b>	<b>12.0</b>	<b>13.8</b>	<b>12.8</b>	<b>- 1.0</b>	<b>-7.3%</b>
<i>Employment and Training Administration</i>	<i>4.2</i>	<i>6.0</i>	<i>5.0</i>	<i>- 1.0</i>	<i>-16.7%</i>
<i>Office of Workers' Compensation Programs</i>	<i>7.8</i>	<i>7.8</i>	<i>7.8</i>	---	---
<b>Department of the Interior</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	---	---
<i>Bureau of Indian Affairs</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>	---	---
<b>Department of Transportation</b>	<b>38.9</b>	<b>35.4</b>	<b>35.3</b>	<b>- 0.0</b>	<b>-0.1%</b>
<i>Federal Aviation Administration</i>	<i>17.2</i>	<i>17.8</i>	<i>17.7</i>	<i>- 0.1</i>	<i>-0.3%</i>
<i>National Highway Traffic Safety Administration</i>	<i>21.7</i>	<i>17.6</i>	<i>17.6</i>	---	---
<b>Office of National Drug Control Policy</b>	<b>138.9</b>	<b>151.8</b>	<b>145.0</b>	<b>- 6.8</b>	<b>-4.4%</b>
<b>Total, Prevention</b>	<b>\$2,590.2</b>	<b>\$2,732.0</b>	<b>\$3,540.9</b>	<b>+ \$808.8</b>	<b>+29.6%</b>

Note: Detail may not add due to rounding.





## **Domestic Law Enforcement**

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

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

Domestic Law Enforcement funding levels are reported in Table 6. Funding for efforts under this function is aggregated under Supply Reduction.



**Table 6: Drug Control Domestic Law Enforcement Funding**  
 FY 2022 - FY 2024  
 (Budget Authority in Millions)

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$0.1</b>	<b>\$0.1</b>	<b>\$0.1</b>	---	---
<b>Department of Agriculture</b>	<b>13.0</b>	<b>13.0</b>	<b>13.5</b>	<b>+ 0.5</b>	<b>+4.0%</b>
<i>U.S. Forest Service</i>	13.0	13.0	13.5	+ 0.5	+4.0%
<b>Department of Defense</b>	<b>226.8</b>	<b>231.7</b>	<b>108.3</b>	<b>- 123.4</b>	<b>-53.3%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	226.8	231.7	108.3	- 123.4	-53.3%
<b>Department of Homeland Security</b>	<b>714.2</b>	<b>729.3</b>	<b>784.3</b>	<b>+ 54.9</b>	<b>+7.5%</b>
<i>Federal Emergency Management Agency</i>	13.5	13.2	13.2	---	---
<i>Federal Law Enforcement Training Center</i>	58.8	55.4	57.2	+ 1.7	+3.1%
<i>Immigration and Customs Enforcement</i>	641.9	660.7	714.0	+ 53.2	+8.1%
<b>Department of Justice</b>	<b>8,295.8</b>	<b>8,888.4</b>	<b>9,177.8</b>	<b>+ 289.4</b>	<b>+3.3%</b>
<i>Asset Forfeiture Fund</i>	211.0	242.3	242.3	---	---
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	40.7	43.8	49.1	+ 5.3	+12.0%
<i>Bureau of Prisons</i>	3,576.0	3,844.5	3,890.7	+ 46.2	+1.2%
<i>Criminal Division</i>	48.1	48.1	50.3	+ 2.2	+4.6%
<i>Drug Enforcement Administration</i>	2,429.6	2,631.1	2,787.0	+ 155.9	+5.9%
<i>Federal Bureau of Investigation</i>	156.8	215.9	202.6	- 13.2	-6.1%
<i>Office of Justice Programs</i>	164.8	173.2	197.6	+ 24.4	+14.1%
<i>Organized Crime Drug Enf. Task Force Program</i>	550.5	550.5	550.5	---	---
<i>U.S. Attorneys</i>	101.5	101.5	101.5	---	---
<i>U.S. Marshals Service</i>	1,016.9	1,037.5	1,106.3	+ 68.8	+6.6%
<b>Department of the Interior</b>	<b>22.0</b>	<b>22.0</b>	<b>22.0</b>	---	---
<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	---	---
<b>Department of Labor</b>	<b>1.8</b>	<b>1.8</b>	<b>1.8</b>	---	---
<i>Office of the Inspector General</i>	1.8	1.8	1.8	---	---
<b>Department of the Treasury</b>	<b>80.1</b>	<b>63.4</b>	<b>63.6</b>	<b>+ 0.2</b>	<b>+0.3%</b>
<i>Financial Crimes Enforcement Network</i>	0.9	2.2	2.3	+ 0.1	+4.5%
<i>Internal Revenue Service</i>	78.3	60.3	60.3	---	---
<i>Office of Foreign Assets Control</i>	0.9	0.9	1.1	+ 0.1	+11.5%
<b>Department of Transportation</b>	<b>3.7</b>	<b>4.1</b>	<b>4.2</b>	<b>+ 0.1</b>	<b>+2.6%</b>
<i>Federal Aviation Administration</i>	3.7	4.1	4.2	+ 0.1	+2.6%
<b>Federal Judiciary</b>	<b>1,026.0</b>	<b>1,126.9</b>	<b>1,218.1</b>	<b>+ 91.2</b>	<b>+8.1%</b>
<b>Office of National Drug Control Policy</b>	<b>270.3</b>	<b>277.3</b>	<b>269.4</b>	<b>- 8.0</b>	<b>-2.9%</b>
<b>United States Postal Inspection Service</b>	<b>72.0</b>	<b>72.0</b>	<b>72.0</b>	---	---
<b>Total, Domestic Law Enforcement</b>	<b>\$10,725.6</b>	<b>\$11,430.0</b>	<b>\$11,735.0</b>	<b>+ \$305.0</b>	<b>+2.7%</b>

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 2022 - FY 2024  
 (Budget Authority in Millions)

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>Department of Defense</b>	<b>\$595.4</b>	<b>\$641.7</b>	<b>\$670.5</b>	<b>+ \$28.9</b>	<b>+4.5%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	595.4	641.7	670.5	+ 28.9	+4.5%
<b>Department of Health and Human Services</b>	<b>\$51.5</b>	<b>\$54.5</b>	<b>\$56.8</b>	<b>+ 2.3</b>	<b>+4.2%</b>
<i>Food and Drug Administration</i>	51.5	54.5	56.8	+ 2.3	+4.2%
<b>Department of Homeland Security</b>	<b>5,691.5</b>	<b>6,171.9</b>	<b>6,565.5</b>	<b>+ 393.6</b>	<b>+6.4%</b>
<i>Customs and Border Protection</i>	3,436.2	3,990.2	4,335.4	+ 345.2	+8.7%
<i>Science and Technology Directorate</i>	4.0	1.5	1.5	---	---
<i>United States Coast Guard</i>	2,251.3	2,180.2	2,228.6	+ 48.4	+2.2%
<b>Department of the Interior</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	---	---
<i>Bureau of Land Management</i>	0.4	0.4	0.4	---	---
<b>Department of Transportation</b>	<b>2.3</b>	<b>2.6</b>	<b>2.7</b>	<b>+ 0.1</b>	<b>+3.9%</b>
<i>Federal Aviation Administration</i>	2.3	2.6	2.7	+ 0.1	+3.9%
<b>Office of National Drug Control Policy</b>	<b>26.2</b>	<b>27.3</b>	<b>29.4</b>	<b>+ 2.1</b>	<b>+7.6%</b>
<b>Total, Interdiction</b>	<b>\$6,367.3</b>	<b>\$6,898.3</b>	<b>\$7,325.2</b>	<b>+ \$426.9</b>	<b>+6.2%</b>

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 own societies, including the training and equipping of security forces; raise awareness of science-based practices and programs aimed at prevent, treat and enable recovery from substance use disorders; 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 involvement of other nations in international law enforcement programs and policies to reduce 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 2022 - FY 2024  
 (Budget Authority in Millions)

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>Department of Defense</b>	<b>\$63.7</b>	<b>\$73.4</b>	<b>\$72.7</b>	<b>- \$0.7</b>	<b>-0.9%</b>
<i>Defense Security Cooperation Agency</i>	46.7	42.0	32.4	- 9.6	-22.9%
<i>Drug Interdiction and Counterdrug Activities</i>	16.9	31.3	40.3	+ 9.0	+28.6%
<b>Department of Homeland Security</b>	<b>12.4</b>	<b>12.6</b>	<b>13.1</b>	<b>+ 0.5</b>	<b>+4.0%</b>
<i>Federal Law Enforcement Training Center</i>	0.6	0.6	0.6	+ 0.0	+3.6%
<i>Immigration and Customs Enforcement</i>	11.8	12.0	12.5	+ 0.5	+4.0%
<b>Department of Justice</b>	<b>471.3</b>	<b>477.0</b>	<b>492.2</b>	<b>+ 15.2</b>	<b>+3.2%</b>
<i>Drug Enforcement Administration</i>	470.1	475.6	490.6	+ 15.0	+3.2%
<i>U.S. Marshals Service</i>	1.2	1.4	1.6	+ 0.2	+14.3%
<b>Department of State</b>	<b>367.2</b>	<b>445.6</b>	<b>400.2</b>	<b>- 45.4</b>	<b>-10.2%</b>
<i>Bureau of International Narcotics and Law Enforcem</i>	296.3	374.7	343.6	- 31.1	-8.3%
<i>United States Agency for International Development</i>	70.9	70.9	56.6	- 14.4	-20.3%
<b>Office of National Drug Control Policy</b>	<b>3.8</b>	<b>4.3</b>	<b>4.5</b>	<b>+ 0.2</b>	<b>+4.1%</b>
<b>Total, International</b>	<b>\$918.4</b>	<b>\$1,012.8</b>	<b>\$982.6</b>	<b>- \$30.2</b>	<b>-3.0%</b>

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 2015 - FY 2024

(Budget Authority in Millions)

	FY 2015 Final	FY 2016 Final	FY 2017 Final	FY 2018 Final	FY 2019 Final	FY 2020 Final	FY 2021 Final	FY 2022 Final	FY 2023 Request	FY 2024 Request
<b>Demand Reduction</b>										
Treatment	\$9,553.1	\$9,845.1	\$12,168.7	\$14,547.9	\$15,439.6	\$16,459.5	\$18,527.4	\$20,343.6	\$21,648.0	\$22,473.6
Prevention	1,341.5	1,486.4	1,572.2	2,263.8	2,135.9	2,177.2	2,259.8	2,590.2	2,732.0	3,540.9
<b>Total, Demand Reduction</b>	<b>10,894.6</b>	<b>11,331.5</b>	<b>13,740.9</b>	<b>16,811.7</b>	<b>17,575.6</b>	<b>18,636.6</b>	<b>20,787.1</b>	<b>22,933.7</b>	<b>24,380.0</b>	<b>26,014.5</b>
<b>Supply Reduction</b>										
Domestic Law Enforcement	9,394.5	9,282.8	8,982.3	9,443.8	9,641.4	10,240.9	10,766.4	10,725.6	11,430.0	11,735.0
Interdiction	3,960.9	4,734.7	4,595.9	5,565.9	8,308.3	9,545.8	5,613.4	6,367.3	6,898.3	7,325.2
International	1,643.0	1,524.9	1,494.2	1,465.1	1,283.0	1,263.6	1,256.5	918.4	1,012.8	982.6
<b>Total, Supply Reduction</b>	<b>14,998.3</b>	<b>15,542.5</b>	<b>15,072.4</b>	<b>16,474.8</b>	<b>19,232.7</b>	<b>21,050.3</b>	<b>17,636.3</b>	<b>18,011.2</b>	<b>19,341.1</b>	<b>20,042.8</b>
<b>Total, Drug Control Funding</b>	<b>\$25,892.9</b>	<b>\$26,874.0</b>	<b>\$28,813.3</b>	<b>\$33,286.5</b>	<b>\$36,808.3</b>	<b>\$39,686.9</b>	<b>\$38,423.4</b>	<b>\$40,945.0</b>	<b>\$43,721.1</b>	<b>\$46,057.3</b>



## **AGENCY BUDGET SUMMARIES**



**AMERICORPS**





# AMERICORPS

## Resource Summary

	Budget Authority (in Millions) <sup>1</sup>		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function<sup>2 3</sup></b>			
Prevention	\$13.050	\$13.050	\$13.050
Treatment <sup>4</sup>	6.110	6.110	6.110
Recovery	12.590	12.590	12.590
State & Local Assistance	0.090	0.090	0.090
<b>Total Drug Resources by Function</b>	<b>\$31.840</b>	<b>\$31.840</b>	<b>\$31.840</b>
<b>Drug Resources by Decision Unit</b>			
AmeriCorps State & National	\$19.750	\$19.750	\$19.750
AmeriCorps Seniors	0.420	0.420	0.420
AmeriCorps VISTA	2.550	2.550	2.550
Public Health AmeriCorps	9.120	9.120	9.120
<b>Total Drug Resources by Decision Unit</b>	<b>\$31.840</b>	<b>\$31.840</b>	<b>\$31.840</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.2	\$1.3	\$1.3
Drug Resources Percentage	2.8%	2.4%	2.4%

<sup>1</sup> 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.

<sup>2</sup>The FY 2022 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, AmeriCorps will apply the percentage distribution from the most recent manual review to estimate AmeriCorps investment.

<sup>3</sup>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.

<sup>4</sup>Activities included under Treatment are primarily activities that expand access to drug treatment, not treatment itself, including providing screenings and referrals to treatment and recovery services, raising awareness about treatment availability, raising funds for organizations offering treatment, connecting individuals with addiction to services, and assessing treatment needs of underserved areas in order to develop more treatment options.

## Program Summary

### MISSION

The mission of the 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, Public Health AmeriCorps, 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 abuse crisis.

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

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

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

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 abuse reduction in grant competitions and program guidance and has substantially increased its investments in such projects beginning in FY 2017. AmeriCorps tracks data on opioids and substance abuse programming by reviewing 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 abuse activities. Amounts do not include Segal AmeriCorps Education Awards for AmeriCorps members who complete a term of national service, or the significant amounts of match funding and in-kind donations made by corporations, foundations, and other local entities to support national service programs.

### ***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 abuse activities. Dollar figures include full federal funding for projects focused on opioids and substance abuse activities and pro-rated federal funding amounts for projects in which a subset of members are focused on drug activities.

The AmeriCorps State and National FY 2022 opioid investment includes the total federal dollars awarded to the following AmeriCorps State and National grantees in FY 2022:

- Awarded grantees or subgrantees for which AmeriCorps reviewers marked the opioid funding priority area in FY 2020 or FY 2021 and who continue to carry out opioid programming in FY 2022. This includes competitive grantees/subgrantees and 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 in FY 2020 or FY 2021 (which they were instructed to do if this priority was a significant part of the proposed program) AND were designated an opioid intervention as their primary service activity.

The report counts partial federal dollars awarded to the following AmeriCorps State and National grantees in FY 2022:

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 2022 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 key words in their title, site name, project goals and objectives, and/or activity description. Because AmeriCorps did not do the full manual review this year, a percentage distribution of the investment by function from FY 2020 was used to estimate the distribution of investment by function for FY 2022.



### *AmeriCorps Seniors*

For AmeriCorps Seniors, FY 2022 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 opioids/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, AmeriCorps determined 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, that value is multiplied 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 Retired Senior Volunteer Program (RSVP).

Because AmeriCorps did not complete a full manual review of applications and performance measures for AmeriCorps Seniors in FY 2022, the breakout of AmeriCorps Seniors’ FY 2022 investment was calculated by function using the percentage distribution from the most recent manual review (FY 2021).

### *Public Health AmeriCorps (PHA)*

Public Health AmeriCorps (PHA) is a new initiative that funds grantees through AmeriCorps State and National. Since PHA did not have an opioid funding priority in FY 2022, the primary means of identifying PHA projects conducting opioid-related activities was to query those that selected “opioid/drug intervention” as a service activity for one or more workplans. From there, the investment was calculated by multiplying the target Member Service Years (MSYs) for workplans with the opioid service activity by the project’s cost per budgeted MSY.

To identify projects that are opioid-focused but that did not select the “opioid/drug intervention” service activity, AmeriCorps conducted a keyword search of project executive summaries. The narratives for these projects were reviewed to determine whether the project was sufficiently focused on opioids to merit partial or full inclusion.

Lastly all programs identified were reviewed and categorized into one or more of the following categories: prevention, recovery, or treatment. This will be used in future years as a baseline percentage distribution, similar to other AmeriCorps Programs.

## **BUDGET SUMMARY**

In FY 2024, the AmeriCorps requests \$31.8 million for drug control activities, no change from the FY 2023 enacted level. AmeriCorps does not make a funding request that is specific to opioid and substance abuse prevention. Rather, the “FY 2023 Enacted” and “FY 2024 Request” columns in the Resource Summary table are projections of how much AmeriCorps anticipates investing based on the FY 2022 investment.

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 National Drug Control Strategy out of



the healthy futures portfolio each year. AmeriCorps anti-drug activities are carried out under four main programs:

### **AmeriCorps State and National**

**FY 2024 Request: \$19.8 million**

**(No change from the FY 2023 enacted level)**

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

### **AmeriCorps VISTA**

**FY 2024 Request: \$2.6 million**

**(No change from the FY 2023 enacted level)**

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

### **Senior Corps (now dba AmeriCorps Seniors)**

**FY 2024 Request: \$0.4 million**

**(No change from the FY 2023 enacted level)**

AmeriCorps Seniors (ACS) taps the skills, talents, and experience of more than 150,000 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 many 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.



## Public Health AmeriCorps

FY 2024 Request: \$9.1 million

(No change from the FY 2023 enacted level)

Through a collaboration between CDC and AmeriCorps, Public Health AmeriCorps (PHA) supports the recruitment, training, and development of a new generation of public health leaders who are ready to respond to the nation's most pressing public health needs. Public Health AmeriCorps seeks to help meet public health needs of local communities, advance more equitable health outcomes in underserved communities, and to provide pathways to good quality public health-related careers through onsite experience, training, and more. Public Health AmeriCorps is helping communities address the opioid crisis by supporting different models of recovery support, opioid education, substance use disorder prevention and overdose prevention efforts, such as PHA members serving as Community Health Workers or peer recovery coaches.

## 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.



# APPALACHIAN REGIONAL COMMISSION



Appalachian  
Regional  
Commission



# APPALACHIAN REGIONAL COMMISSION

## Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Recovery	\$13.000	\$13.000	\$13.000
<b>Total Drug Resources by Function</b>	<b>\$13.000</b>	<b>\$13.000</b>	<b>\$13.000</b>
<b>Drug Resources by Decision Unit</b>			
INSPIRE Initiative	\$13.000	\$13.000	\$13.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$13.000</b>	<b>\$13.000</b>	<b>\$13.000</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1	1	1
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources Percentage	3.3%	3.0%	3.0%

The Bipartisan Infrastructure Law appropriated \$1.0 Billion to ARC split evenly over a 5-year period. Budgetary Authority for each \$200.0 million allotment becomes available at the beginning of each fiscal year.

## Program Summary

### MISSION

The Investments Supporting Partnerships In Recovery Ecosystems (INSPIRE) Initiative aims to address the substance use disorder (SUD) crisis across Appalachia by creating or expanding a recovery ecosystem that will lead to workforce entry or re-entry. INSPIRE grants invest in both sides of Appalachia’s workforce ecosystem – the education and training needed to get Appalachians on the job, and the support services to help them remain on financially sustaining career pathways and contributing to the Region’s growth and improvements in health.

### METHODOLOGY

Costs that are scored as drug-related include those associated with any INSPIRE grant/project activities that are exclusively focused on the SUD Recovery to Work ecosystem. As defined by ARC, this ecosystem is a complex linkage of multiple sectors, including but not limited to recovery communities, peer support, health and human services, faith communities, criminal justice, public safety, housing, transportation, education, and employers – with the goal of the recovery ecosystem being to help individuals in recovery access the support services and training they need to maintain recovery and successfully obtain sustainable employment.

The INSPIRE initiative funding levels are evaluated and allocated based on the needs and capacity of Appalachia, this includes overdose and workforce data specific to the region, coupled with





application feedback as described in each applicant’s application to ARC for SUD recovery to work funding.

## **BUDGET SUMMARY**

In FY 2024, ARC requests \$13.0 million for drug control activities, no change from the FY 2023 enacted level.

### **Investments Supporting Partnerships in Recovery Ecosystems (INSPIRE) Initiative**

**FY 2024 Request: \$13.0 million**

**(No change from the FY 2023 enacted level)**

The INSPIRE initiative seeks to align and leverage complementary federal, state, and other resources that provide assistance through competitively awarded grants to partnerships anchored in Appalachian communities that are focused on SUD Recovery to Work efforts. By aligning and leveraging multiple resources (federal, state, local, nonprofit, and private sector), ARC solicits and prioritizes the selection of projects that integrate multiple economic development systems, evidence-based or promising SUD models and practices, and resources in support of implementing existing economic development strategic plans that create pathways to employment for individuals in SUD recovery.

## **EQUITY**

Stakeholders at all levels of planning - within ARC, as well as at the state and local levels - see opportunities and interest in applying an equity lens to grantmaking in economic development. Thus, the INSPIRE initiative is grounded in this principle as it focuses on equity, that supports inclusive and sustainable economic development for local communities and those of the SUD recovery population(s), to achieve socioeconomic parity with the nation.



# DEPARTMENT OF AGRICULTURE





**DEPARTMENT OF AGRICULTURE**  
**United States Forest Service**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$12.000	\$12.000	\$12.480
Prosecution	0.200	0.200	0.208
State, Local and Tribal Law Enforcement Assistance	0.600	0.600	0.624
Research and Development: Domestic Law Enforcement	0.200	0.200	0.208
<b>Total Drug Resources by Function</b>	<b>\$13.000</b>	<b>\$13.000</b>	<b>\$13.520</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement Agency Support	\$13.000	\$13.000	\$13.520
<b>Total Drug Resources by Decision Unit</b>	<b>\$13.000</b>	<b>\$13.000</b>	<b>\$13.520</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	56	56	56
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$5.7	\$6.1	\$7.4
Drug Resources Percentage	0.2%	0.2%	0.2%

**Program Summary**

**MISSION**

The USFS is an agency of USDA formed in 1905, pursuant to the Transfer Act of 1905 (33 Stat. 628) and the Agricultural Appropriation Act of 1906 (33 Stat. 872). The USFS administers 154 national forests and 20 national grasslands covering more than 193 million acres of public land, most of which is located in rural areas. 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 Forest Service Law Enforcement and Investigations (LEI) basic mission is the prevention, detection, and criminal investigation of violations of federal laws and regulations pertaining to the protection of natural resources, federal property, employees, and visitors.

Drug enforcement issues of specific concern to the Forest Service LEI program include marijuana cultivation, methamphetamine production, drug smuggling across international borders, and the distribution, production and use of all controlled substances, including fentanyl. These illegal activities increase health and safety risks to the visiting public, employees, and the continued viability of the nation’s natural resources.



## METHODOLOGY

LEI receives fiscal year discretionary funds under the budget line item titled “Law Enforcement Operations” within the National Forest System (NFS) treasury symbol. All law enforcement officers, criminal investigators, special agents, and law enforcement support staff record their base hours using funds from the NFS’s salaries and expenses. These two budget line items constitute the entire LEI budget allocation. LEI allocations for drug enforcement activities for outyears 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 percentage is a rolling average of the five previous fiscal years (2018 through 2022) of actual data.

## BUDGET SUMMARY

In FY 2024, USFS requests \$13.5 million for drug control activities, an increase of \$0.5 million from the FY 2023 enacted level.

### **Law Enforcement Agency Support**

**FY 2024 Request: \$13.5 million**

**(\$0.5 million above the FY 2023 enacted level)**

Below is a breakout by functional areas for this decision unit:

#### ***Investigations***

***FY 2024 Request: \$12.5 million***

***(\$0.5 million above the FY 2023 enacted level)***

LEI participates in the DoJ’s OCDETF investigations through assigned personnel, who predominately focus their efforts on drug crimes. Additional OCDETF staffing would contribute to additional accomplishments.

LEI participates in OCDETF cases when the investigation originates with LEI or impacts NFS lands; however, LEI has limited resources to initiate investigative tools and technologies related to OCDETF cases. Instead, these actions are typically funded by other agencies that operate within a task force; most notably DEA. In cases where LEI is not officially a part of a local task force with DEA partnership, potential OCDETF cases may not be recognized due to the lack of investigative funds. The request includes additional funding that would allow LEI to purchase additional investigative resources required to assist in the initiation of potential OCDETF cases as well as other investigative analysis systems.

LEI also conducts awareness and safety training to USFS employees who provide support for biological, rangeland management, recreation, fire, and other programs. Training includes but is not limited to teaching employees how to recognize signs of clandestine marijuana grows and methamphetamine labs, and what actions to take to mitigate potential contact. Not only does this training increase employee safety, it may also result in locating drug activities on NFS lands. This training is also given to non-profits who perform work on NFS lands to include representation from Off-Highway Vehicle clubs and Tribal organizations.



Data included in the Law Enforcement Investigations Reporting System (LEIRS)<sup>1</sup>, formerly known as the Law Enforcement Investigation Management Attainment Reporting System, or LEIMARS, is the best source of statistical data currently available to the Forest Service. Data derived from LEIRS, along with field reporting (i.e., data tracked locally for reclamation accomplishments not input into LEIRS), is utilized to assess and distribute law enforcement resources. Currently, working groups are collaborating with a contractor, Tyler Technologies, to utilize data derived from LEIRS at test site prior to broad field implementation and use. A portion of this funding will support testing within LEIRS and streamlining digital activity entries by personnel.

LEI also continues to work with federal partners to reduce cross-border smuggling activities on NFS lands contiguous with Canada and Mexico to ensure the safety and security of visitors and employees. LEI personnel from all regions continue to provide 30-day rotations supporting CBP in Texas and New York. LEI collaboration with USDA's Animal Plant and Health Inspection Service, the Environmental Protection Agency, and DOJ's USAO has increased seizures of banned chemicals entering the United States.

Additional funding could be used to rotate detailers in to support an international smuggling reduction initiative. In the past, LEI received additional funding that enabled the addition of full-time equivalents and K-9 units allocated specifically to investigate smuggling activities. The funding is no longer available, and the additional positions have since been eliminated. The requested increase in funding provides an opportunity to rotate detailers in to support an international smuggling reduction initiative. Additional funding could support full-time equivalents and K-9 units to investigate smuggling activities. Additionally, funding will be used for integrating imagery and other technologies to detect marijuana and reclamation needs in addition to historical visual overflights by personnel.

### **Prosecution**

**FY 2024 Request: \$0.2 million**

**(\$8.0 thousand above the FY 2023 enacted level)**

In FY 2022, seven percent of assigned drug cases were referred for adjudication; a five percent decrease from FY 2021. In FY 2022, LEI faced difficulties prosecuting cases across multiple jurisdictions amidst the continuation of the COVID-19 pandemic due to the closure of many court venues and a subsequent backlog in the criminal justice system. Drawing upon the requested increase in funding will support LEI's efforts to support multiple collaborative investigations.

### ***State and Local and Tribal Law Enforcement Assistance***

**FY 2024 Request: \$0.6 million**

**(\$24.0 thousand above the FY 2023 enacted level)**

USFS continues to partner with many other federal, State, and local agencies to identify, investigate, disrupt, prosecute, and ultimately dismantle drug trafficking organizations involved in marijuana cultivation and other controlled substance activities on or with a nexus to NFS lands and other public lands. The ability to utilize state and local cooperators to combat marijuana

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<sup>2</sup>LEIRS is primarily a criminal database and is used to collect information concerning criminal incidents and the investigation of criminal activity. LEIRS is also used to document incidents that may be non-criminal in nature, primarily pertaining to civil cases which may result in a claim for or against the government.



cultivation has been limited as these resources have been focused on addressing regulatory concerns related to “legal” growing activities on private lands. The reallocation of these resources negatively impacts LEI’s ability to detect and interdict marijuana growing operations on NFS lands. However, if states increase enforcement on private lands, production on public lands may increase. In southern California, where multiple counties have increased regulatory enforcement of marijuana growing on private lands, there is anecdotal evidence for this shift, as more marijuana was eradicated in southern California in FY 2021 and FY 2022. In FY 2022, 283,182 marijuana plants were eradicated on NFS lands.

***Research and Development: Domestic Law Enforcement***

***FY 2024 Request: \$0.2 million***

***(\$8.0 thousand above the FY 2023 enacted level)***

Requested funding will 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, including impacts to native wildlife and watersheds.

The use of banned and restricted chemicals associated with trespass cultivation on NFS lands is an ecological and human safety threat. The environmental degradation stemming from this activity has been ongoing for over a decade but was not widely recognized or understood within the natural resource discipline until recently. The documented ecological degradation and threats associated with cultivation activities are significant. They include contamination of waterways and habitat at cultivation sites, the loss of wildlife, including federally threatened and endangered species, and the endangerment of agency staff, indigenous users, and the public. Performing sample collection and analyzing data is an important element of LEI’s work. LEI has demonstrated that removing a cultivation site’s hazardous and non-hazardous material is critical to disruption and halting of both natural resource and human health threats and the re-establishment of future sites and associated impacts.

**EQUITY**

The USFS Equity Action Plan<sup>3</sup> represents a broad set of high-leverage actions with potential for creating high impact and enduring systemic change that benefit employees, tribes, partners, and the public. Delivering USFS’ mission in a purposefully equitable manner 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 places that have been marginalized or overlooked. In this plan, USFS will provide community service to all, increase equity for economic prosperity, and improve the health and resiliency of NFS and adjacent lands.

Current USFS law enforcement policies contain multiple directives related to equity and standards of conduct. USFS LEI are required to abide by all laws, regulations, agency policies, rules, and procedures; and uphold the Constitution of the United States. LEI personnel are prohibited from engaging in misconduct, on or off duty, that cast doubt on their integrity, honesty, judgment, or

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<sup>3</sup> <https://www.fs.usda.gov/sites/default/files/Forest-Service-Equity-Action-Plan.pdf>



character; or discredits the USFS. Additionally, LEI personnel have a duty to intervene to prevent or stop wrongdoing by another officer when it is safe and reasonable to do so; are required to treat all individuals fairly with respect and dignity; and enforce all laws fairly and equally.

There are additional directives related to racial profiling, which prohibits LEI personnel from using race, ethnicity, or national origin as a criterion for conducting traffic stops, checkpoints, or roadblock stops, and other law enforcement investigative procedures. Additionally, all LEI are required to perform their duties in a nondiscriminatory manner in compliance with DOJ guidance.



## DEPARTMENT OF AGRICULTURE Office of Rural Development

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Treatment	\$11.400	\$11.400	\$12.400
<b>Total Drug Resources by Function</b>	<b>\$11.400</b>	<b>\$11.400</b>	<b>\$12.400</b>
<b>Drug Resources by Decision Unit</b>			
Distance Learning and Telemedicine Program	\$11.400	\$11.400	\$12.400
<b>Total Drug Resources by Decision Unit</b>	<b>\$11.400</b>	<b>\$11.400</b>	<b>\$12.400</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$49.7	\$49.5	\$50.1
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

Note: In addition to the funds identified here, other funds may be available 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 substance use disorder treatment services. The 2018 FB also authorized the Secretary to prioritize substance use disorder treatment projects under the USDA Rural Development Community Facilities program.

### Program Summary

#### MISSION

USDA’s 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.
- The RD Mission area FY 2024 budget request aligns with ONDCP treatment functions, as RD Mission area programs provide funding for health-related operations.





## 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 program to support substance use disorder 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 abuse and to support people in recovery. However, the FB prioritization authority does not extend to the Community Facilities Technical Assistance and Training (CF TAT) Grant Program. Under the CF TAT Grant Program, successful applicants can provide technical assistance and training to identify and plan for community facility needs in their area and to identify public and private resources to finance those identified community needs. A community facility need identified under the CF TAT grant program could relate to substance use prevention, treatment and recovery, but the grant program itself would fund the technical assistance and training to identify that need and resources to support meeting the need, not the actual substance use project. The Notice of Funding Availability/Notice of Solicitation of Applications may provide priority points for administration priorities.

RD can assign priority points in certain programs to administration priorities that can include SUD-related projects. SUD remains a critical issue facing rural communities. RD does not have a statutory mandate to set-aside or prioritize funds for the purpose of SUD/Opioids beyond DLT and CF direct loans and grants as authorized by the 2018 FB.

## BUDGET SUMMARY

In FY 2024, RD requests \$12.4 million for drug control activities, an increase of \$1.0 million above the FY 2023 enacted level.

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

**FY 2024 Budget Request: \$12.4 million**  
**(\$1.0 million above the FY 2023 enacted level)**

RD is committed to addressing the SUD/Opioid crisis. RD's suite of programs has a positive effect on every aspect of rural life, and it supports these efforts by setting aside funds and giving priority points for applications that address substance abuse prevention and treatment related projects for those programs where the FB has authorized it. The FY 2024 RD budget requests funding for the substance use set-aside of the DLT grants at \$12.4 million, which represents 20 percent of the total funding for the DLT Grant program. As authorized in section 6101 of the 2018 FB, this funding will be used to support SUD projects. Priority points will also be available for treatment related projects through several other RD programs included in the summary below.

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 grants fund 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. 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.

For the FY 2024 budget request, RD includes the FB requirement of setting aside 20 percent of the funding made available to the DLT grants for the substance abuse disorder treatment projects. Funds are provided to help strengthen local capacity to address substance use/opioid treatment. RD opioid epidemic related funding is only for the supporting DLT grants and RD has no authority to provide treatment or engage on prevention activities under the DLT program. RD has historically provided tools that rural communities can use to support the prevention and treatment of SUD through the Rural Community Toolbox, an all-federal government resource available to rural areas. 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 by better connecting communities 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$27.020	\$27.880	\$27.420
Treatment	43.530	44.920	45.780
<b>Total Drug Resources by Function</b>	<b>\$70.550</b>	<b>\$72.800</b>	<b>\$73.200</b>
<b>Drug Resources by Decision Unit</b>			
Community Supervision Program	\$45.440	\$45.400	\$46.280
Pretrial Services Agency	25.110	27.400	26.920
<b>Total Drug Resources by Decision Unit</b>	<b>\$70.550</b>	<b>\$72.800</b>	<b>\$73.200</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	299	313	311
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Millions)	\$286.4	\$285.0	\$296.9
Drug Resources Percentage	24.6%	25.5%	24.6%

## Program Summary

### MISSION

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

CSOSA’s CSP provides supervision for 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 who are under CSP’s supervision are a high risk to public safety, have considerable needs, and face many challenges to successfully completing supervision. Individuals



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

PSA is an independent entity within CSOSA whose mission is to promote pretrial justice and enhance community safety. PSA assists 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 (U.S. 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. Recommendations are based upon the arrestee's criminal history, substance use and/or mental health information, and select demographic information. For defendants placed on conditional release pending trial, it 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 to increase the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on the delivery of preventive interventions to those with identified behavioral health, employment, and/or housing needs. The third goal targets the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers; namely, the Courts and the United States Parole Commission.

PSA has four strategic goals that support its mission: 1. Judicial Concurrence with PSA Recommendations, 2. Continued Pretrial Release, 3. Minimize Rearrest, and 4. Maximize Court Appearance.

In March 2020, in response to the Coronavirus pandemic (hereafter referred to as COVID-19), CSOSA altered operations by decreasing an onsite presence in facilities to limit close physical contact between individuals, consistent with guidance from CDC 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 substance use disorder treatment decreased considerably in FY 2021 due to some or all activities being suspended for more than half the year. While PSA was able to restore a good portion of services in FY 2022, many have not yet returned to pre-pandemic levels.

In response to the President's priorities to address drug addiction and opioid abuse, PSA began the universal screening of all defendant specimens for fentanyl in May 2021. This represented a considerable step by PSA to address the abuse of fentanyl, a nation-wide problem that also exists with the District of Columbia. By the end of FY 2021, 8.45 percent of PSA's supervised adult population and 0.90 percent of juveniles tested positive for fentanyl. In FY 2022 the positive rates fell to 4.06 percent for adults and 0.46 percent for juveniles. The approximately 50 percent reduction in fentanyl use among these two populations is substantial and the ongoing screening of



fentanyl meets PSA’s objective of responding positively to opioid abuse in the District of Columbia through monitoring and testing. In FY 2023, PSA expanded fentanyl testing to CSP offenders.

## **METHODOLOGY**

The methodologies used by PSA and CSP to determine Drug Budget resources remain unchanged from those used for the FY 2023 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:

1. The *Office of Pre-Release and Testing (OPRT)*, *Drug Testing Services Team* collects urine and oral fluid specimens from defendants during the diagnostic process, as well as upon assignment to PSA supervision. The team also collects specimens from respondents and juveniles with matters pending in DC Superior Court Family Division; and
2. The *Office of Forensic Toxicology Services (OFTS)*, runs the PSA laboratory and provides a comprehensive substance testing program for pretrial defendants, as well as individuals supervised by the Community Supervision Program (CSP) and certain juveniles and respondents with cases in DC Superior Court Family Court; and
3. The *Office of Post Release and Supervision (OPRS)*, *Treatment Unit* provides and coordinates substance use disorder<sup>1</sup> interventions and treatment 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, rental expenses for OFTS’ lab space, and the purchase and maintenance of lab instruments and 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 OPRS include direct labor expenses and contracted drug treatment services.

## **BUDGET SUMMARY**

In FY 2024, CSOSA requests \$73.2 million for drug control activities, an increase of \$0.4 million above the FY 2023 enacted level.



## **Community Supervision Program**

**FY 2024 Request: 46.3 million**

**(\$0.9 million above the FY 2023 enacted level)**

In FY 2022, approximately 93 percent of those individuals beginning CSP supervision self-reported a history of illicit substance use.<sup>4</sup> Of the FY 2022 drug tested population, 45.8 percent tested positive for illicit drugs (excluding alcohol) at least one time. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment.

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

In FY 2022, CSP offender urine and oral fluid drug sample collection operations took place at two field sites, as well as at CSOSA's residential facility, the Reentry and Sanctions Center (RSC). Collections took place Mondays–Thursdays 8:00AM–6PM and on Saturdays throughout summer 2022 as part of CSP's participation in DC summer crime initiatives. CSP collected an average of 4,054 samples from 1,909 unique offenders each month of FY 2022. Collection activity increased throughout FY 2022 with 5,939 samples obtained from 2,453 unique offenders in September 2022.

In FY 2022, PSA performed testing of offender urine and oral fluid samples collected by CSP. Each CSP offender urine sample was tested by PSA for up to nine illicit substances [Marijuana, PCP, Opiates (codeine/morphine), Methadone, Cocaine, Amphetamines, Alcohol, Heroin, and Synthetic Cannabinoids]. In addition, samples are tested for Creatinine levels to determine sample validity and Ethyl Glucuronide (EtG) to confirm alcohol use and other substances. PSA began testing CSP offender samples for Fentanyl in FY 2023. CSP offender samples are tested by PSA and results are provided to CSP within 48 hours after the sample is taken.

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 out-patient treatment programs, transitional housing, and other specialized mental health assessment and co-occurring treatment services as indicated through continuing evaluations of individual needs.

Typically, those who are referred to treatment with severe illicit substance use disorders 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.

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<sup>4</sup> 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](http://www.dsm5.org).





In FY 2022, CSP made 843 treatment and transitional housing placements with contract vendors. In addition, CSOSA's RSC at Karrick Hall provides high-risk individuals with an intensive assessment, reentry, and treatment readiness counseling program in a 24/7 residential setting. RSC programming was temporarily halted by the Agency in March 2020 due to COVID-19 yet re-opened with limited operations in April 2022. In September 2022, approximately 20-25 individuals were in residence at the RSC each day. In the last six months of FY 2022, the RSC admitted a total of 417 high risk-offenders/defendants and discharged 410. Of the 410 discharges, 285 (69.5 percent) successfully completed the RSC program.

The RSC program is specifically suitable for men and women with long histories of crime and substance use disorders 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 2023, CSP plans to continue the adjustment of the RSC from a treatment readiness program to a treatment program with additional cognitive behavior interventions.

CSP reviewed FY 2021 offender intakes for a one-year period after their supervision start date to determine estimated annual substance abuse treatment needs. In FY 2021, a total of 2,238 individuals entered CSP supervision. CSP estimates treatment need for offender entrants by considering both actual drug use (as measured by surveillance testing) and court orders for drug treatment (or treatment evaluation) within the first year of supervision.

Approximately 9 percent of FY 2021 intakes (192 individuals) tested positive for drugs (excluding positive tests for alcohol) on three or more occasions within one year of their supervision start date. While this is considerably lower than the percentage of persistent drug use in previous years (e.g., approximately 30 percent of FY 2019 offender intakes tested positive for illicit substances on three or more occasions within one year of starting supervision), it is noted that CSP drug testing operations were halted March – July 2020 as a result of the COVID-19 and when operations resumed in August 2020, testing was limited to only spot tests of non-compliant and highest risk offenders. That limitation was relaxed in June 2022 to include all supervision types and risk levels.

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

Specifically, the FY 2024 Budget continues to support CSP offender treatment, transitional housing and support resources contained in the FY 2023 Enacted Budget.

### **Pretrial Services Agency**

**FY 2024 Request: \$26.9 million**

**(\$0.5 million below the FY 2023 enacted level)**

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

PSA's OFTS, which is certified by HHS's Clinical Laboratory Improvement Amendments (CLIA) program, plays a vital role in supporting the Nation's drug control priorities by performing forensic





urine drug testing for defendants on pretrial release; offenders on probation, parole, and supervised release; and certain respondents whose matters are handled in the Family Court. Drug test results are key to assessing defendant and offender risk and the swift availability of test 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 in 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. OFTS 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 2022, PSA conducted 578,993 drug tests on 53,717 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 eight percent of the specimens tested were from PSA defendants, 90 percent from CSP offenders, and two percent from respondents whose matters are handled in the Family Court.<sup>5</sup> The average rate of specimens testing positive in FY 2022 was 31 percent, which is comparable to the rate prior to FY 2021 (PSA Figure 1).<sup>6</sup> On average, defendant specimens were tested on the same day, and offender specimens within six days. All collected specimens were screened, and GC-MS confirmation was performed on an estimated five percent to address challenges. Levels analyses—which aid in the determination of continuing drug use—was performed on about seven percent.

Additionally, PSA's OFTS provided expert witness court testimonies and consultations to assist judicial officers in interpreting drug test results challenged by defendants, attended 37 DC Superior Court Drug Intervention Program (Drug Court) daily pre-court interdisciplinary team meetings, and issued 59 affidavits to support hearings and adjudications in parole and probation cases in U.S. District Court.

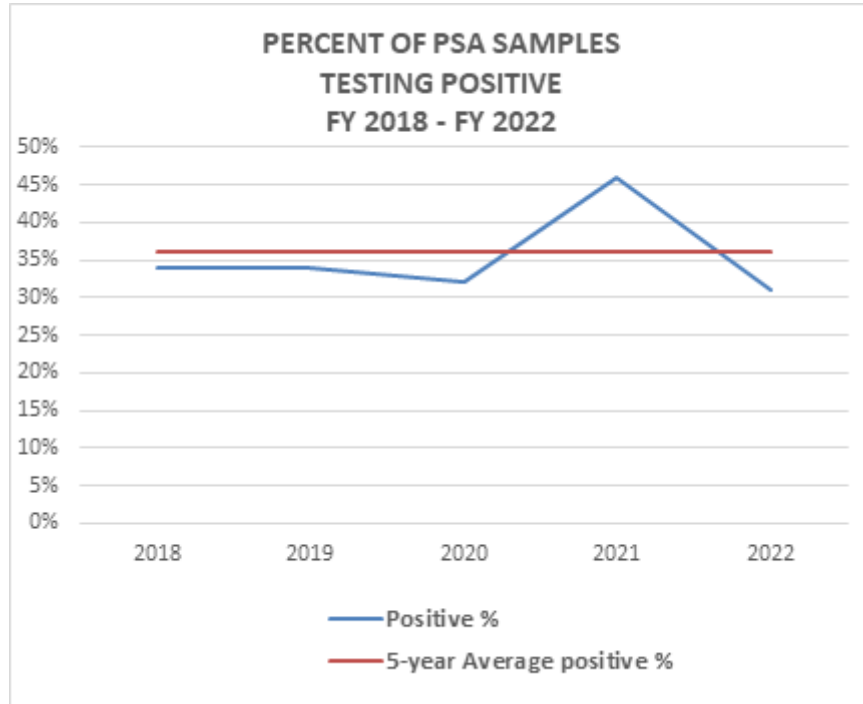
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<sup>5</sup> Includes individuals who are dually supervised by PSA and CSP.

<sup>6</sup> 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.



**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 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, 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. 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 also retooled 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. Currently, urine collection is no longer observed by Agency staff. Temperature readings of specimen replaced the observation of urine collection. This change in the general protocol inures to the benefit of most supervisees, including transgender women who are uncomfortable self-identifying.

As part of the 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.

Action Plan: CSP will continue to monitor the FY 2022 and FY 2023 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 not available 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 staff, processes, and tools. 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.

Revalidating the tool PSA uses to assess defendant risk is of high priority to the Agency. 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. A



second revalidation of its risk-assessment tool has been funded and is planned for FY 2023.

**Reducing administrative burden**

PSA’s FY 2022–2026 Strategic Plan reflects the Agency’s efforts to enhance its supervision services to achieve desired outcomes in support of the mission to promote pretrial justice and enhance community safety. Despite a long-standing commitment to risk assessment, PSA traditionally has utilized a program-based approach to supervision where defendants received uniform services, despite their level of assessed risk. After considerable planning, in FY 2023, PSA will be transitioning to a risk-based services (RBS) model of supervision. Under RBS, both release conditions and case management are individualized and tailored to each defendant’s risk and needs. This individualized approach allows the Agency to direct resources to those posing the greatest risk to public safety.

**Engaging stakeholders**

PSA’s FY 2022–2026 Strategic Plan reflects a continued commitment to the fair administration of justice and incorporates the collective vision of internal and external stakeholders, as well as 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 is maximizing 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$175.769	\$228.265	\$235.531
Interdiction (Includes OPTEMPO)	419.667	413.400	434.993
International	16.937	31.349	40.324
Prevention	114.941	130.060	134.313
State and Local Assistance	226.787	231.690	108.265
<b>Total Drug Resources by Function</b>	<b>\$954.101</b>	<b>\$1,034.764</b>	<b>\$953.426</b>
<b>Drug Resources by Decision Unit</b>			
Drug Interdiction and Counterdrug Activities	\$893.301	\$970.764	\$886.426
Military Service-Funded Operations Tempo (OPTEMPO)	60.800	64.000	67.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$954.101</b>	<b>\$1,034.764</b>	<b>\$953.426</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,512	1,483	1,483
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$715.0	\$797.0	\$782.0
Drug Resources Percentage	0.1%	0.1%	0.1%

Obligations by Budget Decision Unit: FY 2022 actuals are obligations reported by decision unit which are actual expenditures from Services financial accounting systems for Counternarcotics program.

**Program Summary**

**MISSION**

The Office of the Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy (DASD CNSP) develops DoD counterdrug (CD) and CTOC policy. It also issues guidance, establishes priorities, and oversees resource allocation and program execution, for DoD CD and CTOC missions. These missions focus on countering illicit drug trafficking, but also include countering illicit financial flows and the illicit trafficking of people, wildlife, natural resources, and weapons. Primary activities include:

- Coordinate and monitor DoD and interagency efforts for the detection and monitoring of the maritime and aerial transit of illegal drugs into the United States.
- Direct, oversee, and monitor planning, programming, and budget (formulation, justification, and execution) processes for DoD Drug Interdiction and CD Activities programs, in coordination with other DoD Components.
- Review, evaluate, coordinate, and monitor DoD CD and CTOC plans and programs to ensure adherence to approved policy and standards.



- In conjunction with the Chief, National Guard Bureau coordinate and monitor National Guard support to State drug law enforcement operations and to DoD, as required.
- Develop strategy, policy, plans, and programs pertaining to DoD Counter Threat Finance (CTF) activities, goals and requirements.

## **METHODOLOGY**

The DoD Drug Interdiction and Counterdrug Activities are programmed and budgeted for specific projects, activities and requirements driven by the Combatant Commands' (COCOM) and Interagency's mission. Thereafter, transferred during the fiscal year of execution to the most appropriate Military Service or Defense Agency for implementation. 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 DASD(CNSP).

The account is structured into projects, each identified by a unique Project Code. A Project Code may identify a discrete function or may represent the aggregate of similar activities executed by the various geographic combatant commands. However, although the entirety of the account supports DoD CD-related activities, the account is not structured by the drug control functions of the National Drug Control Budget. Each Project Code is statistically weighed among the functions, either in its entirety or proportionally, using an interactive financial management database to quantify the account's financial plan reasonably and fairly to the drug control functions. This methodology provides a reasonable basis for consistently estimating DoD counterdrug program support to the National Drug Control Budget functions.

## **BUDGET SUMMARY**

In FY 2024, DoD requests \$886.4 million for drug control activities, a decrease of \$84.3 million from the FY 2023 enacted level.

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

**FY 2024 Request: \$886.4 million which do not include Services OPTEMPO (\$84.3 million below the FY 2023 enacted level)**

The FY 2024 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 2023-24 net decrease of \$84.3 million that includes an inflation increase of \$17.1 million and a program decrease of \$101.4 million in comparison to FY2023 budget enactment of \$970.8 million.

Below are descriptions of the drug resources per function.

### **Intelligence**

**FY 2024 Request: \$235.5 million (\$7.3 million above the FY 2023 enacted level)**

DoD support of the intelligence drug control function includes funding for classified and sensitive unclassified intelligence and related technology programs to collect, process, analyze, and disseminate strategic, operational, and tactical intelligence and information required for combatant command and interagency CD and related CTOC operations and activities. The 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 FY2023-24 net increase of \$7.3 million from the FY 2023 enactment level is to compensate in price change from inflation.

DoD CD Enterprise-Wide Intelligence Programs goal is the reduction of the supply of illicit substances into the United States. Active and persistent intelligence support to CD/CTOC/CTF efforts conducted by United States and international law enforcement partners enables a persistent mechanism to target, deter and disrupt illicit actors. The Narcotics and Transnational Crime Support Center (NTC) has prioritized its support to interagency partners’ most critical efforts. In FY 2022, NTC met their target to increase support to priority cases by 20 percent.

### **Interdiction**

**FY 2024 Request: \$368.0 million**

**(\$18.6 million above the FY 2023 enacted level)**

Pursuant to Title 10, U.S. Code §124, DoD support of the interdiction drug control function including funding for programs to detect and monitor the aerial and maritime transit of illegal drugs toward the United States in support of United States and 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. Funding also supports contracted operations and maintenance in support of DoD owned maritime patrol aircraft (MPA); multi-mission support vessel operations; and multi-site Relocatable Over-The-Horizon Radar (ROTHR) system operations and support for command-and-control centers, including the operations functions of JIATF-S. The FY2023-24 net increase of \$18.6 million from the FY 2023 level is to compensate for \$5.3 million in inflation and \$13.3 million in program change. The program change is projected from the loss of Navy P-8 USAF E-3 ISR support after DoD realigned Global Force Management Allocation Program (GFMAP) requirements to higher priorities in the INDOPACOM AOR. The loss will be supplemented in FY2023 with an ISR contract support filling the gap when the new DASD-8 /Q200 (P-9A Pale Ale) come into service in FY2024.

### **International**

**FY 2024 Request: \$40.3 million**

**(\$8.9 million above the FY 2023 enacted level)**

Most DoD activities that support the International Drug Control Function are executed under Title 10, U.S. Code, Chapter 15 §284. Funding for this function supports CD and CD-related CTOC efforts within the six geographic COCOM’s 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, counter-narcotics detection and monitoring (CN D&M), and intelligence analysis in support of United States and international law enforcement agencies (LEAs) designed to complement DoD security cooperation efforts. The FY2023-24 net increase of \$8.9 million above the FY 2023 enactment level is to compensate for \$0.8 million in inflation and \$8.1 million in program change.





### **Prevention**

***FY 2024 Request: \$134.3 million***

***(\$4.3 million above the FY 2023 enacted level)***

The Drug Demand Reduction (DDR) budget activity funds programs to ensure the dangers of drug abuse and misuse within DoD are understood, prevented, identified, and treated in order to keep the fighting force at the highest levels of readiness. Prevention, education, and outreach programs focus on DoD's military and civilian communities designed to raise awareness of the adverse consequences of illicit drug use and prescription drug misuse on job performance, safety, health, family stability, fiscal security, and employment opportunities.

DoD DDR efforts support the Prevention Drug Control Function and finance programs to detect and deter the misuse of illicit and prescription drugs among military and civilian personnel. Funding supports drug testing specimen collection, drug testing laboratories, and associated analysis costs and finances military service, National Guard, and defense agency outreach, prevention, and education programs. These funds support a minimum of 100 percent random drug testing for active-duty military, National Guard and Reserve personnel; drug testing for all DoD civilian employee applicants and civilians in testing designated positions once every two years; and drug abuse prevention and education activities for military and civilian personnel and their dependents. The FY2023-24 net increase of \$4.3 million from the FY 2023 enactment level is to compensate for \$4.3 million in inflation price change.

### **State and Local Assistance**

**FY 2024 Request: \$108.3 million**

***(\$123.4 million below the FY 2023 enacted 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. Code, §112, this activity funds National Guard support for domestic law enforcement under the Governors' State Plans and CD Schools programs. The FY 2023-24 decrease of \$123.4 million is due to inflation of \$2.7 million and \$120.7 million in program decrease.

### **EQUITY**

DASD(CNSP), 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, provide policy guidance and oversight, resource allocation, and program assessment functions for the Department's CD, CTOC and CTF activities. The Department of Defense FY 2024 Budget includes funding to support DoD's Diversity, Equity, and Inclusion mission "Enhancing the readiness of the DOD workforce and ensure the nation's security through leveraging the pillars of diversity, equity inclusion and accessibility, and optimizing the diverse talent in support of the Joint Warfighter."



**DEPARTMENT OF DEFENSE**  
**Defense Security Cooperation Agency**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
International	\$46.731	\$42.048	\$32.414 <sup>3</sup>
<b>Total Drug Resources by Function</b>	<b>\$46.731</b>	<b>\$42.048</b>	<b>\$32.414</b>
<b>Drug Resources by Decision Unit</b>			
Building Partner Capacity	\$45.475 <sup>1</sup>	\$40.748	\$31.075 <sup>4</sup>
Regional Center CTOC	1.256	1.300	1.339 <sup>5</sup>
<b>Total Drug Resources by Decision Unit</b>	<b>\$46.731</b>	<b>\$42.048</b>	<b>\$32.414</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs <sup>1</sup> (direct only)	0 <sup>2</sup>	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.4	\$14.5	\$2.4
Drug Resources Percentage	1.4%	0.3%	1.4%

<sup>1</sup> Building Partner Capacity Decision Unit uses 2-year appropriations – period of availability for new obligations expires 30 Sep 2023

<sup>2</sup> FTEs at the Regional Center (RC) are no longer funded directly or tracked under CTOC Program

<sup>3</sup> FY 2024 program values are estimated, FY 2024 Budget Resource Allocation Plan has yet to be approved

<sup>4</sup> Figures listed are pre-decisional projected values as the FY24 Budget Request is still in development and has not been formally submitted

<sup>5</sup> At the time of submission, George C. Marshall European Center for Security Studies (GCMC) FY 2023-2024 program plan has not yet been approved by DoD RC Oversight and Advocacy Board

**Program Summary**

**MISSION**

DSCA’s 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 United States and international military, intelligence, law enforcement, and government partners. The DoD is directing operational and



fiscal resources toward efforts that support National Defense Strategy objectives to disrupt, degrade, and dismantle threat networks and VEO that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism.

## **METHODOLOGY**

The DSCA reports on two Decision Units: George C. Marshall European Center for Security Studies (GCMC) funded from the Regional Centers Account and the Security Cooperation Account. The GCMC receives internally reprogrammed funds while the Security Cooperation Account executes the Office of the Secretary of Defense’s (OSD) identified CN/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 with specific Project and Tasks. The GCMC CTOC program is designated by OSD as a transnational program, and as part of its transnational mandate, it is able to focus its building partnership capacity (BPC) efforts on a global audience sourced from all COCOMs. 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. Below is a list Project Codes used to execute CN/CTOC.

<b>Project Code</b>	<b>Description</b>
0400004G0417000000000000	CN - SEC 333 Base (2-Year)
0400004G04A1000000000000	Regional Center 0100 Base (1-Year)

## **BUDGET SUMMARY**

In FY 2024, DSCA requests \$32.4 million for drug control activities, a decrease of \$9.6 million from the FY 2023 enacted level.

### **DSCA/Building Partner Capacity**

**FY 2024 Request: \$31.1 million  
(\$9.6 million below the FY 2023 enacted 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 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 United States 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 COCOMs 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.

### **DSCA Regional Center CTOC**

**FY 2024 Request: \$1.3 million**

**(No change from the FY 2023 enacted level)**

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

**George C. Marshall European Center CTOC Program:** The George C. Marshall Center program on Countering Transnational Organized Crime focuses on the national security threats posed by transnational organized criminal activities. This program examines how transnational criminal organizations 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 transnational criminal organizations. 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.

**Counterdrug/CTOC Strategies and Policies Contributed:** The GCMC CTOC program will further BPC support to partner nations in their efforts to draft their national level CTOC strategies.

**Number of Bilateral CTOC Assistance Provided:** GCMC CTOC will provide CTOC assistance to further BPC effort in support of requests from partner nations.

### **EQUITY**

The 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Treatment: Recovery	\$72.773	\$75.674	\$78.691
Treatment: Other than recovery	3.445	3.582	3.725
Research and Development: Prevention	3.799	4.000	0.000
Research and Development: Treatment	16.352	17.084	2.156
<b>Total Drug Resources by Function</b>	<b>\$96.369</b>	<b>\$100.340</b>	<b>\$84.572</b>
<b>Drug Resources by Decision Unit</b>			
Treatment (includes Pharmaceuticals) <sup>1</sup>	76.218	79.256	82.416
Research and Development <sup>2</sup>	20.151	21.084	2.156
<b>Total Drug Resources by Decision Unit</b>	<b>\$96.369</b>	<b>\$100.340</b>	<b>\$84.572</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>3</sup>	\$37.0	\$39.2	\$38.4
Drug Resources Percentage	0.3%	0.3%	0.2%

<sup>1</sup> Treatment and Pharmaceuticals enacted amounts are an estimate based on previous year's expenses and a subset of the overall DHP Operation and Maintenance (O&M) budget.

<sup>2</sup> Research and Development Funds are multi-year appropriation, FY 2022 Enactment has Period of Availability for FY22/23 with \$0.467M obligated by 30 Sept 2022. Additionally, \$19.684M of FY21/22 funds obligated during FY 2022.

<sup>3</sup> Total Agency Budget represents DHP appropriated funding only and excludes Medicare Eligible Retiree Healthcare Fund (MERHCF).

### Program Summary

#### MISSION

The medical mission of the DoD is to enhance DoD 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 drug abuse treatment. For purchased care records, the data extract captured the TRICARE “government paid” amounts from the pertinent healthcare claims. Direct care encounter records included various estimated cost components. The out-year estimates are derived by applying the estimated inflationary growth rates of the direct care and purchased care system costs to the historical actual treatment costs.

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

**Healthcare and Pharmacy Exclusions:** Excluded from healthcare and pharmacy are costs associated with Medicare eligible beneficiaries and beneficiaries enrolled in the U.S. Family Health Plan (USFHP) program.

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

## BUDGET SUMMARY

In FY 2024, The DHP requests an estimated \$84.6 million for drug control activities, a decrease of \$15.8 million from the FY 2023 enacted level.

### **Defense Health Program**

**FY 2024 Request: \$84.6 million**  
**(\$15.8 million below the FY 2023 enacted level)**

The program change between FY 2023 and FY 2024 is driven by the removal of one-time Congressional added funding to the Research, Development, Test, and Evaluation (RDT&E) program for Pain Management and Substance and Abuse 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. 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$118.007	\$108.689	\$257.049
<b>Total Drug Resources by Function</b>	<b>\$118.007</b>	<b>\$108.689</b>	<b>\$257.049</b>
<b>Drug Resources by Decision Unit</b>			
School Safety National Activities	\$109.946	\$100.378	\$248.738
<i>Mental Health Grants</i>	50.228	51.138	245.878
<i>School Climate Transformation Grants</i>	56.859	43.422	0.000
<i>Other Activities</i>	2.859	5.818	2.860
21 <sup>st</sup> Century Community Learning Centers	8.061	8.311	8.311
<b>Total Drug Resources by Decision Unit</b>	<b>\$118.007</b>	<b>\$108.869</b>	<b>\$257.049</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$75.4	\$79.2	\$90.0
Drug Resources Percentage	0.2%	0.1%	0.3%

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

**Program Summary**

**MISSION**

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

**METHODOLOGY**

Starting with FY 2024, the Department will use a new methodology due to the end of the School Climate Transformation Grants which had been included in the national drug control budget previously. The new methodology for activities to be included in the national drug control budget includes a portion of the funding for mental health programs funded under School Safety National Activities (SSNA) as well as a portion of the funds under the 21st Century Community Learning Centers program.



## **School Safety National Activities**

The School-Based Mental Health Services (SBMH) program and the Mental Health Services Professional Demonstration Grants program (MHSPD), funded under the School Safety National Activities program, support the recruitment, hiring, and retention of school-based mental health professionals, as well as increasing the supply of such professionals (respectively), at the K-12 level. The Department anticipates that funding for school-based mental health services would support ONDCP's mission by helping address the high prevalence of co-occurring mental health and substance use disorders.

After reviewing the National Survey on Drug Use and Health (NSDUH) data provided by the SAMSHA to determine a five-year average percentage of youth aged 12-17 with a past year major depressive episode and co-occurring use of illicit drugs or alcohol, ONDCP proposed, and Education accepted, to include 45.5 percent of the funds for mental health programs under SSNA for the national drug control budget. In addition, the Department includes in the national drug control budget funding for other technical assistance and dissemination activities that support and improve drug and violence prevention efforts.

## **21st Century Community Learning Centers**

Funds under the 21st Century Community Learning Centers (CCLC) program support centers that provide additional student learning and enrichment opportunities through before- and after- school programs and summer school programs aimed at improving student academic outcomes. Program funds may be used for a broad range of activities, including drug and violence prevention activities.

After reviewing 21st CCLC annual performance report data for the 2020-2021 school year (the most recent available) to examine how much time grantees devoted to drug prevention activities, ONDCP proposed, and Education accepted, to include 0.6 percent of the funds for the 21st CCLC program for the national drug control budget.

## **BUDGET SUMMARY**

In FY 2024, the Department of Education requests \$257.0 million for Office of Elementary and Secondary Education drug control activities, an increase of \$148.4 million from the FY 2023 enacted level.

### **School Safety National Activities:**

#### **School-Based Mental Health Services Grants and Mental Health Services Professional Demonstration Grants**

**FY 2024 Request: \$245.9 million**  
**(\$194.7 million above the FY 2023 enacted level)**

The FY 2024 request would provide \$540.4 million for both School-Based Mental Health grants and Mental Health Services Professional Demonstration grants under SSNA, of which \$245.9 million would support the national drug control budget. The request would make a significant investment to continue and expand activities to support the recruitment, hiring, and retention of school-based mental health professionals, as well as increasing the supply of such professionals at



the K-12 level in recognition of the trauma, stress, and mental health needs encountered by students in our public schools. This is particularly important for underserved students who are less likely to have access to the mental health support they need to ensure their academic success. The COVID-19 pandemic caused nationwide disruption at all levels of our education system, familial loss, significant economic dislocation, and related stress that has taken an unprecedented toll on the mental health and well-being of students, families, and educators. The Department anticipates that a portion of the services provided by mental health professionals under these programs would be related to drug use and misuse by students and/or family members due to the prevalence of co-occurring mental health and substance use disorders.

### **Other School Safety National Activities**

**FY 2024 Request: \$2.9 million**

**(\$3.0 million below the FY 2023 enacted level)**

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

### **21st Center Community Learning Centers**

**FY 2024 Request: \$8.3 million**

**(No change from the FY 2023 enacted level)**

The FY 2024 request for 21st Center Community Learning Centers would provide \$1.3 billion for the program, of which approximately \$8.3 million would support the national drug control budget. Funds under the 21st Century Community Learning Centers program support centers that provide additional student learning and enrichment opportunities through before- and after-school programs and summer school programs aimed at improving student academic outcomes. Program funds may be used for a broad range of activities, including drug and violence prevention activities.

## **EQUITY**

The Department of Education's 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—it can ensure that applications are evaluated by individuals who represent diverse experiences and perspectives and whose expertise enables equitable access to the benefits and opportunities available through Department's 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 revised 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 more active review of grantee performance.



**DEPARTMENT OF EDUCATION**  
**Office of Postsecondary Education**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$0.000	\$0.000	\$80.933
<b>Total Drug Resources by Function</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$80.933</b>
<b>Drug Resources by Decision Unit</b>			
Office of Postsecondary Education	\$0.000	\$0.000	\$80.933
<i>School- and Campus-Based Mental Health Service</i>	0.000	0.000	80.933
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$80.933</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$75.4	\$79.2	\$90.0
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

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

**Program Summary**

**MISSION**

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

**METHODOLOGY**

The FY 2024 request for the Department would fund a new School- and Campus-Based Mental Health Service program to address the mental health needs of college students. After reviewing NSDUH data provided by SAMSHA to determine a three-year average percentage of individuals aged 18-20 with any mental illness (AMI) who used an illicit drug or alcohol in the past year, and five-year average of percentage of individuals aged 21-25 with any mental illness who used an illicit drug in the past year, ONDCP proposed, and Education accepted, to include 54 percent of the funds for the new postsecondary mental health program for the national drug control budget.

**BUDGET SUMMARY**

In FY 2024, the Department of Education requests \$80.9 million for drug control activities for the Office of Postsecondary Education, an increase of \$80.9 million from the FY 2023 enacted level.



**Fund for the Improvement of Postsecondary Education (FIPSE):  
School- and Campus-Based Mental Health Service**

**FY 2024 Funding: \$80.9 million  
(New Decision Unit Level)**

The FY 2024 request for the Fund for the Improvement of Postsecondary Education includes funding for a new program to support IHEs in developing a campus-wide strategy to address student mental health needs, including creating inclusive campuses, increasing the availability of supportive and treatment services, hiring additional staff, and implementing best practices. This could include hiring additional providers on their campus, coordinating services for students in the community, or building connections and providing services in the community. There has been a high need for campus mental health services for many years, and the COVID-19 pandemic further exacerbated longstanding needs for student mental health supports at postsecondary institutions. The Department anticipates that a portion of the services provided by mental health professionals under these programs would be related to drug use and misuse by students due to the prevalence of co-occurring mental health and substance use disorders. The request would provide \$150.0 million to fund new grants, of which \$80.9 million would support the national drug control budget.

**EQUITY**

The Department of Education’s 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—it can ensure that applications are evaluated by individuals who represent diverse experiences and perspectives and whose expertise enables equitable access to the benefits and opportunities available through the Department’s 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 revised 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 more active review of grantee performance.



# FEDERAL JUDICIARY





# FEDERAL JUDICIARY

## Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted <sup>2</sup>	FY 2024 Request
<b>Drug Resources by Function</b>			
Corrections	\$570.209	\$632.642	\$682.149
Prosecution	449.497	487.623	528.870
Research and Development	6.251	6.586	7.042
Treatment	143.156	158.794	171.231
<b>Total Drug Resources by Function<sup>1</sup></b>	<b>\$1,169.113</b>	<b>\$1,285.645</b>	<b>\$1,389.292</b>
<b>Drug Resources by Decision Unit</b>			
Administrative Office of the U.S. Courts	\$2.956	\$3.080	\$3.389
Court Security	39.469	42.009	43.874
Defender Services	163.867	168.687	187.028
Federal Judicial Center	0.329	0.377	0.386
Fees of Jurors and Commissioners	7.426	12.132	12.423
Salaries and Expenses	948.897	1,052.868	1,135.247
U.S. Sentencing Commission	6.169	6.492	6.954
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,169.113</b>	<b>\$1,285.645</b>	<b>\$1,389.292</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.3	\$8.8	\$9.5
Drug Resources Percentage	14.1%	14.7%	14.6%

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

<sup>2</sup> FY 2023 reflects estimated drug resources based on the Judiciary's FY 2023 enacted appropriations.

## Program Summary

### MISSION

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





## METHODOLOGY

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

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

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

## BUDGET SUMMARY

For FY 2024, Federal Judiciary request totals \$1,389.3 million, an increase of \$103.6 million above the FY 2023 enacted level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request generally reflects increases to maintain current services.

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

**FY 2024 Request: \$3.4 million**

**(\$0.3 million above the FY 2023 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 2024 Request: \$43.9 million**

**(\$1.9 million above the FY 2023 enacted level)**

This program provides security for judicial areas at courthouses and in Federal facilities housing court operations. 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 2024 Request: \$187.0 million**

**(\$18.3 million above the FY 2023 enacted level)**

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

### **Federal Judicial Center**

**FY 2024 Request: \$0.4 million**

**(\$9,000 above the FY 2023 enacted 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 2024 Request: \$12.4 million**

**(\$0.3 million above the FY 2023 enacted level)**

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

### **Salaries and Expenses**

**FY 2024 Request: \$1,135.2 million**

**(\$82.4 million above the FY 2023 enacted level)**

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

### **United States Sentencing Commission**

**FY 2024 Request: \$7.0 million**

**(\$0.5 million above the FY 2023 enacted level)**

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



## 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 continues to implement and develop solutions to meet its unique diversity, equity, and inclusion objectives. These objectives are a response to the growing recognition of the diversity of our nation and the communities it serves. The 2020 Strategic Plan for the Federal Judiciary provides a platform of commitment to assess barriers to diversity, equity, and inclusion and implement change, as demonstrated by robust efforts undertaken across the Third Branch.

The Judiciary has several ongoing initiatives to support the promotion of equal justice. For example, probation and pretrial services staff are working on improving diversity, equity, and inclusion within their community in several different ways. 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, so 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 taken increased steps to cultivate a workplace of diversity, equity and inclusion. One major step has been to make internships, fellowships, and other work-based learning experiences more available using judiciary pipeline programs that are designed to prompt more students and professionals to explore Third Branch career options and to equip them with the skills needed to be competitive applicants for joining the workforce. Specifically, 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 launched 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. In FY 2021, an inaugural cohort of 12 non-capital defender services fellows joined their host federal defender organizations.

The Judiciary is developing a public facing diversity, equity, and inclusion webpage on the [UScourts.gov/Careers](https://uscourts.gov/Careers) website to highlight internship and fellowship opportunities from across the Third Branch. This public facing webpage will also provide students with easy access to



information on the Model Intern Diversity Pilot Program, the Defenders Services Diversity Fellowship Program, and other internship opportunities across the judiciary. The webpage will contain four sections: (1) recruitment and outreach; (2) talent management; (3) reasonable accommodations; and (4) champions of diversity, equity, and inclusion.

At its December 2020 meeting, the Committee on the Administration of the Bankruptcy System approved a proposal to continue holding judiciary-wide diversity events every three years and expand them to encompass both bankruptcy and magistrate judges. Throughout FY 2021, the diversity subcommittee continues to work with the Committee on the Administration of the Magistrate Judges System's diversity subcommittee to hone the proposal and plan for the next event scheduled for FY 2023.



**DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Administration for Children and Families

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$20.000	\$20.000	\$67.000
<b>Total Drug Resources by Function</b>	<b>\$20.000</b>	<b>\$20.000</b>	<b>\$67.000</b>
<b>Drug Resources by Decision Unit</b>			
Promoting Safe and Stable Families – Regional Partnership Grants Discretionary Program	\$0.000	\$0.000	\$7.000
Promoting Safe and Stable Families – Regional Partnership Grants Mandatory Program	20.000	20.000	60.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$20.000</b>	<b>\$20.000</b>	<b>\$67.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$69.8	\$70.7	\$94.4
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 2022 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 \$20.0 million in funds reserved for the 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.

The FY 2020 appropriations included an additional \$10.0 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.

The FY 2021, FY 2022, and FY 2023 appropriations included \$20.0 million for the RPG program with no discretionary funding. For FY 2024, ACF has proposed a reauthorization along with an increase of \$40.0 million in mandatory funding to adequately address the intersection of substance-use disorders and child welfare involvement and to remove the funding ceiling for the grant planning phase. For FY 2024 the Budget also requests \$7.0 million in discretionary funding 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.

Results from previous RPG projects demonstrate that the majority of children at risk of removal remained in their parent's custody following enrollment into RPG services. Among youth who were in an out-of-home placement, the rates of placement into permanent settings, including reunification with their parent(s), increased significantly in the year following RPG enrollment. In addition, the overall rates of child maltreatment decreased substantially in the year after enrollment in the RPG program.





## **BUDGET SUMMARY**

In FY 2023, ACF requests \$67.0 million for drug control activities, an increase of \$47.0 million above the FY 2023 enacted level.

### **Promoting Safe and Stable Families – Regional Partnership Grants Mandatory Program**

**FY 2024 Request: \$60.0 million**

**(\$40.0 million above the FY 2023 enacted level)**

The FY 2024 request for the RPG program on the mandatory side is \$60.0 million, a \$40.0 million increase from FY 2023 enacted level. This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance abuse. Adult substance-use disorders, including opioid-use disorder, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance-use disorders, including opioid addiction, and child welfare involvement.

### **Promoting Safe and Stable Families – Regional Partnership Grants Discretionary Program**

**FY 2024 Request: \$7.0 million**

**(\$7.0 million above the FY 2023 enacted level)**

The FY 2024 request for the RPG program on the discretionary side is \$7.0 million. This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance abuse. Adult substance-use disorders, including opioid-use disorder, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance-use disorders, including opioid addiction, and child welfare involvement.

## **EQUITY**

As called for by the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, ACF is working to advance equity across programs and processes, with a focus 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 as it relates 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 serving children and families of color. Efforts may focus on inequities in the provision of treatment and of 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$470.579	\$459.579	\$667.369
Harm Reduction	38.000	69.000	69.000
<b>Total Drug Resources by Function</b>	<b>\$508.579</b>	<b>\$528.579</b>	<b>\$736.369</b>
<b>Drug Resources by Decision Unit</b>			
Opioid Abuse and Overdose Prevention and Surveillance	\$490.579	\$505.579	\$713.369
Infectious Diseases and the Opioid Epidemic <sup>1</sup>	18.000	23.000	23.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$508.579</b>	<b>\$528.579</b>	<b>\$736.369</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only) <sup>2,3</sup>	197	198	203
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>4,5</sup>	\$8.4	\$9.2	\$11.6
Drug Resources Percentage	6.1%	5.7%	6.4%

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

<sup>2</sup> Includes vacancies.

<sup>3</sup> Includes 2 FTEs partially funded with non-IDO resources.

<sup>4</sup> Excludes ATSDR and mandatory programs; includes funding from the Prevention and Public Health Fund and PHS Evaluation Transfers.

<sup>5</sup> FY 2023 Enacted level is comparably adjusted to reflect \$21.9 million within CDC's total for HHS Protect. The FY 2023 Joint Explanatory Statement provides \$21.9 million from the Public Health and Social Services Emergency Fund (PHSSEF) for HHS Protect, to support activities implemented by CDC.

### 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 *Strategy* through its surveillance activities and by advancing data-driven prevention strategies to address drug use and overdose. CDC works to prevent overdose and other substance use-related harms under its five strategic priorities:

- Monitoring, analyzing, and communicating trends
- Building state, local, tribal, and territorial capacity
- Supporting providers, health systems, payers, and employers



- Partnering with public safety and community organizations
- Raising public awareness and reducing stigma

Foundational to CDC’s work are the six guiding principles of promoting health equity, addressing underlying factors, partnering broadly, taking evidence-based action, advancing science, and driving innovation. These principles align with and crosscut HHS’s Overdose Prevention Strategy and work to accomplish the same goals through a public health approach.

CDC uses data to tailor prevention activities that address drug overdoses as well as other negative health effects of the epidemic, including rising infectious diseases such as hepatitis C and Human immunodeficiency virus (HIV). 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. To better understand the risk behaviors and identify the most effective strategies to assist people who use drugs, CDC has implemented a bio-behavioral survey of people and their peers who inject drugs in six syringe services programs across the country. CDC is also strengthening partnerships with public safety and scaling up public health and harm reduction strategies, including syringe services programs, to expand access to evidence-based treatment to assist in sustaining long-term recovery and reduce substance use-related stigma. 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 and ensuring all communities have an equitable opportunity to prevent overdose and substance use-related harms in addition to fighting the overdose crisis.

## **METHODOLOGY**

CDC determined the drug control budget using the relevant amounts under the Consolidated Appropriations Act, 2023, P.L. 117-328. CDC is committed to an approach that protects the public’s health and prevents drug overdose and substance use-related harms.

## **BUDGET SUMMARY**

In FY 2024, the CDC request of \$736.4 million for drug control activities, an increase of \$207.8 million above the FY 2023 enacted level.

### **Opioid Overdose Prevention and Surveillance**

**FY 2024 Request: \$713.4 million**  
**(\$237.8 million above the FY 2023 enacted level)**

CDC conducts activities in five strategic priorities that capitalize on CDC’s scientific expertise: 1) monitoring, analyzing, and communicating trends; 2) building state, tribal, local, and territorial capacity; 3) supporting providers, health systems, payors, and employers; 4) partnering with public safety and community organizations; and 5) raising public awareness and reducing stigma. Efforts help states improve surveillance and data analysis; build capacity among State, Tribal, local, and territorial jurisdictions to use data and surveillance to prevent overdose; provide support for providers and health systems prevention (including use of prescription drug monitoring programs, or PDMPs, as a clinical decision support tool); enhance partnerships with public safety and first responders; establish and improve linkages to medications for opioid use disorder and other



supportive services through harm reduction activities; and empower individuals to make informed choices.

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 policymakers and the public understand the extent of the problem, 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 collection by helping states improve their surveillance systems to better monitor the overdose crisis and optimize evidence-based prevention efforts. In FY 2017, CDC began funding states to collect data on both fatal and nonfatal overdoses. Since then, CDC-supported surveillance improvements have helped public health experts adapt to the rapidly changing crisis, such as identifying communities at risk 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, Alaska used emergency department data collected as a part of state surveillance activities to identify opioid overdose clusters. Public health surveillance experts used these data to collaborate with public safety staff to send message alerts to the public.

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 up 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 is a critical data system that allows communities to spot trends and understand contextual and environmental factors leading up to overdose deaths, with the end 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.

The CDC DOSE system was developed to analyze data from syndromic surveillance systems to rapidly identify outbreaks and provide situational awareness of changes in drug overdose-related emergency department (ED) visits at the local, state, and regional level. DOSE leverages timely ED syndromic data captured by health departments to gather aggregate data on ED visits involving suspected all drug, all opioid, heroin, and all stimulant overdoses. Aggregate data include demographic characteristics of those who overdosed, such as sex, age, and county of patient residence. Jurisdictions share their data with CDC as frequently as every two weeks either by uploading data using a secure server or allowing DOSE staff access to their data in CDC's National Syndromic Surveillance Program's (NSSP) BioSense platform. The number of jurisdictions included in the calculations of monthly and annual percent change estimates in rates will vary over time. Comparisons between jurisdictions should not be made because of variations in data quality, completeness, and reporting across jurisdictions. In 2019, it enhanced DOSE to



include more states (i.e., from 32 states + DC to 47 states + DC), additional drug indicators (i.e., all drugs, all opioids, heroin, and all stimulants) and also asked health departments to share available data more quickly. With the next round of funding, DOSE will be positioned to become a fully national system and can work with our funded state health departments. Data are readily accessible and updated each month in an interactive dashboard that can be used to improve coordination and strategic planning for intervention and response efforts. As a complement to DOSE, CDC has also enhanced the data collected in EDs to include overdose-related EMS transports using biospatial data, urine drug tests from Quest and Millennium Health, and comprehensive toxicology testing of left-over urine samples from individuals following an acute overdose to uncover emerging substances.

This, along with other initiatives within 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.

CDC helps build state, local, and territorial capacity to prevent overdose through its Overdose Data to Action (OD2A) program. OD2A supports states, localities, and territories to advance the understanding of the drug overdose epidemic and to scale up surveillance and prevention strategies. This overarching support is made up of two distinct cooperative agreements: Overdose Data to Action in States (OD2A-S), which supports state health departments and Overdose Data to Action: LOCAL, which supports local and territorial health departments.

CDC supports providers and healthcare systems with resources to support and increase safe and effective pain care, maximize the use of prescription drug monitoring programs (PDMP), and advance insurer and health systems interventions at the federal, state, and local level. Pain, particularly chronic pain, can lead to impaired physical functioning, poor mental health, and a reduced quality of life. In addition, CDC provides patient resources, clinician guidance, continuing medical education, and other health professional training to advance better pain care, with specific focus on under-resourced populations (e.g., rural and tribal communities). CDC updated and replaced the 2016 Guideline for Prescribing Opioids for Chronic Pain, modifying the title to CDC Clinical Practice Guideline for Prescribing Opioids for Pain, in late 2022. CDC continues to leverage the Guideline to help healthcare systems integrate its best practices and associated quality improvement (QI) measures into their clinical practice, including managing long-term opioid therapy.

CDC collaborates with multiple public health and public safety collaborations to strengthen and improve efforts to reduce drug overdoses. These partnerships allow for effective implementation of programs and help advance promising strategies that address the overdose epidemic. The Overdose Response Strategy (ORS) is a unique collaboration between CDC and the HIDTA program designed to enhance public health and public safety partnerships. The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.

To raise awareness about the risks of overdose, CDC provides individuals and their employers resources and information they need to make informed choices. CDC's four evidence-based campaigns, known together as Stop Overdose, are meant to prevent and reduce drug overdose in



young adults ages 18 to 34. The campaigns address the risks of polysubstance use, the dangers of fentanyl, the life-saving power of naloxone, and stigma around treatment and recovery for substance use disorder.

### **Infectious Diseases and the Opioid Epidemic**

**FY 2024 Request: \$23.0 million**

**(No change from the FY 2023 enacted level)**

As the nation continues to respond to the overdose epidemic, it must also stop the rising infectious diseases associated with drug use, such as hepatitis C and HIV, and other drug-use-associated skin and soft tissue infections.

CDC’s work to eliminate infectious diseases associated with drug use is built upon three key strategic priorities. First, CDC is strengthening the syringe services program infrastructure nationwide and further integrating SSPs into the United States’ public health system. SSPs are harm reduction programs where syringes and other sterile equipment are a) distributed to prevent disease transmission, and b) collected for safe disposal. These programs are often implemented with other medical and social services vital to improve the health of people who use drugs. In FY 2023, CDC invested nearly \$8.5 million to strengthen 65 SSPs across 31 jurisdictions through the “Strengthening Syringe Services Programs” cooperative agreement. In addition, CDC invests in efforts to ensure that SSPs offer effective, evidence-based harm reduction programs, practices, and policies – both by researching and disseminating science about drug user health, as well as offering robust technical assistance and consultation through programs such as the National Harm Reduction Technical Assistance Center (in partnership with SAMHSA).

Second, CDC is working to decrease stigma experienced by people who use drugs to increase access to services that save lives and improve health. Toward this end, in FY 2023 CDC invested \$4.8 million to support evidence-based services that reduce morbidity and mortality of infectious diseases associated with drug use in high-impact settings such as hospital emergency departments and correctional settings, as well as SSPs.

Finally, CDC is establishing coordinated surveillance and monitoring systems for infectious disease indicators associated with drug use. By better understanding people who use drugs and the programs that serve them, our nation can better stop infectious diseases associated with drug use and improve the health of people who use drugs. CDC advances this work through CDC’s National HIV Behavioral Surveillance cycle with people who inject drugs, as well as other surveys, such as the National SSP Annual Survey.

### **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 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 2024 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<sup>7</sup> 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.

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<sup>7</sup> CORE: Cultivate, Optimize, Reinforce Enhance





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

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Estimates	FY 2023 Estimates	FY 2024 Estimates
<b>Drug Resources by Function</b>			
Treatment	\$12,140.000	\$12,970.000	\$11,930.000
<b>Total Drug Resources by Function</b>	<b>\$12,140.000</b>	<b>\$12,970.000</b>	<b>\$11,930.000</b>
<b>Drug Resources by Decision Unit</b>			
Medicaid Treatment	\$9,050.000	\$9,660.000	\$8,400.000
Medicare Treatment	3,090.000	3,310.000	3,530.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$12,140.000</b>	<b>\$12,970.000</b>	<b>\$11,930.000</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$1.2	\$1.3	\$1.2
Drug Resources Percentage	1.0%	1.0%	1.0%

<sup>1</sup>The total agency budget reflects only Medicare and Medicaid current law benefit costs as estimated by the CMS Office of the Actuary. The Medicaid total reflects the 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 eExtract (MAX) for 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 2021 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 2024 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 2024 President's Budget baseline. These projections reflect estimated Part A and Part B spending into FY 2024 and are based on an analysis of historical fee-for-service claims through 2021, using the primary diagnosis code<sup>8</sup> 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 2023 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 2024, CMS requests \$11,930.0 million for drug control activities, a decrease of \$1,040.0 million from the FY 2023 enacted level. 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 2024 Outlay Estimate: \$8,400.0 million**  
**(\$1,260.0 million below the FY 2023 estimate)**

The decrease in Medicaid substance use spending from FY 2023 to FY 2024 stems from the decrease in Medicaid enrollment projected due to the end of continuous enrollment condition on March 31, 2023 and the phase-out of the temporary Federal Medical Assistance Percentage (FMAP) increases.

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*

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<sup>8</sup> Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes; 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.





*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 2024 Estimate: \$3,530.0 million**  
**(\$220.0 million above the FY 2023 estimate)**

The increase in Medicare SUD spending from FY 2023 to FY 2024 is due to normal program growth, reflecting the impact of changes in enrollment and utilization of health care services. This growth is consistent with the increase in the overall Medicare baseline projections.

Medicare provides coverage of hospital, physician, skilled nursing facility, home health care, and other medical care services, as well as prescription drug coverage, to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare SUD treatment benefit payments are made by Medicare Part A and Medicare Part B. This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

## **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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Research and Development: Treatment & Prevention (CDER)	\$20.500	\$23.500	\$43.050
Harm Reduction (non-add)	10.000	10.000	10.000
Research and Development: Treatment & Prevention (CDRH)	0.500	1.500	2.650
Interdiction (ORA)	51.500	54.500	56.800
<b>Total Drug Resources by Function</b>	<b>\$72.500</b>	<b>\$79.500</b>	<b>\$102.500</b>
<b>Drug Resources by Decision Unit</b>			
Center for Drug Evaluation and Research	\$20.500	\$23.500	\$43.050
Center for Devices and Radiological Health	0.500	1.500	2.650
Office of Regulatory Affairs	51.500	54.500	56.800
<b>Total Drug Resources by Decision Unit</b>	<b>\$72.500</b>	<b>\$79.500</b>	<b>\$102.500</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	178	196	209
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.4	\$3.6	\$4.0
Drug Resources Percentage	2.2%	2.2%	2.6%

### 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.

The agency recognizes that the nation continues to face a multifaceted drug overdose crisis that has evolved beyond prescription opioids. In recent years illicit opioids, largely driven by fentanyl and its analogues, have become key contributors to the overdose crisis. Other controlled substances, including benzodiazepines and stimulants (particularly methamphetamine), are also being used in combination with opioids.

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, 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 our efforts on opioids and other controlled substances in the following four areas:

- Supporting primary prevention by eliminating unnecessary initial prescription drug exposure and inappropriate prolonged prescribing
- Encouraging harm reduction through innovation and education
- Advancing development of substance use disorder treatments
- Protecting the public from unapproved, diverted, and counterfeit drugs presenting serious overdose risk

## **METHODOLOGY**

FDA identified the drug control budget by using the dedicated budget authority for activities involving opioids and other controlled substances. This includes opioids dedicated base activities conducted by the Center for Drug Evaluation and Research (CDER), the Center for Devices and Radiological Health (CDRH), and ORA.

## **BUDGET SUMMARY**

In FY 2024, FDA request \$102.5 million for drug control activities, an increase of \$23.0 million above FY 2023 enacted level.

### **Center for Drug Evaluation and Research**

**FY 2024 Request: \$43.1 million**

**(\$19.6 million above the FY 2023 enacted level)**

The FY 2024 Budget for drug-related activities includes \$43.1 million for CDER 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. In particular, the FY 2019 appropriation provided CDER with base funding for regulatory science, enforcement, and innovation activities, to combat the opioid epidemic. CDER utilizes the \$23.5 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, management of post-operative pain in obstetric patients who have undergone surgery, and safe tapering of benzodiazepines; the first two guidelines are 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 management
- 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 to help FDA



and other stakeholders identify high-impact opioid-related interventions, assess potential unanticipated consequences of potential policies, and identify needs for further research

- Exploring how payor coverage and health care resources impact real-world use of substance use disorder treatment and overdose reversal agents
- Enhancing the Opioid Data Warehouse, a cloud-based large data warehouse and analytical capability that allows FDA to better assess opioid vulnerability points in the population, anticipate changes in the opioid crisis, and target regulatory changes required for opioids
- 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 development and regulatory assessment of new and generic intranasal naloxone sprays by generating new testing and evaluation models
- Preliminary assessment of kratom safety, pharmacokinetics, and pharmacodynamics characteristics
- Modernizing sample testing to ensure quality for opioids and other high-risk products in the pharmaceutical supply chain and enhance detection of adulterated drug products
- Examining falsified, counterfeit, and unapproved medication use in general population and enriched population of individuals seeking treatment for substance use disorders.

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.

### **Center for Devices and Radiological Health (CDRH)**

**FY 2024 Request: \$2.7 million**

**(\$1.2 million above the FY 2023 enacted level)**

The FY 2024 Budget for opioid-related activities includes \$2.65 million for CDRH to continue supporting the use of digital health medical devices to help address OUD.

In FY 2023, CDRH will use the funds to hire two subject matter experts in OUD to establish a streamlined framework for FDA market authorization based on evolving science and technology, leveraging real-world data to support evaluation of OUD digital health technology, and incentivizing the development of new safe, effective, high-quality digital risk assessments and, diagnostics.

In FY 2022, CDRH commissioned a patient preference information (PPI) study on OUD. The study's goal is to better understand how patients prioritize outcomes associated with OUD and its treatments, the benefit/risk tradeoffs they are willing to make for certain therapies, and their preferences for features of digital health technologies and other interventions for OUD. The study may also help identify patient-perceived challenges or barriers to accessing or using treatments for OUD. FDA will publish and present the results so all can benefit. In early FY 2023, CDRH held two connected public workshops with the National Institutes of Health (NIH) "Diagnostic and Monitoring Medical Devices for Opioid Use" and "Risk Prediction Devices of Opioid Use and Opioid Use Disorder – Opportunities and Challenges." The workshops allowed for people living



with OUD to share their experiences and begin suggesting opportunities or features of digital health technologies to support their recovery. Currently, a contractor is conducting a literature review to inform more detailed focus group discussions with people living with OUD and the work will continue through FY 2023.

In addition, CDRH will encourage the development of new and innovative medical devices to broaden the number of options and increase the effectiveness of OUD treatment during FY 2023. Contributions will include:

- Research, engagement, and partnership with academic and community medical centers and others for development of digital health technologies for OUD;
- leveraging real-world data to inform medical device regulatory decision making by improving premarket assessment; and
- leveraging post-market surveillance data of devices used to assess, monitor, treat and manage OUD.

In FY 2024, CDRH will:

- Use the framework developed in FY 2023 to leverage real world data to support novel digitally-derived endpoint development and pilot the use of real-world performance to further understand how digital health technologies can support the effective treatment of Opioid Use Disorder;
- Continue research and engagement/partnership with academic medical centers and others for development of digital health technologies for OUD; and
- Use data gathered on patient preferences to help inform clinical trial design as well as assist in fostering shared decision-making for clinicians treating people living with OUD.

### **Office of Regulatory Affairs – Field Activities**

**FY 2024 Request: \$56.8 million**

**(\$2.3 million above the FY 2023 enacted level)**

The FY 2024 Budget includes \$56.8 million for the ORA to establish staff with scientists, satellite laboratories at selected points of entry, including the IMFs. ORA will expand its use of analytical tools expediting mail parcel screenings, and expand the current IMF initiative to interdict shipments of opioids, unapproved foreign drugs, counterfeit pharmaceuticals, and health fraud related shipments.

In response to the current opioid crisis, ORA prioritized protecting the public health by monitoring FDA-regulated products shipped into the nation’s eight IMFs to prevent unsafe, counterfeit, and unapproved drugs from entering the United States. FDA’s IMF staff works diligently to examine parcels referred by CBP that appear to contain drug products. With mail parcels not being declared accurately to the agency, it is estimated that FDA is only able to physically inspect a small percentage of the packages that are presumed to contain drug products. As the opioid crisis continues and more parcels are shipped through IMFs and courier hubs, it is essential that FDA, in conjunction with the United States Postal Service (USPS) and CBP, continue to inspect parcels looking for opioids and other unapproved drugs.

In 2022, FDA was able to fully staff the IMFs with investigators and reviewed more than 100,000 products at the IMFs. This doubled the number of products reviewed in FY 2020. As the IT



systems continue to improve at the IMFs, in cooperation with the USPS and the General Services Administration (GSA), efficiency of parcel processing will continue to increase.

A record volume of FDA regulated commodities are being introduced for import inspection at the southern border. In FY 2018, with the implementation of FDASIA 708, ORA destroyed approximately 6 percent of refused drug products. After the SUPPORT Act was signed into law, FDA raised the overall destruction rate to 48 percent in FY 2019. As additional Application Programming Interfaces (APIs) have been added to the 801(u) list FDA has continued to increase the destruction rate which reached nearly 83 percent in FY2023. Improvements at IMFs will continue, as ORA implements new authorities included in the SUPPORT Act.

FDA's Forensic Chemistry Center (FCC) is currently working with CBP's Laboratories and Scientific Services (LSS) to assist in the establishment of chemical fingerprints or signatures of illicit materials to aid in these investigations.

FDA's efforts to combat the opioid crisis includes criminal investigations by ORA's Office of Criminal Investigations (OCI). OCI continues to bring to justice medical professionals who misuse their unique position and compromise public health by tampering with opioids intended for patients. For example, as a result of OCI's investigation, a registered nurse was sentenced to more than four years in prison by a federal judge in January 2023 for tampering with opioids. The nurse, who worked in a nursing home, tampered with a bottle of morphine sulfate prescribed to the patients suffering from dementia by removing the morphine and adding water to the remaining supply. A nurse on a subsequent shift administered the adulterated morphine to a patient before the tampering was discovered.

Furthermore, OCI targets online marketplaces and vendors that sell counterfeit opioids. Through an initiative dubbed "Operation CyberPharma," OCI's investigations have led to the arrest of 60 darknet vendors, 26 convictions, the takedown of a major darknet marketplace, and the seizure of more than \$8.4 million in virtual currencies, drug counterfeiting tools and other assets.

OCI also works closely with its domestic and international counterpart agencies to protect consumers from illegal pharmaceutical drugs, including illicit opioids, that are shipped to the United States. OCI works to identify the source and destination of these drugs and in collaboration with other federal agencies, such as CBP and the Postal Inspection Service. OCI also conducts joint enforcement activities with its global law enforcement partners.

Section 3022 of the SUPPORT Act also amended section 306 of the Federal Food, Drug and Cosmetic (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. Since 2019, FDA has finalized 29 final orders of debarment for drug importers, 25 of those were based on federal felony conviction.

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 unapproved and counterfeit pharmaceuticals, including opioids, and adulterated supplements. FDA continues to





partner with CBP/LSS in the Chicago IMF (Chi IMF) satellite laboratory and resumed operations there in June 2021. Since resuming operations, approximately 500 samples have been analyzed at the satellite laboratory and over 350 of these have been found to contain at least one API. Two scientists were hired, trained and now permanently staff the CHI IMF satellite laboratory as of March, 2022. Efforts to establish full operations at the Miami IMF satellite laboratory are progressing with facility modifications. Two permanent staff will be hired for this location. CBP/LSS has agreed to share lab space with ORA/ Overdose Response Strategy within the JFK IMF until the FDA space has been completed. Lab space to conduct operations within the Secaucus IMF is moving forward. A Satellite Laboratory organizational chart has been established, a Branch has been established at the Forensic Chemistry Center, and a branch director has been hired. Laboratories to support the satellite lab effort including an opioid focused laboratory space are nearing completion at the FCC. The cadre trained to staff IMF satellite laboratory operations has been expanded to 20 personnel. Discussions about space near the LAX IMF and other IMF and courier hub locations continues.

## EQUITY

FDA is dedicated to advancing the health of our nation's most vulnerable and underrepresented populations to achieve health equity for all. In support of the Administration's Executive Orders, including Executive Order 13950, "On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government," FDA facilitates the development and availability of therapeutics, vaccines, diagnostics, and other medical products, as well as efforts to ensure food safety and promote healthy eating – which have the potential to have a demonstrable impact on underserved communities and diverse populations. FDA is working to address gaps, such as efforts to advance clinical trial diversity efforts and to increase availability, understanding, and use of data on racial and ethnic minority groups to better inform its program activities. FDA also is amplifying its communications to ensure stakeholders are informed about FDA's intended outcomes to better understand diverse patient perspectives, preferences, and unmet needs.



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

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
<b>Prevention</b>	<b>\$116.250</b>	<b>\$142.000</b>	<b>\$202.500</b>
Health Center Program	54.000	54.000	124.000
Rural Communities Opioid Response Program	62.250	88.000	78.500
<b>Treatment</b>	<b>\$711.750</b>	<b>\$713.000</b>	<b>\$1,397.500</b>
Health Center Program	486.000	486.000	1,116.000
National Health Service Corps SUD Workforce Program	105.000	105.000	130.000
Addiction Medicine Fellowship Program	24.000	25.000	25.000
SUD Treatment and Recovery Loan Repayment	24.000	40.000	40.000
Rural Communities Opioid Response Program	72.750	57.000	86.500
<b>Total Drug Resources by Function</b>	<b>\$828.000</b>	<b>\$855.000</b>	<b>\$1,600.000</b>
<b>Drug Resources by Decision Unit</b>			
Health Center Program	\$540.000	\$540.000	\$1,240.000
National Health Service Corps SUD Workforce Program	105.000	105.000	130.000
Addiction Medicine Fellowship Program	24.000	25.000	25.000
SUD Treatment and Recovery Loan Repayment	24.000	40.000	40.000
Rural Communities Opioid Response Program	135.000	145.000	165.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$828.000</b>	<b>\$855.000</b>	<b>\$1,600.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$13.3	\$14.3	\$15.9
Drug Resources Percentage	6.2%	6.0%	10.1%

**Program Summary**

**MISSION**

HRSA is the agency within HHS responsible for improving health outcomes and achieving health equity through access to quality services, a skilled health workforce, and innovative, high-value programs.





## **METHODOLOGY**

### **Health Center Program**

For each of Fiscal Years (FYs) 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 future fiscal years.

Subsequently in FY 2020, HRSA found that 36 health centers were unable to demonstrate sufficient progress to merit continuing their Access Increases in Mental Health and Substance Abuse Services (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. The FY 2024 President's Budget includes an additional \$700.0 million in ongoing supplemental SUD/MH funding for health centers.

### **National Health Service Corps (NHSC) SUD Workforce Program**

Funds are used to provide loan repayment assistance to reduce the educational financial debt of qualified SUD providers in exchange for service at SUD treatment facilities in underserved areas. Funds reflect the portion of 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 percent of the amount is scored as treatment funding.

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

Funds are used to provide loan repayment assistance to reduce the educational financial debt of qualified SUD providers 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 allocation of funds for RCORP is through competitive grants and cooperative agreements. The entirety of these programs is scored as drug control funding.



The prevention-treatment splits for FY 2022 and FY 2023 reflect the enacted budget levels. The FY 2024 prevention-treatment split reflects the President's Budget, which is \$20.0 million above the FY 2023 enacted level.

## **BUDGET SUMMARY**

In FY 2024, HRSA requests \$1.6 billion for drug control activities, an increase of \$745.0 million above the FY 2023 enacted level.

### **Health Center Program**

**FY 2024 Request: \$1.2 billion**

**(\$700.0 million above FY 2023 enacted level)**

In FY 2024, the Health Center Program plans to support over 1,400 grantees and provide primary health care services to 33.5 million patients at the President's Budget Level. HRSA will require the provision of mental health and substance use disorder services in all HRSA-funded health centers.

The FY 2020 through FY 2023 Health Center Program enacted levels include \$540.0 million in ongoing SUD/MH targeted funding in health center continuation awards. The reported amount of estimated drug resources for FY 2022 and FY 2023, and those projected for FY 2024, reflect the ongoing annual SUD/MH awards initiated in prior fiscal years. The total drug resource budget projections for FY 2024 include the ongoing annual SUD/MH amount of \$540.0 million plus the additional \$700.0 million included in the FY 2024 President's Budget.

### **National Health Services Corps SUD Workforce Loan Repayment Program**

**FY 2024 Request: \$130.0 million**

**(\$25.0 million above FY 2023 enacted level)**

Funding has been appropriated to the NHSC for the express purpose of expanding and improving 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.

In FY 2024, HRSA will grant approximately 1,500 new awards to clinicians who are combating the opioid crisis in rural and underserved communities.

### **Addiction Medicine Fellowship (AMF) Program**

**FY 2024 Request: \$25.0 million**

**(No change from the FY 2023 enacted 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. In FY 2024, funding will support continuation awards to AMF grantees.

### **Substance Use Disorder Treatment and Recovery Loan Repayment Program**

**FY 2024 Request: \$40.0 million**

**(No change from the FY 2023 ENACTED level)**

The STAR Loan Repayment Program 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 2024, HRSA will grant approximately 160 new awards to eligible providers.

### **Rural Communities Opioid Response Program**

**FY 2024 Request: \$165.0 million**

**(\$20.0 million above FY 2023 enacted 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 \$500.0 million in grants and technical assistance to rural communities serving more than 1,800 counties across 47 states and two territories. The most recent full-year of performance measurement data collection shows that a cohort of FY 2021 RCORP grantees provided direct SUD/OUD prevention, treatment, and recovery services to over 2 million rural residents, and ensured that 112,456 rural residents received medication assisted treatment (MAT) services.

In FY 2024, HRSA will support the following continuing grant and cooperative agreement programs through RCORP:

- **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 2024, HRSA will support the continuation of grants awarded in FY 2022.
- **RCORP-Medication Assisted Treatment Access** provides support to establish new MAT access points and increase the capacity for sustainable MAT service provision in rural areas that do not currently have access to MAT for SUD/OUD. In FY 2024, HRSA will support the continuation of grants awarded in FY 2022 and 2023.
- **RCORP-Rural Centers of Excellence on Substance Use Disorders** support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis. In



FY 2024, HRSA will support the continuation of these cooperative agreements.

- **RCORP-Technical Assistance and Evaluation** provide technical assistance and evaluation support encompassing the entire RCORP initiative. HRSA will support the continuation of funding for each of the initiative-wide technical assistance and evaluation cooperative agreements in FY 2024.
- **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 2024.

Additionally, the FY 2024 Budget request will support new grants and cooperative agreements for RCORP to strengthen the infrastructure and capacity within rural communities at high risk for SUDs, rural communities to rapidly address their immediate SUD needs (including lifesaving naloxone), address health equity, and provide needed prevention, treatment, and recovery services to rural residents. The FY 2024 budget request will also support the continuation of grants awarded in FY 2023 which provide targeted support to address neonatal abstinence syndrome as well as children and adolescents living in rural communities. HRSA will continue to solicit feedback from rural stakeholders and engage and partner with other Federal agencies to promote a coordinated approach to combatting this devastating epidemic and ensure HRSA's efforts are aligned with the HHS Overdose Prevention Strategy and other Administration priorities.

## **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 nearly 15,000, providing comprehensive primary and preventive care on a sliding fee scale to over 30 million patients annually. Approximately 90 percent of health center patients are individuals or families living at or below 200 percent of the Federal Poverty Guidelines and approximately 63 percent of health center patients are racial/ethnic minorities. Health centers also serve over 1 million agricultural workers, about 1.3 million individuals experiencing homelessness, and approximately 5.7 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 to health care experienced by their patients.

### **National Health Service Corps SUD Workforce Loan Repayment Program**

The NHSC SUD 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 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 the treatment of the populations served by the facility during a clinical rotation. They may also complete a clinical rotation at a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women where they are also practicing the knowledge and skills acquired.

### **Substance Use Disorder Treatment and Recovery Loan Repayment Program**

The STAR LRP aims to improve equity by reducing the barriers to access to SUD, including opioid 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 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, 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, people who are pregnant, 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$34.613	\$34.816	\$37.325
Treatment	103.359	104.070	105.031
<b>Total Drug Resources by Function</b>	<b>\$137.972</b>	<b>\$138.886</b>	<b>\$142.356</b>
<b>Drug Resources by Decision Unit</b>			
Alcohol and Substance Abuse	\$134.350	\$135.793	\$139.263
Urban Indian Health Program	3.622	3.093	3.093
<b>Total Drug Resources by Decision Unit</b>	<b>\$137.972</b>	<b>\$138.886</b>	<b>\$142.356</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	171	171	171
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.6	\$7.0	\$8.1
Drug Resources Percentage	2.1%	2.0%	1.8%

### 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 alcohol and SUD prevention and treatment 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 2024, IHS requests \$142.4 million, which is an increase of \$3.5 million above the FY 2023 enacted level.





## **Alcohol and Substance Abuse**

**FY 2024 Request: \$139.3 million**

**(\$3.5 million above FY 2023 enacted level)**

In FY 2024, the IHS budget request for its drug control activities supports the President's *Strategy*, which emphasizes the partnership between federal agencies and their State, local, Tribal, and international counterparts and reduce drug-induced mortality. IHS is also working with federal partners to implement ONDCP's efforts to address the current crisis.

The Administration's *Strategy* guides and expands federal government efforts to: 1) expand access to evidence-based treatment ; 2) advancing racial equity issues in our approach to drug policy; 3) enhancing evidence-based harm reduction efforts; 4) supporting evidence-based prevention efforts to reduce youth substance use; 5) reducing the supply of illicit substances; 6) advancing recovery-ready workplaces and expanding the addiction workforce; and, 7) expanding access to recovery support services. The *Strategy* offers a valuable opportunity for IHS to advance its mission by strengthening existing programs to control and reduce substance use and eliminate its deleterious effects on the health and safety of AI/AN patients and communities.

The IHS Alcohol and Substance Abuse program serves AI/ANs impacted by substance use disorders 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, rehabilitation therapy, epidemiology, and injury prevention. The HOPE Committee work plan supports the HHS Opioid Overdose Prevention Strategy with a specific focus on: 1) better pain management; 2) improving access to culturally relevant prevention, treatment, and recovery support services; 3) increasing availability of harm reduction services; and, 4) improved public health data reporting and surveillance.

The IHS Division of Behavioral Health administers community-based grants that promote the use and development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to substance misuse from a community-driven context.

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

**FY 2024 Request: \$3.1 million**

**(No change from the FY 2023 enacted level)**

The 41 UIOs are an integral part of the Indian health care system and serve as resources to both tribal and urban communities. Urban Indians are often invisible in the urban setting and face unique challenges when accessing healthcare. A large proportion of Urban Indians live in or near poverty and face multiple barriers such as the lack of quality and culturally relevant health care services in cities. UIOs are an important support to Urban Indians seeking to maintain their tribal values and cultures and serve as a safety net for our urban patients. UIOs that offer inpatient and outpatient substance use disorder treatment have become reliable referral sites for Tribes and Urban Indians. In FY 2024, the IHS is proposing \$3.1 million for the urban ONDCP budget.



AI/AN people who live in urban centers present a unique morbidity and mortality profile. Urban AI/AN populations suffer disproportionately higher mortality from certain causes in sharp contrast to mainstream society. These unique challenges require a targeted response. Existing UIOs see their efforts in health education, health promotion, and disease prevention as essential to impacting the behavioral contributors to poor health<sup>9</sup>:

- 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.

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 in need of substance use disorder treatment commonly exhibit co-occurring disorders. UIOs have recognized the need for more mental health and substance use disorder 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 substance use disorder 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. UIOs have operated culturally appropriate initiatives to reduce health risk factors. Affecting lifestyle changes among urban AI/AN families requires a culturally sensitive approach. The continued efforts of UIOs to target behavioral or lifestyle changes offer the best hope for impacting the major health challenges of the urban AI/AN population.

## **EQUITY**

### **Alcohol and Substance Abuse**

IHS actively engages in promoting equity by providing healthcare services to the underserved, vulnerable, and marginalized AI/AN population. The IHS Alcohol and Substance Abuse Branch expands and supports efforts to increase availability, access, and implementation of evidence-based, culturally-informed treatment and recovery services for SUDs, particularly in rural, urban, and underserved tribal communities. 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 Treatment” and “Increasing Access to Medication-assisted Treatment/Medications for Opioid Use

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<sup>9</sup> IHS, Report to Congress: New Needs Assessment of the Urban Indian Health Program and the Communities it Services, available at [https://www.ihs.gov/urban/includes/themes/newihstheme/display\\_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf](https://www.ihs.gov/urban/includes/themes/newihstheme/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf).





Disorder.” 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 requires each of the Substance Abuse and Suicide Prevention (SASP) grantees to develop culturally-appropriate approaches to engage youth in prevention and treatment activities. IHS also recognizes that telemedicine is one tool for increasing access to specialized medical services, such as telebehavioral health. To that end, IHS provide a 23 percent increase in telebehavioral health encounters nationally among AI/AN between FY 2020 and FY 2022. Finally, as a resource to AI/AN healthcare providers, IHS hosted Clinician Extension for Community Healthcare Outcomes (ECHO) 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**

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 2022 appropriation of \$6.4 billion. The Joint Explanatory Statement for Division G for the Act designated \$1.0 million 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 2022, 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<sup>1</sup>

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted <sup>2</sup>	FY 2024 Request
<b>Drug Resources by Function</b>			
Research and Development: Prevention	\$482.844	\$498.487	\$498.271
Research and Development: Harm Reduction	183.813	189.685	190.193
Research and Development: Treatment	903.515	947.479	946.678
Research and Development: Recovery	99.340	103.935	104.443
<b>Total Drug Resources by Function</b>	<b>\$1,669.512</b>	<b>\$1,739.586</b>	<b>\$1,739.586</b>
<b>Drug Resources by Decision Unit</b>			
National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA) <sup>3</sup>	\$73.443	\$76.221	\$76.221
National Institute on Drugs and Addiction (NIDA) <sup>3</sup>	1,596.069	1,663.365	1,663.364
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,669.512</b>	<b>\$1,739.586</b>	<b>\$1,739.586</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	396	398	416
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>4</sup>	\$43.7	\$46.1	\$46.4
Drug Resources Percentage	3.8%	3.8%	3.8%

<sup>1</sup> Numbers may not total due to rounding.

<sup>2</sup> FY 2023 Enacted level includes the effects of the FY 2023 HIV/AIDS transfer.

<sup>3</sup> The FY 2024 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.

<sup>4</sup> Excludes funding for Advanced Research Projects Agency for Health.

## Program Summary

### MISSION

NIDA and 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*.<sup>10</sup>

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

<sup>10</sup>The FY 2024 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.



nicotine), addiction, and the underlying neurobiological, behavioral, and social mechanisms involved. NIDA also works to ensure the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUD and overdose, and to enhance public awareness of addiction as a brain disorder.

NIAAA's mission is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder (AUD), across the lifespan. A major priority within NIAAA's mission is research on the prevention and treatment of underage drinking and its harmful consequences.

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, costing the United States an estimated \$249.0 billion per year. NIAAA is committed to reducing the burden of alcohol misuse for individuals at all stages of life and supports a diverse portfolio of research to accomplish this goal. Research areas include biological and behavioral mechanisms underlying alcohol misuse, AUD, and alcohol-related health conditions; epidemiological assessments of patterns and trends in alcohol use; and the development and evaluation of interventions to identify, prevent, and treat alcohol misuse and its consequences, including among youth. NIAAA also supports efforts to translate research findings to improve prevention and treatment of alcohol-related problems and co-occurring conditions and to disseminate evidence-based information to health care providers, researchers, policy makers, and the public. These ongoing efforts have significantly broadened our understanding of alcohol misuse and AUD and have provided support for the integration of alcohol prevention and treatment services into mainstream health care.

## **METHODOLOGY**

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

The prevention and treatment components of NIAAA's underage drinking research program are classified as a part of the National Drug Control Budget. Underage drinking research is defined as research that focuses on alcohol use by youth (individuals under the legal drinking age of 21), as well as the negative consequences of underage alcohol use (e.g., alcohol-related injuries, impact on adolescent development including on the developing brain, and risk for AUD). It includes basic biological and behavioral research, epidemiological research, screening studies, the development and testing of preventive and treatment interventions, and efforts to disseminate evidence-based information. NIAAA's methodology for developing estimates for the drug control budget is a two-step process. First, NIAAA identifies its underage drinking projects using NIH's automated, electronic text mining system for research, condition, and disease categorization. Once these projects are verified as underage drinking projects, NIAAA conducts a manual review of the project listing and codes each verified project as relevant to prevention or treatment.

## **BUDGET SUMMARY**

In FY 2024, NIH requests \$1,739.6 million (\$1,663.4 million for NIDA and \$76.2 million for NIAAA), no change from the FY 2023 enacted level.



## **National Institute on Alcohol Effects and Alcohol-Associated Disorders**

**FY 2024 Request: \$76.2 million**

**(No change from the FY 2023 enacted level)**

Although the rate of underage drinking in the United States has declined over the past several decades, alcohol remains the most widely used substance among youth. Binge drinking and high intensity drinking 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 through the development of resources for the public.

Basic research is key to informing the development of innovative prevention and treatment strategies for underage drinking. A key initiative within NIAAA's adolescent brain research portfolio is 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 because of adolescent alcohol exposure. Data from NCANDA, for example, has demonstrated that adolescent binge drinking is associated with accelerated decline of gray matter volume in the brain, with the most significant effects observed in the frontal regions. Gray matter, which consists primarily of neuron cell bodies, is important in normal, daily functioning, including controlling movement, seeing, hearing, forming memories, and regulating emotions. Frontal regions are important for executive functioning, such as performing complex tasks and decision-making.

Another major program within NIAAA's portfolio on adolescent brain research is 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. NADIA researchers previously demonstrated that binge drinking produces epigenetic changes in the brain that can lead to increased anxiety and alcohol consumption in adulthood. In a new study, the researchers used Clustered Regularly Interspaced Short Palindromic Repeats consisting of a catalytically dead Cas9 (CRISPR/dCas9) DNA editing techniques to reverse some of the binge drinking consequences in the brain, and the changes were associated with reduced anxiety and alcohol consumption in adulthood. Although much work remains before any potential application in humans, the new findings underscore the long-lasting effects of early binge drinking on the brain and adds to the growing body of evidence demonstrating the potential utility of gene editing in addressing health and disease.

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. For college settings, 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 supports research to better understand trends in alcohol use among



college students to improve interventions based on that knowledge. For example, a recent NIAAA-funded study revealed changes in the social context and frequency of drinking during the first year of the pandemic among a large cohort of college students. Alcohol-related harms were different depending on the context, for example, whether they drank outside the home with others or drank at home alone. These data suggest future interventions could be tailored based on drinking context. NIAAA also supports research to address alcohol misuse among young adults in the military, workforce, and other non-college settings. Interventions tailored for underserved populations is another important area within NIAAA’s prevention research portfolio. For example, NIAAA-funded researchers recently demonstrated the effectiveness of the Qungasvik (Tools for Life) intervention as a universal suicide and alcohol prevention strategy for young people ages 12-18 living in rural Alaska Native communities. This study builds on a decades-long collaboration between NIAAA-supported researchers at the University of Alaska, Fairbanks, and the Yup’ik Alaskan Native community to examine how tapping into a community’s culture can provide a cornerstone for youth alcohol and other substance misuse and suicide prevention efforts.

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. NIAAA also supports studies to evaluate the effectiveness of digital health technologies in improving access to and quality of interventions for adolescents. For example, a new NIAAA-supported study is assessing whether a centralized, telehealth version of alcohol screening, brief intervention, and referral to treatment can improve early identification and treatment of alcohol and comorbid mental health problems among adolescents at high risk for these conditions. The telehealth intervention will be delivered by a centralized behavioral health clinician accessible to pediatric primary care clinics in the study, and it will be compared to in-person alcohol screening and brief intervention, also delivered by a behavioral health clinician.

### **National Institute on Drugs and Addiction**

**FY 2024 Request: \$1,663.4 million**

**(No change to the FY 2023 enacted level)**

In 2021, fatal overdoses claimed nearly 107,000 Americans, a devastating record driven in part by the synthetic opioid fentanyl, which was involved in more than two-thirds of overdose deaths.<sup>11</sup> There are effective treatments for SUD that could have prevented many of these deaths—but of the 40 million people who had SUD that year, only about 6 percent received such treatments.<sup>12</sup> These data speak to the persistent need to improve and disseminate evidence-based interventions for SUD, overdose, and related harms. To that end, in the coming years, NIDA will strengthen its research investments in prevention, treatment, harm reduction, and recovery services related to substance use, in alignment with the priorities of the President’s *Strategy* and with additional funding made available through the NIH HEAL Initiative®.

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<sup>11</sup> [cdc.gov/nchs/products/databriefs/db457.htm](https://www.cdc.gov/nchs/products/databriefs/db457.htm); [www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2022/202205.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm)

<sup>12</sup> [www.samhsa.gov/data/report/2021-nsduh-annual-national-report](https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report)



In the prevention area, NIDA will continue working to understand risk and protective factors for substance misuse and SUD, which will enable more targeted and effective prevention programs. Research shows that adverse early childhood experiences are associated with early substance misuse, which may in turn alter brain development in ways that increase the risk of SUD in adulthood.<sup>13</sup> Yet, much remains to be learned about how a vast constellation of early-life experiences, combined with a person’s genetic makeup, affects vulnerability to SUD and other psychiatric disorders. Led by NIDA, NIAAA, and the National Cancer Institute, the Adolescent Brain Cognitive Development (ABCD) Study is collecting brain imaging, genetic, and environmental data from more than 12,000 children aged 9-10 and following them through adulthood to help fill this knowledge gap. With funding from the HEAL Initiative<sup>®</sup>, the HEAL Thy Brain and Child Development (HBCD) Study, will complement the ABCD study by following brain development in thousands of children from birth through their first decade of life.

In the treatment area, it is critical to improve the reach of existing evidence-based treatments for SUD, such as MOUD, which can reduce opioid craving, use, and risk of overdose. As is the case with SUD treatment generally, MOUD are vastly under-prescribed, especially among people of color.<sup>14</sup> NIDA-funded research has helped identify barriers to MOUD—such as lack of integration between primary care and specialized addiction services—and is investigating approaches to overcome them and improve MOUD access. At the same time, saving lives from overdose will also require novel medications. MOUD may be less effective in treating addiction to fentanyl (which is 50 times stronger than heroin)<sup>15</sup> and are ineffective against stimulants, which have become implicated in more overdose deaths in recent years. For this reason, NIDA continues to support development of novel treatments, including long-acting drug formulations, neuromodulation therapies, immunotherapies, and sequestrants designed to stop drugs from entering the brain.

NIDA also prioritizes research in harm reduction, which aims to reduce the risk of overdose and other drug-related harms—including transmission of HIV and hepatitis C virus, and risk of infections that can damage the heart. Harm reduction approaches such as syringe service programs (SSP) and distribution of the opioid overdose reversal agent naloxone have been shown to reduce morbidity and mortality from substance use.<sup>16</sup> Yet, because most harm reduction studies have focused on urban areas hit hard by the opioid crisis, there is a need to investigate these approaches in rural areas and to target unique harms from stimulants.

Finally, given that addiction is a chronic, relapsing disorder, NIDA is prioritizing research to identify best practices in addiction recovery and relapse prevention. There are a variety of recovery service models—including peer-based mutual aid groups, recovery housing, and youth programs—but there is little evidence regarding which kind of program works best for different people. Moreover, many such programs focus on short-term medical treatments and may lack support for participants to receive long-term MOUD.<sup>17</sup> In 2020, NIDA established recovery research networks program to develop tools, resources, and training to grow this area of research.

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<sup>13</sup> [pubmed.ncbi.nlm.nih.gov/29690790/](https://pubmed.ncbi.nlm.nih.gov/29690790/)

<sup>14</sup> [pubmed.ncbi.nlm.nih.gov/31066881/](https://pubmed.ncbi.nlm.nih.gov/31066881/); [cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm](https://cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm)

<sup>15</sup> [pubmed.ncbi.nlm.nih.gov/36055727/](https://pubmed.ncbi.nlm.nih.gov/36055727/)

<sup>16</sup> [pubmed.ncbi.nlm.nih.gov/34686281/](https://pubmed.ncbi.nlm.nih.gov/34686281/); [pubmed.ncbi.nlm.nih.gov/28061909/](https://pubmed.ncbi.nlm.nih.gov/28061909/)

<sup>17</sup> [pubmed.ncbi.nlm.nih.gov/34700201/](https://pubmed.ncbi.nlm.nih.gov/34700201/)





With additional support from the HEAL Initiative<sup>®</sup>, this program has expanded and is testing new and existing recovery models through clinical trials. The findings from these projects are pending as they are still new.

NIDA's research efforts are organized into the following programmatic areas: Neuroscience and Behavior; Epidemiology, Services and Prevention Research; Therapeutics and Medical Consequences; the NIDA Clinical Trials Network; Translational Initiatives and Program Innovations; HEAL Initiative<sup>®</sup> programs; Intramural Research Program (IRP); and Research Management and Support (RMS). Dollars budgeted to the HEAL Initiative<sup>®</sup> for the purpose of opioid research are used to supplement base funding for opioid and pain research that are included within other NIDA program areas. Funding for the HEAL Initiative<sup>®</sup> in NIDA will remain equal to the FY 2023 level.

### **Division of Neuroscience and Behavior**

**FY 2024 Request: \$534.0 million**

**(\$2.4 million below the FY 2023 enacted level)**

NIDA's Division of Neuroscience and Behavior (DNB) supports research to understand the biological mechanisms that underlie drug use and addiction, and to inform the development of novel prevention and treatment strategies for SUD. This includes identifying the effects of illicit drugs on brain structure and function throughout the lifespan; and how genes, the environment, and other factors such as sex and gender influence the risk of SUD and its outcomes. DNB also supports research on drug pharmacology; non-pharmacological SUD treatments; data science; and technology that enables study of the living brain from cells to circuits to networks.

With support from the HEAL Initiative<sup>®</sup> and NIDA and other NIH Institutes and Centers, DNB administers the HBCD Study, which will examine the neurologic, cognitive, social, and emotional development of about 7,500 children from the prenatal period to age 10. Before the study began recruiting families in late 2021, it had to address the challenges of conducting magnetic resonance imaging (MRI) with young children. One challenge was how to keep infants asleep and still during MRI, for which HBCD investigators developed an MRI-compatible crib that can rock infants to sleep and then position them in the MRI scanner without disturbing them. Investigators also surveyed families living near HBCD Study sites and found differences in potential barriers and incentives to their participation. For example, free childcare and playgroups during study visits were more incentivizing to Black respondents than white respondents. These data are helping investigators implement recruitment strategies that will ensure diverse participation in the study.<sup>18</sup>

DNB supported several recent studies that have found molecular and cellular targets for potential SUD therapies. One study explored the possibility that medications used to treat high blood pressure—called angiotensin-converting enzyme (ACE) inhibitors—might hold clues to treating addiction. The investigators found that in mice, ACE inhibitors stimulate certain natural opioids (endorphins) and counteract the addictive effects of fentanyl, suggesting the potential to redesign and repurpose them for treating SUD.<sup>19</sup> Other NIDA-funded research has produced evidence that cells called astrocytes play a protective role in addiction. Astrocytes surround neurons and can

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<sup>18</sup> [pubmed.ncbi.nlm.nih.gov/34242880](https://pubmed.ncbi.nlm.nih.gov/34242880)

<sup>19</sup> [pubmed.ncbi.nlm.nih.gov/35201898](https://pubmed.ncbi.nlm.nih.gov/35201898)



“vacuum up” the chemical signals that neurons release, providing a kind of circuit breaker. Recent studies show that astrocytes respond dynamically to opioid exposure by moving closer to synapses and turning up their vacuum power.<sup>20</sup> Therapeutics that boost these responses could help treat or prevent SUD.

DNB also supported an innovative new approach to screen massive virtual chemical libraries. Such libraries are a trove of potential therapeutics but screening them can be time- and cost-prohibitive. The new approach, called V-SYNTHES, starts by screening virtual chemical fragments for their likely engagement of a target (e.g., a receptor). Fragments that show the strongest engagement are pursued by adding modular pieces to them and screening them again in repeated cycles. The inventors of V-SYNTHES used it to screen a virtual library of some 11 billion compounds and identified 21 compounds that bind to brain cannabinoid receptors.<sup>21</sup>

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

*FY 2024 Request: \$372.6 million*

**(\$1.7 million below the FY 2023 enacted level)**

NIDA’s Division of Epidemiology, Services, and Prevention Research (DESPR) supports research to understand and address the interactions between individuals and environments that contribute to drug use, addiction, and related health problems. DESPR supports a broad portfolio that informs evidence-based strategies to support prevention, harm reduction, treatment, and recovery for people at risk or with SUDs. This includes two nationally representative studies—the Monitoring the Future (MTF) survey, which measures substance use and related attitudes among adolescents, and the Population Assessment of Tobacco and Health (PATH) Study, which focuses on tobacco use, attitudes, and health outcomes of people aged 12 and older.

MTF and PATH continue to add to our understanding of trends in substance use and their impact on health. For example, while past studies suggested that most teens reduce drug use as they enter adulthood, MTF recently found that teens with symptoms of severe SUD were likely to experience such symptoms in adulthood. The PATH Study recently analyzed use of e-cigarettes (e-cigs) and health outcomes among adults and found that for smokers of conventional cigarettes who have no intention to stop, e-cigs may help them reduce their smoking or quit over time. However, consistent with other research, PATH has also found that compared to smokers and never-smokers, e-cig users have an intermediate risk of short-term respiratory problems such as wheezing and cough.<sup>22</sup> The long-term health risks of e-cig use remain unknown.

DESPR also supports research examining the efficacy and implementation of harm reduction efforts, including reducing the risk of HIV and Hepatitis C Virus (HCV) infection associated with injection drug use. SSPs provide sterile syringes, HIV and HCV testing, and linkage to treatment for these conditions and for SUD but have a limited capacity to reach rural areas. To address this gap, NIDA-funded researchers developed a system wherein SSPs use telehealth to connect patients to an HIV specialist. In a pilot study, 35 people received antiretroviral therapy through this

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<sup>20</sup> [pubmed.ncbi.nlm.nih.gov/34888837/](https://pubmed.ncbi.nlm.nih.gov/34888837/); [pubmed.ncbi.nlm.nih.gov/35947652/](https://pubmed.ncbi.nlm.nih.gov/35947652/)

<sup>21</sup> [pubmed.ncbi.nlm.nih.gov/34912117/](https://pubmed.ncbi.nlm.nih.gov/34912117/)

<sup>22</sup> [pubmed.ncbi.nlm.nih.gov/34962556/](https://pubmed.ncbi.nlm.nih.gov/34962556/); [pubmed.ncbi.nlm.nih.gov/34304335/](https://pubmed.ncbi.nlm.nih.gov/34304335/)





intervention, and of those, nearly 80 percent had clinically suppressed HIV levels at 6 months.<sup>23</sup> A large trial of this intervention is now underway.

Additionally, DESPR supports the ABCD Study, which is following children from ages 9-10 to adulthood to identify risk factors for SUD. Recently, the study explored differences in brain structure associated with AUD, which were long theorized to be caused by alcohol toxicity. But the investigators found that among children never exposed to alcohol, those with genetic risk factors for AUD were likely to have the brain differences previously only seen in adults with AUD. Thus, rather than being a consequence of AUD, those differences could predispose people to AUD and could help inform preventive strategies.<sup>24</sup> Another analysis from the ABCD Study found that children whose mothers had used cannabis after the first 5-6 weeks of pregnancy were more likely to have social, behavioral, and attentional problems at age 11-12.<sup>25</sup> This adds to the evidence that cannabis use during pregnancy can adversely affect prenatal development, with impacts for the child's health many years into the future. In addition to its focus on early-life substance exposures and SUD risk factors, the ABCD Study has led to broader advances in understanding child health, including the impact of the COVID-19 pandemic on children's mental health and the importance of sleep for brain development.<sup>26</sup>

### **Division of Therapeutics and Medical Consequences**

*FY 2024 Request: \$129.3 million*

**(\$0.6 million below the FY 2023 enacted level)**

NIDA's Division of Therapeutics and Medical Consequences (DTMC) supports research to evaluate the safety and efficacy of pharmacotherapies, behavioral interventions, and medical devices 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.

DTMC supports the development of new medications for SUD, as well as the repurposing of drugs currently used to treat other conditions. For example, among people recovering from OUD, sleep disturbances are often part of withdrawal and can increase the risk of relapse. But taking common sleep aids like sedatives could further increase the risk of relapse and overdose. Thus, DTMC supports research on unique sleep medications that target orexins, proteins in the brain that help promote wakefulness and modulate dopamine-producing brain cells, which drive the rewarding effects of drugs. Preliminary results show that an orexin receptor blocker, suvorexant, reduces withdrawal and improves sleep for people with OUD.<sup>27</sup>

Among current studies on behavioral interventions is a project to improve treatment for chronic pain and depression associated with OUD. These conditions affect 40-60 percent of people with OUD and can increase the risk of opioid misuse if not treated.<sup>28</sup> Researchers are developing an

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<sup>23</sup> [pubmed.ncbi.nlm.nih.gov/34781096](https://pubmed.ncbi.nlm.nih.gov/34781096)

<sup>24</sup> [pubmed.ncbi.nlm.nih.gov/34092032](https://pubmed.ncbi.nlm.nih.gov/34092032)

<sup>25</sup> [pubmed.ncbi.nlm.nih.gov/36094599](https://pubmed.ncbi.nlm.nih.gov/36094599)

<sup>26</sup> [pubmed.ncbi.nlm.nih.gov/35090817](https://pubmed.ncbi.nlm.nih.gov/35090817); [pubmed.ncbi.nlm.nih.gov/35914537](https://pubmed.ncbi.nlm.nih.gov/35914537)

<sup>27</sup> [pubmed.ncbi.nlm.nih.gov/35731889](https://pubmed.ncbi.nlm.nih.gov/35731889)

<sup>28</sup> [pubmed.ncbi.nlm.nih.gov/12746360](https://pubmed.ncbi.nlm.nih.gov/12746360); [pubmed.ncbi.nlm.nih.gov/28476267](https://pubmed.ncbi.nlm.nih.gov/28476267)



approach in which primary care providers and behavioral health specialists will collaborate to treat such patients.

Funding from the NIH HEAL Initiative<sup>®</sup> has enabled NIDA to expand its medication development portfolio, including support for research on new types of MOUD. For example, clinical trials are testing subcutaneous implants of extended-release naltrexone that are designed to last for months. Oral extended release levomethadone is also being evaluated as a safer, more accessible alternative to methadone. DTMC also supports development of novel biologics to treat SUD, such as monoclonal antibodies designed to neutralize drugs before they reach the brain. DTMC also supports research on neuromodulation therapies to correct the activity of brain circuits involved in addiction. For example, a current trial is evaluating the feasibility of treating OUD with deep brain stimulation, which is FDA-approved for Parkinson's disease and severe epilepsy.

### **Center for Clinical Trials Network**

***FY 2024 Request: \$40.8 million***

**(\$0.2 million below the FY 2023 enacted level)**

The NIDA Clinical Trials Network (CTN) provides a collaborative framework for healthcare providers, researchers, and patients to conduct clinical trials on the safety and efficacy of SUD interventions. The CTN includes 16 research nodes across the country and more than 240 community-anchored treatment programs. This unique structure enables the CTN to investigate behavioral, pharmacological, and integrated therapies across diverse settings and populations, and to develop implementation strategies that help bring research results into practice. Active protocols focus on a variety of areas, including primary prevention of SUD; increasing patient access and adherence to MOUD, especially in rural and underserved populations; evaluating potential medications for stimulant use disorder; and addressing stigma and other barriers to SUD treatment. Some examples are highlighted below.

Among the 2.5 million people who had OUD in 2020, only 11.2 percent received MOUD, such as methadone, buprenorphine, or naltrexone.<sup>29</sup> Because people with OUD often receive acute care for overdose or other conditions in the emergency department, this presents an opportunity for starting MOUD treatment. A CTN study found that providing high-dose buprenorphine during emergency care was safe for patients with OUD who did not respond well to low doses—an approach that may help such patients control cravings and withdrawal and engage in follow-up care.<sup>30</sup>

The CTN is exploring many other approaches to expand patients' access to MOUD. For example, because most people visit their community pharmacist more often than they see their doctor, the CTN tested a physician-pharmacist collaborative model of care. In that study, about 70 adults with OUD were transitioned from physician management of buprenorphine to management by their pharmacy. Among the 90 percent of patients who completed the study, 95 percent adhered to buprenorphine treatment.<sup>31</sup> The CTN is studying the potential for community pharmacies to provide other MOUD types and to conduct OUD screening and referrals.

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<sup>29</sup> [www.samhsa.gov/data/report/2020-nsduh-annual-national-report](https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report)

<sup>30</sup> [pubmed.ncbi.nlm.nih.gov/34264326](https://pubmed.ncbi.nlm.nih.gov/34264326)

<sup>31</sup> [pubmed.ncbi.nlm.nih.gov/33428284](https://pubmed.ncbi.nlm.nih.gov/33428284)



The CTN also recently explored the association between OUD and depression, and how patients with both conditions respond to MOUD. In a study of nearly 600 patients with OUD, nearly half had depression when they started MOUD. After four weeks, two-thirds of those patients improved in their depression, but those with severe depression were less likely to improve.<sup>32</sup> The findings suggest that patients with OUD should be screened for depression and that when depression does not improve after MOUD, additional therapies may be needed.

### **Office of Translational Initiatives and Program Innovations**

***FY 2024 Request: \$42.7 million***

**(\$0.2 million below the FY 2023 enacted level)**

NIDA's Office of Translational Initiatives and Program Innovations (OTIPI) translates discoveries in addiction research into candidate health applications. OTIPI supports translational research through NIDA's Small Business Innovation Research/Technology Transfer (SBIR/STTR) programs, as well as Challenge competitions. OTIPI also develops training programs that help scientists move their discoveries from the lab to the real world.

OTIPI supports innovative addiction research and therapeutics development by startup companies. For example, recognizing the therapeutic potential of psychedelic drugs such as psilocybin, in FY 2023, NIDA announced a new program to support small businesses to develop psychedelic-based therapies for SUD. In the telehealth field, NIDA has funded online systems that connect people to addiction treatment and related services. This includes apps to deliver interventions such as cognitive behavioral therapy, enable people to manage MOUD through virtual care, and maintain 24/7 engagement with recovery and relapse prevention services.

Through OTIPI, NIDA also funds new technologies to measure community substance use patterns through wastewater monitoring. This includes funding for Biobot, which uses an algorithm to select sewer access sites (manholes) that will best represent community substance use, then deploys a robotic device inside each manhole to collect samples, and tests for opioids and other drugs in those samples using standard laboratory methods. During the COVID-19 pandemic, Biobot technology was also used to test community levels of SARS-CoV-2 in wastewater, including in a collaboration with the NIH Rapid Acceleration of Diagnostics–Underserved Populations (RADx-UP) program.<sup>33</sup> NIDA also funds development of lab-on-a-chip technology that was recently shown to detect opioids in wastewater with similar sensitivity to standard methods. This platform holds potential for rapid, cost-effective measurement, without the need to take samples to a lab for processing.<sup>34</sup>

OTIPI also supports development of technology to reduce prescription drug diversion, including by healthcare workers. While rates of such diversion are unknown, most hospitals attempt to reduce diversion by using automated drug dispensing cabinets with monthly audits to detect anomalous dispensing. Unfortunately, those systems are slow and prone to error and manipulation. To develop a more effective system, NIDA-funded scientists developed artificial intelligence-powered software that monitors automated dispensing cabinets and employee time clocks to detect potential diversion in real time. The researchers have tested their system against a

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<sup>32</sup> [pubmed.ncbi.nlm.nih.gov/35452194](https://pubmed.ncbi.nlm.nih.gov/35452194)

<sup>33</sup> [pubmed.ncbi.nlm.nih.gov/34863144](https://pubmed.ncbi.nlm.nih.gov/34863144)

<sup>34</sup> [pubmed.ncbi.nlm.nih.gov/34863144](https://pubmed.ncbi.nlm.nih.gov/34863144)



historical dataset of about 28 million drug transactions including 22 known diversions; it detected all of them, at an average 160 days faster than the time taken for actual discovery.<sup>35</sup>

Finally, OTIPI has coordinated several recent Challenge competitions to take on complex problems in addiction science by seeking innovative solutions from the public, in addition to the scientific community. For example, the “Start an SUD Startup” Challenge invited competitors to propose a startup venture focused on a novel product or approach to address drug addiction. Winning proposals, announced in January 2022, included apps to connect recovery support specialists to clients and peers; portable devices and wearables to detect fentanyl and other substances; and neuromodulation therapy combining music and tactile stimulation. Each winning team received \$10,000 and entrepreneurial mentorship, with the goal that some will form startups that can compete successfully for SBIR or STTR funding. Other recent Challenges focused on development of product prototypes to combat drug craving and novel postmortem toxicology tools to improve investigation of suspected drug overdose deaths.

### **NIH HEAL Initiative®**

**FY 2024 Request: \$355.3 million<sup>36</sup>**

**(No change to the FY 2023 enacted level)**

NIDA coordinates several innovative HEAL Initiative® programs that are developing and testing evidence-based interventions for opioid misuse and overdose in diverse populations and settings. For example, The HEALing Communities Study is testing an integrated model of evidence-based care to reduce overdose deaths in 67 communities hit hard by the opioid crisis. The study has three core components: (1) a menu of evidence-based practices (EBPs) designed to increase the use of MOUD, widen distribution of naloxone, and reduce high-risk opioid prescribing; (2) community engagement to select the EBPs and strategies that best meet each community’s needs; and (3) communications to address stigma about OUD and disseminate EBPs.<sup>37</sup>

The Justice Community Opioid Innovation Network (JCOIN) is studying approaches to improve evidence-based treatment for people with OUD in justice settings, including prisons and jails. It is estimated that half of incarcerated individuals have an SUD and that only about one in four receive any SUD treatment.<sup>38</sup> Recent JCOIN studies show that ensuring access to MOUD in prisons and jails could significantly reduce overdose deaths and recidivism among incarcerated people in the years following their release.<sup>39</sup> Ongoing JCOIN studies are evaluating strategies to help recently incarcerated people find and engage in SUD treatment in their communities.<sup>40</sup>

A new harm reduction research network will develop, test, and implement strategies to prevent overdose, transmission of HIV and HCV, and other harms associated with drug use. The network includes a coordinating center and nine projects focused on a variety of strategies and outcomes, including delivery of harm reduction services during emergency care, via mobile vans for hard-to-reach patients, and in combination with peer-based contingency management.

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<sup>35</sup> [pubmed.ncbi.nlm.nih.gov/35136913](https://pubmed.ncbi.nlm.nih.gov/35136913)

<sup>36</sup> Includes funding for RMS to support the HEAL Initiative.

<sup>37</sup> [pubmed.ncbi.nlm.nih.gov/33248391](https://pubmed.ncbi.nlm.nih.gov/33248391)

<sup>38</sup> [nap.nationalacademies.org/read/25310/chapter/6](https://nap.nationalacademies.org/read/25310/chapter/6); [pubmed.ncbi.nlm.nih.gov/34304335](https://pubmed.ncbi.nlm.nih.gov/34304335)

<sup>39</sup> [pubmed.ncbi.nlm.nih.gov/32712165](https://pubmed.ncbi.nlm.nih.gov/32712165); [pubmed.ncbi.nlm.nih.gov/35063323](https://pubmed.ncbi.nlm.nih.gov/35063323)

<sup>40</sup> [pubmed.ncbi.nlm.nih.gov/33531212](https://pubmed.ncbi.nlm.nih.gov/33531212)



Another new program, HEAL Data2Action (HD2A), is supporting research to help health systems build real-time data analytics capacity to identify and address service gaps in prevention and treatment of OUD, recovery support, and harm reduction. HD2A currently funds projects focused on areas such as clinical decision support for chronic pain, improving overdose fatality review, stabilizing people at risk for overdose through linkage to MOUD treatment, and improving MOUD access and treatment retention through coordinated care and safe take-home methadone dosing. HD2A also assists researchers with data infrastructure, implementation of evidence-based solutions to service gaps, and long-term sustainability of these solutions.

### **Intramural Research Program**

***FY 2024 Request: \$113.8 million***

**(\$2.5 million above the FY 2023 enacted level)**

The NIDA Intramural Research Program conducts state-of-the-art basic, preclinical, and clinical research to inform strategies for prevention and treatment of SUD and related health outcomes. The IRP portfolio includes research to elucidate the mechanisms underlying development of SUDs, evaluate potential new therapies, and identify and characterize emerging drugs such as synthetic opioids, stimulants, and cannabinoids.

IRP scientists led a recent study to better understand brain mechanisms of reward and reinforcement, which are disrupted in addiction.<sup>41</sup> The scientists used MRI to examine brain activity in mice given rewards for pressing a lever, and in people as they watched TikTok videos associated with binge-watching. By initially focusing on a brain region called the prefrontal cortex (PFC), which has previously been implicated in addiction, they found that the PFC is part of a positive feedback circuit that is activated by reinforcing stimuli. The findings could help guide future use of neuromodulation therapies to adjust the brain circuitry underlying addiction.

The Neuroimaging Core contributed to another study with implications for neuromodulation therapies. This study investigated why accidental brain lesions (e.g., from a stroke) sometimes cause smokers to quit.<sup>42</sup> Previously, such lesions have been found in many brain regions, and none were consistently associated with smoking cessation. By mapping the lesions for their connectivity to other brain areas, the study identified a brain circuit that, when damaged, is associated with reduced addiction to nicotine and alcohol. This circuit, which includes parts of the PFC, could be an ideal target for neuromodulation.

Other IRP scientists are conducting innovative research on dopamine signaling develop potential new medications for SUD. While drugs that block the function of dopamine D3 receptors offer the potential to treat SUD, they also have adverse effects on the heart. The scientists, who helped solve the structure of the D3 receptor 10 years ago, have used that structure to design new more selective compounds. They have found that two such compounds reduce craving for opioids and cocaine in rodent models of addiction without cardiotoxicity.<sup>43</sup>

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<sup>41</sup> [pubmed.ncbi.nlm.nih.gov/35296648](https://pubmed.ncbi.nlm.nih.gov/35296648)

<sup>42</sup> [pubmed.ncbi.nlm.nih.gov/35697842](https://pubmed.ncbi.nlm.nih.gov/35697842)

<sup>43</sup> [pubmed.ncbi.nlm.nih.gov/27508895](https://pubmed.ncbi.nlm.nih.gov/27508895); [pubmed.ncbi.nlm.nih.gov/30555159](https://pubmed.ncbi.nlm.nih.gov/30555159); [pubmed.ncbi.nlm.nih.gov/31562201](https://pubmed.ncbi.nlm.nih.gov/31562201)



## Research Management and Support

FY 2024 Request: \$74.8 million<sup>44</sup>

(\$2.6 million above the FY 2023 Enacted Level)

NIDA Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Staff supported by NIDA's RMS budget also coordinate training and career development programs to sustain a talented, diverse workforce of addiction scientists. Other RMS functions include strategic planning, coordination, dissemination of latest research findings and funding opportunities, program evaluation, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. RMS staff also play key roles in coordinating NIDA's involvement in the NIH HEAL<sup>®</sup> Initiative and in managing HEAL-supported research. 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. To this end, the RMS portfolio incorporates education and outreach activities to inform public health policy, and to provide the public with timely, accessible, trustworthy information about substance use research in English and Spanish. In addition, NIDA's RMS portfolio includes the NIDAMED<sup>45</sup> initiative, which is aimed at engaging and educating clinicians in the latest addiction science.

## EQUITY

Equity is a vital consideration in NIDA and NIAAA efforts to support the objectives of the National Drug Control Strategy. Both NIDA and NIAAA support the NIH UNITE<sup>46</sup> 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.

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. Underserved populations bear a greater burden of alcohol misuse and its adverse effects. Current studies are exploring factors that drive alcohol misuse—including sleep quality, adverse childhood experiences, and family or peer stress—among minority adolescent populations. Understanding the social and environmental factors that influence alcohol misuse can inform targeted prevention approaches. NIAAA also supports development of culturally adapted interventions to reduce underage drinking. For example, NIAAA-funded researchers have developed effective alcohol prevention, screening, and brief intervention approaches tailored to American Indian and Alaska Native youth.

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<sup>44</sup> Excludes funding for RMS to support the HEAL Initiative.

<sup>45</sup> <https://nida.nih.gov/nidamed-medical-health-professionals>

<sup>46</sup> <https://www.nih.gov/ending-structural-racism/unite>





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

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$602.823	\$640.146	\$781.389
Harm Reduction	129.481	144.931	249.588
Treatment	3,518.905	3,475.086	4,458.189
Recovery	31.951	240.675	323.238
<b>Total Drug Resources by Function</b>	<b>\$4,283.160</b>	<b>\$4,500.838</b>	<b>\$5,812.404</b>
<b>Drug Resources by Decision Unit</b>			
State Opioid Response Grants <sup>1</sup>	\$1,525.000	\$1,575.000	\$2,000.000
Substance Use Prevention, Treatment and Recovery Services Block Grant <sup>2</sup>	1,908.079	2,008.079	2,708.079
Programs of Regional and National Significance	739.736	809.098	998.746
Health Surveillance and Program Support <sup>3</sup>	110.345	108.661	105.579
<b>Total Drug Resources by Decision Unit</b>	<b>\$4,283.160</b>	<b>\$4,500.838</b>	<b>\$5,812.404</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only) <sup>4</sup>	299	327	362
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.5	\$7.5	\$10.8
Drug Resources Percentage	65.4%	59.9%	53.6%

<sup>1</sup> The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.

<sup>2</sup> The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.

<sup>3</sup> The Health Surveillance and Program Support (HSPS) Appropriation funded activities are split between Mental Health and Drug Control as follows:

-The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and Performance Quality Information Systems are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).

-Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.

-The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% towards Harm Reduction and 5% toward Recovery, consistent with the drug control methodology.

<sup>4</sup>Only Direct FTEs included in total.



## Program Summary

### MISSION

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

### METHODOLOGY

SAMHSA distributes drug control funding into four functions: Prevention, Harm Reduction, Treatment, and Recovery.

Prevention includes all the Substance Use Prevention Services appropriation (i.e., 100 percent of PRNS programs), 19 percent of the SUPTRS BG funds which is specifically appropriated for prevention activities from the Substance Use Prevention Services appropriation, and 20 percent is of the HSPS funding.

Harm Reduction includes 100 percent of the Community Based Funding for Local Substance use Disorder Services from the American Rescue Plan Act of 2021; 100 percent of the Community Harm Reduction and Engagement Initiative; 100 percent of First Responders- Comprehensive Addiction and Recovery Act (FR-CARA) Training; 100 percent of Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths; 100 percent of Screening, Brief Intervention, and Referral to Treatment; 100 percent of the funds allocated to the new Low-Threshold Housing First Pilot Project funded under Targeted Capacity Expansion-General; 1 percent of SOR grants; 1 percent of the SUPTRS BG funds; and a proportionate share of HSPS funding.

Treatment includes 100 percent of the Substance Use Services PRNS, 99 percent of SOR grants, 70 percent of the SUPTRS BG funds, and a proportionate share of HSPS funding.

Recovery includes 100 percent of the Recovery Community Services Program; 100 percent Building Communities of Recovery; 100 percent of Treatment, Recovery and Workforce Support; 100 percent of Recovery Support Services- Center of Excellence (COE); 10 percent of the SUPTRS BG funds (i.e., 10 percent is a proposed set-aside for recovery support services in SUPTRS BG for FY 2023); and a proportionate share of HSPS funding.

HSPS is proportionately attributed to the Prevention, Harm Reduction, Treatment, and Recovery.

First, the HSPS base for the Drug Control budget is calculated using the following three rules: (1) 100 percent of the Drug Abuse Warning Network funding; (2) 50 percent of the Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication user fees funding; and (3) The combined Program Support, Health Surveillance, and PQIS funding multiplied by SAMHSA's total Substance Use budgets *divided by* SAMHSA's total Substance Use budgets plus SAMHSA's Mental Health budget. Second, the calculated HSPS base is allocated to the four drug control areas base on the proportionately: 20 percent Prevention, 3 percent Harm Reduction, 72 percent Treatment and 5 percent Recovery.





## **BUDGET SUMMARY**

In FY 2024, SAMHSA requests \$5.8 billion, an increase of \$1.3 billion above the FY 2023 enacted budget. The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has five major drug-related portfolios, and attendant decision units: Substance Use Prevention Services, Substance Use Services, Health Surveillance and Program Support, Harm Reduction, and Recovery.

### **State Opioid Response**

**FY 2024 Request: \$2.0 billion**

**(\$425.0 million above the FY 2023 enacted 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 through grants to states and territories via formula. The program includes a 15 percent set-aside for the states with the highest mortality rates related to drug overdose deaths. The program also includes a \$75.0 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 flexibility to address their unique community needs. The budget request will continue to enhance states' ability to address stimulants, as well as 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, that will also continue in FY 2024, is education on, and purchase and distribution of naloxone, a proven medication that reverses opioid-related overdoses to save lives. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2024 to work with states on implementation and further refinement of naloxone distribution and saturation.

### **Substance Use Prevention, Treatment, and Recovery Services Block Grant**

**FY 2024 Request: \$2.7 billion**

**(\$700.0 million above the FY 2023 enacted level)**

The goal of the SUPTRS BG 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 and SUD on America's communities. SUPTRS BG grantees plan, implement, and evaluate SUD prevention, treatment, and recovery support services based on the specific needs of their state systems and populations.

The SUPTRS BG 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; 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 SUPTRS BG 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 -treatment response to a broader long-term individual and 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 vital roles in its sustainability. The FY 2023 President’s Budget proposed a new 10 percent set aside within the SUPTRS BG to enhance non-clinical recovery support services. The set-aside requires that least 10 percent of grantees’ SUPTRS BG expenditures be used for recovery community organizations, peer recovery support services, and other recovery support activities. Services and activities may include funding recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries; developing strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level; providing integrated addiction treatment and recovery resources and support system navigation; making accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborating and coordinating 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 that support, promote, and enhance recovery.

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. In FY 2024, SAMHSA plans to continue serving as a source of safety-net funding, including providing assistance to states in addressing and evaluating activities to prevent, reduce harm, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by SUDs and related conditions.

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

**FY 2024 Request: \$998.7 million**

**(\$189.6 million above the FY 2023 enacted level)**

#### **Strategic Prevention Framework**

**FY 2024 Request: \$140.5 million**

**(\$5.0 million above the FY 2023 enacted level)**

SAMHSA’s Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective Substance Use Prevention Services and reducing substance use problems.

*Strategic Prevention Framework – Partnerships for Success (SPF-PFS):* The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) program addresses underage drinking among youth and young adults age 12 to 20 and allows states to prioritize state-identified top data driven substance use target areas. The budget increase in FY 2024 will be used to award 57 new and 180 continuing grants. These grants will continue to support the development and delivery of state and community substance misuse prevention and mental health promotion services.



*Strategic Prevention Framework for Prescription Drugs:* SAMHSA implemented the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) to raise awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA’s program focuses on raising community awareness and bringing prescription drug use and misuse prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. The SPF-Rx programs are currently being implemented in 18 states and three Tribes. In FY 2024, the SPF-Rx program will award 8 new grants and 37 continuations. The SPF-Rx program plans to provide additional technical support to grantee’s who seek partnerships with those agencies that manage state Prescription Drug Monitoring Programs (PDMP) and work on data sharing agreements. Access to and leveraging this data to reduce opioid dependency, and overdose incidence is at the very center of this program and SAMHSA’s intent for these funds. In FY 2024, the SPR-Rx program will be evaluated and mined for “lessons learned,” because the grant program was opened to nonprofit agencies working with the single state agency (SSA) in FY 2022.

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

***FY 2024 Request: \$5.1 million***

***(No change from FY 2023 enacted level)***

SAMHSA’s activities related to the Federal Drug-Free Workplace support two principal activities mandated by Executive Order (E.O.) 12564 and Public Law (P.L.) 100-71. This includes: 1) oversight of the Federal Drug-Free Workplace, aimed at the elimination of illicit drug use within Executive Branch agencies and the federally regulated industries; and 2) oversight of the National Laboratory Certification Program (NLCP), which certifies laboratories to conduct forensic drug testing for federal agencies, federally regulated industries; the private sector also uses the HHS-Certified Laboratories. SAMHSA will continue to implement the new mandatory guidelines for oral fluid and hair in the federally regulated drug testing program and continue oversight of the Executive Branch Agencies’ Federal Drug-Free Workplace programs to operationalize the newly authorized specimen and new drug testing program for oral fluid, a first in over 30 years.

The budget request will allow SAMHSA to 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 illicit drug use and the misuse of prescription medications. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories and HHS laboratory certification for new oral fluid and hair testing laboratories.

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

***FY 2024 Request: \$14.5 million***

***(No change from the FY 2023 enacted level)***

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 109 - 422) was the nation’s first comprehensive legislation on underage drinking. One of the primary components of the STOP Act is the community-based coalition enhancement grant program, which provides up to \$60,000 per year over four years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21.



The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The STOP Act was reauthorized in the 21<sup>st</sup> Century Cures Act. In FY 2024, SAMHSA will continue to support the 2023–2024 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the Talk They Hear You (TTHY) mobile app and Screen4Success self-screening and 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 can be adopted by schools and districts. SAMHSA will also continue to assess technical assistance needs to address areas identified as challenges in data collection and reporting processes, to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. SAMHSA will support 93 new and 114 continuation grants.

### ***Tribal Behavioral Health Grants***

***FY 2024 Request: \$23.7 million***

***(No change from the FY 2023 enacted level)***

SAMHSA’s Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of substance use, misuse, and suicide among American Indian and Alaska Native (AI/AN) populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance use, 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 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. The budget will continue to support grants that expand efforts to address the high incidence of substance misuse and suicide among AI/AN populations. SAMHSA will support technical assistance activities, 118 continuation grants and award a new cohort of 10 grants.

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

***FY 2024 Budget: \$12.0 million***

***(\$2.5 million above the FY 2023 Enacted level)***

In 2019, Center for the Application of Prevention Technologies (CAPT) changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective Substance 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 budget increase will be used for the Prevention Fellowship program – approximately 20 fellows will be chosen for a new FY 2024 cohort, allowing them to spend one year in intensive training. This program is a key component to expanding and enhancing the prevention workforce. A pilot program was launched in FY 2022 with a grant supplement. The funding increase will allow this important program to be an inherent



part of the PTTC. The funding will also support 11 PTTC continuation grants to continue support for the provision of state-of-the-art substance use prevention technical assistance to states, communities, tribal communities, and territories. This funding will support the HHS priority of advancing the goal of ending the opioid crisis and the ONDCP Drug Policy Priority of supporting evidence-based prevention efforts to reduce youth substance use.

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

***FY 2024 Request: \$4.1 million***

***(No change from the FY 2023 enacted level)***

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around Substance Use Prevention Services. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI). The budget request will continue to maintain improvements in community readiness in identified tribal communities through tribally focused, and tribally specific technical assistance delivery. SAMHSA will also continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, SAMHSA will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications activities will include technical assistance in bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.

### ***Other PRNS Prevention Programs***

***FY 2024 Request: \$45.9 million***

***(\$1.4 million above the FY 2023 enacted level)***

The budget request includes resources for Minority AIDS and Minority Fellowship Program. The funding will support activities that build a strong foundation for delivering and sustaining high-quality and accessible substance misuse and HIV prevention services among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. The funding will also support new activities in the Prevention Navigator Program which provides training and education around the risks of substance misuse, education on HIV/AIDS, and needed linkages to service provision for individuals with HIV. Finally, the increase will double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

### ***Community Harm Reduction and Engagement Initiative***

***FY 2024 Request is \$50.0 million***

***(\$50.0 million above the FY 2023 enacted level)***

In FY 2024, SAMHSA is establishing a new Community Harm Reduction and Engagement Initiative program which builds off the \$30.0 million from Community Based Funding for Local Substance use Disorder Services funded with the American Rescue Plan Act in FY 2021. The Community Harm Reduction and Engagement Initiative program builds upon the lessons learned from the ARP funds with three components: 1) support for smaller community-based harm reduction service organizations focused on high-risk populations such as those experiencing





homelessness; 2) expansion grants to existing programs such as SAMHSA’s dedicated harm reduction program, Targeted Capacity Expansion-Special Projects program, and Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) program, with the inclusion of low-threshold buprenorphine initiation for opioid use disorder and linkages to harm-reduction oriented SUD treatment services and 3) technical assistance to support communities and organizations seeking to establish or improve existing harm reduction services. In addition to the above, the program will facilitate the distribution of naloxone to help prevent overdose deaths, increase testing for HIV and viral hepatitis and improve access to infectious disease care, and provide peer support services. The Harm Reduction and Engagement Initiative aims to reach 330,000 individuals with harm reduction services through three approaches:

1. *Harm Reduction Resources for Community-Based Organizations (\$17.0 million)*: Develop a Notice of Funding Opportunity that will target small community-based organizations that are already serving populations needing these services but without other federal resources to support harm reduction services. This funding amount would support approximately 100 organizations. These organizations will receive technical assistance and capacity-building support, as well as resources to expand their services. These efforts will enable organizations to expand their reach to an additional 50,000 individuals.
2. *Community Harm Reduction and Engagement Expansion Grants (\$30.0 million)*: Develop a Notice of Funding Opportunity that will target harm reduction and harm-reduction oriented substance use disorder treatment programs. This funding level would support approximately 50 harm organizations that collectively have the capacity to expand their services to an additional 100,000 individuals.
3. *Harm Reduction TA Center (\$3.0 million)*: Technical assistance (TA) will be made available to States, Tribes and communities interested in establishing or strengthening their harm reduction services. SAMHSA will continue funding one in partnership with CDC. It is estimated this TA will reach a minimum of 120 organizations.

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

***FY 2024 Request: \$28.0 million***

***(\$12.0 million above the FY 2023 enacted level)***

Opioid overdose is a significant contributor to accidental deaths among those who use 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 overdose response kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other overdose death prevention strategies, support education on these strategies, provide materials to assemble and disseminate overdose response kits. The funding request will fund 15 new and 17 continuation grants 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 response kits, and cover expenses incurred from dissemination efforts.



### **First Responders- Comprehensive Addiction and Recovery Act (FR-CARA) Training**

**FY 2024 Request: \$77.5 million**

**(\$21.5 million above the FY 2023 enacted level)**

FR-CARA 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-related 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-related 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. The budget request will continue to fund about 118 new and 75 continuation grants to provide much needed support to combat the nation's opioid overdose epidemic and enhance linkage to care for people at risk for opioid overdose and implementing innovative strategies. The program will also increase access for individuals treated with naloxone for overdose to obtain services such as low threshold buprenorphine with psychosocial support services to address the multifaceted challenges a person experiences after an overdose.

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

***FY 2024 Request: \$33.8 million***

***(No change from the FY 2023 enacted level)***

The SBIRT program, including state implementation grants intended to help primary care physicians, identifies individuals who misuse substances and intervenes with education, brief interventions, or referral to specialty treatment if necessary. 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 who receive treatment for their substance use disorder. 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 and community settings. Recipients may use funds to screen for substance use and co-occurring mental illness and substance use disorders. They can support evidence-based person-centered interventions, such as reinforcement of less risky alcohol use, motivational interviewing, brief interventions, 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 budget request will support 11 new and 20 continuation grants and will serve approximately 146,366 people.

### ***Targeted Capacity Expansion- Low-Threshold Housing First Pilot Project***

***FY 2024 Request: \$10.0 million***

***(\$10.0 million above the FY 2023 enacted level)***

The new Targeted Capacity Expansion- Low-Threshold Housing First Pilot Project addresses service needs and housing instability for people with substance use disorders (SUDs) and/or co-occurring substance use and mental disorders (CODs), regardless of where they are on the continuum of readiness to change. This program will combine services that span the continuum of public health-focused harm reduction, treatment, and recovery supports with housing and intensive



case management, delivered based on individualized needs assessments, at home and in the community. The primary client-level outcomes for this program are housing attainment; reduced overdoses; increased access to and participation in public health activities, treatment, recovery support services; and education and employment activities. In addition, grantees will enhance coordinated efforts across health, housing, education, labor, criminal justice, and transportation. Based on other grant programs, SAMHSA anticipates a 95 percent increase in the number of clients served that are employed or attending school between intake and 6-month follow up, a 380 percent increase in the number of clients served that report having stable housing between intake and 6-month follow up, and that awardees will screen 78 percent of clients for co-occurring mental health and substance use disorders, of which 81 percent will screen positive. The budget request will fund 10 new Low-Threshold Housing First Pilot Project cooperative agreements.

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

***FY 2024 Request: \$13.1 million***

***(\$2.4 million above the FY 2023 enacted level)***

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that provide methadone, buprenorphine, or buprenorphine/naloxone to treat patients with OUD. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the Drug Enforcement Administration, states, territories, and the District of Columbia. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs, prescribers eligible to prescribe buprenorphine for the treatment of OUD, and workforce development and training activities, such as the Provider Clinical Support System-University (PCSS-U) and Provider's Clinical Support System-Medications for Opioid Use Disorder (PCSS-MOUD), to expand access to medications for OUD and related substance use disorder and other health conditions. In FY 2023, SAMHSA initiated funding of a new Provider Clinical Support System that focuses on identification and treatment of AUD- PCSS MAUD. The purpose of this program is to provide training, guidance, and mentoring on the use of Medications for AUDs. In FY 2023, SAMHSA is also supporting a new Provider Clinical Support System aimed at providing training, mentoring, and ongoing support for organizations seeking to implement Contingency Management- PCSS CM to foster knowledge adoption and best practices. The budget request will allow SAMHSA to fund 16 new and 9 continuation PCSS-U grants, plus three continuation cooperative agreements, each for PCSS-MOUD, (PCSS-MAUD), (PCSS-CM) and two contracts.

### ***Targeted Capacity Expansion***

***FY 2024 Request: \$148.0 million***

***(\$25.5 million above the FY 2023 enacted level)***

The Targeted Capacity Expansion (TCE) program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for SUD treatment and recovery support services. Examples of such needs include limited or no access to MOUD and related therapies; lack of resources needed to adopt and implement health information technologies (HIT) in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process. The budget request would support one new grant and 26 continuation TCE-Special Projects and fund 183 continuation and 29 new MAT PDOA grants, that collectively will serve between 12,000 and 14,000 000 people with substance use disorders.





### ***Treatment Systems for Homeless***

***FY 2024 Request: \$37.1 million***

***(No change from the FY 2023 enacted level)***

On a single night in January 2022, 582,462 people were experiencing homelessness in the United States. Of these, 138,361 were experiencing chronic homelessness, 122,888 had severe mental illness, 95,001 were affected by chronic substance use, and 33,129 were veterans.<sup>47</sup> SAMHSA's Treatment Systems for Homeless portfolio supports services for those with substance use disorders or co-occurring mental and substance use disorders who are experiencing homelessness, including youth, veterans, and families. SAMHSA's Treatment Systems for Homeless programs are crucial to achieving the goal of reducing homelessness for nearly 4,000 people. In FY 2022, 4,237 clients were served through SAMHSA's Grants for the Benefit of Homeless Individuals (GBHI) program. The budget request will fund 15 new and 62 continuation GBHI grants with a target to serve 4,083 people.

### ***Pregnant and Postpartum Women (PPW)***

***FY 2024 Request: \$49.4 million***

***(\$10.5 million above the FY 2023 enacted level)***

The Pregnant and Postpartum Women supports grants for residential treatment and the Pregnant and Postpartum Women Pilot (PPW-PLT), authorized in the CARA. This pilot program helps state substance use agencies address the continuum of care, including services provided to women in nonresidential-based settings and promotes a coordinated, effective, and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery. The overall 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, supplement for direct technical assistance, and a continuation evaluation contract to provide an array of services and supports to pregnant individuals and their children. During FY 2022, 935 women were served in the PPW-PLT program and 1,288 women in the PPW residential treatment program. The budget request will allow SAMHSA to continue to fund seven new and six continuation PPW pilot grants, and 17 new and 50 continuation residential treatment grants.

### ***Criminal Justice Activities***

***FY 2024 Request: \$124.4 million***

***(\$30.4 million above the FY 2023 enacted level)***

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with substance use disorders 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

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<sup>47</sup> HUD 2022 CoC Homeless Assistance Programs Homeless Populations and Subpopulations Report  
[https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatlTerrDC\\_2022.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf)



and local requirements. The program seeks to address behavioral health disparities among racial and ethnic populations by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic 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. The 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 medications for opioid use disorder with FDA-approved medications for individuals with no other means of obtaining them.

The budget request will support 144 new and 105 drug court continuation grants, 43 continuation AR grants, and one contract. At least 20 awards will be made to tribes/tribal organizations, and at least 20 awards will be made to FTDCs, pending sufficient application volume from these groups. Collectively, these programs are expected to serve over 8,500 people, with the drug court program serving 6,554 people and the Adult Reentry Program serving 2,151 people.

#### ***Emergency Department Alternatives to Opioids (EDA0)***

***FY 2024 Request: \$9.0 million***

***(\$1.0 million above the FY 2023 Enacted level)***

The Emergency Department Alternative to Opioids program provides 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, train providers and other hospital personnel in the provision of alternatives to opioids for patients with painful conditions, including conducting screening for opioid use disorder and initiation of treatment, if warranted. The funding request will continue to fund two new and 15 continuing grants with a target of training 2,520 providers on using non-opioid therapies and providing non-opioid therapies to 115,850 patients.

#### ***Improving Access to Overdose Treatment (ODTA)***

***FY 2024 Request: \$1.5 million***

***(No change from the FY 2023 Enacted level)***

SAMHSA's Improving Access to Overdose Treatment grant program supports awards to Federally Qualified Health Centers (FQHCs), Opioid Treatment Programs, and practitioners who prescribe buprenorphine to expand access to FDA-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Grant recipients serve individuals at high risk for opioid overdose by partnering with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. The ODTA program is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These



community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities and can serve as an important engagement point to treatment for people with substance use disorders. The budget request will fund seven continuation grants to continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder.

### ***Other PRNS Treatment Programs***

***FY 2024 Request: \$124.1 million***

***(\$4.9 million above the FY 2023 enacted level)***

The budget request includes resources for several Treatment Capacity programs including Children and Families; Addiction Technology Transfer Centers; Comprehensive Opioid Recovery Centers; Minority AIDS; and Minority Fellowship Program. The budget request in FY 2024 will continue to enhance overall drug treatment quality by incentivizing treatment and service providers to achieve specific performance targets. The budget will fund one new and 52 continuation grants under the Children and Families program with a target to serve 1,740 people. The Addiction Technology Transfer Center will fund 11 continuations and 3 cooperative agreement continuations. The budget increase for the Minority Fellowship Program will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. The Comprehensive Opioid Recovery Centers will fund two new and five continuation grants to provide critical comprehensive care services, including long-term care and support services utilizing the full range of FDA-approved medications and evidence-based services and will cover the costs of critical linkage and system development not currently covered by other sources of funding. The Minority AIDS will fund 25 new grants and 103 continuation grants with a target to serve 10,185 clients.

### ***Recovery Community Services Program (RCSP)***

***FY 2024 Request: \$5.2 million***

***(\$0.7 million above the FY 2023 enacted level)***

As public education increases, there is broader acknowledgement of substance use disorder as a treatable condition that can be successfully managed over the course of a lifetime with the appropriate resources. The Recovery Community Services Program was designed to assist recovery communities to strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from substance use disorders across the nation. The delivery of recovery support services (RSS) by people in recovery is known as peer recovery support services (PRSS). SAMHSA initiated the RCSP to help build an infrastructure for PRSS programs to support the development and expansion of peer recovery services. These peer services are most frequently offered by Recovery Community Organizations (RCOs).

The RCSP – Statewide Network (RCSP-SN) program was established to further strengthen RCOs, similar organizations, and their statewide network of recovery stakeholders as key partners in the delivery of state and local recovery support services. Other key partners include the specialty and general health care systems, state and local public health departments, payers, and other systems that collaborate with RCOs and the statewide recovery network to foster systems improvement, public health messaging, and training conducted with, and for, key recovery stakeholder organizations. By partnering with traditional SUD providers and other purchasers of RSS, RCSP-



SN grantees strengthen and embed critical RSS service elements as part of the Recovery Oriented Systems of Care (ROSC) landscape.

The budget request will fund two new and 12 continuation RCSP grants, as well as two continuation RCSP-Statewide Network grants. Under the RSCP program, SAMHSA will aim to serve 915 clients.

***Building Communities of Recovery***

***FY 2024 Request: \$28.0 million***

***(\$12.0 million above the FY 2023 enacted 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 RSS as well as promotion of, and education about recovery. Programs are designed to be overseen by people in recovery from substance use disorders 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 budget request will support 58 new and 32 continuation grants to develop, expand, and enhance recovery support services with a target of serving 3,002 clients. The increase will also support ONDCP's priority to expand recovery services by increasing the number of peer-led recovery community organizations and certified recovery residences by 25 percent in 2025.

***Recovery Support Services - Center of Excellence (based on the Peer Support Technical Assistance Center program)***

***FY 2024 Request: \$2.0 million***

***(No change from the FY 2023 enacted level)***

The Peer Support Technical Assistance Center has provided training and technical assistance and 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 recovery community organizations and peer support networks. The budget request in FY 2024 will create a new Center of Excellence (CoE) that builds from the Peer Support Technical Assistance Center. The new Recovery Support Services – Center of Excellence (RSS-CoE) program will incorporate the peer support technical assistance provided by the Peer Support Technical Assistance Center and expand to include training and technical assistance for recovery housing. This will result in an increase in the number of individuals served and expand the topic areas for technical assistance as well as the structure through which technical assistance is provided. Specifically, a regional approach allows the RSS-CoE to tailor the training needs and recovery system development activities to the needs of each distinct geographic region. SAMHSA plans to award four new cooperative agreements at \$1.0 million each, providing training for 20,000 new individuals per year in peer support services and increasing the number of certified recovery residences by 25 percent by 2025, a goal of the *Strategy*.

RSS-CoE aligns with one of the seven Biden-Harris Administration drug policy priorities of, “Expanding access to recovery support services” as well as the four dimensions of 2022 *Strategy* of building a “recovery-ready nation” of “home, health, purpose, and community” which aims to



(1) expand RSS and PRSS capacity and foster the adoption of more consistent standards for the peer workforce, RCCs, RCOs, and similar peer-led organizations and (2) foster the adoption of more consistent recovery housing standards.

### ***Treatment, Recovery, and Workforce Support***

***FY 2024 Request: \$12.0 million***

***(No change from the FY 2023 enacted level)***

Authorized by section 7081 of the SUPPORT for Patients and Communities Act, The Treatment, the Recovery, and Workforce Support (TRWS) program aims to implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Grant recipients conduct outreach activities informing employers of substance use resources that are available to employees. Grant funds have been used to hire Case Managers, Care Coordinators, Peer Recovery Specialists and other professionals to provide services that support treatment and recovery for clients. As a result of innovative implementation strategies, the TRWS grant has assisted clients with sustaining recovery while attaining viable employment. The budget request will be used to provide career services for people in recovery from substance use disorder through partnerships with local organizations. SAMHSA plans to fund 23 continuation grants.

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

**FY 2024 Request: \$105.6 million**

**(\$3.1 million below the FY 2023 enacted level)**

The budget request represents the Substance Use portion of the HSPS appropriation and provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the Center for Disease Control and Prevention's National Health Information Survey, and the data archive. HSPS funded activities are split between Mental Health and Drug Control as follows: (1) The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention); (2) Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50 percent of total appropriated funds are directed toward drug control activities; and (3) The drug control total for HSPS after these calculations is allocated between Prevention (20 percent) and Treatment (80 percent). Within the total for Treatment, HSPS is assessed at 3 percent toward harm reduction and 5 percent toward recovery, consistent with the drug control methodology.

### ***Program Support***

***FY 2024 Request: \$44.4 million***

***(\$6.7 million below the FY 2023 enacted level)***

The budget request represents the Program Support portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. At this funding level, SAMHSA will continue to support staff to administer and manage SAMHSA's diverse array of programs. SAMHSA will also ensure the agency can efficiently and effectively respond to the evolving and growing opioid crisis, as well as provide the significant resources, technical assistance, and leadership within the mental health and overall behavioral health (inclusive of mental health and





substance use) public health sphere. This level of funding will also continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

### ***Health Surveillance***

***FY 2024 Request: \$28.0 million***

***(\$2.6 million below the FY 2023 enacted level)***

The budget request represents the Health Surveillance portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. The budget request will fund the modernization of the Behavioral Health Treatment Locator to feature appointment capability to reduce barriers for individuals and families to access treatment. Center for Behavioral Health Statistics and Quality (CBHSQ) will also begin designing the Spanish version of the Locator to expand treatment services to the racial and ethnic minorities. Also, within Behavioral Health Services Information System (BHSIS), CBHSQ is planning to implement a National Substance Use and Mental Health Services Survey (N-SUMHSS) supplement to gather additional information on racial and ethnic minority-based treatment facilities.

### ***Public Awareness and Support***

***FY 2024 Request: \$6.6 million***

***(No change from the FY 2023 enacted level)***

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, inclusive of mental disorders and substance use issues. SAMHSA's Office of Communications (OC) staff ensure that the vital information, publications, and training materials produced through SAMHSA's centers and offices are available to the healthcare workforce, people in treatment and recovery, people in crisis or in areas affected by disasters, SAMHSA grantees, and the public. Several channels are used to communicate this information, including online, print, radio, and television media; social media platforms; the SAMHSA.gov website; the SAMHSA Store, the subscription-based e-blast system; and inquiries received through the National Helpline. Recently the OC provided information, graphics and resources for the transition of the National Suicide Prevention Lifeline to the 988 Suicide and Crisis Lifeline. In FY 2022, SAMHSA had over 59 million interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.

A proportionate share of the HSPS appropriation is allocated to SAMHSA's Drug Control budget. The budget request represents the Health Surveillance portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. The funding for Public Awareness and Support will support four contracts and one interagency agreement 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 2024 Request: \$5.4 million***

***(\$0.8 million below the FY 2023 enacted level)***

Performance and Quality Information Systems provides funding to support SAMHSA's Performance Accountability and Reporting System (SPARs) related activities, as well as provide support for the National Registry of Evidence-based Programs and Practices. SPARs provides a common data and reporting system for all SAMHSA discretionary grantees and allows programmatic technical assistance (TA) on use of the data to enhance grantee performance



monitoring and improve quality of service delivery. Between FY 2020 and FY 2021, the Office of Evaluation (OE) has completed over 60 office hour and 64 learning lab events. In FY 2022, CBHSQ/OE introduced “Data Parties” designed to bring together diverse stakeholders from across SAMHSA to collectively analyze data that have been collected and to support interpretation of what the data mean and implications for action. The first event included over 70 SAMHSA staff and leadership.

A proportionate share of the HSPS appropriation is allocated to SAMHSA’s Drug Control budget. The budget request represents the Health Surveillance portion that is attributable to the drug control budget only, and not SAMHSA’s total funding for this program. The budget request will fund modernization efforts and continuation of the SPARS and Evidence-Based Practices Resource Center contracts. SAMHSA plans to improve the SPARS system to handle the substantial increase in the number of discretionary grants awarded in the past two years (over 7,400 grants in FY22). This has led to an increase in the number of internal and external stakeholders who use the SPARS system requiring targeted training, resources both digital and printable, and technical support for use of the SPARS online system.

### ***Behavioral Health Workforce Data and Development***

***FY 2024 Budget Request: \$0.5 million***

***(No change from the FY 2023 enacted level)***

The purpose of this program is to provide comprehensive data and analysis on individuals who comprise the prevention and treatment fields to address mental and 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 (DAWN)***

***FY 2024 Request: \$20.0 million***

***(\$7.0 million above the FY 2023 enacted level)***

Authorized by the 21st Century Cures Act, DAWN provides necessary information such as patient demographic details and substances used to respond effectively to the overdose and addiction crises in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. In 2021, DAWN surveillance of emergency department (ED) visits was expanded to include those visits to due to alcohol use by individuals 21 years and older. In FY 2022, the DAWN surveillance system has reviewed more than 5,285,028 ED records from 53 participating hospitals (26 urban, 11 suburban, and 16 rural) and abstracted over 410,133 DAWN cases (7.8 percent of total ED records reviewed).

Preliminary analysis demonstrates that the most common substances associated with DAWN cases are alcohol (191,800 cases, 38.8 percent), illicit substances (146,426 cases, 29.6 percent) and Central Nervous System (CNS) agents (71,951 cases, 14.6 percent); among illicit drugs, stimulants were the most commonly associated with DAWN cases, with the majority involving methamphetamine.

DAWN is allocated fully to substance use. The budget request will increase the number of participating hospitals to move closely align with legacy DAWN to report robust national estimates, as well as an early warning network. SAMHSA/CBHSQ is planning to further expand machine learning based early warning system to identify patterns of drug-related emergency department (ED) visits to be made available to inform SAMHSA and policy makers. SAMHSA further plans to expand substance use related public health surveillance of hospital ED visits and





provide a more comprehensive campaign on drug overdose based on the data abstracted from the DAWN system in FY 2024.

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

***FY 2024 Request: \$0.8 million***

***(No change from the FY 2023 enacted level)***

SAMHSA will collect and retain fees for extraordinary data and publications requests.

## **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. 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 populations of focus: under resourced racial and ethnic minority, LGBTQIA+, and low-income rural residents.

OBHE currently funds two separate contracts from The National Network to Eliminate Disparities in Behavioral Health (NNED) and NNED Learn. OBHE Flagship Initiatives include the Disparity Impact Statement (DIS), Elevate Community Based Organizations (CBOs), The NNED, and LGBTQIA+-CoE. Additionally, OBHE conducts a monthly SAMHSA-wide Equity Cross-Collaborative workgroup that addresses topics like Diversity Equity and Inclusion (DEI) that also includes 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/LGBTQIA+ small reports data snapshots. OBHE representatives also serve 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 Social determinants of health (SDOH) as well as on the NASEM Forum on Mental Health and Substance Use Disorders.

***Disparity Impact Statement 2.0 Initiative:*** SAMHSA's Disparity Impact Statement (DIS) 2.0 Initiative seeks to 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 direction for grantees on the purpose and expectations for focusing on 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. The DIS will also identify racial, ethnic, LGBTQIA+, , and low income rural residents' behavioral health gaps that could be filled by SAMHSA's future Notice of Funding Opportunities (NOFO).



*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 United States focused on the mental health and substance use issues of diverse racial, ethnic, cultural, and sexual minority communities. Using data informed approaches, the NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity. It is 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.

*Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence:* The Center of Excellence on Asian American, Native Hawaiian, and Pacific Islander (AANHPI-CoE) Behavioral Health Center of Excellence will promote culturally and linguistically appropriate behavioral health information and practices; establish a steering committee to identify emerging issues; and provide training, technical assistance, and consultation to practitioners, educators, and community organizations. Training topics include addressing mental health impacts caused by unconscious bias and hate against AANHPI communities. The AANHPI-CoE will also develop accessible, public-facing infographics and other materials that address behavioral health, including those that provide data disaggregated by race and ethnicity, as well as best practices for improving engagement and retention of AANHPI behavioral health professionals.

*African American Behavioral Health Center of Excellence:* Responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans, HHS Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE). From its administrative and academic home in the National Center for Primary Care at Morehouse School of Medicine (MSM) in Atlanta, the new Center of Excellence will develop and disseminate training, technical assistance, and resources to help healthcare practitioners eliminate behavioral health disparities within this large and diverse population.

The new Center of Excellence will take a highly collaborative public health approach toward cultural and practical transformation of:

- Behavioral health systems;



- Intervention, treatment, and recovery support practices;
- The professional and non-professional workforce; and
- The systems of education, training, and TA that prepare the field for its work.

*The Center of Excellence on LGBTQIA+ Behavioral Health Equity:* The Center of Excellence on LGBTQ+ Behavioral Health Equity provides 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. Through training, coaching, and technical assistance it is implementing change strategies within mental health and substance use disorder treatment systems to address disparities affecting LGBTQ+ people across all stages of life.

This Center for Excellence is led by SAMHSA’s OBHE, the National SOGIE Center at Innovations Institute, University of Connecticut School of Social Work and is a partnership with Affirmative Research, Judge Baker Children’s Center, Harvard Medical School, and The Institute for Innovation and Implementation, University of Maryland School of Social Work. The work of this Center relies on:

- an expert pool that includes individuals with lived experience
- leaders from provider organizations that are implementing best practices to address behavioral health disparities among the LGBTQ+ community
- and researchers and clinical experts skilled in translating research into practice in mental health and substance use practice settings.



# DEPARTMENT OF HOMELAND SECURITY





## DEPARTMENT OF HOMELAND SECURITY Customs and Border Protection

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$560.937	\$587.714	\$588.203
Interdiction	2,875.282	3,402.498	3,747.203
<b>Total Drug Resources by Function</b>	<b>\$3,436.219</b>	<b>\$3,990.212</b>	<b>\$4,335.406</b>
<b>Drug Resources by Decision Unit</b>			
Operations and Support	\$3,327.141	\$3,748.530	\$3,846.555
Border Security Operations	756.580	1,113.714	1,091.270
Trade and Travel Operations	1,690.717	1,747.743	1,815.894
Integrated Operations	817.391	835.229	871.235
Mission Support	62.453	51.844	68.156
Procurement, Construction, and Improvements	109.078	241.682	488.851
Border Security Operations	38.400	105.139	114.784
Trade and Travel Operations	10.591	59.634	305.400
Integrated Operations	60.087	76.909	68.667
<b>Total Drug Resources by Decision Unit</b>	<b>\$3,436.219</b>	<b>\$3,990.212</b>	<b>\$4,335.406</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	12,388	12,043	14,623
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$16.64	\$20.86	\$19.53
Drug Resources Percentage	20.6%	19.1%	22.2%

### 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. It is through this statutory authority that CBP plays a key role in the overall anti-drug effort at the border. CBP’s jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the Bank Secrecy Act (P.L. 99-570), “USA PATRIOT Act” (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), and other laws.



## **METHODOLOGY**

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

### **Office of Field Operations**

OFO is the law enforcement component within CBP responsible for carrying out CBP's complex and demanding border security mission at all United States 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, the last year with the most complete data, 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.

### **U.S. 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 2024 Budget requests for support of 350 additional hires to the 19,855 Border Patrol agents (funded by Operations and Support (O&S) – Border Security operations – U.S. 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, 34 permanent checkpoints on the Southern border, 1 permanent checkpoint on the Northern border, and 189 tactical immigration checkpoints including 885 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.





In addition to staffing and canine units, USBP manages several programs focused on the acquisition and deployment of technology and tactical infrastructure to secure the southern and northern borders of the United States. Some examples of technology programs include the Remote Video Surveillance System program, the Integrated Fixed Towers program, and the Tactical Communications Modernization program. 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 the 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 2024, CBP requested \$51.6M 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 14.8 percent for interdiction and 0.53 percent for intelligence during fiscal year 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. One of OIT's core values is to build an inclusive culture and work environment by raising employee awareness on the importance of diversity and demonstrate OIT's commitment to an EEO workplace through multi-media messages and events.





## **Air and Marine Operations**

Using flight hours spent performing drug-related activities, AMO has determined that 83 percent of the budget resources that support AMO are considered drug-related. Of the total flight hours flown by AMO, 21 percent were related to intelligence and 79 percent were related to interdiction in FY 2022.

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

## **BUDGET SUMMARY**

In FY 2024, CBP requests \$4,335.4 million for drug control activities, an increase of \$345.2 million above the FY 2023 enacted level.

### **Operations and Support**

**FY 2024 Request: \$3,846.6 million**  
**(\$98.0 million above the FY 2023 enacted level)**

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

### ***Border Security Operations***

***FY 2024 Request: \$1,091.3 million***  
***(\$22.4 million below the FY 2023 enacted level)***

The President's Budget provides funding for border security between the POEs. USBP has primary responsibility for drug interdiction between the land POEs. In pursuit of drugs, Border Patrol agents engage in surveillance activities supported by computer-monitored electronic ground sensors. Traffic check operations are also conducted along major routes of travel to restrict access to the interior by drug and alien smugglers. Transportation centers are placed under surveillance for the same reason.

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



year for the detection of record numbers of smuggled aliens and large narcotic loads, including the arrest of the criminals involved in smuggling activities.

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

### ***Trade and Travel Operations***

***FY 2024 Request: \$ 1,815.9 million***

***(\$68.2 million above the FY 2023 enacted level)***

The FY 2024 request is \$68.2 million above the FY 2023 enacted level for drug- related resources associated with border security and trade facilitation at the POEs, which provide continued support for front-line CBP Officers. Additional funding is for increased personnel costs for an additional 196 CBP Officers as well as baseline pay increases for CBP Officers.

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

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

Efforts have been focused on the creation of targeting rules to identify high-risk targets and to increase cooperation with foreign and domestic law-enforcement partners. NTC is continuously developing and updating targeting protocols to identify precursor chemicals and narcotics to address the increasing heroin, fentanyl, and opioid threat. NTC will continue to collaborate and strengthen ties with our investigative partners from the U.S. Postal Inspection Service, 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.

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

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

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

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

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

***Northern Border Efforts:*** The Northern border counter-smuggling approach focuses on bi-national, Federal, state, local, and tribal law enforcement partnerships, information sharing



agreements, joint integrated operations, and community outreach to maximize efforts and resources. This approach has proven successful along the Northern border.

### ***Integrated Operations***

***FY 2024 Request: \$871.2 million***

***(\$36.0 million above the FY 2023 enacted 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 2022, the year with the most recent data, AMO P-3 aircraft flew 6,146 hours in drug control efforts, which represent 83 percent of all AMO P-3 hours. These hours were in support of JIATF-S in the Source and Transit zones. AMO P-3's participated in the interdiction of 137,148 pounds of cocaine in the Source and Transit zones. This equates to 22.3 pounds of cocaine for every counternarcotic hour flown.

### ***Mission Support***

***FY 2024 Request: \$68.2 million***

***(\$16.3 million above the FY 2023 enacted level)***

The FY 2024 Request of \$68.2 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 2024 Request: \$488.9 million**

**(\$247.2 million above the FY 2023 enacted level)**

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

### **Border Security Operations**

**FY 2024 Request: \$114.8 million**

**(\$9.6 million below the FY 2023 enacted level)**

The request includes \$114.8 million for Border Security Operations aligned to prevent terrorist and terrorist weapons, undocumented migrants, smugglers, narcotics, and contraband from moving across the southern, northern, and coastal borders of the United States.

### **Trade and Travel Operations**

**FY 2024 Request: \$305.4 million**

**(\$245.8 million above the FY 2023 enacted level)**

The FY 2024 Request is \$245.8 million above the FY 2023 Enacted level for drug- related resources associated with Non-Intrusive Inspection Technology acquisition. The use of Non-Intrusive Inspection systems is critical in detecting and disrupting evolving tactics utilized by Transnational Criminal Organizations to smuggle narcotics such as fentanyl across the border. CBP currently employs NII systems at and between its POEs and is working aggressively to employ a new pre-primary scanning concept of operation and field additional advanced technology



systems to increase scanning rates thereby increase the probability of interdiction in the land and mail operational environments.

CBP recognizes increased scanning will result in a substantial increase of images that require analysis and adjudication. To address this area, CBP requires anomaly detection algorithm capabilities to enable users to identify current and emerging threats effectively and efficiently. CBP is actively working to establish anomaly detection algorithm models for narcotic detection.

### **Integrated Operations**

**FY 2024 Request: \$68.7 million  
(\$8.2 million below the FY 2023 enacted level)**

The PC&I Integrated Operations account funds the procurement of new AMO platforms. CBP Air and Marine aviation assets include: Sensor-equipped Multi-Role Enforcement Aircraft, long-range trackers and 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 FY 2023 to identify and address barriers to equal employment opportunities.

### **FY 2022 Focus on Diversity**

- **Increased Diversity Focused Events:** CBP participated in 207 virtual and in-person Diversity focused recruitment/hiring events, which comprise 20 percent 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 with 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 2023 Focus on Diversity**

- **Expand CBP’s Digital Media Presence:** Beginning January 2022, CBP positions will be posted on HBCU 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 percent 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 2022 Final <sup>1</sup>	FY 2023 Enacted	FY 2024 Request <sup>2</sup>
<b>Drug Resources by Function</b>			
State and Local Assistance	\$13.500	\$13.162	\$13.162
<b>Total Drug Resources by Function</b>	<b>\$13.500</b>	<b>\$13.162</b>	<b>\$13.162</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$13.500	\$13.162	\$13.162
<b>Total Drug Resources by Decision Unit</b>	<b>\$13.500</b>	<b>\$13.162</b>	<b>\$13.162</b>

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

<sup>1</sup>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 \$90.0 million.

<sup>2</sup>Amount is notational and subject to change upon enacted legislation.

<sup>3</sup>Amount does not include Budget Control Act dollars for major disasters under the Disaster Relief Fund.

<sup>4</sup>The Drug Resources Percentage is based on the CBP estimate that 15 percent of OPSG will benefit drug enforcement, not actual data.

### Program Summary

#### MISSION

FEMA’s mission is helping people before, during and after disasters. FEMA leads and supports the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation to protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other man-made incidents.

#### METHODOLOGY

Operation Stonegarden (OPSG) grants are awarded by FEMA in coordination with CBP. OPSG contributes to efforts to secure the United States borders along routes of ingress from international borders. OPSG supports a broad spectrum of border security activities performed by state, local, and tribal law enforcement agencies through increased material, manpower readiness, and the number of “boots on the ground” to better secure the Nation’s borders. The funds awarded are used in intelligence informed operations, which may also assist with counterdrug efforts. CBP estimates that no more than 15 percent of total OPSG funding and activity supports counter drug activities.





## **BUDGET SUMMARY**

In FY 2024, FEMA requests \$13.2 million for drug control activities, no change from the FY 2023 enacted level.

### **Operation Stonegarden (OPSG)**

**FY 2024 Request: \$13.2 million**

**(No change from the FY 2023 enacted level)**

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

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

## **EQUITY**

The 2022-2026 FEMA Strategic Plan identifies Instilling Equity as a Foundation of Emergency Management as one of three goals to position FEMA to address the increasing range and complexity of disasters, support the diversity of the communities it serves, and complement the nation's growing expectations of the emergency management community. Specifically, Goal 1.3 is to achieve equitable outcomes for those FEMA serves through a people-first approach to remove barriers to access and directing resources to eliminating disparities in grant program outcomes. FEMA will continue its efforts to integrate equity as a foundation of its culture through transformational change within our workforce, across our programs, and throughout the emergency management community.



## DEPARTMENT OF HOMELAND SECURITY Federal Law Enforcement Training Centers

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$56.970	\$53.760	\$55.430
State & Local Assistance	1.780	1.680	1.730
International	0.590	0.560	0.580
<b>Total Drug Resources by Function</b>	<b>\$59.340</b>	<b>\$56.000</b>	<b>\$57.740</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$59.340	\$56.000	\$57.740
<b>Total Drug Resources by Decision Unit</b>	<b>\$59.340</b>	<b>\$56.000</b>	<b>\$57.740</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	219	190	190
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources Percentage	14.8%	14.0%	14.4%

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

#### METHODOLOGY

The portion of FLETC's total budget considered to be drug resources is identified by historical trends of drug-related training relative to total student-weeks of training and the associated budget authority required to conduct that training. Advanced training programs with a drug nexus are considered to provide 100 percent support to drug enforcement activities. State 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 is 17.6 percent. The percentage of FLETC's total budget authority in support of drug enforcement activities fluctuates.

## **BUDGET SUMMARY**

In FY 2024, FLETC requests \$57.7 million for drug control activities, an increase of \$1.7 million above the FY 2023 enacted level.

### **Operations and Support**

**FY 2024 Request: \$57.7 million**

**(\$1.7 million above the FY 2023 enacted level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly used illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The FY 2024 request reflects an increase in the total drug resources due to inflationary increases in FLETC's overall budget.

## **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 that can be used to benchmark current status of DEIA initiatives. 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$29.084	\$29.557	\$31.120
Investigations	612.835	631.184	682.831
International	11.797	12.010	12.493
<b>Total Drug Resources by Function</b>	<b>\$653.716</b>	<b>\$672.751</b>	<b>\$726.444</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$653.716	\$672.751	\$726.444
<i>Intelligence</i>	29.084	29.557	31.120
<i>Investigations: Domestic</i>	612.835	631.184	682.831
<i>Investigations: International</i>	11.770	12.010	12.493
<b>Total Drug Resources by Decision Unit</b>	<b>\$653.716</b>	<b>\$672.751</b>	<b>\$726.444</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,639	2,680	2,715
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.6	\$8.5	\$8.6
Drug Resources Percentage	7.6%	7.9%	8.4%

### Program Summary

#### MISSION

ICE/HSI, a multi-mission 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. HSI achieves these objectives by leveraging Title 19 and Title 21 authorities, maintaining cadre of Title 21, cross-designated Special Agents<sup>48</sup> and a Task Force Officer program consisting of more than 3,400 federal, State, and local law enforcement partners from more than 500 agencies.

HSI is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. HSI supports the President's *Strategy* initiatives, such as 'Disrupting Domestic Drug Trafficking and

<sup>48</sup> 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.



Production’ and ‘Strengthening Law-Enforcement and International Partnerships to Reduce the Availability of Foreign-Produced Drugs in the United States’, and by supporting the overall HSI mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of DHS action items are disruption of domestic drug trafficking and production; strengthening of international partnerships; and reduction in the availability of foreign-produced drugs in the United States. Increased hours incurred on drug-related cases directly lead to increased detection, disruption and dismantlement of drug smuggling organizations.

## **METHODOLOGY**

HSI’s approved drug methodology is based on investigative case hours recorded in the HSI Investigative Case Management System (ICM). HSI agents record the hours they work, categorized by the type of investigation in ICM. Following the close of the FY, a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, showing all investigative case hours logged. Counternarcotics activity percentages are determined separately for each 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 2022, 32.1 percent of case hours were drug-related for HSI Domestic Investigations, 8.1 percent for HSI International Investigations, and 27.8 percent for Intelligence. The HSI drug budget is projected by applying these ratios to the annual appropriations request for each HSI program executing counternarcotics activities.

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

## **BUDGET SUMMARY**

In FY 2024, ICE requests \$726.4 million for drug control activities, an increase of \$53.7 million above the FY 2023 enacted level.

### **Operations and Support**

**FY 2024 Request: \$726.4 million**  
**(\$53.7 million above the FY 2023 enacted level)**

The Operations and Support account contributes to the HSI mission of bringing a unified and coordinated focus to the enforcement of Federal immigration and customs laws. Salary and Expense 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. 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 2024 Request: \$31.1 million*

*(\$1.6 million above the FY 2023 enacted level)*

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 transnational organized crime 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 2022, HSI's criminal analysis directly facilitated over 15,500 arrests and provided support to the HSI seizure of approximately \$1.9 billion in currency and assets.

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

### **Domestic Investigations**

*FY 2024 Request: \$682.8 million*

*(\$51.6 million above the FY 2023 enacted level)*

HSI is the largest investigative component of the Department of Homeland Security with 93 offices in 56 countries around the world, including 15 DoD liaison offices. 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, 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, HSI has assigned more than 1,600 Special Agents and 200 Criminal Analysts/Intelligence Research Specialists to Southwest Border Offices.

In FY 2024, HSI will continue to foster and strengthen enforcement efforts within the BESTs. HSI has expanded the BEST program to 84 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 LEAs 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 Special Operations Division (SOD), the 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, 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 LEAs that include DEA, FBI, and IRS. During field investigations, these centers allow HSI to target the command and control of communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level. Additionally, HSI will continue



participation at the NTC in collaboration with 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 HSI investigations, cumulating in the joint exploitation of intelligence. These centers also allow 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 POEs by blending into the legitimate mass cross-border traffic, TCOs also seek to exploit the 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. 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 & Enforcement and Removal Operations (ERO)), CBP, USPS, DEA, Alcohol, Tobacco, Firearms and Explosives (ATF), FBI, Coast Guard, 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 Siñaloa and Jalisco New Generation (CJNG) drug cartels to procure and smuggle weapons from the United States to Mexico.

HSI will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center (BCSC), which targets bulk cash smuggling and the use of alternate value platforms to transfer illicit value 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 BCSC is focused on disrupting facilitation pipelines used to move currency and other forms of value derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption. HSI has refined its ability to target money laundering and financial violations through the BCSC which supports long-term, multi-jurisdictional bulk cash investigations.

HSI continues to target drug trafficking organizations by developing intelligence to identify drug smuggling schemes, trends, and violators through operational programs managed by the HSI Narcotics and Contraband Smuggling Unit; strengthening the international development and expansion of the National Targeting Center – Investigations (NTC-I) National Initiative for Illicit Trade Enforcement (NIITE) 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 HSI-led international drug smuggling/trafficking





investigations involving significant scope; HSI-led international chemical or illicit drug manufacturing equipment investigations; HSI-led international drug smuggling/trafficking investigations involving overdoses that result in death(s) in the United States; and HSI-led or co-sponsored OCDETF investigations and prioritizing drug-related investigations to criminals earning, laundering, or moving more than \$5 million per year through repeated exploitation or evasion of global movement systems.

Additionally, the HSI Trade Transparency Unit (TTU) 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 HSI to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. A total of nineteen operational 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 combat 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, 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, Costa Rica, Ecuador, Guatemala, Mexico, Panama, Paraguay, United Kingdom, Philippines, Dominican Republic, Uruguay, Chile, Peru, Bolivia, Costa Rica, and France.

HSI in partnership with CBP employ the 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 domestically and in foreign countries. 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. HSI's efforts have led to the indictments and arrests of several high level TCO members in bilateral investigations.

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 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.



HSI develops close ties with other federal agencies to coordinate on complex, priority investigations through the Special Operations Unit (SOU). The 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 HSI field offices in dismantling transnational criminal organizations 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 Investigations**

*FY 2024 Request: \$12.5 million*

*(\$0.5 million above the FY 2023 enacted level)*

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. HSI coordinates with DEA on its overseas narcotics investigations.

In Colombia, Ecuador, and Peru, HSI has formed and continues to grow multinational task forces focused on bilateral investigations and joint efforts in the identification and interdiction of narcotics bound for the United States, with an emphasis on 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.

HSI supports the *Strategy* by attacking the supply chains of drug trafficking organizations and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the United States is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation’s borders. HSI agents assigned to overseas offices work with host country law enforcement to assist HSI domestic agents with enforcing a wide range of criminal statutes, including Title 18 and Title 19 of the U.S. Code to investigate transnational crimes. These statutes address general smuggling issues as well as customs violations. HSI also conducts Title 21 investigations, which target transnational criminal activity involving the importation, distribution, manufacture, and possession of illegal narcotics.

On September 27, 2011, HSI officially established the Transnational Criminal Investigative Unit (TCIU) Program. HSI TCIUs comprise 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.

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 HSI’s investigative purview. There are over 560 foreign law enforcement officers among these twelve TCIUs, and two International Task Force units, across 14 countries. For reference, in FY 2022, HSI TCIUs were responsible for the seizure of over \$18.6 million in currency (USD equivalent), the seizure of



over 282,909 pounds of cocaine, 66,449 pounds of drug precursors, and the criminal arrests of over 3,800 individuals.

HSI oversees the Biometric Identification Transnational Migration Alert Program (BITMAP), a host-country-led initiative in which HSI trains and equips foreign counterparts to conduct tactically targeted collection of biometric and biographic data on suspect individuals via mobile biometric collection devices. BITMAP aims to strengthen law enforcement investigations, border security and counterterrorism efforts in the United States and in partner nations by providing foreign law enforcement with biometric/biographic collection capability. Through the program, HSI seeks to mitigate criminal and cross border illicit activity in the United States and in foreign partner nations. BITMAP's focus is to provide specialized technical equipment and advisory support to HSI foreign law enforcement counterparts for the collection of biometric and biographic data from third-country nationals in support of criminal investigations. Foreign law enforcement partners share their BITMAP information with HSI in a joint effort to identify transnational criminals, "Known or Suspected Terrorists" (KST), gang members and other persons of interest. Information shared through BITMAP may provide United States border security, consular, and law enforcement agencies with the information necessary to prevent known criminal and terrorist threats from entering the United States. The strategic vision of the BITMAP program is to develop a high-impact global network of foreign law enforcement partners whose biometric collection and investigative missions are mutually beneficial and inextricably intertwined with HSI's goal of protecting the homeland. HSI currently conducts dedicated BITMAP operations in 17 countries.

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

Additionally, 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, HSI and our law enforcement partners in Spain investigated and dismantled a clandestine laboratory used to process methamphetamine within the Iberian Peninsula. HSI offices in Mexico, Colombia, Ecuador, and Peru are actively working through multinational task forces, as well as providing capacity building to those law enforcement partners, and outreach and training with private sector entities in those nations to identify and interdict narcotics prior to their entering the United States. HSI cooperates with European law enforcement agencies in joint investigations at post, package and airport facilities to identify and intercept narcotics shipments being sent via mail and parcel post to the United States after their purchase from darknet marketplaces. In South Africa, HSI continues to work with postal authorities to identify and investigate internet pharmacies who illicitly ship controlled medications, including opioids, to the United States. In India, HSI is conducting several on-going prescription drug investigations in concert with the Government of India and these cases include shipments of



precursors that may be illegal in the United States, India, or both, as well as multiple investigations which involve counterfeit pharmaceuticals. For example, HSI New Delhi has also conducted airport interdiction training for Indian Customs officers aimed at identifying and seizing illegal precursor chemicals and illicit pharmaceuticals being smuggled within cargo shipments.

## EQUITY

HSI has utilized a variety of hiring mechanisms for Criminal Investigators (Special Agents) and Intelligence Research Specialists (Criminal Analysts) that fosters equity and inclusion. HSI has continued to post vacancies to fill both entry-level and senior-level agent and intelligence research specialist 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 2022, HSI filled several positions through female only and law enforcement targeted applicant pools, and filled the last of the FY 2019 and 2020 positions specifically related to opioid and fentanyl investigations in challenging and rural locations.

HSI has made progress in hiring Intelligence Research specialist from all categories of hires from a public announcement in FY 2022. In FY 2022, utilizing the authority granted from Office of Personnel Management (OPM), HSI female hires increased the percentage of female hiring from 18 to 43 percent of new hires, in keeping with the Secretary's priority. HSI received renewal Bona Fide Occupational Qualifier to recruit and hire female only entry level GS/GL 5/7/9 criminal investigator (1811) positions through September 30, 2026. HSI continues to pursue direct hire authority through DHS and OPM and expand the applicant pools and address hiring for mission needs. In FY 2023, HSI is also filling positions from a prior year announcement specifically utilizing incentives for hard to fill locations and along the border to attract a more diverse group of candidates beyond the local area. These efforts will ultimately increase the cadre of 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Research and Development	\$4.000	\$1.500	\$1.500
<b>Total Drug Resources by Function</b>	<b>\$4.000</b>	<b>\$1.500</b>	<b>\$1.500</b>
<b>Drug Resources by Decision Unit</b>			
Research and Development: Interdiction	\$4.000	\$1.500	\$1.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$4.000</b>	<b>\$1.500</b>	<b>\$1.500</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.9	\$0.9	\$0.9
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

**Program Summary**

**MISSION**

The scope and diversity of DHS’ missions requires the S&T Directorate 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 is used for calculating S&T’s drug control efforts.



## **BUDGET SUMMARY**

In FY 2024, S&T requests \$1.5 million for drug control activities, no change from the FY 2023 enacted level.

### **Research and Development: Opioid/Fentanyl Detection**

**FY 2024 Request: \$1.5 million**

**(No change from the FY 2023 enacted level)**

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. 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. Under the existing program, hardware and associated analytics for those technologies were developed and transitioned in FY 2021 to include technologies and/or knowledge products to CBP. The program is anticipated to continue through FY 2025. 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 United States borders without disrupting the flow of legitimate commerce.

## **EQUITY**

S&T has no equity efforts related to its ONDCP budget. S&T conducts research and development on technologies that can improve DHS Component's capabilities.



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

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Interdiction	\$2,250.155	\$2,178.993	\$2,227.398
Research and Development	1.112	1.174	1.174
<b>Total Drug Resources by Function</b>	<b>\$2,251.267</b>	<b>\$2,180.167</b>	<b>\$2,228.572</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$1,482.976	\$1,572.771	\$1,744.549
Procurement, Construction, & Improvements	767.179	606.222	482.849
Research and Development	1.112	1.174	1.174
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,251.267</b>	<b>\$2,180.167</b>	<b>\$2,228.572</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	7,732	7,892	8,418
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$13.7	\$13.9	\$13.5
Drug Resources Percentage	16.4%	15.7%	16.5%

**Program Summary**

**MISSION**

The USCG is America’s principal Federal agency for maritime safety, security, and stewardship. It enforces all applicable Federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. This includes the United States’ territorial seas, the contiguous zone, the Exclusive Economic Zone, and the high seas. USCG’s drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. Interdicting illicit drug-related trafficking as close to the source as possible helps dismantle TOC networks that directly threaten the National security of the United States, exploit United States citizens, and destabilize our 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 the USCG strategy are to:

- (1) Maintain an interdiction presence based on the availability of assets, deny smugglers access to maritime routes, and deter trafficking activity;





- (2) Strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and
- (3) Support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

## **METHODOLOGY**

The USCG does not have a specific appropriation for drug interdiction activities. All USCG operations, capital improvements and acquisitions, 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 2024, the USCG requests \$2,228.6 million for drug control activities, an increase of \$48.4 million from the FY 2023 enacted level.

### **Operations and Support**

**FY 2024 Request: \$1,744.5 million**

**(\$171.8 million above the FY 2023 enacted level)**

In the FY 2024 budget, O&S will fund sustainment of operations and readiness investments from the FY 2023 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 2024 Request: \$482.8 million**

**(\$123.4 million below the FY 2023 enacted level)**

The FY 2024 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 2024 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 2024 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 2024 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 (MEC) 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 sixth, and funding long lead-time parts for the seventh 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 (OTH) and Long Range Interceptor (LRI) cutter boats for the NSCs and OPCs, extending the interdiction reach of deployed assets.
- Continues C-27J aircraft missionization; supporting the medium-range surveillance and transport aircraft's ability to provide additional detection and monitoring support in the Western Hemisphere Drug Transit Zone.

### **Research and Development**

**FY 2024 Request: \$1.2 million**

**(No change from the FY 2023 enacted level)**

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

FY 2024 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 2024 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 2024 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Recovery	\$660.688	\$757.248	\$778.176
<b>Total Drug Resources by Function</b>	<b>\$660.688</b>	<b>\$757.248</b>	<b>\$778.176</b>
<b>Drug Resources by Decision Unit</b>			
Homeless Assistance Grants Continuum of Care Program	\$635.688	\$727.248	\$748.176
Recovery Housing Program	25.000	30.000	30.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$660.688</b>	<b>\$757.248</b>	<b>\$778.176</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$70.7	\$72.1	\$73.3
Drug Resources Percentage	0.9%	1.1%	1.1%

### Program Summary

#### MISSION

The President’s *Strategy* calls for federal support for reducing barriers to recovery from substance use disorders. 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 substance use disorders. 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 CoC Program funding. The most recent CoC Competition data (from FY 2021) shows that 21.8 percent of clients served will receive substance use treatment.



The Recovery Housing Program (Section 8071 of the SUPPORT Act) allows states and the District of Columbia to provide stable, temporary housing for individuals in recovery from a substance use disorder. The Recovery Housing Program (RHP) allocates, via formula, funds to grantees whose age-adjusted rate of drug overdose deaths based on data from the CDC was above the national average. The Consolidated Appropriations Act, 2023 (P.L. 117-328) provided \$30 million for such purposes.

## **BUDGET SUMMARY**

In FY 2024, HUD requests \$778.2 million for drug control activities, an increase of \$20.9 million above the FY 2023 enacted level.

### **Homeless Assistance Grants Continuum of Care Program**

**FY 2024 Request: \$748.2 million**

**(\$20.9 million above the FY 2023 enacted level)**

Nonprofit organizations, states, local governments, and instrumentalities of state or local governments apply for funding through the CoC competitive process to provide homeless services. The CoC Program is designed to: promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

### **Recovery Housing Program**

**FY 2024 Request: \$30.0 million**

**(No change from the FY 2023 enacted level)**

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

## **EQUITY**

People of color are overrepresented among the homeless population compared to the United States population. 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 homeless 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. HUD integrated equity into its competitive process to ensure that communities working towards equity in their system are more competitive and to encourage other communities to make it a part of their system. Through the COVID-19 response, HUD has centered equity in the crisis response and will continue to do so.

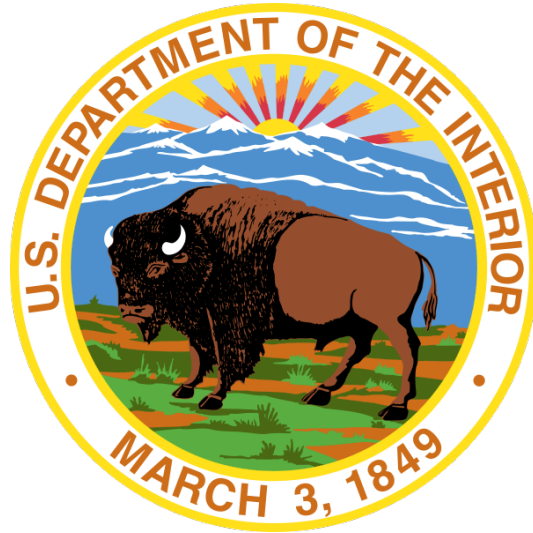


RHP provides grantees a tool to advance equity for underserved populations in need of recovery housing. Residents in low-income and rural areas have disproportionate need for recovery housing relative to other communities. Grantees can use RHP funding to address gaps in their jurisdictions by targeting those underserved communities that lack sufficient access to recovery housing services.





# DEPARTMENT OF THE INTERIOR





**DEPARTMENT OF THE INTERIOR**  
**Bureau of Indian Affairs**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	13.419	13.419	13.419
Prevention	1.000	1.000	1.000
<b>Total Drug Resources by Function</b>	<b>\$14,919</b>	<b>\$14,919</b>	<b>\$14,919</b>
<b>Drug Resources by Decision Unit</b>			
Drug Initiative	\$14,919	\$14,919	\$14,919
<b>Total Drug Resources by Decision Unit</b>	<b>\$14,919</b>	<b>\$14,919</b>	<b>\$14,919</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	78	78	78
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.4	\$2.5	\$3.0
Drug Resources Percentage	0.6%	0.6%	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. BIA’s Office of Justice Services (OJS) directly operates or funds law enforcement, tribal courts, and detention facilities on Federal Indian lands. The mission of the OJS is to uphold tribal sovereignty and customs and provide for the safety of Indian communities affected by illegal drug activity or abuse.

**METHODOLOGY**

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

**BUDGET SUMMARY**

In FY 2024, BIA requests \$14.9 million for drug control, no change from the FY 2023 enacted level.



## **BIA Drug Initiative**

**FY 2024 Request: \$14.9 million**

**(No change from the FY 2023 enacted 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.

The FY 2024 Budget request provides \$500,000 to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

In FY 2024, \$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.

The Victim/Witness Services (VWS) program (\$1 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.

Approximately \$500,000 of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts as well. Through the academy, BIA provides advanced training courses with content specific to drug enforcement to law enforcement officers that assist in drug investigations throughout the nation. Also, students that graduate from Basic Police and/or Criminal Investigator Training have completed an introduction to drug awareness and investigations component. The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

In FY 2024, \$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.



## 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
<b>Total Drug Resources by Function</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources by Decision Unit</b>			
Resource Protection and Law Enforcement	\$5.100	\$5.100	\$5.100
<b>Total Drug Resources by Decision Unit</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	20	20	20
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.3	\$1.6	\$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 2024, the BLM requests \$5.1 million for drug control activities, no change from the FY 2023 level. The budget directs resources to the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

### **Resource Protection and Law Enforcement**

**FY 2024 Request: \$5.1 million**

**(No change from the FY 2023 enacted level)**

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

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

Associated activities include:

- Conducting proactive uniformed 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 drug trafficking organizations.
- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication and investigative efforts.
- Establishing interagency agreements, partnerships, and service contracts with State and local law enforcement agencies to support counter-drug efforts on public lands.
- Partnering with non-law enforcement personnel/entities to rehabilitate cultivation and drug smuggling-related environmental damage in an effort to deter re-use of those areas.

## **EQUITY**

The BLM Office of Law Enforcement & Security (OLES) developed a Diversity Action Plan (DAP) for equity and inclusion, which includes a continued leadership commitment from the Director. The DAP includes efforts in recruitment and retention to attract and retain a diverse workforce. One example of these efforts includes requiring an agency designated Diversity and Inclusion Change Agent on all OLES hiring panels. Additionally, all OLES leadership will continue to look for opportunities for training to improve equity and reduce barriers amongst the programs.



## DEPARTMENT OF THE INTERIOR National Park Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$3.392	\$3.392	\$3.392
<b>Total Drug Resources by Function</b>	<b>\$3.392</b>	<b>\$3.392</b>	<b>\$3.392</b>
<b>Drug Resources by Decision Unit</b>			
National Park Protection Subactivity	\$3.392	\$3.392	\$3.392
<b>Total Drug Resources by Decision Unit</b>	<b>\$3.392</b>	<b>\$3.392</b>	<b>\$3.392</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	28	28	28
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.3	\$3.5	\$3.8
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 the opportunity to enjoy the national park units in a safe manner, providing employees a safe place of employment, and keeping resources unimpaired for future generations. 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 \$3.39 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. NPS utilizes these data, combined with annual financial/spending plans, to estimate the level of drug control funding.





## **BUDGET SUMMARY**

In FY 2024, the NPS requests \$3.4 million for drug control activities, no change from the FY 2023 level.

### **National Park Protection**

**FY 2024 Request: \$3.4 million**

**(No change from the FY 2023 enacted 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 DEIA 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$139.366	\$156.846	\$156.846
State and Local Assistance	71.629	85.459	85.459
<b>Total Drug Resources by Function</b>	<b>\$210.995</b>	<b>\$242.305</b>	<b>\$242.305</b>
<b>Drug Resources by Decision Unit</b>			
Asset Forfeiture	\$210.995	\$242.305	\$242.304
<b>Total Drug Resources by Decision Unit</b>	<b>\$210.995</b>	<b>\$242.305</b>	<b>\$242.305</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.4	\$1.6	\$1.6
Drug Resources Percentage	14.6%	15.2%	15.2%

### 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 the 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.

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 2024, AFP requests \$242.3 million for drug control activities, equal to the FY 2023 enacted level.

### **Asset Forfeiture Program**

**FY 2024 Request: \$242.3 million**

**(No change from the FY 2023 enacted level)**

AFF funds are allocated to the DEA and OCDETF to carry out their drug-related activities, providing a stable source of resources to cover operating expenses including Case-Related, Contracts to Identify Assets, Awards Based on Forfeiture, JLEO, Special Contract Services, and Investigative Costs Leading to Seizure.

The combined request for DEA and OCDETF investigative activities is \$242.3 million, which is equal to the FY 2023 enacted level. Within this amount, combined DEA and OCDETF state and local assistance funding is approximately \$85.5 million, which is equal to the FY 2023 enacted level.



The FY 2024 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

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 DEIA for federal performance and operations. AFP strives to ensure transparency and accountability in how it 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$40.688	\$43.815	\$49.066
Harm Reduction	0.100	0.100	0.100
<b>Total Drug Resources by Function</b>	<b>\$40.788</b>	<b>\$43.915</b>	<b>\$49.166</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement Operations	\$40.788	\$43.915	\$49.166
<b>Total Drug Resources by Decision Unit</b>	<b>\$40.788</b>	<b>\$43.915</b>	<b>\$49.166</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	177	173	176
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.5	\$1.7	\$1.9
Drug Resources Percentage	2.6%	2.6%	2.2%

**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; regulates lawful commerce in firearms and explosives; and provides worldwide support to law enforcement, public safety, and industry partners.

The link between gun violence and illegal drugs is well-established. Consequently, the ATF’s primary mission—combatting armed criminals and those who supply them with firearms—is an important component of the *Strategy*. Firearms are a primary tool used by drug traffickers and drug trafficking organizations (DTOs) to commit acts of violence and intimidation; therefore, the ATF firearms investigations frequently involve those criminals and organizations. The ATF works closely with law enforcement partners to identify, investigate, and prosecute firearm traffickers, straw purchasers, and gun thieves who supply firearms to drug traffickers and DTOs.



## METHODOLOGY

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

To quantify how 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, 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 2024, the ATF requests \$49.2 million for drug control activities, an increase of \$5.3 million above the FY 2023 enacted level.

### **Law Enforcement Operations**

**FY 2024 Request: \$49.2 million**

**(\$5.3 million above the FY 2023 enacted level)**

In America, much of the violence associated with drug trafficking is committed at the retail level, thus the ATF investigations of firearms thefts, straw purchasers, and firearms trafficking incidentally expand those investigations to include armed drug traffickers and often involve relatively small amounts of illegal drugs. One of the techniques the ATF utilizes to develop evidence in investigations involving armed drug trafficking is the controlled purchases of drugs by undercover agents and confidential informants. These purchases often provide the probable cause needed to obtain search and arrest warrants that allow the ATF to recover firearms used by criminals to protect drug supplies, intimidate competitors, customers, and witnesses, and commit direct acts of violence, including murder. Although the ATF also endeavors to make undercover purchases of firearms in drug-related investigations, drug traffickers and 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 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**

***FY 2024 Request: \$49.1 million***

***(\$5.3 million above the FY 2023 enacted Level)***

In FY 2024, \$2.6 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 drug trafficking organizations, and felons illegally in possession of firearms, drugs and narcotics.

Specifically, the FY 2024 Budget supports the Department of Justice’s (DOJ) violent crime enforcement priorities, and supports additional special agents, intelligence specialists and attorneys to support the ATF’s firearms enforcement activities and illegal firearms trafficking investigations.

### **Harm Reduction**

**FY 2024 Request: \$0.1 million**

**(No change from the FY 2023 enacted level)**

In FY 2024, \$0.1 million is requested for harm reduction activities associated with procurement of Naloxone for ATF’s Enforcement Groups and ATF Medics for use in exposure to fentanyl or other emergency/overdose situations.

### **EQUITY**

The 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Corrections	\$ 3,576.026	\$ 3,844.499	\$ 3,890.691
Treatment	205.209	245.696	258.472
Harm Reduction	0.260	0.300	0.320
<b>Total Drug Resources by Function</b>	<b>\$ 3,781.495</b>	<b>\$ 4,090.495</b>	<b>\$ 4,149.483</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$3,675.04	\$3,959.101	\$4,068.730
Inmate Care and Programs (non-add)	1,536.788	1,586.491	1,649.406
Institution Security and Administration (non-add)	1,783.461	1,998.012	2,010.047
Contract Confinement (non-add)	354.791	374.598	409.277
Buildings and Facilities	106.455	131.394	80.753
New Construction (non-add)	79.728	1.810	0.902
Modernization and Repair (non-add)	26.727	129.584	79.851
<b>Total Drug Resources by Decision Unit</b>	<b>\$ 3,781.495</b>	<b>\$ 4,090.495</b>	<b>\$ 4,149.483</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	16,929	18,007	18,007
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.1	\$8.7	\$8.8
Drug Resources Percentage	46.7%	47.0%	47.2%

**Program Summary**

**MISSION**

The mission of the Federal BOP is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. 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 2024, the BOP requests \$4,149.5 million for drug control activities, an increase of \$59.0 million from the FY 2023 enacted level.

BOP continues to develop and deliver evidence-based treatments for individuals with substance use disorders. BOP's strategy includes early identification through a psychology screening, drug education, non-residential drug treatment, intensive residential drug treatment, medication-assisted treatment, and community transition treatment. The request maintains the current drug treatment programs that support residential substance use treatment to eligible inmates.

BOP provides all three FDA-approved medications (i.e., methadone, buprenorphine, naltrexone) for inmates with OUD.

### **Salaries and Expenses**

**FY 2024 Request: \$4,068.7 million**

**(\$109.6 million above the FY 2023 enacted level)**

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

### **Inmate Care and Programs**

**FY 2024 Request: \$1,649.4 million**

**(\$62.9 million above the FY 2023 enacted level)**

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

- **Drug Program Screening and Assessment:** 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, medications for substance use disorder) as appropriate.
- **Drug 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 FY 2022, 23,954 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 substance use disorders 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 2022, 20,163 inmates participated in NRDAP.
- **Residential Drug Abuse Program (RDAP):** The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate residential substance use treatment for 100 percent of inmates who have a diagnosis for substance use disorder and who volunteer for treatment. More than half of the 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 2022, 11,817 inmates participated in Residential Drug Treatment Program.

In FY 2021, the Bureau contracted with researchers to conduct an evaluation of its suite of substance use treatment programs (i.e., Drug Education, NRDAP, RDAP, and medication-assisted treatment). Initial data analyses are underway. The study will address a core set of research questions for each program:

- Do enrolled program participants have better program-related outcomes than do comparable non-participants?
- Do program completers have better outcomes than do program non-completers?
- What pre-program variables are associated with program placement, completion, and outcomes?
- **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).
- **Medication-Assisted Treatment (MAT) Program:** MAT is the use of medications in combination with evidence-based psychosocial interventions to treat OUD. In May 2014, the Bureau approved a field trial involving the use of an injectable, long-lasting form of the



medication naltrexone (Vivitrol) at three Bureau facilities. The field trial began in September 2014, and continued through FY 2016. A phased approach to a national expansion of MAT programming for inmates with OUD began in November 2018, to include the use of all three FDA-approved medications for OUD. Currently, MAT is available at all Bureau institutions and community placements. In FY 2022, 3,364 inmates participated in the MAT Program.

- **Female Integrated Treatment (FIT) Program.** The Female Integrated Treatment 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 substance use disorders integrated with vocational programming. FIT Programs are located at Federal Satellite Low Danbury, Secure Female Facility Hazelton, and Federal Correctional Institution, Tallahassee. A Spanish FIT Program will be implemented at Federal Medical Center Carswell in FY 2023.
- **Challenge Program:** Located in 13 United States Penitentiaries (USPs), the Challenge Program is a residential program developed specifically for high security inmates with mental health or substance use disorders. The treatment protocol includes treatment activities geared to this high-risk population, including a component focusing on violence prevention. Challenge Program participants are not eligible for early release pursuant to Title 18 U.S.C. § 3621(e)(2); however, if an inmate successfully completes the Challenge Program, his security point level may drop sufficiently to enable him to transfer to a medium security institution.

### **Institution Security and Administration**

**FY 2024 Request: \$2,010.1 million**

**(\$12.0 million above the FY 2023 enacted level)**

Security/Management and Administration covers costs associated with the maintenance of facilities and institution security, including motor pool operations, powerhouse operations, as well as costs associated with general administration and oversight functions and provides funding for the central office, six regional offices, and staff training centers.

### **Contract Confinement**

**FY 2024 Request: \$409.3 million**

**(\$34.7 million above the FY 2023 enacted level)**

Contract Confinement covers costs associated with BOP inmates in contract care, costs associated with management, and oversight of contract confinement functions (and for the National Institute of Corrections). Contract Confinement also supports the following treatment programs:

- **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, certified peer support specialists, 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 individuals in community placements with substance use disorders, mental illness and sexual offense



histories, including oversight for the final phase of the RDAP, Sex Offender Treatment Program (SOTP) and medications for OUD. Moreover, crisis intervention counseling, (e.g., situational anxiety, suicidality, depression, grief/loss, and adjustment issues) is also available to those placed in Residential Reentry Management Centers (RRC), on home confinement, and on Federal Location Monitoring (FLM). Consistent with the standard of care in the community, CTS offers Peer Recovery Support services to those with mental health, reintegration difficulties (e.g., suicidal ideations, use of drugs/alcohol, etc.) and/or with substance use disorders who would benefit from additional non-clinical recovery support services. These contracted services are provided by certified peer support specialists who are available to participants and their family members 24-hours a day. CTS recognizes the transition from the institution to the community is stressful for those transitioning to community placements as well as for the family members. CTS also offers family therapy for individuals in community placements and their family members as a means to facilitate successful reentry and prevent substance use relapse. In addition to extensive clinical oversight of progress in treatment, CTS staff provide contract oversight for all community-based treatment providers.

### **Buildings and Facilities**

**FY 2024 Request: \$80.8 million**  
**(\$50.6 million below the FY 2023 enacted level)**

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

#### **New Construction**

**FY 2024 Request: \$0.90 million**  
**(\$0.9 million below the FY 2023 Enacted level)**

New Construction includes the costs associated with land payments of the Federal Transfer Center in Oklahoma City, salaries and administrative costs of architects, project managers, site selection, and other staff necessary to carry out the program objective. It also includes the costs associated with land and building acquisition and new prison construction when needed. In FY 2024, the Administration proposes a rescission of \$953.8 million in prior year unobligated new construction balances.

#### **Modernization and Repair**

**FY 2024 Request: \$79.9 million**  
**(\$49.7 million below the FY 2023 enacted level)**

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs.

BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the United States taxpayer. The BOP remains committed to acting as a sound steward of valuable taxpayer dollars and will continue to seek cost avoidance and find efficiencies while successfully executing its mission responsibilities.



## **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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prosecution	\$48.070	\$48.135	\$50.328
<b>Total Drug Resources by Function</b>	<b>\$48.070</b>	<b>\$48.135</b>	<b>\$50.328</b>
<b>Drug Resources by Decision Unit</b>			
Enforcing Federal Criminal Laws	\$48.070	\$48.135	\$50.328
<b>Total Drug Resources by Decision Unit</b>	<b>\$48.070</b>	<b>\$48.135</b>	<b>\$50.328</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	176	167	170
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.3
Drug Resources Percentage	23.4%	21.1%	19.6%

**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 2024, CRM requests \$50.3 million for drug control activities, an increase of \$2.2 million above the FY 2023 enacted level. The increase is due to adjustments-to-base dedicated to CRM’s drug-related activities.



## **Enforcing Federal Criminal Laws**

**FY 2024 Request: \$50.3 million**

**(\$2.2 million above the FY 2023 enacted level)**

Many of CRM's Sections and Offices contribute to the drug-related activities. The most noteworthy and directly impacted is CRM's Narcotic and Dangerous Drug Section (NDDS). The NDDS supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups, as well as by providing sound legal, strategic, and policy guidance in support of that goal. The NDDS provides expert guidance on 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 the Consolidated Priority Organization Target List (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**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$611.354	\$629.599	\$653.075
International	444.011	449.204	463.379
Investigations	2,249.674	2,438.052	2,584.411
Prevention	4.259	4.621	4.907
State and Local Assistance	12.549	12.695	12.919
Harm Reduction	0.093	0.099	0.106
<b>Total Drug Resources by Function</b>	<b>\$2,904.018</b>	<b>\$3,111.461</b>	<b>\$3,282.643</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$2,421.522	\$2,563.116	\$2,660.924
Domestic Enforcement	1,938.862	2,074.812	2,157.387
International Enforcement	470.111	475.609	490.618
State and Local Assistance	12.549	12.695	12.919
Diversion Control Fee Account	\$482.496	\$548.345	\$621.719
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,904.018</b>	<b>\$3,111.461</b>	<b>\$3,282.643</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	8,246	8,300	8,431
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.9	\$3.1	\$3.3
Drug Resources Percentage	100%	100%	100%

**Program Summary**

**MISSION**

The mission of 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 2024, DEA requests \$3,282.6 million for the Salaries and Expenses (S&E) Account and Diversion Control Fee Account (DCFA), an increase of \$171.2 million from the FY 2023 enacted level.

### **Salaries & Expenses**

**FY 2024 Request: \$2,660.9 million**

**(\$97.8 million above the FY 2023 enacted level)**

The DEA's S&E resources are divided into three decision units to achieve the maximum impact against the full spectrum of drug trafficking activities: Domestic Enforcement, International Enforcement, and State and Local Assistance.

DEA prioritizes its resources to address current, emerging, and evolving drug threats domestically and abroad by dismantling the criminal drug networks that threaten the safety and health of our communities. DEA's current primary focus is defeating the Sinaloa and Jalisco Cartels. These organizations are synthesizing fentanyl, methamphetamine, and other deadly substances in clandestine laboratories in Mexico, using precursor chemicals largely sourced from manufacturers in China. These substances are flooding into American communities by local drug trafficking organizations and are killing Americans. The synthetic drug threats facing the Nation are new and require the DEA to approach its work in fundamentally different ways.

### **Domestic Enforcement**

**FY 2023 Request: \$2,157.4 million**

**(\$82.6 million above the FY 2023 enacted level)**

DEA is 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. DEA will leverage data from local law enforcement agencies to inform DEA investigations as well as identify and target threats. Through Operation Overdrive, a new data-driven initiative, DEA is focusing its law enforcement resources on the communities where criminal drug networks are causing the most harm. Operation Overdrive currently includes 57 cities across the country and will expand with resources requested in the FY 2024 President's Budget.

Almost all drug transactions have moved from street corners to smart phones, often conducted using cryptocurrency and encryption. To defeat modern, tech-savvy drug traffickers, DEA is dramatically transforming how it approaches the digital space through developing a best-in-class cyber division staffed with intelligence analysts, computer scientists, digital forensic examiners, program managers, and cryptocurrency experts to collaborate on cutting-edge investigations.

Drug trafficking organizations have grown and become increasingly globalized. Today, vast criminal networks stretching around the world are involved in sophisticated drug trafficking rings. To meet this threat head on, DEA is developing targeting teams to map these criminal organizations and help build cases that lead to the dismantlement of the entire networks.

Cartels are continuously developing new substances and distributing them in American communities in new forms. Through its One Pill Can Kill campaign, DEA is raising awareness about fake deadly fentanyl-laced pills designed to look like legitimate pharmaceuticals. In 2022,



DEA seized more than 50 million fake pills and 10,000 pounds of fentanyl powder, which is approximately 379 million deadly doses of fentanyl taken off American streets. That is enough fentanyl to supply a potentially lethal dose to every member of the United States population.

SOD's 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, the SOD has been the Federal government's coordination point for combatting 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 DEA's ability to carry out its mission. Through the 4th quarter of FY 2022, DEA led 360 State and local task forces. Moreover, these task forces consisted of an on-board strength of over 2,800 Special Agents and 3,000 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 2024 request includes current services funding to support domestic operations and to fund mandatory increases of existing costs. Funding also supports programmatic enhancements to include:

- \$9.0 million to create targeting teams to map criminal networks, and sustain DEA's sharing of national security information.
- \$10.0 million to fund a unified data platform to enhance DEA's capability and capacity for processing, analyzing, and applying intelligence to large volumes of data as it dismantles the most egregious criminal networks.
- \$6.8 million to fund Zero Emission Vehicles (ZEVs), including battery electric, plug-in electric hybrid, and hydrogen fuel cell vehicles, as well as vehicle charging and refueling infrastructure.



### **International Enforcement**

*FY 2024 Request: \$490.6 million*

*(\$15.0 million above the FY 2023 enacted level)*

DEA has the primary responsibility of enforcing the controlled substances laws and regulations of the United States. Fentanyl, methamphetamine, heroin, cocaine, and other illicit substances are produced in source countries and smuggled into the United States. Additionally, most of the chemicals used to produce fentanyl, methamphetamine, and other synthetic drugs are manufactured overseas in countries such as China, and transported to drug producing countries, like Mexico. For that reason, reducing the illicit drug availability in the United States requires a focused international counter narcotics approach. However, DEA cannot unilaterally investigate and arrest high-level drug traffickers operating overseas; therefore, host nation collaboration is vital. As such, DEA personnel deployed to foreign offices exchange valuable intelligence and conduct complex bilateral operations with host nation counterparts. DEA personnel also engage and assist their host nation counterparts during the development of new foreign legislation, treaties, and agreements designed to combat drug trafficking, money laundering, and the diversion of precursor chemicals. DEA deploys its resources to the highest priority overseas locations to maximize the impact on the global narcotics trade. DEA's global footprint is organized into eight DEA foreign regions which include 93 offices in 69 countries.

The United States is battling an unprecedented drug poisoning epidemic that claimed approximately 107,000 American lives over a 12-month period (August 2021 – August 2022). The majority of these deaths are attributable to synthetic drugs—fentanyl and methamphetamine—that are being primarily produced by the two Mexican drug cartels: the Sinaloa and Jalisco Cartels. The DEA's ultimate objective is to defeat these two criminal organizations through bilateral investigations with host nation counterparts and multi-agency coordination.

To disrupt the flow of drugs, money, and precursor chemicals into the United States, DEA foreign-based personnel work with foreign counterparts to attack all key components in the supply chain, to include precursor chemical manufacturers, chemical brokers, logistics providers, chemists, smugglers, distributors, and money launderers, as each component plays a crucial role in ensuring the finished product reaches consumers and continues to do so.

Most countries where illicit drugs are sourced and manufactured are developing nations that lack necessary resources, skills, training, equipment, and overall capacity to adequately address the drug trafficking threat posed to and from these locales. The DEA's International Training Program, with funding from the Department of State's INL and DoD, serves as a model for a variety of international law enforcement training efforts. DEA's International Training Program offers both in-country and regional training programs conducted by four mobile training teams. In-country programs are conducted for participants from a specific country; whereas, regional training is offered for participants from a number of countries sharing common drug trafficking issues. DEA continually develops new curricula and modifies courses in response to various factors to include evolving international narcotics trafficking routes, new technologies, and requests from host nation governments.

DEA's Sensitive Investigative Unit (SIU) program began in 1996 with approximately 600 host nation participants in Bolivia, Colombia, Mexico, and Peru. The SIU program is one of DEA's most effective tools to provide host nation counterparts with vetting, training, expertise, and



capacity in the effort to disrupt and dismantle drug trafficking organizations that threaten the United States. This program allows DEA to effectively identify, investigate, arrest, and extradite members of the criminal networks and cartels that traffic fentanyl, methamphetamine, heroin, cocaine, and other illicit drugs into the United States.

Today, the DEA manages 14 SIUs with nearly 900 onboard host nation law enforcement officials. These SIUs are currently located in Colombia, Dominican Republic, Ecuador, El Salvador, Ghana, Guatemala, Honduras, Kenya, Mexico, Nigeria, Panama, Paraguay, Peru, and Thailand. During the past 25 years, the program has successfully vetted, trained, and mentored foreign law enforcement units capable of conducting investigations, developing networks of confidential sources, and gathering intelligence. The benefits of the SIU program are long-lasting as SIU graduates continue in their careers to hold positions of influence within their respective police forces and governments.

DEA's FY 2024 request reflects mandatory increases of existing costs, including Department of State charges and Government Services Administration rent.

### **State & Local Assistance**

*FY 2024 Request: \$12.9 million*

*(\$0.2 million above the FY 2023 enacted 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).

### **Diversion Control Fee Account**

*FY 2024 Request: \$621.7 million*

*(\$73.4 million above the FY 2023 enacted 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 (DCP) actively monitors more than 2 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.

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. The DCP also hosts trainings designed to educate practitioners about the diversion and abuse of pharmaceutical controlled substances, as well as the DEA regulations pertinent to their practices. In 2022, the DCP held five live, four-hour virtual training sessions for Nurse Practitioners, which had a total of 11,524 participants; and held





eight (8), four-hour virtual training sessions for Pharmacist and Pharmacy Technicians which had a total of 9,461 participants. In addition, DCP hosted three live, one-hour webinars for Dentists and had a total of 5,018 attendees. These recorded webinars were posted on the American Dental Association's website and have, to date, trained an additional 5,603 dentists.

In 2023, the DCP is continuing live trainings in the virtual format for practitioners, including veterinarians, based on the overwhelming positive response from participants and the capability of training several thousand participants at a time. In addition, DC's Chemical Section is providing a chemical industry conference in 2023.

The National Prescription Drug Take Back Initiative (NTBI) aims to provide a safe and easy means of disposing of unused or expired medications, while also educating the public about prescription drug abuse. To date, DEA, working with its law enforcement partners, has removed 16.63 million pounds of unused medication from circulation. Although NTBI events have been a huge success for DEA, the need for these events has decreased over time due to increased registered reverse distributors (disposers).

The FY 2024 request includes current services funding, including pay raises, change in compensable days, and Government Services Administration 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 they do. DEA must continue to foster an inclusive work environment where individual differences are understood, respected, and valued. With this philosophy as the foundation, DEA:

- Established DEA's first Diversity, Equity, Inclusion and Disability (DEIA) Strategic Plan aligned to the executive orders on DEIA, race and gender equity, as well as the OPM DEIA Maturity Model.
- Promoted EEO principles, knowledge and competencies to engage in the EEO process among DEA supervisors and executives.
- Revamped the DEIA Advisory Committee Charter to elevate the performance of DEA's diversity program on the OPM diversity maturity model.
- Established recruitment and retention goals where inequities were observed based on a 5-year diversity study.
- Standardized methodology to measure and report DEIA inequities, specifically disparate treatment and adverse impact in employment actions.
- Established language for a mandatory EEO element in supervisory performance standards, bringing DEA into full compliance with the regulatory requirements of a model EEO program in FY 2023, likely the first agency to achieve such status.



**DEPARTMENT OF JUSTICE**  
**Federal Bureau of Investigation**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$9.689	\$11.534	\$11.009
Investigations	147.097	204.35	191.628
Harm Reduction	0.000	0.050	0.050
<b>Total Drug Resources by Function</b>	<b>\$156.786</b>	<b>\$215.934</b>	<b>\$202.687</b>
<b>Drug Resources by Decision Unit</b>			
Criminal Enterprises Federal Crime	\$147.097	\$204.400	\$191.678
Intelligence	9.689	11.534	11.009
<b>Total Drug Resources by Decision Unit</b>	<b>\$156.786</b>	<b>\$215.934</b>	<b>\$202.687</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	881	957	959
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)*	\$10.1	\$10.7	\$11.3
Drug Resources Percentage	1.6%	2.0%	1.8%

(\*Total Agency Budget does not include emergency supplemental funding or reimbursable funding received from HIDTA and OCDEF.)

**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 to the *Strategy* include three priority initiatives within the Criminal Program: Transnational Organized Crime - Western Hemisphere (TOC-W), Joint Criminal Opioid Darknet Enforcement (JCODE), and the Prescription Drug Initiative (PDI). The estimated budgetary resources for each priority initiative are calculated based on a percentage of resources from the FBI's Transnational Organized Crime - Eastern Hemisphere (TOC-E), TOC-W, and Healthcare Fraud (HCF) programs. Non-personnel funding 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. Estimated budgetary resources for the three programs are multiplied by



the percentage of the total programmatic resources that are scored to the *Strategy*. The applied percentages are determined by the number of open cases, within the TOC-E, TOC-W, and HCF programs that are drug related. Personnel resources are calculated based on the FBI's actual personnel time utilization, often referred to as Time Utilization and Record Keeping (TURK). Full-Time Equivalents (FTE) are used to quantify employment as a function of hours worked during a fiscal year and the data comes from payroll processed at the National Finance Center. The payroll FTE was reported by program and subprogram for Field Offices using an activity-based costing methodology incorporating both HR data and TURK data. The resources reported as "Intelligence" represent the resources that are scored to the Intelligence decision unit which include FBI intelligence activities focused on strategic, tactical, and network analysis; training, outreach, and collaboration; and tool development. The "Investigative" resources represent budgetary resources that are scored to the Criminal Enterprises and Federal Crimes decision unit.

## **BUDGET SUMMARY**

In FY 2024, FBI requests \$202.7 million for drug control activities, a decrease of \$13.2 million from the FY 2023 enacted level.

### **Criminal Enterprises/Federal Crime**

**FY 2024 Request: \$191.7 million**

**(\$12.7 million below the FY 2023 enacted level)**

#### ***Investigations***

**FY 2024 Request: \$191.6 million**

**(\$12.7 million below the FY 2023 enacted level)**

The FBI has established strategic initiatives to focus on the largest TCOs to identify, target, disrupt, degrade, and dismantle those organizations. To accomplish the mission, the FBI utilizes resources to develop technological advances to overcome encrypted communication devices and applications leading to a better ability to identify those involved and their distribution networks. The JCODE Team is responsible for a coordinated government effort to detect, disrupt, and dismantle the most prolific criminal enterprises which are reliant on the Internet or advanced technology to facilitate the trafficking of illicit narcotics. The JCODE mission is accomplished by increasing technical and intelligence collection capabilities across law enforcement and intelligence communities, exploiting technical infrastructure, directing strategic offensive campaigns, infiltrating criminal enterprises, and educating buyers on the dangers of Darknet marketplaces. Success is achieved via 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.



### ***Harm Reduction***

**FY 2024 Request: \$0.1 million**

**(No change from the FY 2023 enacted level)**

The FBI purchases Naloxone through the Medical Operations and Readiness Unit. This effort is under Harm Reduction and aggregated under Prevention.

### ***Intelligence***

**FY 2024 Request: \$11.0 million**

**(\$0.5 million below the FY 2023 enacted level)**

In FY 2024, the FBI's intelligence activities will remain focused on strategic, tactical, and network analysis; training, outreach, and collaboration; and tool development. Strategic analysis will inform policy makers, law enforcement, and the United States 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 FBI with a baseline of United States-based Darknet related activity, which can be tracked over time. Tactical intelligence will amplify existing, as well as 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 educate international, federal, State, and local law enforcement partners on TCO's 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, FBI will amplify their network within theUSIC to share knowledge and tools.

### **EQUITY**

The 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$32.700	\$34.100	\$43.000
State and Local Assistance	164.761	173.195	197.575
Treatment	395.109	424.468	433.559
Recovery	15.135	17.790	21.920
<b>Total Drug Resources by Function</b>	<b>\$607.705</b>	<b>\$649.553</b>	<b>\$696.055</b>
<b>Drug Resources by Decision Unit</b>			
Edward Byrne Memorial Justice Assistance Grant program	\$48.979	\$54.125	\$86.821
Comprehensive Opioid, Stimulant, and Substance Use Program	185.000	190.000	190.000
COPS Anti-Heroin Task Force Program	35.000	35.000	35.000
COPS Office Anti-Methamphetamine Task Force Program	15.000	16.000	15.000
Drug Court Program	88.000	95.000	88.000
Harold Rogers' Prescription Drug Monitoring Program	33.000	35.000	33.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	17.000
Justice and Mental Health Collaboration	6.000	6.750	8.800
Mentoring for Youth Affected by the Opioid Crisis	16.500	16.500	18.000
Opioid-Affected Youth Initiative	12.000	12.500	16.000
Project Hope Opportunity Probation with Enforcement	5.000	5.000	2.900
Regional Information Sharing System	14.700	15.400	14.800
Residential Substance Abuse Treatment Program	40.000	45.000	35.000
Second Chance Act Program	34.958	38.136	70.537
Veterans Treatment Courts Program	29.000	35.000	25.000
Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	23.368	28.042	31.197
Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program	4.200	5.100	9.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$607.705</b>	<b>\$649.553</b>	<b>\$696.055</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	45	49	49
<b>Drug Resources as a Percent of Budget*</b>			
Total Agency Budget (in Billions)	\$3.2	\$3.0	\$4.0
Drug Resources Percentage	19.1%	22.7%	17.3%

\* This table shows both OJP and COPS Office programs; therefore, the total agency funding line reflects that total enacted funding level or budget request for both OJP and COPS Office.



## Program Summary

### MISSION

OJP's 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.

In 2022, OJP and ONDCP established a revised drug budget methodology that will be applied to drug budget reporting starting with the FY 2024 budget cycle. Therefore, the FY 2022 Final and 2023 Enacted funding shown above will reflect the older drug budget methodology (established in January 2018) to match the methodology used in drug budget reporting for these years, rather than the revised methodology (which is reflected in the FY 2024 President's Budget request). OJP and ONDCP are currently conferring regarding the incorporation of the Harm Reduction and Recovery drug control budget functions into OJP's drug budget methodology and anticipate implementing a final revision to the methodology during FY 2023. The methodology for specific OJP programs is provided below:

- Amounts reported for the Regional Information Sharing System (RISS) reflect 37 percent of total funding for this program as drug-related.
- Amounts shown for the Justice and Mental Health Collaboration Program reflect 22 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 2022 - FY 2024. Of the total SCA funding managed by BJA, 62 percent of this total is reported as drug-related. Of the total managed by OJJDP, 69 percent is reported as drug-related.
- Amounts shown for Project Hope Opportunity Probation with Enforcement reflect 58 percent of total funding for this program as drug-related.
- Amounts reported for the Byrne Justice Assistance Grant (JAG) program reflect 16 percent of total JAG funding less Congressionally-directed spending (Byrne Discretionary Community Projects) and one time funding for election security or President-elect security programs (varies by fiscal year).



- 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, 89 percent is reflected as drug-related. Of the total funding estimated for CTAS Purpose Area 9, 30 percent is reflected as drug-related.
- COPS Anti-Heroin Task Force Program and COPS Anti-Methamphetamine Task Force Program are administered by the Office of Community Oriented Policing Services (COPS)
- The Forensic Support for Opioid and Synthetic Drug Investigations program is funded as a carve-out of the Paul Coverdell Forensic Science Improvement Grants program. In the FY 2022 Enacted column, approximately 52 percent of the \$33 million appropriated (or \$17 million) is scored as drug related. In the FY 2023 Enacted and FY 2024 President's Budget Request columns, approximately 49 percent of the \$35 million requested (or \$17 million) is scored as drug related.
- The Opioid-Affected Youth Initiative is funded as a carve-out under the Delinquency Prevention Program, which is scored as 100 percent drug related. In FY 2022, \$12 million was appropriated for the Delinquency Prevention Program; in FY 2023, \$12.5 million was appropriated for this program. The FY 2024 President's Budget Request proposes \$16 million for this program.
- The Mentoring for Youth Affected by the Opioid Crisis program is funded as a carve-out of the Youth Mentoring program. In the FY 2022 Enacted column, approximately 16.2 percent of the \$102 million appropriated for the Youth Mentoring Program (or \$16.5 million) is scored as drug related for this carve-out. In the FY 2023 Enacted column, approximately 15.4 percent of the \$107 million appropriated for this p Program (or \$16.5 million) is scored as drug related for this carve-out. in the FY 2024 President's Budget Request columns, approximately 15 percent of the \$120 million requested for the Youth Mentoring Program (or \$18 million) is scored as drug related for this carve-out.

## **BUDGET SUMMARY**

In FY 2024, OJP requests \$696.1 million, an increase of \$46.5 million from the FY 2023 enacted level. The FY 2024 budget proposes significant increases in drug-related funding for several programs, including the Edward Byrne Memorial JAG and Second Chance Act programs, as well as modest decreases to drug-related funding for several other programs, including the Drug Court, Residential Substance Abuse Treatment (RSAT), and Veterans Treatment Courts programs.





### **Regional Information Sharing System Program**

**FY 2024 Request: \$14.8 million**

**(\$0.6 million below the FY 2023 enacted level)**

The RISS program is a national criminal intelligence system operated by and for State and local LEAs. Six regional intelligence centers operate in all 50 States, the District of Columbia, and United States territories, with some member agencies in Canada, Australia, and 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 more than 9,900 federal, State, county, and municipal LEAs nationwide.

### **Drug Court Grant Program**

**FY 2024 Request: \$88.0 million**

**(\$7.0 million below the FY 2023 enacted level)**

The Drug Court program provides grants and training and technical assistance to State, local, and Tribal governments to support the development, expansion, and enhancement of adult and juvenile substance use treatment courts. This program also supports evaluations of the effectiveness of substance use treatment courts and treatment court strategies. These programs have proven to be a solid investment of Federal dollars with a 25-year track record of success in integrating evidence-based substance use disorder treatment, mandatory random drug testing, equitable sanctions and incentives, and transitional services in judicially supervised court settings to reduce recidivism, substance use and misuse, and prevent overdoses.

### **Justice and Mental Health Collaboration Program**

**FY 2024 Request: \$8.8 million**

**(\$2.0 million above the FY 2023 enacted level)**

The Justice and Mental Health Collaboration program provides 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 people with mental health disorders or co-occurring mental health and substance use disorders who come in contact with the criminal justice system. These strategies typically bring together criminal justice, social services, public health agencies, as well as community organizations.

### **Residential Substance Abuse Treatment Program**

**FY 2024 Request: \$35.0 million**

**(\$10.0 million below the FY 2023 enacted level)**

The RSAT program was established to help State governments develop, implement, and improve residential substance use disorder treatment programs within State correctional facilities, as well as within local correctional and detention facilities, in which persons are incarcerated for a period of time sufficient to permit substance use disorder treatment. 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.



### **Harold Rogers' Prescription Drug Monitoring Program**

**FY 2024 Request: \$33.0 million**

**(\$2.0 million below the FY 2023 enacted level)**

The purpose of the Prescription Drug Monitoring Program is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. In coordination with HHS, the program aims to assist State and local governments in establishing or enhancing PDMP systems. Objectives of the program include building a data collection and analysis system at the State level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between States, and assessing the efficiency and effectiveness of the programs funded under this initiative.

### **Second Chance Act Program**

**FY 2024 Request: \$70.5 million**

**(\$32.4 million above the FY 2023 enacted level)**

The Second Chance Act Program builds on OJP's past reentry initiatives by supporting 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 grants to help State, local, and tribal adult and juvenile corrections and public safety agencies, as well as nonprofit service providers, to implement and improve reentry services, including housing, education and employment assistance, mentoring programs, treatment and recovery support for substance use and mental health disorders, and family support 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.

### **Project Hope Opportunity Probation with Enforcement**

**FY 2024 Request: \$2.9 million**

**(\$2.1 million below the FY 2023 enacted level)**

This program assists State, local, and tribal governments in developing and implementing community supervision programs based on approaches that emphasize the use of "swift, certain, and fair" (SCF) sanctions (including the Hawaii HOPE model) for violating conditions of probation or post-release supervision. By enhance community supervision programs that make use of the SCF sanctions principles, this program seeks to reduce help reduce recidivism and reduce the unnecessary use of incarceration to address criminal offenses related to substance use and misuse.

### **Edward Byrne Memorial Justice Assistance Grant (JAG) Program**

**FY 2024 Request: \$86.8 million**

**(\$32.7 million above the FY 2023 enacted level)**

The Byrne JAG are the primary source of flexible federal criminal justice funding for State, local, and Tribal jurisdictions. This funding supports all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention, courts, corrections, treatment, and justice information sharing initiatives. Projects funded by JAG awards address crime through direct services to individuals and communities and improve the effectiveness and efficiency of State, local, and tribal criminal justice systems.



### **Veterans Treatment Courts Program**

**FY 2024 Request: \$25.0 million**

**(\$10.0 million below the FY 2023 enacted level)**

This program provides grants, training, and technical assistance to State, local, and tribal governments to support the creation and development of Veterans Treatment Courts (VTC). The program also supports the development of the veteran's treatment court model and knowledge about its effectiveness and how State, local and tribal VTCs can coordinate resources with the Veterans Justice Officers out of VA. The goal of the VTC program is to provide drug court and criminal justice professionals with the resources needed to implement, enhance, and sustain evidence-based treatment court programs and systems for veterans with substance use disorders, and in some cases co-occurring mental health needs including PTSD resulting from their service.

### **Comprehensive Opioid, Stimulant, and Substance Use Program**

**FY 2024 Request: \$190.0 million**

**(No change from the FY 2023 enacted level)**

The Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), previously known as the Comprehensive Opioid Abuse Program (COAP), provides grants, training, and technical assistance to support State, local, and tribal governments in effectively responding to the overdose epidemic, opioids, stimulants, and other substance use challenges. Grant programs are designed to strengthen law enforcement and community responses to the overdose epidemic and substance use crisis, as well as to provide support for diversion and alternatives to incarceration programs for individuals responsible for low-level, non-violent offenses.

### **Coordinated Tribal Assistance Solicitation Purpose Area 3: Justice Systems and Alcohol and Substance Abuse**

**FY 2024 Request: \$31.2 million**

**(\$3.2 million above the FY 2023 enacted level)**

DOJ's Coordinated Tribal Assistance Solicitation 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 seven broad purpose areas. CTAS Purpose Area 3 focuses on helping tribes respond to the threats posed by substance use 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 2024 President's Budget.

### **Coordinated Tribal Assistance Solicitation Purpose Area 9: Tribal Youth Program**

**FY 2024 Request: \$9.0 million**

**(\$3.9 million above the FY 2023 enacted level)**

DOJ's Coordinated Tribal Assistance Solicitation 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 seven broad purpose areas. CTAS Purpose Area 9 focuses on supporting and enhancing tribal efforts to prevent and respond to juvenile delinquency (including responding to youth alcohol and substance use or 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 2024 President's Budget.



### **Office of Community Oriented Policing Services (COPS Office) Anti-Heroin Task Force Program**

**FY 2024 Request: \$35.0 million**  
(Equal to the FY 2023 enacted level)

The COPS Anti-Heroin Task Force Program provides grants to law enforcement agencies in States with high rates of primary treatment admissions for heroin and other opioids. These grants may be used for the purpose of locating or investigating illicit activities through Statewide collaboration relating to the distribution of heroin, fentanyl, or carfentanil or to the unlawful distribution of prescription opioids.

### **Community Oriented Policing Services (COPS Office) Anti-Methamphetamine Task Force Program**

**FY 2024 Request: \$15.0 million**  
(\$1.0 million below the FY 2023 enacted level)

The COPS Anti-Methamphetamine Task Force Program assists State LEAs in addressing the persistent threats related to methamphetamine production, distribution, and abuse. This program helps State LEAs, in collaboration with other service providers and stakeholders, to establish or enhance comprehensive methamphetamine reduction efforts; expand the use of community policing strategies to address production, distribution, and use of illicit drugs; and improve collaboration in support of prevention, investigation, intervention, and treatment efforts.

### **Forensic Support for Opioid and Synthetic Drug Investigations**

**FY 2024 Request: \$17.0 million**  
(No change from the FY 2023 enacted level)

This Forensic Support for Opioid and Synthetic Drug Investigations program, funded as a carve-out under the Paul Coverdell Forensic Science Improvement Grants program, provides grants and training and technical assistance to assist medical examiners and coroners' offices analyze evidence associated with investigations related to opioid and synthetic drug use and distribution.

### **Opioid-Affected Youth Initiative**

**FY 2024 Request: \$16.0 million**  
(\$3.5 million above the FY 2023 enacted level)

The Opioid-Affected Youth Initiative, funded as a carve-out under the Delinquency Prevention Program, provides funding and training and technical assistance to help communities develop evidence-based programs and strategies that identify, respond to, treat, and support children, youth, and families impacted by the opioids and other substance use disorders. By promoting coordinated intervention and prevention responses to youth and families affected by substance use, this program seeks to improve youth and community safety and reduce the number of youths involved in the foster care system.

### **Mentoring for Youth Affected by the Opioid Crisis**

**FY 2024 Request: \$18.0 million**  
(\$1.5 million above the FY 2023 enacted level)

The Mentoring for Youth Affected by the Opioid Crisis program provides grant funding to support evidence-based mentoring programs designed to help youth impacted by opioids and other substance use disorders to avoid negative outcomes (such as delinquency, dropping out of school, or substance use).



## 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$381.513	\$386.269	\$382.211
Prosecution	168.945	164.189	168.247
<b>Total Drug Resources by Function</b>	<b>\$550.458</b>	<b>\$550.458</b>	<b>\$550.458</b>
<b>Drug Resources by Decision Unit</b>			
Interagency Crime Drug Enforcement	\$550.458	\$550.458	\$550.458
<b>Total Drug Resources by Decision Unit</b>	<b>\$550.458</b>	<b>\$550.458</b>	<b>\$550.458</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,573	2,456	2,337
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.6	\$0.6	\$0.6
Drug Resources Percentage	100%	100%	100%

**Program Summary**

**MISSION**

The Interagency Crime and Drug Enforcement appropriation funds the OCDETF Program. The mission of OCDETF is to reduce the supply of illegal drugs in the United States and diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. Additionally, in support of the Attorney General’s Organized Crime Council, OCDETF similarly facilitates the disruption and dismantlement of Priority TOC organizations engaged in polycrime activities that most impact the Nation’s security.

**METHODOLOGY**

All OCDETF resources are scored as a part of the National Drug Control Budget.

**BUDGET SUMMARY**

In FY 2024, OCDETF requests \$550.5 million for drug control activities, no change from the FY 2023 enacted level.



## **Interagency Crime Drug Enforcement**

**FY 2024 Request: \$550.5 million**

**(No change from the FY 2023 enacted level)**

OCDETF describes activities per two functions: investigations and prosecutions.

### **Investigations**

**FY 2024 Request: \$382.2 million**

**(\$4.1 million below the FY 2023 enacted level)**

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the United States illicit drug supply. OCDETF Regional Coordination Groups also target and identify Regional Priority Organization Targets, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

### ***Bureau of Alcohol, Tobacco, Firearms and Explosives***

***FY 2024 Request: \$13.1 million***

***(\$0.1 million below the FY 2023 enacted level)***

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, ATF jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent drug trafficking organizations. The FY 2024 request will continue to support ATF investigative activities as a member of the OCDETF Program.

### ***Drug Enforcement Administration***

***FY 2024 Request: \$198.4 million***

***(\$2.1 million below the FY 2023 enacted level)***

DEA is the agency most actively involved in the OCDETF Program, with a participation rate in OCDETF investigations that exceeds 80 percent. Also, DEA is the only federal agency in OCDETF that has drug enforcement as its sole mission. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with State and local authorities have made the DEA an essential partner. The FY 2024 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

### ***Federal Bureau of Investigation***

***FY 2024 Request: \$137.8 million***

***(\$1.5 million below the FY 2023 enacted 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 drug trafficking organizations and their financial infrastructure. The FY 2024 request will continue to support the personnel and operational costs for FBI's participation in the OCDETF Program.





### ***U.S. Marshals Service***

***FY 2024 Request: \$10.8 million***

***(\$0.1 million below the FY 2023 enacted 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 the USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2024 request will continue to support the personnel and operational costs for USMS' participation in the OCDETF Program.

### ***OCDETF Fusion Center***

***FY 2024 Request: \$17.5 million***

***(\$0.2 million below the FY 2023 enacted level)***

The FY 2024 request will support operations at the OCDETF Fusion Center, a comprehensive data center containing all drug and related financial intelligence information from the eleven OCDETF-member investigative agencies, the 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 Regional Priority Organization Targets. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency SOD to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks. In addition, the OFC creates strategic intelligence products to enhance the threat analysis and support the national strategic efforts against transnational organized crime.

### ***International Organized Crime Intelligence and Operations Center***

***FY 2024 Request: \$4.6 million***

***(\$0.1 million below the FY 2023 enacted level)***

The mission of the International Organized Crime Intelligence and Operations Center (IOC-2), in partnership with the OCDETF Fusion Center and DEA SOD, is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United States. The IOC-2 leverages the existing tools of the OCDETF Fusion Center and SOD while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation.

### **Prosecution**

***FY 2024 Request: \$168.2 million***

***(\$4.1 million above the FY 2023 enacted level)***

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for USAO) and DOJ CRM.

### ***Criminal Division***

***FY 2024 Request: \$2.3 million***

***(\$0.1 million above the FY 2023 enacted level)***

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/Money Laundering and Asset Recovery Section attorneys support Mexican Cartel prosecutions. The FY 2024 request will continue to support the personnel and operational costs for CRM's participation in the OCDETF Program.



### ***Threat Response Unit***

***FY 2024 Request: \$1.6 million***

***(\$0.1 million above the FY 2023 enacted level)***

The request will fund the OCDETF Executive Office attorneys detailed to the CRM's Office of Enforcement Operations to enhance its support of OCDETF Southwest Border-related wiretap applications and requests for approval to employ sensitive investigative techniques, and to CRM's Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

### ***United States Attorneys' Offices***

***FY 2024 Request: \$164.3 million***

***(\$3.9 million above the FY 2023 enacted level)***

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled. The FY 2024 request will continue to support the personnel and operational costs for AUSA's 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 transnational criminal organizations. 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prosecution	\$101.482	\$101.482	\$101.482
<b>Total Drug Resources by Function</b>	<b>\$101.482</b>	<b>\$101.482</b>	<b>\$101.482</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$101.482	\$101.482	\$101.482
<b>Total Drug Resources by Decision Unit</b>	<b>\$101.482</b>	<b>\$101.482</b>	<b>\$101.482</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	572	535	535
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.4	\$2.6	\$2.9
Drug Resources Percentage	4.4%	3.9%	3.5%

**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 National Drug Control Strategy. A core mission of each USAO is to prosecute high level producers, suppliers, and traffickers for violations of federal drug laws to disrupt international and domestic drug trafficking organizations, deter continued illicit drug distribution and use in the United States, and to prevent drug traffickers from obtaining the profits from their unlawful activities.

The USAOs work with federal, State, and local law enforcement partners to conduct thorough and comprehensive investigations and prosecutions of criminal organizations that target all aspects of the drug supply network. For example, USAOs target those who obtain precursor chemicals to manufacture synthetic drugs, those who operate clandestine laboratories, drug smuggling operations that transport dangerous controlled substances into the United States, domestic distribution networks moving drugs from the border to the streets throughout our Nation, local drug traffickers who use violence to further their illegal ends and are responsible for deadly overdoses, and the networks of individuals who profit from and launder the proceeds of drug trafficking.

To counter this threat, USAOs have increased their efforts to prosecute synthetic opioids, particular cases involving fentanyl and fentanyl analogues. USAOs have been particularly focused on the insidious danger posed by fake pills that contain fentanyl, which have proven to be



exceptionally deadly. Each USAO has an Opioid Coordinator tasked with coordinating these efforts. Such efforts have included traditional drug trafficking prosecutions, as well as prosecutions of cases involving drug distributions resulting in death and prosecutions of health care providers who unlawfully distribute opioids. USAOs also have pursued creative strategies to address other aspects of the opioid epidemic by spearheading community education efforts, identifying defendants who would benefit from a diversion or drug treatment program, and exploring harm reduction strategies.

## **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 positions dedicated to non-OCDEF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system.

## **BUDGET SUMMARY**

In FY 2024, the United States Attorneys requests \$101.5 million for drug control activities, no change from the FY 2023 enacted funding level. There are no drug-related program increases in FY 2024.

### **Salaries and Expenses**

**FY 2024 Request: \$101.5 million**

**(No change from the FY 2023 enacted level)**

The USAOs work with Federal, state, and local law enforcement to disrupt domestic and international narcotics production and drug trafficking. The funding requested will be used to support the personnel and expenses necessary to prosecute violations of federal drug statutes, as well as the associated money laundering and other offenses associated with drug trafficking.

In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths. The USAOs also have pursued 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 part of a broader strategy that also includes education, prevention, and treatment efforts.

## **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. USA 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 of the Department's core values.



**DEPARTMENT OF JUSTICE**  
**United States Marshals Service**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Corrections	\$649.078	\$642.214	\$668.169
International	1.234	1.359	1.553
Investigations	122.213	134.569	153.746
Prosecution	245.641	260.695	284.346
Harm Reduction	0.006	0.006	0.006
<b>Total Drug Resources by Function</b>	<b>\$1,018.172</b>	<b>\$1,038.843</b>	<b>\$1,107.820</b>
<b>Drug Resources by Decision Unit</b>			
<b>Salaries and Expenses</b>	<b>\$369.088</b>	<b>\$396.623</b>	<b>\$439.645</b>
Fugitive Apprehension (non-add)	123.447	135.928	155.299
Judicial and Courthouse Security (non-add)	164.099	175.877	195.139
Prisoner Security and Transportation (non-add)	81.542	84.818	89.207
<b>Federal Prisoner Detention</b>	<b>649.078</b>	<b>642.214</b>	<b>668.169</b>
<b>Tactical Operations</b>	<b>0.006</b>	<b>0.006</b>	<b>0.006</b>
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,018.172</b>	<b>\$1,038.843</b>	<b>\$1,107.820</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,185	1,210	1,243
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.7	\$3.8	\$4.1
Drug Resources Percentage	27.5%	27.3%	27.0%

**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, CRM, USAO, FBI, BOP, ICE, ATF, IRS, and USCG. USMS also works in cooperation with DOJ’s Tax Division, 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**

The USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. 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. A fourth decision unit, Tactical Operations, was added to the USMS drug budget. Tactical Operations reports the projected annual cost for Naloxone as part of the Operation Medical Support Unit (OMSU) routine medication issuance. The total actual or projected cost is applied to the “Harm Reduction” drug resources under Tactical Operations.

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 the BOP. The FPD appropriation does not include specific resources dedicated to the housing and care of the drug prisoner population. Therefore, the methodology used to determine the cost associated with the drug prisoner population for the Detention Services decision unit multiplies the average daily population for drug offenses by the per diem rate (housing cost per day), which is then multiplied by the number of days in the year.

## **BUDGET SUMMARY**

In FY 2024, USMS requests \$1,107.8 million for drug control activities, an increase of \$69.0 million above the FY 2023 Enacted level. USMS does not receive a specific appropriation for drug-related work including housing and care of the drug prisoner population. Therefore, to calculate drug resources, USMS uses drug-related workload to develop drug control ratios for three of S&E’s decision units, actual and projected cost for Naloxone for the Tactical Operations decision unit, and ADP for drug offenses to determine the drug prisoner population cost for the



Detention Services decision unit.

### **Salaries and Expenses**

**FY 2024 Request: \$439.6 million**

**(\$43.0 million above the FY 2023 enacted level)**

The USMS' request supports the Administration's goals of reducing violent crime.

### **Fugitive Apprehension**

***FY 2024 Request: \$155.3 million***

***(\$19.4 million above the FY 2023 enacted level)***

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. 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 law enforcement agencies (LEAs) in support of fugitive investigations. The broad scope and responsibilities of the USMS concerning the location and apprehension of Federal, state, local, and foreign fugitives is detailed in a series of Federal laws, rules, regulations, DOJ policies, Office of Legal Counsel opinions, and memoranda of understanding with other federal LEAs.

### **Judicial and Courthouse Security**

***FY 2024 Request: \$195.1 million***

***(\$19.4 million above the FY 2023 enacted level)***

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a federal courthouse facility), to include security maintenance for prisoners in custody during court proceedings. Deputy U.S. Marshals are assigned to 94 federal judicial districts (93 federal districts and the Superior Court for the District of Columbia) to protect the federal judicial system, which handles a variety of cases, including drug trafficking. 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 2024 Request: \$89.2 million***

***(\$4.4 million above the FY 2023 enacted level)***

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house Federal detainees. As each prisoner is placed into USMS custody, a Deputy U.S. Marshal is required to process that prisoner. Processing consists of interviewing the prisoner to gather personal, arrest, prosecution, and medical information; fingerprinting and photographing the prisoner; preparing an inventory of any received prisoner property; and entering/placing the data and records into automated tracking systems. The cellblock is the secured area for holding prisoners in the courthouse before and after appearance in a court proceeding. Deputy U.S. Marshals follow strict safety protocols in the cellblocks to ensure the safety of the USMS employees and members of the judicial process.





### **Federal Prisoner Detention**

**FY 2024 Request: \$668.2 million**

**(\$26.0 million above the FY 2023 enacted level)**

The FPD appropriation is responsible for the costs associated with the care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related transportation for Federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to BOP. USMS aims to better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components. The USMS request responds to current detention population trends.

### **Tactical Operations**

**FY 2024 Request: \$6,000**

**(No change from the FY 2023 enacted level)**

Tactical Operations includes special operations and emergency management response. The USMS' Special Operations Group (SOG) supports the Department and other government agencies with a highly trained, rapidly deployable corps of law enforcement officers specializing in tactical response. The SOG oversees the Operational Medical Support Unit (OMSU), which is composed of both SOG medics and collateral duty Deputy U.S. Marshals. The OMSU manages, trains, and equips Deputies who possess a current Emergency Medical Technicians (EMT) or EMT-Paramedic certification. The OMSU issues naloxone kits to its medically trained Deputy/Medic workforce as part of its routine medication issuance.

## **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 Employee Benefits Security Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final*	FY 2023 Enacted*	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$0.000	\$0.000	\$5.500
<b>Total Drug Resources by Function</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$5.500</b>
<b>Drug Resources by Decision Unit</b>			
Enforcement and Participant Assistance	\$0.000	\$0.000	\$5.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$5.500</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	-	-	2.2%

\*In FY 2022 and FY 2023, the drug resources are authorized by an FY 2021 supplemental appropriation and funded via carryover amounts. In FY 2022, the actual obligations were \$5.5 million. In FY 2023, the planned obligations are \$5.5 million.

### Program Summary

#### MISSION

EBSA’s mission is to ensure the security of the retirement, health and other workplace-related benefits of America’s workers and their families. Although EBSA is a small agency, currently employing approximately 850 people, it is responsible for protecting more than 152 million workers, retirees, and their families, who are covered by approximately 747,000 private retirement plans, 2.5 million health plans, and 673,000 other welfare benefit plans. Together, these plans hold estimated assets of \$12.1 trillion.

Employment-based benefit plans are vital to the financial security and physical well-being of millions of workers, retirees, and their families. EBSA’s work supports the Secretary’s policy priorities to Invest and Value the Nation’s Care Economy and Support a Lifetime of Worker Empowerment by protecting the public interest in retirement, health, and other benefits, and increasing confidence that promised benefits will be available when needed. EBSA carries out its mission in a complex and evolving economic and regulatory environment, in support of the Secretary’s vision to empower workers morning, noon, and night.



## **METHODOLOGY**

The base, annual appropriation or budget requests of EBSA do not contain resources for ONDCP-related initiatives. In FY 2023, EBSA was apportioned \$25.8 million in carryover funding to address mental health and SUD parity enforcement efforts and bolster audits of plans and issuers' comparative analyses of their non-quantitative treatment limitations (NQTLs), pursuant to the FY 2021 Consolidated Appropriations Act (CAA) P.L. 116-260. In support of building a recovery ready nation, EBSA plans to continue similar efforts (where possible) to obligate approximately \$5.5 million of overall CAA enforcement resources for NQTL provisions and SUD in FY 2023.

## **BUDGET SUMMARY**

In FY 2024, EBSA requests \$5.5 million for drug control activities, an increase of \$5.5 million from the FY 2023 enacted level.

### **Enforcement and Participant Assistance**

#### **Surprise Medical Billing Initiative**

**FY 2024 Request: \$5.5 million**

**(\$5.5 million above the FY2023 enacted level)**

In FY 2024, EBSA intends to continue enforcement and administration of surprise medical billing and transparency provisions of P.L. 116-260 to the extent carryover amounts are available. Any additional resources that support ONDCP initiatives will be predicated on amounts approved during the FY 2024 budget process.

Specifically, EBSA, along with HHS and the Department of the Treasury, requested \$500.0 million to be available until expended to continue activities being carried out under the No Surprises Act. While EBSA's portion of this fund is not yet determined, if EBSA continues to receive approximately \$25.7 million from this fund, EBSA would continue to use approximately \$5.5 million to carry out activities related to non-qualified treatment limitations provisions and substance use disorder in FY 2024 and beyond.

## **EQUITY**

EBSA helps build a recovery-ready nation and eliminates barriers to increase opportunities, combat poverty, and boost economic mobility in the most disadvantaged communities. By significantly increasing its Mental Health Parity and Addiction Equity Act (MHPAEA) enforcement efforts, especially with respect to NQTLs, EBSA ensures that health plan participants and beneficiaries seeking help for mental health and substance use issues do not face more barriers than those applying for medical and surgical benefits.

EBSA protects vulnerable workers through informative compliance assistance, consumer outreach, and public education. Specifically, EBSA educates more employers on health benefit provisions and on how to reach underserved populations, including non-English speaking populations. It also teaches the public more about the Agency and its mission to protect workers, especially in vulnerable communities. Currently, EBSA's Benefits Advisors conduct at least 70 participant assistance events to underserved communities including 23 events in non-English to support LEP individuals. They also conduct 75 compliance assistance events to support the underserved communities. EBSA has also established the Benefits Advisor Underserved Community Outreach Committee, which is comprised of Benefits Advisors from around the country and is aimed at



increasing EBSA’s presence in underserved and LEP communities. At the National Office, EBSA has translated 11 of its top participant assistance publications into a total of 13 languages in order to educate vulnerable workers in their native languages.

Some of EBSA’s existing enforcement initiatives include the agency’s high priority project to enforce MHPAEA and the Protecting Benefit Distribution project, which covers the Terminated Vested Participant Program (TVPP), abandoned plans, and financially distressed sponsors. By their nature, these programs focus on underserved individuals and communities, including vulnerable elderly populations and people with mental health conditions and substance use disorders.



**DEPARTMENT OF LABOR**  
**Employment and Training Administration**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$4.200	\$6.000	\$5.000
Recovery	\$15.941	\$15.941*	\$15.941*
<b>Total Drug Resources by Function</b>	<b>\$20.141</b>	<b>\$21.941</b>	<b>\$20.941</b>
<b>Drug Resources by Decision Unit</b>			
Job Corps - Operations	\$4.200	\$6.000	\$5.000
Training and Employment Services – Dislocated Worker Employment and Training Activities	\$15.941	\$15.941*	\$15.941*
<b>Total Drug Resources by Decision Unit</b>	<b>\$20.141</b>	<b>\$21.941</b>	<b>\$20.941</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$9.9	\$10.6	\$11.5
Drug Resources Percentage	0.2%	0.2%	0.2%

\*FY 2023 and FY 2024 amounts are projected based on demand from FY 2022.

**Program Summary**

**MISSION**

The Job Corps program is administered by DoL’s ETA. Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic, and career technical training program for opportunity 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 30,000 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 Job Corps program promotes a drug-free environment so that students can learn in a healthy environment. The Jobs Corps program operates on a program year (PY) basis – as opposed to a fiscal year (FY) basis. Funds appropriated for Program Year 2023 are available for obligation from July 1, 2023, through June 30, 2024.

National Dislocated Worker Grants (DWGs), formerly known as National Emergency Grants, are discretionary grants awarded by the Secretary of Labor, under Section 170 of the Workforce



Innovation and Opportunity Act (WIOA). This funding is intended to temporarily expand capacity to serve dislocated workers, including military service members, and meet the increased demand for WIOA employment and training services, with a purpose to reemploy laid-off workers and enhance their employability and earnings. Disaster DWGs provide funding to create temporary employment opportunities to assist with recovery efforts when an area is declared eligible for public assistance by a federal agency with authority or jurisdiction over federal response to the emergency or disaster. HHS's declaration of OUD as a national health emergency permits the DoL to award Disaster Recovery Dislocated Worker grants. This appropriation may be used for these grants until HHS's health emergency declaration expires.

## **METHODOLOGY**

The Office of Job Corps' (OJC) expenditures for the TEAP program are for health specialists 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.

For DWGs, the National Reserve operates on a program year (PY), and funds appropriated to this account in FY 2022 are available for federal obligation from July 1, 2022 through September 30, 2023. The total amount of money that will be utilized for the opioid crisis DWGs will depend on the number of states that provide qualified applications and the availability of funds. Because Program Year 2022 is still in progress, the Department cannot provide an accurate estimate of how much money will be awarded with the FY 2022 appropriation. As of December 31, 2022, the Department has awarded \$15.9 million in PY 2022 opioid-related DWGs. These were all funded from ETA's FY 2022 appropriation. In total, Congress appropriated \$300.8 million that can be used for the National Dislocated Worker Grants and other authorized purposes in PY 2022.

## **BUDGET SUMMARY**

In FY 2024, ETA requests \$20.9 million for drug control activities, a decrease of \$1.0 million from the FY 2023 enacted level.

### **Job Corps**

**FY 2024 Request: \$5.0 million**  
**(\$1.0 million below the FY 2023 enacted level)**

In FY 2024, Job Corps requests \$5.0 million for drug control activities, a decrease of \$1.0 million from the FY 2023 enacted level.





### **Trainee Employee Assistance Program Drug Initiative**

**FY 2024 Request: \$4.3 million**

**(\$1.0 million below the FY 2023 enacted level)**

In FY 2024, \$4.3 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 abuse on employability.

For all new students that test positive for drug use upon entrance, Job Corps uses a Trainee Employment Assistance Program (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 as such, 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 2024 Request: \$0.7 million***

***(No change from the FY 2023 enacted level)***

In FY 2024, \$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. In FY 2024, Training and Employment Services (TES) requests \$15.9 million for drug control activities, no change from the FY 2023 enacted level.

### **Dislocated Worker Employment and Training Activities**

#### **Disaster Recovery Dislocated Worker Grants**

**FY 2024 Request: \$15.9 million**

**(No change from the FY 2023 enacted level)**

The Department's FY 2024 budget does not outline a specific amount for the opioid crisis DWGs. The availability of resources for these grants is subject to continuation of the HHS's health emergency declaration and will be affected by other DWG needs, such as grants provided to states in response to natural disasters.

In Program Year 2018, the Department provided guidance for how states can apply for Disaster Recovery DWGs to respond to the opioid crisis. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees may also use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in mental health treatment, substance use disorder treatment, and pain management. Successful opioid Disaster Recovery DWG projects will accomplish the following: facilitate community partnerships that are central to dealing with this complex health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure timely delivery



of appropriate, necessary career, training, and support activities; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

Since the guidance was issued, the Department has considered and awarded opioid crisis Disaster Recovery DWGs to applicants who met the Department's criteria and will continue to do so in future program years until HHS's health emergency declaration expires. The funds that can be used for this purpose are appropriated to the Dislocated Worker National Reserve budget activity within ETA's Training and Employment Services.

Both sets of grants enable eligible applicants to serve or retrain workers in communities impacted by the health and economic effects of widespread opioid use, substance use disorder, and overdose. Recipients could use the funds toward worker upskilling and reskilling needed to increase availability of substance use disorder treatment services, pain management and therapy services, and mental health treatment. These grants required comprehensive partnerships across the spectrum of health, justice, and community organizations, among others, to align and coordinate the form and delivery of employment and related services that best meet the needs of impacted individuals and offer the best opportunities for reemployment.

## **EQUITY**

Job Corps is committed to advancing equity within the program. Through its strategic planning efforts and review of its policies, Job Corps will assess various facets of the program (including the recruitment and admission of applicants, the availability of trades, residential living activities, the curriculum, etc.) and the impact those targeted efforts have on student outcomes.

ETA is committed to advancing equity within the NHE Disaster Recovery DWG program and SUPPORT Act Grants. Through guidance, performance measurement, funding opportunities and technical assistance, ETA encourages grantees to prioritize good jobs in their program design and implementation of opioid grants. Among the key attributes of a good job is the core value of DEIA, ensuring that individuals from underserved populations (i.e., those adversely affected by persistent poverty, discrimination, or inequality) do not face systemic barriers to advancement and that workers receive any necessary disability accommodation without difficulties or additional barriers.



**DEPARTMENT OF LABOR**  
**Office of Disability Employment Policy**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Recovery	\$0.800	\$0.800	\$0.800
<b>Total Drug Resources by Function</b>	<b>\$0.800</b>	<b>\$0.800</b>	<b>\$0.800</b>
<b>Drug Resources by Decision Unit</b>			
Office of Disability Employment Policy (ASPIRE)	\$0.800	\$0.800	\$0.800
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.800</b>	<b>\$0.800</b>	<b>\$0.800</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Millions)	\$40.5	\$43.0	\$60.5
Drug Resources Percentage	2.0%	1.9%	1.3%

**Program Summary**

**MISSION**

ODEP’s mission is to develop and influence policies and practices to increase employment opportunities for people with disabilities. This mission is in response to stark inequities between the employment and earnings of people with disabilities in comparison to people without disabilities. One ODEP project, ASPIRE, works to support and expand CIE for people with mental health conditions. As part of this initiative, ASPIRE includes individuals with mental health conditions who also have co-occurring substance use disorders. Ensuring that the employment needs of this population are met is an important consideration and component of this project. In addition, there is a growing research base to support the validity of Individual Placement and Support (IPS) Supported Employment, the primary intervention strategy and focus of ASPIRE activities, as an evidence-based practice for individuals with SUD.

**METHODOLOGY**

The drug resources cost estimates are based on the total estimated spending for the competitive contract. The contractor will select states to receive supports from ASPIRE. To qualify for selection in FY 2024, state applicants must include a representative from at least one key State or local mental health stakeholder organization, and one state-level substance/addiction treatment agency/entity representative, or one behavioral health representative. Including these representatives assists with reducing potential barriers and ensuring more consistent strategies across the state. The targeted population for the new ASPIRE contract includes individuals with mental health conditions as well as those with co-occurring SUD.



## **BUDGET SUMMARY**

In FY 2024, ODEP requests \$0.8 million for drug control activities, no change from the FY 2023 enacted level.

### **Office of Disability Employment Policy**

#### **Advancing State Policy Integration for Recovery and Employment**

**FY 2024 Request: \$0.8 million**

**(No change from the FY 2023 enacted level)**

In FY 2024, ODEP will award a new contract for ASPIRE, with a target award date of September 2024, to align with the expiration of the FY 2022 ASPIRE contract. The new contract will have a period of performance of 12 months with potential option years. It will use \$0.8 million in FY 2024 funding and anticipates an additional \$0.8 million in future year funding.

ODEP launched its ASPIRE initiative to increase CIE opportunities for people with mental health conditions. Since its inception in FY 2020, ASPIRE has helped seven states (Florida, Iowa, Indiana, Minnesota, Oklahoma, Virginia, and Wisconsin) expand access to evidence-based employment services for people with mental health conditions, including those with co-occurring substance use disorders.

In FY 2024, ODEP will award a new competitive contract to an entity to provide expertise and support to ODEP and participating states. This support will include advice on inclusive messaging tone and language, such as consistently using neutral and science-based language when states and agencies discuss substance use disorders. This project will include coordination with state-level Mental/Behavioral Health, Medicaid, Vocational Rehabilitation agencies, as well as any other key state systems or relevant stakeholders essential to supporting CIE as a socioeconomic health intervention for persons with mental health conditions and substance use disorders.

Within ASPIRE, particular emphasis is placed on expanding best practices such as the IPS model of Supported Employment. The IPS model recognizes that employment is a vital part of treatment and recovery. Currently, ASPIRE is developing resources on the applicability of IPS Supported Employment beyond the mental health system, to include adults in Substance Abuse Treatment Programs.

ODEP's new ASPIRE contract will have an increased focus to include expanding access to IPS services to individuals with substance use disorders. Currently, nearly all IPS programs are housed within community mental health centers (CMHC); however, individuals with substance use disorders are typically not served in these settings. To better address this specific target population, ODEP will use FY 2024 funding to address the specific needs of this population by developing strategies to expand access to IPS to individuals with substance use disorders who are outside the community mental health centers (CMHC) system.



## EQUITY

ODEP’s current ASPIRE project works with participating states to develop state equity plans to ensure that the projects are conducting outreach to and serving underserved communities. As part of this work, ASPIRE states received training to develop their own equity plans. In January 2022, ASPIRE released an issue brief titled “Measuring Access to IPS and Employment Outcomes for Historically Underserved Groups” which provides information on expanding data collection related to race/ethnicity within IPS programs. In FY 2023 and FY 2024, ASPIRE will expand on its equity efforts by working with states to implement a standardized template for tracking data on the racial and ethnic demographics of people in IPS programs.



**DEPARTMENT OF LABOR**  
**Office of Inspector General**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$1.800	\$1.800	\$1.800
<b>Total Drug Resources by Function</b>	<b>\$1.800</b>	<b>\$1.800</b>	<b>\$1.800</b>
<b>Drug Resources by Decision Unit</b>			
Program and Trust Funds	\$1.800	\$1.800	\$1.800
<b>Total Drug Resources by Decision Unit</b>	<b>\$1.800</b>	<b>\$1.800</b>	<b>\$1.800</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	9	9	9
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	2.0%	1.9%	1.6%

**Program Summary**

**MISSION**

The Office of Inspector General (OIG) has dedicated significant audit and investigative resources over the years to improve the Federal Employees’ Compensation Act (FECA) program because of its significant cost to taxpayers and impact on injured federal workers and their dependents. In particular, the FECA program, along with other federal government workers’ compensation programs, is highly susceptible to abuse and fraud due to risks associated with prescription drugs. Previous OIG work has highlighted the high reimbursement costs of compounded drug medications and safety concerns with overprescribing opioids. In addition, the OIG has initiated more criminal investigations relating to fraudulent activity involving opioids in the FECA program.

**METHODOLOGY**

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. 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, OIG’s focus on using data analytics will increase the ability of OIG to identify new and changing trends in criminal activity more quickly and end fraud sooner, thus saving taxpayer funds.



## **BUDGET SUMMARY**

In FY 2024, OIG requests \$1.8 million for drug control activities; no change from the FY 2023 enacted level.

### **Program and Trust Funds**

#### **Fighting Fraud Involving Opioids and Compounded Medications in the FECA Program**

**FY 2024 Request: \$1.8 million**

**(No change from the FY 2023 enacted 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 OIG.

In FY 2024, \$1.8 million in requested funding will support 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 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 reduces fraud in the program thereby ensuring that the program remains accessible to federal employees regardless of race, ethnicity, gender, and/or sexual orientation.





**DEPARTMENT OF LABOR**  
**Office of Workers' Compensation Programs**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$7.769	\$7.769	\$7.769
<b>Total Drug Resources by Function</b>	<b>\$7.769</b>	<b>\$7.769</b>	<b>\$7.769</b>
<b>Drug Resources by Decision Unit</b>			
Federal Programs for Workers' Compensation	\$7.769	\$7.769	\$7.769
<b>Total Drug Resources by Decision Unit</b>	<b>\$7.769</b>	<b>\$7.769</b>	<b>\$7.769</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	68	68	68
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	9.6%	9.5%	9.4%

**Program Summary**

**MISSION**

The Special Benefits program is administered by DOL’s OWCP. The Special Benefits fund comprises two accounts representing obligations for benefits under the Federal Employees' Compensation Act (FECA), as amended, with extensions, and the Longshore and Harbor Workers' Compensation Act (LHWCA), as amended, with extensions. The requested funding provides resources necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits made to eligible claimants or their survivors as mandated by each of the Acts. Under extensions of FECA, the program pays benefits to certain groups, such as War Hazards Compensation Act claimants, non-federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers.

Spending authority is also provided for FECA program administration out of annual “Fair Share” collections. Fair Share assessments are mandated under Section 8147(c) of the FECA for 23 non-appropriated 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 DOL 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.

The FECA Program fully implemented Pharmacy Benefit Management (PBM) services in early FY 2022 to improve the safety, quality, and cost-effectiveness of prescription care provided to claimants under the FECA. The FECA program implements this cost-sharing service for use by all federal Departments/Agencies, as the FECA is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with its Program Integrity, Prescription Management, and Fraud Prevention activities, enables the FECA program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate.

## BUDGET SUMMARY

In FY 2024, OWCP Special Benefits program requests \$7.8 million for drug control activities; no change from the FY 2023 enacted level.

### **Federal Programs for Workers' Compensation**

**FY 2024 Request: \$7.8 million**

**(No change from the FY 2023 enacted level)**

Below are several initiatives that are categorized under this decision unit.

### **Federal Programs for Workers' Compensation**

#### **Prescription Management Unit Drug Initiative**

**FY 2024 Request: \$2.6 million**

**(No change from the FY 2023 enacted level)**

Drug-related activity in Prescription Management Unit is a major contributor to OWCP's drug control activities. In FY 2024, \$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.

### **Federal Programs for Workers' Compensation**

#### **Pharmacy Benefit Management Services Drug Initiative**

**FY 2024 Request: \$1.0 million**

**(No change from the FY 2023 enacted level)**

Drug-related activity in PBM Services is a major contributor to OWCP's drug control activities. In FY 2024, \$0.974 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, as well as other medications, 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.

### **Federal Programs for Workers' Compensation**

#### **Federal Employees Compensation Act and Opioid Control Unit Drug Initiative**

**FY 2024 Request: \$4.2 million**

**(No change from the FY 2023 enacted level)**

Drug-related activity in Federal Employees Compensation Act and Opioid Control Unit is a major contributor to OWCP's drug control activities. In FY 2024, \$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 when comparing November 2022 with January 2017:

- 60 percent decline in overall opioid use (measured as FECA claimants that have had an opioid prescription within the prior 180 days)
- 43 percent drop in new opioid prescriptions
- 75 percent decline in new opioid prescriptions lasting more than 30 days
- 92 percent drop in claimants with a Morphine Equivalent Dose (MED) of 500 or more
- 73 percent drop in users with an MED of 90 or more

### **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.



# OFFICE OF NATIONAL DRUG CONTROL POLICY





# OFFICE OF NATIONAL DRUG CONTROL POLICY

## High Intensity Drug Trafficking Areas

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Intelligence	\$72.818	\$74.738	\$72.008
Interdiction	22.406	22.996	22.156
Investigations	177.175	183.318	177.252
Prevention	5.083	3.537	3.537
Prosecution	6.049	6.403	5.539
Research and Development	9.300	7.300	6.000
Treatment	3.769	3.708	3.708
<b>Total Drug Resources by Function</b>	<b>296.600</b>	<b>302.000</b>	<b>290.200</b>
<b>Drug Resources by Decision Unit</b>			
HIDTA	296.600	302.000	290.200
<b>Total Drug Resources by Decision Unit</b>	<b>296.600</b>	<b>302.000</b>	<b>290.200</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.5	\$0.5
Drug Resources Percentage	66.0%	64.1%	62.9%

### 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 reduce drug trafficking and production in the United States by a) facilitating cooperation among federal, State, local, and Tribal law enforcement agencies to share information and implement coordinated enforcement activities, b) enhancing law enforcement intelligence sharing among federal, state, local, and Tribal law enforcement agencies, c) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations, and d) supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

#### METHODOLOGY

All HIDTA resources are scored as a part of the National Drug Control Budget.



## **BUDGET SUMMARY**

In FY 2024, ONDCP requests \$290.2 million for the HIDTA Program, a decrease of \$11.8 million below the FY 2023 enacted level.

### **HIDTA**

**FY 2024 Request: \$290.2 million  
(\$11.8 million below the FY 2023 enacted level)**

For FY 2024 request level for HIDTA is \$290.2 million, a decrease of \$11.8 million from the FY 2023 enacted level. The request includes up to \$4.0 million for auditing services and associated activities. The allocation is needed to enhance oversight and accountability by enabling it to make periodic and strategic investments in targeted areas. These areas include, but are not limited to: cybersecurity and data protection and privacy, compliance with statutory regulations (e.g., the National Defense Authorization Act and federal privacy laws), and technological solutions to performance management and financial compliance and oversight. The request also includes \$2.0 million to fund the Grants Management System.

The HIDTA accomplishments are detailed below:

- The Overdose Response Strategy (ORS) was launched in 2015 with an initial investment of \$2.5 million in HIDTA discretionary funds to address the heroin and opioid epidemic by coordinating the efforts of regional HIDTA programs across 15 states. Its vision was to support drug intelligence officers (DIOs) and public health analysts (PHAs) to facilitate public safety and public health collaboration across geographic boundaries. In 2021, ONDCP incorporated into the HIDTA baseline funding plan support for compensation and travel costs for 60 full time DIO positions allocated across the 33 regional HIDTAs. The HIDTA baseline plan also supported two public safety advisory positions, administered through the National HIDTA Assistance Center, which coordinate the efforts of the DIOs and serve as central liaisons with their public health counterparts. Finally, the baseline plan provided funding for annual meetings and training. As a complement to HIDTA funding, the CDC provides funding to support full time PHA positions in all 33 regional HIDTAs. Full implementation of a national public health and public safety approach for the ORS in each HIDTA region supports ONDCP and CDC's shared mission of reducing fatal and nonfatal overdoses by developing and sharing information about heroin, fentanyl, methamphetamine, and other drugs across agencies and by offering evidence-based intervention strategies. Furthermore, this allocation addresses directives from the Appropriations Committees to support HIDTAs in states with high levels of substance use disorder. This allocation also responded to statutory language that permitted ONDCP to implement a drug overdose response strategy in HIDTAs on a nationwide basis.
- ORS has an ambitious goal – to leverage its strategic partnerships to target the organizations and individuals trafficking deadly drugs, such as fentanyl and methamphetamine, so that overdoses decrease and lives are saved. ORS is achieving this goal by creating a human network spanning the law enforcement and public health communities to share actionable information. The HIDTA-funded DIOs, for example, are charged with transmitting felony arrest notifications (FANs), that is sharing information about individuals charged with felony drug offenses to a law enforcement agency where the individual permanently resides. With this



information, law enforcement agencies can open new investigations or support existing investigations into specific individuals or larger drug trafficking organizations. In 2022, DIOs transmitted 12,228 notifications to police departments about individuals who lived in their jurisdiction and were arrested elsewhere on felony drug charges. To meet the goals of the ORS, the FAN program helps DIOs build trust with law enforcement agencies around their state, which are then leveraged to implement evidence-based overdose prevention and response strategies.

- In 2022, HIDTA initiatives identified 9,135 DTOs and money laundering organizations (MLOs) operating in their areas of responsibility and reported disrupting or dismantling 3,105 DTOs/MLOs. More than 55 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 \$22 billion (wholesale value) of drugs from the market and seized \$493.7 million in cash from drug traffickers.
- In the course of drug seizure operations in 2022, HIDTA task forces seized a total of 31,243 firearms. As a result, HIDTA and ATF have aligned efforts to establish or expand Crime Gun Intelligence Centers to address drug-related violence. These centers greatly enhance intelligence sharing related to firearms, gun tracing, and violent drug trafficking offenders. To ensure continued success with these efforts, ATF, is co-located with HIDTA initiatives to gather and consolidate intelligence on illegal firearm use and trafficking and makes that information available to law enforcement agencies within HIDTA regions.
- HIDTA includes law enforcement representation at different levels of federal, State, local, and Tribal governments. Drug enforcement efforts target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within the United States, and does not disproportionately focus on specific racial or ethnic groups. It is critical to approach the HIDTA Program with an equity lens, and is continuing to assess the program's initiatives to strengthen current understanding of barriers and opportunities.

## EQUITY

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

At the regional level, 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.





ONDCP has conducted training uniquely designed to assist the HIDTA leadership achieve an effective workforce by obtaining the skills to accurately assess their workplace environment's climate and address the challenges, hopes, and concerns their staff may have that are undetected currently. In 2021 and 2022, this training was provided to HIDTA Executive Directors and Deputy Directors. In 2023, the training will be conducted for ORS teams in all HIDTA regions. To formalize these efforts, ONDCP included language in its HIDTA grant terms and conditions to require grantees to participate in this training.



# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Other Federal Drug Control Programs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$111.200	\$114.200	\$116.950
Research and Development	19.418	19.920	20.750
Treatment	3.000	3.000	5.750
Interdiction	---	---	2.750
Investigations	---	---	2.750
<b>Total Drug Resources by Function</b>	<b>\$133.617</b>	<b>\$137.120</b>	<b>\$148.950</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Free Communities	\$106.000	\$109.000	\$109.000
Anti-Doping Activities	15.000	15.250	14.000
World Anti-Doping Agency Dues	3.167	3.420	3.700
Model Acts Program	1.250	1.250	1.250
Section 103 of Public Law 114-198	5.200	5.200	5.200
Drug Court Training and Technical Assistance	3.000	3.000	3.000
Policy Research	0	0	1.300
Evolving and Emerging Drug Threats	0	0	11.000
Performance Audits and Evaluations	0	0	0.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$133.617</b>	<b>\$137.120</b>	<b>\$148.950</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.5	\$0.5
Drug Resources Percentage	29.7%	29.2%	32.3%

### Program Summary

#### MISSION

This account is for other drug control activities authorized by the Office of National Drug Control Policy 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 2024, ONDCP requests \$149.0 million for Other Federal Drug Control Programs, an increase of \$11.8 million above the FY 2023 enacted level.

### **Other Federal Drug Control Programs**

**FY 2024 Request: \$149.0 million**

**(\$11.8 million above the FY 2023 enacted level)**

The request includes funding for the programs detailed below.

### **Drug Free Communities (DFC)**

**FY 2024 Request: \$109.0 million**

**(No change from the FY 2023 enacted level)**

The Drug Free Communities Support (DFC) Program provides small grants (no more than \$125,000 per year for an initial 5-year period) to established local community drug free coalitions. The grants are awarded competitively to community coalitions that organize multiple sectors of a community to focus on local needs as a means for reducing and/or preventing youth substance use. The FY 2024 request level for DFC is \$109.0 million and 2 FTE. This is the same as the FY 2023 enacted amount. ONDCP is requesting up to \$12,780,000 (or approximately 12 percent) for administrative costs associated with the program.

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

To summarize Middle School findings:

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

To summarize High School findings:

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

### ***Anti-Doping Activities***

**FY 2024 Request: \$14.0 million**

**(\$1.3 million below the FY 2023 enacted level)**

This funding continues the effort to educate athletes on the dangers of drug use and to eliminate illegal drug use in Olympic and associated sports in the United States.



### ***World Anti-Doping Agency (WADA) Dues***

**FY 2024 Request: \$3.7 million**

**(\$0.3 million above the FY 2023 enacted level)**

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

### **Model Acts Program**

**FY 2024 Request: \$1.3 million**

**(No change from the FY 2023 enacted level)**

This funding provides resources to: (1) advise states on establishing laws and policies to address illicit drug use issues; and (2) revise such model state drug laws and draft supplementary model state laws to take into consideration changes in illicit drug use issues in the state involved.

### **Sec. 103 of Public Law 114-198**

**FY 2024 Request: \$5.2 million**

**(No change from the FY 2023 enacted level)**

This funding provides grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises and emerging drug abuse issues within the area served by the eligible entity.

### **Drug Court Training and Technical Assistance**

**FY 2024 Request: \$3.0 million**

**(No change from the FY 2023 enacted level)**

This program furthers the development and sustainability of drug courts in the United States through the review and dissemination of science-based methods to overcome barriers to drug court sustainability, provide up-to-date guidance and training to practitioners and inter-disciplinary drug court teams to increase drug court participant retention and completion rates, and provide a state-by-state examination of drug courts.

### **Performance Audits and Evaluations**

**FY 2024 Request: \$0.5 million**

**(\$0.5 million above the FY 2023 enacted level)**

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 and the Assessment are not being met.

### **Policy Research**

**Total FY 2024 Request: \$1.3 million**

**(\$1.3 million above the FY 2023 enacted level)**

Funds will be used to conduct short-turnaround contract research projects to address specific issues concerning policy and in support of the *Strategy*.



## **Evolving and Emerging Threats**

**Total FY 2024 Request: \$11.0 million**

**(\$11.0 million above the FY 2023 enacted level)**

By enacting the SUPPORT Act, Congress codified its intention for the federal government to closely monitor evolving and emerging drug threats and to act early in the development of a national trend to prevent such threats from reaching levels seen during the opioid crisis. The SUPPORT Act emerging threats provisions authorize the Director to work with the interagency to identify funding requirements that respond to emerging threats outside of the normal budget development cycles. The funding requested by ONDCP will allow the Administration to provide targeted funding to address designated emerging drug threats as the Administration develops plans to address those threats.

## **EQUITY**

In working to address issues of equity, the DFC Program has been collaborating on several actions. The program has been working to increase understanding on how health inequities and social determinants of health impact youth substance use. Along with CDC's National Center for Injury Prevention and Control (NCIPC), it has engaged in the following actions:

- CDC conducted a health equity session during the CADCA National Leadership Forum in February to raise awareness on understanding health inequities and social determinants.
- CDC held a workshop on ACEs for a subset of coalitions in March.
- A health equity webinar for DFC funded coalitions was conducted by two of CDC's health equity experts. The presentation introduced key health equity principles and how they are related to youth substance use prevention efforts.

The DFC Program is also seeking to strengthen DFC data collection instruments to better understand populations served by the grant program.

- The DFC Program Office continues to work with the National Cross-Site Evaluation Team to prioritize how to better capture data from grant recipients as it pertains to diversity and equity. It is adding a specific qualitative section that will invite grant recipients to share detailed information about their work in these areas. The National Evaluation Team also provided technical assistance during the progress reporting window on the importance of including this information.
- DFC and CDC continue to review and track progress on the data submitted by grant recipients. The findings will be included in future annual evaluation reports.

The DFC Program is also working directly with CADCA through the National Coalition Academy to strengthen community coalition training and technical assistance. These include:

- Modifications are being made to the National Coalition Academy to include topics such as health equity and social determinants of health.



- Revisions are being made to update the training framework of the Strategic Prevention Framework (SPF).
- DFC continues to monitor and track progress through CADCA's internal and external evaluation processes.



# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Salaries and Expenses

### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Interdiction	\$3.790	\$4.300	\$4.476
International	3.790	4.300	4.476
Investigations	2.464	2.795	2.909
Prevention*	3.222	14.137	3.805
State and Local Assistance	2.464	2.795	2.909
Treatment	3.222	3.655	3.805
<b>Total Drug Resources by Function</b>	<b>\$18.952</b>	<b>\$31.982</b>	<b>\$22.380</b>
<b>Drug Resources by Decision Unit</b>			
Operations	\$18.952	\$31.982	\$22.380
<b>Total Drug Resources by Decision Unit</b>	<b>\$18.952</b>	<b>\$31.982</b>	<b>\$22.380</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	65	72	72
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.5	\$0.5
Drug Resources Percentage	4.3%	6.7%	4.8%

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

### 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 \$22.4 million (excluding \$10.5 million in congressionally-directed funding in FY 2023), an increase of \$0.9 million above the FY 2023 enacted level.

### **Operations**

**FY 2024 Request: \$22.4 million  
(\$0.9 million below the FY 2023 enacted level)**

The FY 2024 request for ONDCP S&E Operations is \$22.4 million and supports a level of 72 FTE. This is an increase of \$0.9 million over the FY 2023 enacted level of \$21.5 million. This requested increase provides for pay adjustments and price changes, in addition to providing funding for the April 2024 Conference of Western Hemisphere Sports Ministers in Washington D.C. in support of anti-doping and related efforts.

Ever since the establishment of the World Anti-Doping Agency (WADA) in 1999, the United States has played a key leadership role on the world stage to ensure strong and effective anti-doping policies. However, since 2015 the United States has been unable to serve on WADA's key leadership board, the Executive Committee because the single seat for the WADA Americas region, which includes the whole Western Hemisphere, is now occupied by the President of the American Sports Council (CADE). Fortunately, on April 19<sup>th</sup>, 2023, the United States was elected to the CADE Presidency and will return to the WADA Executive Committee for the next two years. This funding request will enable ONDCP to fulfill its potential responsibilities as CADE conference host in 2024. The CADE President is only obligated to host the conference one time per presidential term, thus ONDCP is requesting one-time funding in order to fulfill USG obligation to organize this conference in Washington D.C. (in April 2024).

## **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 leadership created agency-wide workplans that will guide ONDCP in implementing these first-year priorities. One action of particular import is the establishment of a research agenda to meet the needs of historically-underserved communities. Furthermore, advancing racial equity in ONDCP's approach to drug policy will also be a strong focus in the Strategy.

ONDCP's leadership understands that Executive Order 13985 is designed to transform how agencies interact with the people they serve. During the agency assessment, and the development of the Equity Action plan ONDCP executing tasks including holding, as part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, an in-person training course on May 6, 2022 for the regional HIDTA Directors and Deputy Directors. This unique training was designed to provide HIDTA leadership with the skills to accurately assess their workplace environment and address the challenges, hopes, and



concerns held by their staff. Moreover, the training develops a cohesive multidisciplinary team to assist participants in identifying opportunities for cultural shifts in the workplace from stress to support.

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

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



# DEPARTMENT OF STATE





## DEPARTMENT OF STATE

### Bureau of International Narcotics and Law Enforcement Affairs

#### Resource Summary

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
International	\$296.255	\$374.679	\$343.620
<b>Total Drug Resources by Function</b>	<b>\$296.255</b>	<b>\$374.679</b>	<b>\$343.620</b>
<b>Drug Resources by Decision Unit</b>			
International Narcotics Control and Law Enforcement	\$296.255	\$374.679	\$343.620
<b>Total Drug Resources by Decision Unit</b>	<b>\$296.255</b>	<b>\$374.679</b>	<b>\$343.620</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	129	130	134
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$38.9	\$42.9	\$45.5
Drug Resources Percentage	0.8%	0.9%	0.8%

<sup>1</sup>Total Agency Budget is the entire foreign assistance budget (both State and USAID).

#### Program Summary

##### MISSION

INL is responsible for the Department’s international drug control efforts. INL’s mission is to keep Americans safe by countering crime, illegal drugs, and instability abroad. INL helps partner 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 fentanyl and its analogues, synthetic opioids, cocaine, methamphetamine, and heroin from reaching United States shores.

INL publishes the United States government 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 drug trafficking organizations. 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**

The Department of State – through INL – supports CD 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 2024 INCLE budget totals for country, regional, and global programs in this document only include program funds. All country program development and support (PD&S) funds for FY 2024 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 2024, INL requests \$343.6 million for drug control activities, a decrease of \$31.1 million below the FY 2023 enacted level.

### **International Narcotics Control and Law Enforcement**

**FY 2024 Request: \$343.6 million**

**(\$31.1 million below the FY 2023 enacted level)**

In the FY 2024 request, the Department requested a total of \$343.6 million in INCLE program funds for counternarcotics program assistance (\$287.0 million) and related PD&S (\$56.6 million), a decrease of \$31.1 million from the FY 2023 enacted level of \$374.7 million in program funds (\$315.4 million) and related PD&S (\$59.2 million). The decrease in counternarcotics funding is due to several factors, including overall topline reductions in Colombia and Mexico, and shifts in funding to support a more holistic approach to counternarcotics efforts through increases to border security, transnational crime, and justice sector programming. In particular, the Department's request for Colombia included a decrease of counternarcotics funding in light of projected fewer resources needed for eradication programs and a rebalancing of the program portfolio that shifted a portion of the funding allocated to aviation programs from counternarcotics to rural security.



In support of the President’s National Security Strategy, which outlines how the United States will leverage all elements of national power to outcompete strategic competitors, tackle shared challenges, and shape the rules of the road, the FY 2024 INCLE request concentrates resources where they offer the most value and impact to these priorities. INCLE resources for counternarcotics will focus on programs that assist countries to directly deter the flow of illegal drugs.

A major component of the Department’s counternarcotics strategy is combatting synthetic drugs. To address the rise of synthetic opioids such as fentanyl, which is becoming the leading cause of United States overdose deaths, INL counternarcotics and law enforcement programming aims to improve the capacity of country-level laws, institutions, and criminal justice officials and to mitigate the transnational movement, marketing, and monetization of synthetics and other drugs. Programming will focus on strengthening capacity to detect, interdict, and share information on synthetic drug threats; building capacity to target online synthetic drug sales; shrinking the drug market by reducing global drug demand; and developing and enhancing partnerships with governments, industry, and international organizations.

To combat the threat of fentanyl, new psychoactive substances, methamphetamine, and other synthetic drugs, the Department plans to leverage all its tools – foreign assistance, including capacity building and technical assistance, and international engagement – to develop the national and international architecture required to address 21st century threats and increase the barriers of access to this illegal trade. INL’s overarching objective in this area is to save American lives by decreasing the volume of deadly drugs and their precursor chemicals trafficked into the United States.

### **Country and Regional Programs (Alphabetical by Region)**

INL’s International Narcotics Control and Law Enforcement funding is further subdivided by Country and Regional Programs. The FY 2023 enacted levels for these Country and Regional Programs subdivisions are still being finalized. The FY 2024 requests are provided below.

#### **Africa**

##### **Liberia**

The FY 2024 request for Liberia is \$0.9 million in program funds. The requested funds 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 transnational criminal organizations (TCOs) and distributors of narcotics, in support of national and regional counternarcotics efforts.

##### **Nigeria**

The FY 2024 request for Nigeria is \$0.3 million in program funds. The FY 2024 request for counternarcotics will support a counternarcotics advisor who will liaise with 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 strengthens 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 the United States embassy as needed.

## **East Asia and the Pacific**

### **Indonesia**

The FY 2024 request for Indonesia is \$0.9 million in program funds. The Indonesian government faces challenges in ensuring cross-border cooperation on counternarcotics due to extensive and porous maritime borders and numerous ports. The FY 2024 request will support the provision of specialized technical training and equipment to counternarcotics officers to increase their ability to investigate drug trafficking cases and combat 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 2024 request for Laos is \$0.5 million in program funds. Laos is the world's fourth largest producer of opium poppy and one of the largest producers of amphetamine-type stimulants. The number of Lao citizens addicted to drugs is also increasing dramatically. INL will support Lao efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development. Activities may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and technical assistance to expand treatment capacity, integrate treatment into the public health system, and provide community-based treatment resources. INL may also support limited alternative development programs in northern Laos.

### **Philippines**

The FY 2024 request for the Philippines is \$0.4 million in program funds. 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 2024 request for Vietnam is \$1.0 million in program funds. INCLE assistance 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 combat 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 2024 request for Afghanistan is \$3.0 million in program funds. Afghanistan consistently produces over 80 percent of the world’s opium. Narcotics-derived revenue increases corruption, finances transnational crime and terrorism, and undercuts the licit economy. Afghanistan also has one of the highest rates of narcotics usage in the world, deepening its public health crisis.

Following the United States drawdown in Afghanistan, INL will continue limited non-humanitarian assistance programming in Afghanistan, including counternarcotics programs. The FY 2024 request includes funds for 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 combat substance abuse, 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 2024 request for Kazakhstan is \$0.4 million in program funds. Kazakhstan is a transit country for virtually all opiates on the Northern Route and is also experiencing a major increase in synthetic drug use internally. Funds will support the development of DEA-implemented training programs on the detection of synthetic drug trafficking and dismantling of laboratories. Funds will also assist the Government of Kazakhstan to develop a drug intelligence “fusion center” with participation of several Kazakhstani law enforcement agencies.

### **Pakistan**

The FY 2024 request for Pakistan is \$3.0 million in program funds. Pakistan continues to face challenges in countering large flows of opiates originating from Afghanistan. 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. The request will support interdiction efforts by providing training, mentorship, equipment, and targeted material support in coordination with the DEA. Programming 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. Geographically, assistance will be targeted toward Khyber Pakhtunkhwa and Balochistan to combat trafficking along the Afghanistan-Pakistan border; assistance will also contribute to building maritime security capacities on the Makran Coast to disrupt the Southern Route narcotics flow.

### **Tajikistan**

The FY 2024 request for Tajikistan is \$1.0 million in program funds. 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 combat narcotics trafficking. United States counternarcotics programming includes close collaboration with the Tajikistan Drug Control Agency (DCA) and supports 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 2024 request for Uzbekistan is \$0.2 million in program funds. Uzbekistan experiences cross-border opiate trafficking from Afghanistan and Tajikistan. Counternarcotics funding will support training for Uzbek drug law enforcement personnel working with specialized, mobile interdiction units. Funding will also support reestablishment of cooperation between the DEA and the Government of Uzbekistan's counternarcotics authorities.

### **Central Asia Regional**

The FY 2024 request for Central Asia Regional is \$2.0 million. Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Some profits from drug trafficking fund terrorist organizations in the broader region, and some regional drug trafficking organizations maintain links to these extremist groups. United States assistance seeks to disrupt the illicit narcotics economy through law enforcement cooperation aimed at deterring, disrupting, and dismantling drug trafficking organizations. 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. Counternarcotics funding also 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. Funds will be used to support new initiatives to combat the influx of synthetic drugs into the region.

### **Western Hemisphere**

#### **Colombia**

The FY 2024 request for Colombia is \$73.9 million in counternarcotics program funds. Within the bilateral budget, funding for counternarcotics programming is decreased due to an anticipated diminishment of the level of forced eradication needed as well as to a need to maintain robust support for rural security efforts in support of the strategy described below, which ultimately helps sustain counternarcotics programs, and to changes in how aviation programs, which support not only counternarcotics missions but operations to strengthen rural security and counter environmental crimes, are allocated within the budget.

The United States, working closely with Colombian partners, continues 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: 1) integrated supply reduction; 2) comprehensive rural security, justice, and development; and 3) 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; combat cocaine trafficking; provide security and other government services to all Colombians, particularly in rural areas; and foster licit economic opportunities. With counternarcotics funds, INL 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.

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.

INL's counternarcotics assistance will assist the Colombian government by:

- 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 2024 request for Mexico includes \$9.0 million in counternarcotics program funds. Within the bilateral budget, the reduction to counternarcotics funding is due to the accounting for border security programs, which were previously accounted for under Counternarcotics – Interdiction and are accounted for under Citizen Security and Law Enforcement – Border Security from the FY 2021-appropriated budget onward. Counternarcotics programming will strengthen Mexico's capacity to reduce the manufacturing and trafficking of fentanyl, methamphetamine, and other illicit drugs, and prevent the diversion of their precursor chemicals. Citizen security and law enforcement programming will also strengthen Mexico's capacity to safeguard public security,



disrupt transnational criminal organizations that manufacture and traffic fentanyl, and secure borders through integrated technology and processes to enable efficient trade and travel and improve security, particularly against the movement of illicit synthetic drugs and weapons. Programming to combat transnational crime will improve capacity to conduct and partner with United States law enforcement on intelligence-led investigations of transnational criminal networks to disrupt illicit markets and remove financial incentives for fentanyl trafficking and other transborder crime. Rule of law programming will include efforts to improve the capability of federal and state justice sector officials to conduct effective investigations, use forensic evidence at trial, and prosecute of high-impact crime and impose criminal penalties with a focus on combating corruption, dismantling transnational criminal organizations that manufacture and traffic fentanyl, and disrupting migrant smuggling.

INL's counternarcotics funding for Mexico will support:

- International forensic chemist exchanges on synthetic drug synthesis.
- Fentanyl awareness trainings for law enforcement and regulatory agencies.
- Donation of detection canines and protective equipment to facilitate safe fentanyl interdiction.
- Capacity building on investigation and destruction of clandestine drug laboratories.

INL funding supports capacity building for security forces, customs, and other law enforcement, investigative, and health officials to interdict illicit drugs and their precursor chemicals. INL-funded programs also support efforts to prevent, treat, and reduce substance use in Mexico by strengthening capacity to track and analyze data and trends on drug use; implement evidence-based prevention and treatment policies; and advance drug treatment court models. INL funding also supports the United States-Mexico Bicentennial Framework for Security, Public Health, and Safe Communities. The framework is informed by the drug policy priorities of the Administration, which address two drivers of the synthetic drug threat: untreated addiction and the drug trafficking profits that fuel it.

### **Peru**

The FY 2024 request for Peru is \$38.7 million in program funds. The United States government will continue to support a 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 contributed 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



United States national interests. Transnational criminal networks threaten United States, Peruvian, and regional security. Stemming the cultivation and production of narcotics prevents the illegal deforestation of protected lands and can pave the way for licit livelihoods through alternative development.

Most of the overall FY 2024 INCLE request for Peru will remain focused on counternarcotics, particularly in response to record high coca cultivation in CY 2020 and CY 2021 of 88,200 and 84,400 hectares (ha) of coca respectively, an increase from 72,000 ha in CY 2019 and 52,000 ha in CY 2018. FY 2024 INCLE 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 known to be occupied by TCOs and the terrorist organization Shining Path, 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 2024 bilateral counternarcotics 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.

INL 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 2024 request for CARSI is \$47.1 million in program funds. INL programming supports the Administration's Root Causes Strategy, which aims to 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.

Programming addresses the security-related drivers of irregular migration from Central America to the United States and combats drug trafficking, TOC, gangs, violence, including gender-based violence, governance and corruption issues contributing to instability and criminal activities, and human smuggling to keep them from reaching the United States border. The FY 2024 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 and coastal 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 2023 CBJ, the Department is requesting Economic Support Fund (ESF) and INCLE account funding for CARSI in the newly created State Central America Regional operating unit. In prior years, CARSI was funded under the State Western Hemisphere Affairs (WHA) Regional operating unit.)

### **State WHA Regional – Caribbean Basin Security Initiative (CBSI)**

The FY 2024 request for CBSI is \$6.5 million in program funds. 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 to 15 percent of cocaine destined for the United States. Limited resources, institutional capacities, and underdeveloped criminal justice systems compound the impacts of financial and cyber-enabled crimes, corruption, and gang violence. The 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 partner nations and the United States to address trafficking and other security threats in the region. Regional maritime security cooperation will remain a key focus. 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 2024 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. Counternarcotics 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 and regional engagement, and capacity building.

### **Centrally Managed INL Programs**

#### **Drug Demand Reduction (DDR)**

The FY 2024 request for DDR is \$15.0 million in program funds. With FY 2024 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 substance use disorders 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 substance use 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 2024 request for DSR is \$20.0 million in program funds. Funds will support global and regional programs to combat and reduce illicit supplies of drugs, particularly synthetic drugs such as fentanyl and methamphetamine, and their precursor chemicals that are fueling the deadly 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 2024 request for GCDP is \$3.1 million in program funds. 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 Transnational Organized Crime, 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 2024 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 2024 request for IAS is \$60.4 million in program funds. With FY 2024 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 in



support of INL’s counternarcotics mission. 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 counternarcotics and law enforcement operations as required.

The increase in the FY 2024 request for IAS is to support the renovation of the Air Wing’s Patrick Space Force Base (PSFB) facilities. The facilities require renovation to mitigate severe health and safety concerns identified by the Department’s Office of Real Property Management (RPM). RPM considers the INL Air Wing Patrick Space Force Base (PSFB) facilities to be “high-risk” occupancy with a low probability of providing uninterrupted continuity of services in support of aviation operations without funding significant capital improvements to correct severe deficiencies. The funds in the request will support Department efforts to take significant corrective action to prevent a Cease-and-Desist Order from PFSB Command and maintain mission readiness.

### **PD&S**

The FY 2024 request for PD&S supporting INL’s counternarcotics programming is \$56.6 million. Consistent with the FY 2023 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 2024 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 2024 request for INL’s PD&S is \$217.8 million, which includes the \$56,578,000 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 26 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**

In observance of Executive Order 13985 issued in January 2021, the Department’s Office of Foreign Assistance (F) is in the process of deploying the Racial Equity Key Issue on Advancing Racial Equity and Support to Underserved Communities. INL recognizes the importance of promoting equity and inclusion, including for members of marginalized communities, which supports and reinforces this drug control mission. To support this effort, INL issued a front channel cable last summer to all embassies that receive INL funding to emphasize the Bureau’s commitment to recognizing bias and discrimination and countering bias-motivated violence within our host country counterparts and in the communities they serve, as well as providing tools and resources to help INL overseas sections integrate these priorities into their programs.



**DEPARTMENT OF STATE**  
**United States Agency for International Development**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted <sup>2</sup>	FY 2024 Request
<b>Drug Resources by Function</b>			
International	\$70.938	\$70.938	\$56.569
<b>Total Drug Resources by Function</b>	<b>\$70.938</b>	<b>\$70.938</b>	<b>\$56.569</b>
<b>Drug Resources by Decision Unit</b>			
Development Assistance	\$14.500	\$14.500	\$23.535
Economic Support Fund	56.438	56.438	33.034
<b>Total Drug Resources by Decision Unit</b>	<b>\$70.938</b>	<b>\$70.938</b>	<b>\$56.569</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	15	15	15
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$26.7	\$27.9	\$32.0
Drug Resources Percentage	0.3%	0.3%	0.2%

<sup>1</sup>Total Agency Budget is the USAID-managed foreign assistance accounts, including DA, ESF, among others.

<sup>2</sup>The FY 2023 level is an estimate based on FY 2022 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2023 appropriations.

**Program Summary**

**MISSION**

The United States Agency for International Development (USAID) is the agency responsible for implementing most of the economic and development foreign assistance provided by the 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, environmental conservation, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID’s Alternative Development programs support United States counter-narcotics objectives by helping countries develop economically viable, sustainable alternatives to narcotics production. Specifically, USAID implements alternative livelihood programs that focus on licit livelihoods, improving commercial agricultural production and market linkages in drug production-prone areas and offering farmers incentives to discontinue planting coca, poppy, and other illicit crops.

USAID also works to facilitate private sector investment, 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 to create and grow a viable agribusiness industry. These efforts help to catalyze economic growth and job



creation in post-eradication zones while also providing support to incentivize and facilitate participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key United States partner countries.

## **METHODOLOGY**

For programs related to counter-narcotics, USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. In preparing the annual foreign assistance budget request, the USAID and the 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 2024, USAID requests \$56.6 million for drug control activities, a decrease of \$12.2 million from the FY 2023 enacted level.

### **Economic Support Fund (ESF) and Development Assistance (DA) – Andean Region**

#### **Colombia**

The FY 2024 Request of \$41.0 million for counternarcotics is \$7.8 million below the FY 2023 Request of \$48.8 million. 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 high. ONDCP’s 2021 report on illicit cultivation in Colombia indicates a 4.5 percent decrease over last year to 234,000 hectares. The United States and Colombia share responsibility for addressing this high level of coca. 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 rural development, and increasing environmental protections.

The FY 2024 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.

Assistance will continue to fund programs to improve the conditions necessary for inclusive, licit, rural economic growth—an important counterpart to the Department of State’s 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, strengthen environmental resilience, and enable rural development. USAID is also working closely with the full range of interagency colleagues to define and advance a broader set of metrics to encourage focus on the root causes of coca cultivation.



The United States and Colombia recommitted to this approach at the March 2023 High Level Dialogue meetings in Washington. 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, making peace accord implementation key to sustained anti-narcotics gains. Assistance will strengthen legal economies in rural, conflict-affected areas by increasing the competitiveness of licit producers and the value of licit products. Funding will support Government of Colombia initiatives to better integrate security and alternative livelihood programs to further reduce drug production and combat 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, and boost confidence and create trust in the state and other institutions.

### **Peru**

The FY 2024 request of \$15.5 million for counter-narcotics is \$4.5 million below the 2023 Request of \$20 million. The FY 2024 Request for Peru will support the Peruvian-led strategy of eradication, interdiction, and alternative development. According to ONDCP, coca cultivation and potential pure cocaine production in Peru remained very high in 2021 at 84,400 hectares and 785 metric tons, respectively. The previous year, Peru had seen an alarming 22 percent year-over-year increase in coca cultivation (to 88,200 hectares), reaching its highest level since 1995, while potential cocaine production had reached its highest level ever (814 metric tons). The pandemic, a sharp economic recession, and political instability severely hindered Peru’s counterdrug response since 2020. Political turmoil -- including five presidents, more than ten interior ministers, and multiple police chiefs in the past three years -- limited progress on counter-narcotics priorities. There was very little eradication in 2020 and 2021 due to COVID-19 and political instability; in both years, Peru achieved less than a quarter of its eradication goals. In 2022, Peru managed to eradicate 21,600 hectares of coca, exceeding its goal.

The Government of Peru (GOP), along with coordinated assistance from the United States Government, has been able to sustain reductions in the numbers of hectares of coca in large swaths of Peru’s central jungle through a three-pronged approach focusing on interdiction, eradication, and alternative development. 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 roads, farming knowledge, improved local governance, access to Internet and financial services). USAID is also gathering ideas on how to promote licit livelihoods in more isolated areas, including the buffer zones of natural protected areas and indigenous territories, where violence against environmental defenders and deforestation have increased significantly in recent years along with coca cultivation. 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 (2023 will be the last year that USAID provides direct, government-to-government funding



of Peru’s counter-narcotics agency). 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 the United States Department of State, 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 USAID’s implementation of E.O. 13985. On March 29, 2021, Deputy Secretary McKeon established our Agency Equity Team, which serves as an enterprise-wide effort to implement E.O. 13985 in our foreign affairs mission. The USAID 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 it can advance racial equity and support for underserved communities through United States foreign policy and assistance, public engagements and exchanges, grants, procurement, contracts, and consular services. Our Equity Action Plan provides a roadmap for the United States Department of State 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 ethnics groups and other underserved communities domestically and overseas.

USAID is strongly committed to expanding DEIA. The Agency is making changes to its internal functions and addressing issues in our work place and culture, as well as expanding our relationships with external partners, such as HBCUs and other MSIs. USAID promotes inclusion of traditionally marginalized groups in many of our development programs in the region. For example, in Colombia, it strengthens and defend Afro-Colombian and Indigenous Peoples’ human rights and territories, promote inclusive economic and environmental projects, support cultural heritage, and combat racism and discrimination to ensure that all Colombians can take part in the country’s journey toward peaceful prosperity.

And in Peru, it is working with indigenous communities and women to protect precious natural resources, particularly tropical forests. It is also seeking to build a workforce and broader international development community that is more representative of the areas it serves by expanding our successful Afro and Indigenous fellowships including in Colombia and Peru.





# DEPARTMENT OF TRANSPORTATION







**DEPARTMENT OF TRANSPORTATION**  
**Federal Aviation Administration**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$17.240	\$17.760	\$17.710
Intelligence - Interdiction	2.253	2.550	2.650
Investigations	1.490	1.535	1.541
State & Local Assistance	2.252	2.550	2.650
<b>Total Drug Resources by Function</b>	<b>\$23.235</b>	<b>\$24.395</b>	<b>\$24.551</b>
<b>Drug Resources by Decision Unit</b>			
Aviation Safety/Aerospace Medicine	18.730	19.295	19.251
Security and Hazardous Material Safety	4.505	5.100	5.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$23.235</b>	<b>\$24.395</b>	<b>\$24.551</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	116	119	120
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$18.86	\$19.02	\$19.81
Drug Resources Percentage	0.12%	0.13%	0.12%

**Program Summary**

**MISSION**

The mission of the Federal Aviation Administration (FAA) is to provide the safest, most efficient aerospace system in the world. The Office of Aerospace Medicine supports drug-related activities within the FAA and in the aviation industry through its mission to reduce drug use and its consequences throughout the national aerospace. The Office of Security and Hazardous Materials Safety (ASH) Law Enforcement Assistance Program (LEAP) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all Federal, state, and local law enforcement agencies engaged in drug interdiction efforts.

**METHODOLOGY**

There are no single identifiable line items within the 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 2024, FAA requests \$24.6 million for drug control activities, an increase of \$0.2 million above the FY 2023 enacted level.

### **Aviation Safety/Aerospace Medicine**

**FY 2024 Request: \$19.3 million**

**(\$0.04 million below the FY 2023 enacted levels)**

The Aviation Safety's Office of Aerospace Medicine includes drug resources in the Drug Abatement Division and the Internal Substance Abuse Program.

### ***Drug Abatement Division***

***FY 2024 Request: \$13.8 million***

***(\$0.2 million less than the FY 2023 enacted levels)***

The Drug Abatement Division is responsible for the development, implementation, administration, and surveillance monitoring of the aviation industry drug and alcohol testing programs as set forth in the Department of Transportation (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, directly or by contract, for an employer defined in part 120, (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, and aircraft dispatcher duties, and operations control specialist duties. In FY 2024, 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 surveillance activities to verify compliance by investigating complaints or inspecting employer programs, as well as investigating 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 regulated employers and contractors.

### ***Internal Substance Abuse Program***

***FY 2024 Request: \$5.4 million***

***(\$0.2 million above the FY 2023 enacted levels)***

Funding in FY 2024 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 the 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 2024 Request: \$5.3 million**

**(\$0.2 million above the FY 2023 enacted levels)**

ASH's LEAP was initially structured to devote 100 percent of its staff time to *Strategy*-related work. Since then, responding to incidents caused by Unmanned Aircraft Systems (UAS) and laser pointers affecting the safety of the United States National Airspace System (NAS) has been added to the Division's responsibilities, thereby reducing the direct support available to the *Strategy*. To address the additional workload from UAS and laser incidents, ASH requested and received additional LEAP positions in the FY 2021 enacted budget and received positions in FY 2022. In FY 2023 and FY 2024, the additional personnel will support LEAP activities, including prioritizing ONDCP initiatives and related investigations.

FY 2023/24 funding will provide for 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 *Strategy* and will continue to aid 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. The 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, LEAs will be able to identify and act against individuals involved in criminal activities that affect the safety and security of the national airspace. Additionally, FAA will be informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements and will be able to take regulatory actions against them, including suspension 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. Code statutes and Federal Aviation Regulations as a result of information received from individual states, the District of Columbia, and three territories. FY 2023/24 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, the 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.

The FAA has examined the content of its training materials to ensure culturally relevant practices are maintained. LEAP outreach and training are done at the request of LEAs and as such, the 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prevention	\$13.792	\$17.600	\$17.600
Research	\$7.889	---	---
Treatment	\$0.500	\$0.500	\$0.500
<b>Total Drug Resources by Function</b>	<b>\$22.181</b>	<b>\$18.100</b>	<b>\$18.100</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Impaired Driving Program	\$2.256	\$4.900	\$4.900
Highway Safety Research	\$7.889	---	---
Emergency Medical Services	\$0.500	\$0.500	\$0.500
Communications and Consumer Information	\$11.536	\$12.700	\$12.700
<b>Total Drug Resources by Decision Unit</b>	<b>\$22.181</b>	<b>\$18.100</b>	<b>\$18.100</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3	3	3
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.6	\$1.7	\$1.6
Drug Resources Percentage	1.4%	1.1%	1.1%

**Program Summary**

**MISSION**

The mission of the National Highway Traffic Safety Administration (NHTSA) is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes (including crashes related to impairment by alcohol and other drugs) through education, research, safety standards, and enforcement activity. The Office of Research and Program Development (NPD) is responsible for the formulation, testing, and assessment of behavioral traffic safety programs, including researching the consequences of driving under the influence of drugs and providing 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 program development activities out of its core research and demonstration budget (23 U.S. Code § 403), while communication and consumer information activities are funded through NHTSA’s High-visibility Enforcement Program (23 U.S.



Code § 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 2024, NHTSA requests \$18.1 million for drug control activities, no change from the FY 2023 Enacted level.

### **Drug-Impaired Driving Program**

**FY 2024 Request: \$4.9 million**

**(No change from the FY 2023 enacted level)**

In FY 2024, \$4.9 million in requested funding will support NHTSA assistance to stakeholders at the national, state, and local levels to research and develop 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.

### **Emergency Medical Services**

**FY 2024 Request: \$0.5 million**

**(No change from the FY 2023 enacted level)**

In FY 2024, \$0.5 million in requested funding will support efforts to improve EMS treatment and surveillance of crash injury patients, non-fatal opioid overdose patients, and other time-sensitive health emergencies. NHTSA's National Emergency Medical Services Information System (NEMSIS) database allows local communities, states, and territories to collect EMS data (including crash injury and opioid overdose data) and submit data to the NEMSIS National EMS Database in near-real time. NEMSIS also enables the linkage of EMS records with hospital records, crash records, Prescription Drug Monitoring Programs, and other sources of health information. In FY 2024, NHTSA will continue collaborating with EMS stakeholders to increase the number of states and territories voluntarily submitting NEMSIS Version 3.5.0 data.<sup>1</sup>

### **Communications and Consumer Information**

**FY 2024 Request: \$12.7 million**

**(No change from the FY 2023 enacted level)**

In FY 2024, \$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.

## **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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$0.910	\$2.200	\$2.300
<b>Total Drug Resources by Function</b>	<b>\$0.910</b>	<b>\$2.200</b>	<b>\$2.300</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$0.910	\$2.200	\$2.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.910</b>	<b>\$2.200</b>	<b>\$2.300</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	12	12	14
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	0.6%	1.2%	1.0%

### Program Summary

#### MISSION

FinCEN is a bureau of the Department of the Treasury, with a mission is to safeguard the financial system from illicit use, combat money laundering, and promote national security through the collection, analysis, and dissemination of financial intelligence and strategic use of financial authorities. FinCEN carries out its regulatory functions primarily under the authorities set forth in the Bank Secrecy Act (BSA). The bureau receives and maintains financial transactions data; analyzes and disseminates data for law enforcement purposes; supervises and enforces the BSA against financial institutions and certain non-financial trades or businesses; and builds global cooperation with counterpart organizations in other countries and with international bodies.

While detecting financial crimes identified is FinCEN’s central mission, matters relating to drug trafficking activities, money laundering, etc. are uncovered in the course of carrying out the bureau’s financial crimes mission. This information can be useful to investigations of transnational criminal organizations, including those that engage in narcotics trafficking.

#### METHODOLOGY

FinCEN estimates the number of FTEs working on drug-related matters of a total equivalent to 14 FTEs in FY 2024. The FTE estimate was based on staff working on transnational criminal organizations with a demonstrated drug nexus, including opioids. The funding level was estimated using the salary and benefit costs for GS 13-5 personnel.



## **BUDGET SUMMARY**

In FY 2024, FinCEN requests \$2.3 million for drug control activities, an increase of \$0.1 million above the FY 2023 enacted level.

### **Salaries and Expenses**

**FY 2024 Request: \$2.3 million**

**(\$0.1 million above the FY 2023 enacted level)**

FinCEN works to safeguard the financial system from illicit use, combat money laundering, and promote national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence. FinCEN is seeking to strengthen its efforts to address drug-related financial crimes including money laundering, cybercrime, and use of cryptocurrency. FinCEN is also committed to working with federal, state, and local law enforcement, federal and state regulators, foreign Financial Intelligence Units, and industry. FinCEN will engage in the following activities to address the *Strategy*:

- Continue to support information exchange with its domestic law enforcement partners through its 314(a) Program and Egmont Program, which also supports information exchange with international partners.
- Continue to provide on-going, substantive training and outreach to its law enforcement partners on myriad issues of national security importance in an effort to increase their awareness and enhance their traditional methods of utilizing the BSA to investigate illicit finance related to drug trafficking.
- Continue to collaborate closely with law enforcement agencies, particularly DOJ, including FBI and DEA, to provide analysis supporting investigations targeting drug trafficking, including through identifying global financial networks of transnational criminal organizations engaged in illicit drug trafficking activities.
- Continue to conduct law enforcement investigations into violations of the BSA to ensure financial institutions are complying with their regulatory requirements, including, as applicable, by establishing and maintaining an effective anti-money laundering program and detecting and filing reports of suspicious activity associated with drug trafficking and other financial crimes. These enforcement activities against the financial sector play a direct role in buttressing the reporting tied to drug trafficking and in curtailing such activity by promoting compliance throughout the industry.
- Expand law enforcement and intelligence community information sharing and strengthen information sharing framework across departments.
- Continue to provide on-going, substantive training and outreach to its law enforcement partners on a myriad issues of national security importance in an effort to increase their awareness and enhance their traditional methods of utilizing the BSA to investigate illicit finance related to drug trafficking.

## **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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$78.250	\$60.257	\$60.257
<b>Total Drug Resources by Function</b>	<b>\$78.250</b>	<b>\$60.257</b>	<b>\$60.257</b>
<b>Drug Resources by Decision Unit</b>			
Criminal Investigation	\$78.250	\$60.257	\$60.257
<b>Total Drug Resources by Decision Unit</b>	<b>\$78.250</b>	<b>\$60.257</b>	<b>\$60.257</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	295	295	295
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$12.6	\$12.3	\$14.1
Drug Resources Percentage	0.6%	0.5%	0.4%

**Program Summary**

**MISSION**

The mission of 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 unique financial investigative expertise and statutory authority.

IRSCI Narcotics Program supports the President’s *Strategy* to contribute 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 participates, supports, and leads multi-agency task forces dedicated to the mission of disrupting TCO’s operating internationally which support the narcotics trade including OCDETF, HIDTA task forces, and the Suspicious Activity Report – Review Teams (SAR-RT).

IRSCI continues to follow previously laid out strategies and contribute in a significant way by implementing programs recommended by the *Strategy* and National Strategy on Combatting



Terrorist and other Illicit Financing; and plays a key role in multiple initiatives that are part of the *National Southwest Border Counter-Narcotics Strategy*.

Nationally, IRSCI continues to support multi-agency task forces including OCDETF, Strike Force Initiatives, HIDTA task forces, DEA SOD, the International Organized Crime Intelligence and Operations Center (IOC2), and the OCDETF Fusion Center. In addition, IRSCI continues the collaboration and partnership with DoD on its CTF 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.

The Southwest Border Region is responsible for the largest and most active OCDETF investigations encompassing 11 judicial districts and six 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 Regional Priority Organization Targets (RPOT) proposals. Furthermore, IRSCI staffs a GS-14 Desk Officer assigned to the OCDETF Fusion Center Southwest Border Unit.

In the last 10 years, IRSCI participated in approximately 36 percent of all OCDETF investigations nationwide. During the same period, IRSCI participated in 44 percent of all OCDETF investigations initiated in the Southwest Border Region showing an increased emphasis to combat the money laundering activities in that region. Finally, IRSCI historically participated in 90 percent of all money laundering prosecutions. There is a direct correlation between IRSCI involvement and the prosecution of financial charges primarily due to management discussions and agreements with the USAOs in the various judicial districts across the country.

In addition, 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 counter-narcotics efforts against the IRSCI budget (excluding reimbursables and Earned Income Tax Credit funds.)

## **BUDGET SUMMARY**

In FY 2024, IRSCI, requests \$60.3 million for drug control activities, no change from the FY 2023 enacted level.



## Criminal Investigations

**FY 2024 Request: \$60.3 million**

**(No change from the FY 2023 enacted level)**

IRSCI's drug control budget proposed earmark for FY 2024 is \$60.3 million and 295 FTE. This proposed earmark is the same funding level 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, which DOJ established in 1982. 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 percent of Direct Investigative Time (DIT) to narcotics money laundering and an additional 18-20 percent of DIT to non-tax financial crimes related to TOC.

Additionally, IRSCI leads SARRT and/or 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 launderers.

In addition to the direct investigative time, IRSCI's office of Narcotics & National Security maintains a full headquarters staff to manage the narcotics program and includes the following positions:

Position	Grade	Title
Special Agent	GS-15	Assistant Director – Executive Office of OCDETF
Special Agent	GS-14	Unit Chief – OCDETF Fusion Center
Special Agent	GS-14	Desk Officer – OCDETF Fusion Center
Investigative Analyst (2)	GS-12	Special Activities Unit – OCDETF Fusion Center
Special Agent	GS-14	DEA – Special Operations Division
Special Agent	GS-14	International Organized Crime Intelligence Operations Center (IOC2)
Special Agent	GS-14	Joint Cyber Opioid Darknet Enforcement (JCODE)
Special Agent (7)	GS-14	Regional OCDETF Coordinators

IRSCI also has attachés in 11 embassies around the world, who actively assist IRSCI criminal investigators coordinate with international partners. Finally, IRSCI participates in many of the strategic working groups not previously mentioned including DOJ's Money Laundering and Asset Recovery Section (MLARS), Treasury's Office of Terrorism Finance and Financial Crimes (TFFC), United States Transnational Organized Crime – Strategic Division, Five Eyes Law Enforcement Group (FELEG) - MLWG, Organization for Economic Co-operation and



Development (OECD), the Financial Action Task Force (FATF), the JCODE task force, and the Joint Chiefs of Global Tax Enforcement. All of which overlap IRSCI's narcotics and TOC strategy and provide investigative support, targeting information, mutual legal assistance, and bilateral investigations.

In 2022, IRSCI hosted numerous anti-money laundering (AML) conferences and continued 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.

IRSCI also 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 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 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.

IRSCI has continued building out cyber capabilities. The 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 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 transnational criminal organizations operating in the shadows, in support of the Biden-Harris Administration Statement of Drug Policy priority of Reducing the Supply of Illicit Substances. Additionally, IRSCI recently signed a Memorandum of Understanding (MOU) with partner agencies to join the 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. IRSCI's Equity, Diversity & Inclusion Office recognizes the importance of including all segments of employee population and external customers in the Special Emphasis Program (SEP). To ensure that the special emphasis program is inclusive, numerous special observances, holidays, historical events, and other notable occasions have been added to IRSCI's March 2023 SEP Calendar for employees to attend.





**DEPARTMENT OF THE TREASURY**  
**Office of Foreign Assets Control**

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Prosecution	\$0.901	\$0.945	\$1.054
<b>Total Drug Resources by Function</b>	<b>\$0.901</b>	<b>\$0.945</b>	<b>\$1.054</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$0.901	\$0.945	\$1.054
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.901</b>	<b>\$0.945</b>	<b>\$1.054</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	6	6	6
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.3
Drug Resources Percentage	<0.1%	0.39%	0.4%

**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. Code §§ 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, FinCEN.

**METHODOLOGY**

The methodology and estimates were developed by the TFI and OFAC budget offices. OFAC assessed the number of FTEs working on drug-related matters as six FTEs. The FTE count was based on specific 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 the six identified personnel. The resulting resource estimate is \$1.1 million in FY 2024.

## **BUDGET SUMMARY**

In FY 2024, OFAC requests \$1.1 million for drug control activities, an increase of \$0.1 million over FY 2023 enacted level.

### **Salaries and Expenses**

**FY 2024 Request: \$1.1 million**

**(\$0.1 million above the FY 2023 enacted level)**

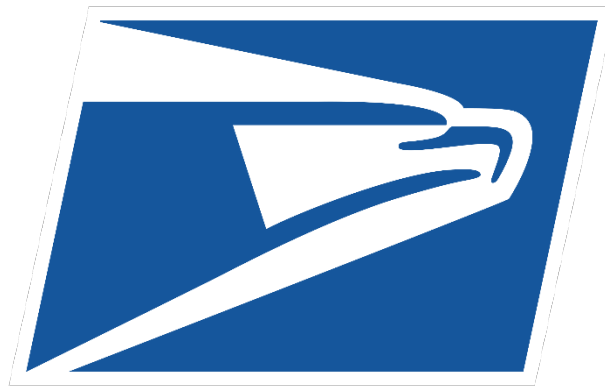
OFAC's sanctions authorities are considered essential as part of a multi-pronged approach to target the drug trade. The highest priority targets for OFAC are foreign criminal organizations trafficking fentanyl, methamphetamine, and other dangerous drugs to the United States. Among these are Mexican poly-drug trafficking organizations CJNG and the Sinaloa Cartel, as well as Chinese organizations focused on fentanyl, other synthetic opioids, and their precursor chemicals.

## **EQUITY**

TFI (including OFAC) supports the Department of 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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function</b>			
Investigations	\$71.952	\$71.952	\$71.952
<b>Total Drug Resources by Function</b>	<b>\$71.952</b>	<b>\$71.952</b>	<b>\$71.952</b>
<b>Drug Resources by Decision Unit</b>			
CI2 Personnel Expenses	\$62.118	\$62.118	\$62.118
Asset Forfeiture Fund Expenditures	4.441	4.441	4.441
CI2 Nonpersonnel Expenses	0.594	0.594	0.594
CI2 Operating Expenses	4.716	4.716	4.716
CI2 Capital Expenses	.083	.083	.083
<b>Total Drug Resources by Decision Unit</b>	<b>\$71.952</b>	<b>\$71.952</b>	<b>\$71.952</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	181	181	181
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.6	\$0.6	\$0.6
Drug Resources Percentage	13%	13%	13%

**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 it to define a future centered on key factors for sustained success, and they serve as a guidepost for USPIS 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 non-personnel expenses.

## BUDGET SUMMARY

In FY 2024, the Inspection Service requests \$72.0 million for drug control activities, no change from the FY 2023 enacted 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:

### **CI2 Personnel Expenses – Salaries and Expenses (in form of Work Hours)**

**FY 2024: \$62.1 million**

**(No change from FY 2023 enacted 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 2024: \$4.4 million**

**(No change from FY 2023 enacted level)**

Asset Forfeiture Fund Expenditures are legally seized assets by administrative, civil, or criminal proceedings, used to fund law enforcement related equipment and investigative and interdiction operations to effectively combat illicit drugs trafficked through the mail.



### **CI2 Non-Personnel Expenses**

**FY 2024: \$0.6 million**

**(No change from FY 2023 enacted level)**

The CI2 funds other items within Operating Expenses. These include items that fund day to day program operations including supplies & services, travel, training, etc.

### **CI2 Operating Expenses**

**FY 2024: \$4.7 million**

**(No change from FY 2023 enacted level)**

This account funds day-to-day work and includes supplies, training, travel, etc., as well as CI2 Headquarters Salaries and Benefits.

### **CI2 Capital Expenses**

**FY 2024: \$0.1 million**

**(No change from FY 2023 enacted level)**

CI2 funds equipment over \$10,000. This includes tangible items over \$10,000 with a depreciation value (i.e., drug field testing devices such as Raman Technology devices).

## **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 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Resources by Function<sup>1</sup></b>			
Treatment	\$1,166.779	\$1,233.285	\$1,283.850
Research and Development	27.931	28.000	28.000
<b>Total Drug Resources by Function</b>	<b>\$1,194.710</b>	<b>\$1,261.285</b>	<b>\$1,311.850</b>
<b>Drug Resources by Decision Unit</b>			
Medical Care	\$1,166.779	\$1,233.285	\$1,283.850
Medical & Prosthetic Research	27.931	28.000	28.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,194.710</b>	<b>\$1,261.285</b>	<b>\$1,311.850</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3,081	3,088	3,095
<b>Drug Resources as a Percent of Budget<sup>2</sup></b>			
Total Agency Budget (in Billions)	\$102.2	\$129.2	\$143.5
Drug Resources Percentage	1.2%	1.0%	0.9%

1/ VA does not have a discrete ONDCP appropriation; VA forecasts obligations anticipated to support SUD treatment programs, including opioid use disorder treatment programs, for Veterans.

2/ Includes impact of the Cost of War Toxic Exposure Fund (TEF) established under the PACT Act, P.L. 117-168 §805.

**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.

**METHODOLOGY<sup>49</sup>**

Costs 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

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<sup>49</sup> VA does not track medical care 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 SUD, OUD, and AUD in Veterans, please see VA’s FY 2024 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.



general mental health setting. Estimates are based on specific patient encounters and include all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community. All encounters have an associated diagnosis. The primary diagnosis is considered the reason the patient is being treated and is used to determine whether the treatment provided is drug use disorder treatment and which type of drug use disorder. It should be noted that prescriptions and lab tests do not have linkages to a specific diagnosis and are not included in the report.

The cost of VHA-provided services is calculated by the Managerial Cost Accounting (MCA) System of the VA. MCA cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information, which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high-cost patients. VA MCA data is also used to calculate and measure the productivity of physicians and other care providers.

The basic unit of MCA cost is the product. For VHA a product can range from a prescription fill made through a mail-out pharmacy to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply and associated indirect costs (including 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.

Medical Research and Prosthetics obligations reflect the budget for addiction research recorded in VA's Research Allocation Forecasting System (RAFT) used for planning and budgeting. Medical and Prosthetic Research budget supports all addiction research, both prevention and treatment, including alcohol and tobacco.

## **BUDGET SUMMARY**

In FY 2024, VHA requests \$1.3 billion for drug use disorder treatment and prevention activities, an increase of \$50.6 million above the FY 2023 enacted level.

### **Medical Care**

**FY 2024 Request: \$1.3 billion**

**(\$50.6 million above the FY 2023 enacted level)**

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits VA to provide 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. Furthermore, VA offers SUD treatment services via telehealth so that Veterans who either have challenges to accessing care in VA's brick and mortar facilities or who prefer virtual to in-person care can receive needed SUD care.



In 2022, 251,752 Veterans who received services within VHA were diagnosed with a drug use disorder. Of these Veterans, VHA provided services by mental health clinicians in various of settings and modalities, including outpatient, clinical video telehealth, or telephone care to nearly 79 percent (200,032) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving services for drug use disorders within VHA in FY 2022, approximately 16 percent (40,185) used amphetamines, around 24 percent (61,127) used cocaine, around 27 percent (67,198) used opioids, and around 55 percent (139,336) used cannabis. (These categories are not mutually exclusive.)

VHA is exploring available data that would allow for more precise information related to Veteran requests for SUD treatment and subsequent engagement in care. At the current time, this information is not available. Development of SUD-specific content for the new electronic health record is continuing with the expectation that this information will be available in the future.

*Expanding Access to Evidence-Based Treatment:* National policy and expectations for managing SUD within VHA is guided by VHA Handbook 1160.04 and the VA / Department of Defense (DoD) Clinical Practice Guidelines for the Management of SUD<sup>50</sup>. VHA is a leader in the prevention and treatment of SUD and uses a stepped care approach to SUD treatment (in which collaborative (patient and provider) selection of treatment intensity is matched to patient characteristics and informed by data from ongoing monitoring of the patient's condition. 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, all provided across various settings including outpatient, intensive outpatient, residential, and inpatient/hospital. Although the Preventive Services Taskforce recommends population-based screening of unhealthy drug use<sup>51</sup>, the 2021 VA/DoD SUD CPGs<sup>52</sup> found there is insufficient evidence to recommend for or against screening for drug use disorders in primary care to facilitate enrollment in treatment. VHA is nevertheless exploring the provision of universal drug screening through primary care, as it already does for AUD, in a manner that balances the need to better identify and engage Veterans in SUD treatment while mitigating the potential burden that such screening would bring to primary care. As an integrated healthcare system, VHA is uniquely situated to address the needs of Veterans diagnosed with a SUD, including providing support 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

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<sup>50</sup> <http://www.healthquality.va.gov/>

<sup>51</sup> <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening>

<sup>52</sup> <https://www.healthquality.va.gov/>



potential mental health and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible substance use disorders in patients presenting medical problems that suggest elevated risk of substance use disorders (e.g., those being treated for Hepatitis C or 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. BHIP – CCM is an “evidence-based approach to structuring clinical care to ensure coordinated, patient-centered, and anticipatory care”<sup>53</sup>. Implementation of BHIP – CCM teams within general mental health further supports VA’s commitment to providing access to chronic disease management and treatment for substance use disorders 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 clinical programming per day and patients attend three or more days per week. At the same time, providers in these outpatient and intensive outpatient SUD treatment settings are expected to collaborate with colleagues in inpatient and residential SUD care settings to coordinate Veterans’ transitions across these levels of SUD care. Such efforts are necessary for helping ensure continuity of SUD care that is consistent with a chronic disease model of care and responsive to changes in Veterans’ clinical status.

Considering the frequent co-occurrence of SUDs with posttraumatic stress disorder (PTSD), VHA also has assigned a SUD specialist to each of its hospital-level PTSD services or teams. The staff person is an integral member of the PTSD clinical services team and works to integrate substance use disorder care with all other aspects of PTSD-related care. Among the specialists’ responsibilities are the identification and treatment of Veterans with co-occurring SUD and PTSD. Specialists also promote preventive services for Veterans with PTSD who are at risk for developing a SUD.

VHA provides two types of 24-hour care to patients with severe or complex 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<sup>54</sup>, 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 2022, 68 Domiciliary SUD programs were in operation with roughly 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

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<sup>53</sup> [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7992349/pdf/43058\\_2021\\_Article\\_133.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7992349/pdf/43058_2021_Article_133.pdf)

<sup>54</sup> <https://www.asam.org/asam-criteria/about-the-asam-criteria>



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 homelessness<sup>55</sup> 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 evidence-based SUD treatment services such as Contingency Management, and serve as linkages between homeless and specialty SUD treatment when Veterans need more intensive SUD treatment services. In 2022, case management for Supported Services for Veteran Families (SSVF) also was 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-VASH), 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, substance use disorders, 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<sup>56</sup>.

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<sup>55</sup> For additional budget detail and estimates on VA's Veterans Homelessness Programs, please see VA's FY 2024 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Veterans Homelessness Programs.

<sup>56</sup> <https://endhomelessness.org/resource/housing-first/>





The program's goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their community.

Incarceration as an adult male is the most powerful predictor of homelessness. VA therefore also conducts outreach to justice-involved Veterans 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.

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. VA housing EULs have raised over \$1.5 billion of non-VA funding. These EUL projects<sup>57</sup> 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).

*Responding to the Stimulant Overdose Crisis:* 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 increased over the past year with 40,185 Veterans who received care in VHA during 2022 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 has been able to support CM including its associated costs of toxicology surveillance and incentives to strengthen Veterans' recovery behavior. VHA implemented CM in 2011, and through September 2022, VHA has provided CM to over 5,900 Veterans, with 92 percent of the nearly 77,000 urine samples testing negative for the target drug(s) (e.g., stimulants or cannabis). In January 2023, VHA plans to launch a stimulant safety initiative that focus on expanding access to evidence-based interventions such as CM and Cognitive Behavioral Therapy (CBT) for Veterans with stimulant use disorder. In addition, VA is exploring models for implementing digital therapeutics into the treatment of stimulant use disorder (as well as other SUD care).

*Opioid Use Disorder*<sup>58</sup>: Slightly more than 67,198 Veterans with an OUD diagnosis were seen in VHA in 2022. MOUD has historically been provided in SUD specialty-care clinics, but a

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<sup>57</sup> A list of awarded EUL projects, including EUL housing projects, can be found at: <http://www.va.gov/assetmanagement/>.

<sup>58</sup> For additional budget detail and estimates on VA's Opioid Prevention and Treatment program, please see VA's FY 2024 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs, Opioid Prevention, Treatment, and Program.



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. In August 2018, VHA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative with the intent of supporting the expansion of MOUD 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 2022 there was a 246 percent increase in the number of patients receiving buprenorphine in the Phase One level clinics and 209 percent increase in the number of providers prescribing buprenorphine in these clinics. Further, Veterans are being retained in care with 70 percent of Veterans retained on buprenorphine for more than 90 days. Since the launch of Phase Two in October 2020, there has been a 10 percent increase in the number of patients receiving buprenorphine and a 56 percent increase in the number of providers prescribing buprenorphine. Further, the infrastructure developed to support Phase 1 and 2 of the SCOUTT initiative also supports level one clinics at facilities that are not formally involved in the SCOUTT initiative. Phase 3 facilities are now voluntarily being enrolled such that the SCOUTT initiative is within 80 clinics in over 40 facilities. In FY 2023, a pilot collaboration four Comprehensive Health Women's Clinics and four SCOUTT initiative facilities was initiated to improve the access and quality of care of women Veterans who have substance use disorders.

The SCOUTT initiative has demonstrated unique models of care delivery for MOUD in Level 1 clinics. These care models include nurse care management, pharmacy care management, and hub and spoke models. Almost all SCOUTT initiative clinics are involved in telehealth provision of care, proceeding and after the start of the COVID-19 pandemic. The number of patients receiving MOUD within the SCOUTT clinics on a monthly basis has increased, monthly, even during the pandemic. The number of prescribers prescribing MOUD has nearly tripled within the SCOUTT initiative clinics. The initiative is popular and valued by clinicians.

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 and to that end, is exploring models for mobile medication units with plans to establish pilot units in one to two sites in FY 2023. Given the lead time necessary to purchase a mobile medication unit, VA is considering contracting for these services from community mobile medication service providers. Lessons learned from VA's pilots will inform plans to expand these services more broadly through the enterprise. VA recognizes that one proposed purpose of mobile medication units is to increase access to justice-involved Veterans. VA does not have the authority to treat incarcerated Veterans as they are excluded from the VA medical benefits package under 38 CFR 17.38(c)(5). However, options to increase access of MOUD for justice-involved Veterans who are not incarcerated are also being explored.

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 re-issued in February 2022 (as VHA Notice 2022-02) by the Undersecretary with the





intent of clarifying national policy and tasking facilities to remove potential barriers to prescribing if present. Between the SCOUTT initiative and Medication Addiction Treatment in the VA (MAT-VA) initiative, four monthly one-hour monthly webinars regarding SUD education and training have been attended by 7,315 participants. Between January 2021 and December 2022 VA offered half-day waiver trainings with over 660 providers trained. In addition, shorter trainings were initiated for providers and other interdisciplinary staff who support MOUD (“Buprenorphine 101 for the non-Addictionologist”). The VA has also started offering “office hour” sessions for MOUD treatment consultation with subject matter experts (SMEs) where providers can discuss cases and ask question of 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.

In support of interprofessional team-based models of care, VA is leveraging Clinical Pharmacist Practitioners (CPPs) to deliver comprehensive medication management services and improve Veteran access to SUD care. In partnership with the VA Office of Rural Health (ORH), the VA PBM Clinical Pharmacy Practice Office (CPPO) launched a nationwide initiative in 2020 to expand the CPPs workforce focused on improving access to evidence-based treatment in OUD and AUD for rural Veterans. Since initiation, 51 VA facilities have been awarded funding to hire 64 CPPs across Mental Health, Pain Management, Primary Care and SUD Specialty Care settings. In FY 2022, 208 CPPs routinely delivered OUD care across practice settings to almost 28,000 Veterans over 47,000 patient care encounters. This represents double the number of CPPs practicing OUD care delivery since the implementation of the SCOUTT initiative. When looking at SUD care broadly, 516 CPPs routinely delivered SUD care to over 91,000 Veterans and over 162,418 patient care encounters in FY 2022. In partnership with the Pain Management Opioid Safety and Prescription Drug Monitoring Program (PMOP), a new project commenced in FY 2022 to support screening and treating OUD in patients with chronic pain through the hiring of CPP and Nurse Practitioner/Physician Assistant practitioner teams at 78 VA facilities. Given the collaboration with ORH and PMOP, VA expects significant CPP practice growth in OUD (as well as general SUD), to continue in 2023 and beyond.

Related to, but not specific to OUD treatment, VHA is expanding the number of Syringe Service Programs (SSPs) enterprise wide (see section on SSPs under harm reduction efforts below). Through SSPs, VA plans to support SUD treatment engagement among Veterans who use drug by injection, and, among those Veterans, increase its capacity for low threshold buprenorphine treatment for Veterans with OUD. As VA expands its implementation of SSP, it plans to evaluate the expansion to identify best practices and challenges experienced by early adopters.

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%). 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 substance use disorder diagnoses received at least one VHA substance use disorder visit. These Veterans averaged 12 outpatient visits that year. Veterans seen by HCRV Specialists have a similar profile, with 43% 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 six 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.

*Enhancing evidence-based harm reduction efforts:* During 2019, VHA implemented a process for documenting all overdoses, including 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. VHA is in the process of implementing a memorandum for Naloxone to High-Risk Veterans aimed to ensure that Veterans with a previous opioid- or stimulant-overdose who do not have naloxone are offered opioid overdose education and a prescription for naloxone no later than December 31, 2023.

*Establishing a coordinator for Harm Reduction and a part time provider of low threshold buprenorphine initiation at each VA Health Care System:* VA is requesting additional resources in 2024 to establish a Harm Reduction Coordinator and a part-time provider of low threshold buprenorphine at each VA Health Care System throughout the enterprise.

As the largest civilian health care system in the United States, VHA is uniquely positioned to implement enterprise-wide harm reduction strategies aimed at reducing negative consequences associated with drug use among people who use drugs (PWUD), particularly people who inject drugs (PWID). Harm reduction includes syringe services programs (SSPs), HIV Pre-Exposure Prophylaxis (PrEP), low barrier buprenorphine treatment for opioid use disorder, testing and linkage to care for bloodborne infectious diseases such as HIV and viral hepatitis, opioid overdose education and naloxone distribution (OEND) and wound care among other initiatives. Harm reduction strategies are critically important for addressing both the overdose and HIV epidemics.

VHA is promoting harm reduction strategies across the system, including development of SSPs. SSPs provide injection equipment supplies to PWUD, lowering the risk of exposure to HIV and viral hepatitis. Other SSP services include access to tools to prevent and reduce overdoses, such as fentanyl test strips and substance use disorder treatment including low threshold buprenorphine treatment. However, VHA health care facilities currently do not have a dedicated lead to plan and coordinate harm reduction initiatives, leading to critical gaps in executing harm reduction strategies. For example, the absence of a dedicated facility-level harm reduction lead creates a



major obstacle to coordinating buprenorphine treatment, especially with respect to initiation. Having dedicated individuals will help programs to successfully implement and coordinate these services the purpose of which includes supporting Veteran engagement in SUD treatment.

*Advancing recovery-ready workplaces and expanding the addiction workforce / Expanding access to recovery support services:* Expanding the addiction workforce to support residential recovery support services and general SUD care delivery (including funding for new SUD providers in VHA General Mental Health Clinics, Primary Care-Mental Health Integration Programs and through the addition of telehealth providers in the Clinical Resource Hubs)

Research has shown that Veterans are frequently not assessed for, or if assessed, not referred to vocational services. Review of the literature suggests the Supported Employment (SE) has the potential to significantly improve employment outcomes for those Veterans experiencing SUD concerns, particularly those Veterans with other co-occurring conditions<sup>59</sup>. VA SE is currently available to Veterans diagnosed with a Serious Mental Illness. Expansion to serve Veterans with SUD is being phased in over 2022 and 2023 with sustainment needed in 2024 and beyond to hire additional staff at VA medical centers to provide the necessary vocational supports as well as support for implementation to include mechanisms for monitoring fidelity to the SE model of care. Considering the current pandemic and impact on unemployment rates nationally, the budget seeks to increase access to SE services for Veterans diagnosed with a SUD with support.

Specific training focused on peer specialists' roles in assisting Veterans with SUD was provided to peer specialists and their supervisors at the four-day VHA Peer Specialist and Peer Support Services Virtual National Conference which took place in August 2022. Additional training for staff regarding hiring, training, supervision of peer specialists, and examples of peer specialists' interventions for Veterans with SUD was presented at the VHA Substance Use Disorder Treatment Virtual Conference that occurred in October 2022. Further additional trainings for peer specialists, peer support supervisors, and program leaders are being planned for FY 2023 and FY 2024. VHA supports peer specialist-delivered recovery support services and continuing outreach, engagement, and intervention efforts by peer specialists to support Veterans' treatment engagement and progress on their recovery and personal wellness goals. Since 2005, peer support staff have been working in the VA health care system. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics (2008) mandated the availability of peer support services for Veterans stating, "Peer support is one of the 10 fundamental components of recovery according to the National Consensus Statement on Mental Health Recovery" (p. 4) and "All Veterans with SMI (Serious Mental Illness) must have access to peer support services, either on-site or within the community" (p. 28). That same year, P.L. 110-387, The Veterans' Mental Health and Other Care Improvements Act Of 2008 established the requirement for the use of peer specialists and their qualifications in VHA. Through this legislation, peer specialists in VHA became defined as Veterans discharged under other than dishonorable conditions who are in recovery from a mental health and/or SUD and who are certified to provide peer support services.

Homeless program SUD coordinator positions were also awarded enterprise-wide to engage homeless Veterans with SUD into VA SUD outpatient and residential services. In addition,

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<sup>59</sup> Lones et al., 2017; Rosenheck & Mares, 2007; Mueser et al., 2011).



because people experiencing unstable housing or homelessness are at high risk of overdose, a complementary aim aligned with the *Strategy* is the already announced objective that VA and its community partners will place at least 38,000 Veterans experiencing homelessness into permanent housing by the end of calendar year 2022.

### **Medical and Prosthetic Research**

**FY 2024 Request: \$28.0 million**

**(No change from the FY 2023 enacted 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.), and the harms associated with SUD. Veterans have experienced many of the problems of SUD that is further complicated with the co-existence of mental health and other conditions, including pain and traumatic brain injury. VHA's Office of Research and Development (ORD) continues to support research on SUD by maintaining existing efforts and by developing new programs.

*Naloxone distribution:* As of October 2022, over 395,000 Veterans were dispensed naloxone kits with over 3,300 reported reversals. Current research focuses on 1) Characterizing the distribution of kits to patients with OUD and its effectiveness, and 2) At risk patients prescribed opioid analgesics receiving naloxone kits compared to patients that did not receive kits and incidence of accidental overdoses. This study will determine whether VA is meeting its intended goal of reducing opioid overdose among Veterans.

*Assessing current evidence base on harm reduction strategies and develop a plan for additional translational research:* VHA and ORD have solicited the Health Services Research and Development's Evidence Synthesis Program to conduct a comprehensive analysis on this topic. Evidence based on pertinent publications will be compiled and analyzed then presented to VHA and ORD as an Evidence Compendium. This product will provide an overview of published reviews and primary studies, describing the characteristics of the syringe services programs studied, the methodologies employed by studies in this area, and the outcomes assessed. A gaps analysis will be conducted to guide the development of future funding opportunities in these areas.

*Supporting harm reduction training and education for the treatment workforce:* Stepped Care for OUD Train-the-Trainer (SCOUTT) is a model aiming to improve access to OUD treatment and prevent suicide by training non-SUD specialty-care teams to deliver buprenorphine and naltrexone. Once the practice is established, these trained providers then train other individuals at other VA Medical Centers using the same approach. This is an ongoing study.

*Promoting access to harm reduction services:* Research on access targeting Veterans living in rural communities and whether these Veterans utilize services such as complementary and integrative health (CIH) approaches in parallel with opioid tapering regimens and Veterans' access to buprenorphine. In a second study, buprenorphine prescribing practices by providers are compared between rural versus urban Veterans to address health care disparities within the VA. More recent studies focus on the delivery of cognitive behavior therapy delivered via telehealth to improve pain and opioid outcomes, providing access to care for Veterans living in rural communities.

*Comprehensive programs on harm reduction:* These programs delve into preventing additional adverse events associated with SUD including viral and bacterial infections by working with VA Medical Centers, community agencies and Veterans to develop comprehensive harm reaction



“bundles”. These “bundles” include access to sterile syringes, Narcan and overdose prevention education, skin cleaning education and recommendations for infectious disease screening and other prevention resources. The “bundles” will be adapted for use in different settings including in- or outpatient as well as in the rural community.

*Improving treatment engagement:* An innovative use of saliva toxicology tests providing rapid point-of-care results to inform medication for OUD is being evaluated within the VA. Use of saliva allows patients to self-test, avoiding the requirement to produce urine samples under supervision at the lab or clinic, which is stigmatizing. If successful, saliva toxicology toolkits can be implemented within the VA healthcare system.

*Improving treatment quality:* VHA ORD funds several studies examining the role of opioid or medication for OUD reduction or discontinuation focusing on the patient and risk for adverse events. These studies examine different tapering and discontinuation procedures and the consequences including changes in pain outcomes, quality of life, and interactions with providers. Recent studies focus on loneliness and SUD, and delivery of care using telehealth.

*Emphasizing care for Veterans living with co-existing SUD and mental health conditions:* Sleep quality, PTSD/anxiety, TBI and depression are key conditions that often co-exist with SUD. Research in these areas focus on a whole health approach to treat the mind and body.

*Treatment for individuals leaving incarceration:* Currently there are few psychosocial programs focused on transition from incarceration toward reentry into society, the difficulties encountered and tools to use to assist in the transition process. An ORD study seeks to develop a rehabilitation program for Veterans exiting imprisonment that is rated acceptable and usable by Veterans, and the concurrent development of assessment tools to be used with Veterans exiting incarceration to promote successful transition and avoid reincarceration (NCT04366531). A second program focuses on recidivism risk and the development of a rehabilitation treatment program that includes SUD services, peer support, employment and/or educational support, and trauma-informed care. This approach was found to be successful in several pilot studies and is now in a randomized clinical trial (NCT04523337).

*Eliminating Barriers and Increasing Opportunities:* VA researchers are identifying the barriers to and facilitators of sustained employment among Veterans with OUD/SUD. These studies examine the role of supported employment services on occupational and long-term employment outcomes, as well as sobriety, community integration and quality of life (NCT05388812 and NCT04969081).

In summary, VHA ORD continues its commitment to placing substance/opioid use disorders as an area of high priority in the hopes of stimulating the field to develop, test and implement novel strategies towards the treatment of SUD.

In addition, VHA continues to reduce excessive reliance on opioid medication, VA will maintain efforts in 2024 on pain-management research in areas responsive to the *Jason Simcakoski Memorial and Promise Act*, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, and the *Comprehensive Addiction and Recovery Act*. Towards this goal, VA continues 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.

- Development of non-opioid 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. Examples include targeting: 1) 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, knee osteoarthritis, and burns; 2) Blocking melanocortin-4 receptors to treat inflammatory pain common in certain musculoskeletal and arthritic conditions; 3) Endomorphins, naturally occurring molecules found in the brain with powerful pain-relieving effects; and 4) Repurposing FDA approved drugs for treatment of pain and spasticity for people living with spinal cord injury.
- 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 and AUD, provision of biobehavioral approaches, as well as establishing best practices for delivery of care using these modalities.
- Using precision medicine approaches to identify biomarkers for individuals with OUD to help guide the clinical course of action. VA investigators are studying the use of imaging-based brain connectivity data and genetic information (Million Veteran Program) to determine the best clinical course of action to treat OUD (e.g., buprenorphine or a switch to a different medication for OUD).

*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 and input into the *Strategy* agenda to address SUD care with ONDCP and other interagency partners. With the support of ONDCP, VA has presented on VA's experience with Supported Employment initiatives in 2022. VA collaborates with a variety of federal agencies on several Interagency Policy Committees (IPCs) and Work Groups (IWGs) including the ONDCP Substance Use Disorder Data IWG; Pregnant People, Substance Use Disorder and Child Welfare Substance Use Disorder in Pregnancy sub-IPC, and the ONDCP-DPC Recovery-Ready Workplace Interagency Workgroup. VHA also works closely with SAMHSA on issue related to OTPs, SUD treatment and harm reduction initiatives. Through VHA's interagency work, VA is participating or expects to participate in solutions to a variety of areas in the NDCS including enhancing federal harm reduction efforts to support state and local partners; assessing current evidence base on harm reduction strategies and developing a plan for additional translational research; conducting a national harm reduction needs assessment; consulting with experts on harm reduction; and implementing a national case-finding initiative.

Furthermore, VHA has worked collaboratively with 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 SAMHSA on education related to Contingency Management and oversight of the VA Opioid Treatment programs. 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.



## EQUITY

In June 2021 VHA brought together a workgroup to better understand gender/ethnic/racial, 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 plans 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 across the enterprise. This project is consistent with the “Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” because it will advance equity because it will take a systematic approach to inform efforts to improve fairness in access to evidence-based medications for opioid use disorder.

In addition, 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, 62 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 13 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 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 the 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

<b>ABCD</b>	Adolescent Brain Cognitive Development Study
<b>ACE</b>	Adverse Childhood Experience
<b>ACF</b>	Administration for Children and Families
<b>ACOG</b>	American College of Obstetricians and Gynecologists
<b>ACS</b>	AmeriCorps Seniors
<b>AD</b>	Alternative Development
<b>AED</b>	Advanced Electronic Data OR Automated External Defibrillator
<b>AFF</b>	Assets Forfeiture Fund
<b>AFMS</b>	Asset Forfeiture Management Staff
<b>AFP</b>	Asset Forfeiture Program
<b>AI/AN</b>	American Indian and Alaska Native
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>AIMS</b>	Access Increases in Mental Health and Substance Abuse Services
<b>AMF</b>	Addiction Medicine Fellowship
<b>AMO</b>	Air and Marine Operations
<b>API</b>	Application Programming Interfaces
<b>APR</b>	Annual Performance Report
<b>ARIDE</b>	Advanced Roadside Impaired Driving Enforcement
<b>ASADRP</b>	Alcohol and Substance Abuse Disorder Research Program
<b>ASN</b>	AmeriCorps State and National
<b>ASUD</b>	Alcohol and Substance Use Disorder
<b>ATF</b>	Bureau of Alcohol, Tobacco, Firearms and Explosives
<b>AUD</b>	Alcohol Use Disorder
<b>BEST</b>	Border Enforcement Task Forces
<b>BCJI</b>	Byrne Criminal Justice Innovation Program
<b>BCOR</b>	Building Communities of Recovery
<b>BCSC</b>	National Bulk Cash Smuggling Center
<b>BEST</b>	Border Enforcement Task Forces
<b>BH2I</b>	Behavioral Health Integration Initiative
<b>BIA</b>	Bureau of Indian Affairs
<b>BIE</b>	Bureau of Indian Education
<b>BITMAP</b>	Biometric Identification Transnational Migration Alert Program
<b>BLM</b>	Bureau of Land Management
<b>BMI</b>	Brief Motivational Interviewing
<b>BOP</b>	Bureau of Prisons
<b>BRFSS</b>	Behavioral Risk Factors Surveillance System
<b>CAPT</b>	Center for the Application of Prevention Technologies
<b>CARA</b>	Comprehensive Addiction and Recovery Act



<b>CARSI</b>	Central America Regional Security Initiative
<b>CBHSQ</b>	Center for Behavioral Health Statistics and Quality
<b>CBP</b>	Customs and Border Protection
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CCDB</b>	Consolidated Counterdrug Database
<b>CD</b>	Counterdrug
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDER</b>	Center for Drug Evaluation and Research
<b>CDRH</b>	Center for Devices and Radiological Health
<b>The Center</b>	National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support
<b>CESAR</b>	Center for Substance Abuse Research
<b>CF</b>	Community Facilities
<b>CFR</b>	Code of Federal Regulations
<b>CGC</b>	Coast Guard Cutter
<b>CHIP</b>	Children's Health Insurance Program
<b>CI</b>	Criminal Investigation
<b>CIE</b>	Competitive Integrated Employment
<b>CIPP</b>	Critical Infrastructure Protection Program
<b>CLIA</b>	Clinical Laboratory Improvement Amendment
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CN&amp;GT</b>	Counternarcotics & Global Threat
<b>Coast Guard</b>	United States Coast Guard
<b>CoC</b>	Continuum of Care
<b>COD</b>	Co-Occurring Substance Use and Mental Disorders
<b>COIPP</b>	Community Opioid Intervention Pilot Project
<b>CollegeAIM</b>	College Alcohol Intervention Matrix
<b>CONACH</b>	Committee on Native American Child Health
<b>COSSUP</b>	Comprehensive Opioid Stimulant and Substance Use Program
<b>CMA</b>	Critical Movement Alert
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>COPS</b>	Community Oriented Policing Services
<b>CPMRP</b>	Chronic Pain Management Research Program
<b>CPOT</b>	Consolidated Priority Organization Target
<b>CRM</b>	Criminal Division
<b>CRM RP</b>	Clinical and Rehabilitation Medicine Research Program
<b>CSOSA</b>	Court Services and Offender Supervision Agency
<b>CSP</b>	Community Supervision Program
<b>CTF-150</b>	Combined Task Force-150
<b>CTAS</b>	Coordinated Tribal Assistance Solicitation
<b>CTN</b>	Clinical Trials Network



<b>CTOC</b>	Counter-transnational Organized Crime
<b>CTS</b>	Community Treatment Services
<b>CY</b>	Calendar year
<b>D&amp;M</b>	Detection and Monitoring
<b>DASD (CN&amp;SP)</b>	Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy
<b>DC</b>	District of Columbia
<b>DCFA</b>	Diversion Control Fee Account
<b>DDE</b>	BIA Division of Drug Enforcement
<b>DDR</b>	Drug Demand Reduction
<b>DEA</b>	Drug Enforcement Administration
<b>DEIA</b>	Diversity, Equity, Inclusion and Accessibility
<b>DEO</b>	Drug Enforcement Officers
<b>DESPR</b>	Division of Epidemiology, Services, and Prevention Research
<b>DFC</b>	Drug-Free Communities
<b>DHS</b>	Department of Homeland Security
<b>DHP</b>	Defense Health Program
<b>DHS</b>	Department of Homeland Security
<b>DLEA</b>	Drug Law Enforcement Agency
<b>DLT</b>	Distance Learning and Telemedicine
<b>DMA</b>	Drug Movement Alert
<b>DMP</b>	Drug Management Program
<b>DNB</b>	Division of Neuroscience and Behavior
<b>DoD</b>	Department of Defense
<b>ED</b>	Department of Education
<b>DOJ</b>	Department of Justice
<b>DOL</b>	Department of Labor
<b>DOS</b>	Department of State
<b>DOT</b>	Department of Transportation
<b>DRE</b>	Drug Recognition Expert
<b>DSCA</b>	Defense Security Cooperation Agency
<b>DTCU</b>	Drug Testing and Compliance Unit
<b>DTMC</b>	Division of Therapeutic and Medical Consequences
<b>DTO</b>	Drug Trafficking Organization
<b>DUR</b>	Drug Utilization Review
<b>DWG</b>	Dislocated Worker Grants
<b>ECHO</b>	Extension for Community Healthcare Outcomes
<b>e-cigarettes</b>	electronic cigarettes
<b>EHR</b>	Electronic Health Record
<b>EMS</b>	Emergency Medical Services
<b>EPIC</b>	El Paso Intelligence Center
<b>ESEA</b>	Elementary and Secondary Education Act



<b>ESOOS</b>	Enhance State Opioid Overdose Surveillance
<b>ETA</b>	Employment and Training Administration
<b>FAA</b>	Federal Aviation Administration
<b>FAR</b>	Federal Acquisition Regulation
<b>FBI</b>	Federal Bureau of Investigation
<b>FDA</b>	Food and Drug Administration
<b>FD&amp;C</b>	Federal Food, Drug and Cosmetic Act
<b>FECA</b>	Federal Employer’s Compensation Act
<b>FEMA</b>	Federal Emergency Management Agency
<b>FFE</b>	Fee for Service
<b>FinCEN</b>	Financial Crimes Enforcement Network
<b>FLETC</b>	Federal Law Enforcement Training Center
<b>FMAP</b>	Federal Medical Assistance Percentage
<b>Forest Service</b>	United States Forest Service
<b>FORHP</b>	Federal Office of Rural Health Programs
<b>FPD</b>	Federal Prisoner Detention
<b>FQHC</b>	Federally Qualified Health Centers
<b>FR-CARA</b>	First Responders- Comprehensive Addiction and Recovery Act
<b>FRC</b>	Fast Response Cutter
<b>FTE</b>	Full-time equivalent (i.e., resources equivalent to one employee working full time)
<b>FRS</b>	Fentanyl related substances
<b>FY</b>	Fiscal Year
<b>GC/MS</b>	Gas chromatographer/mass spectrometer
<b>GDF</b>	Guidance to the Development of the Force
<b>GOP</b>	Government of Peru
<b>GPRMA</b>	Government Performance and Results Modernization Act
<b>HBCD</b>	HEAL Thy Brain and Child Development study
<b>HCRV</b>	Healthcare for Reentry Veterans
<b>HEAL</b>	Helping to End Addiction Long-Term initiative
<b>HHS</b>	Department of Health and Human Services
<b>HIDTA</b>	High Intensity Drug Trafficking Areas
<b>HIT</b>	Health Information Technology
<b>HIV</b>	Human immunodeficiency virus
<b>HOPE</b>	National Committee on Heroin, Opioids, and Pain Efforts OR Hawaii Opportunity Probation with Enforcement
<b>HPSA</b>	Health Professional Shortage Area
<b>HRSA</b>	Health Resources and Services Administration
<b>HSI</b>	Homeland Security Investigations
<b>HSPS</b>	Health Surveillance and Program Support
<b>HUD</b>	Department of Housing and Urban Development



<b>IACP</b>	International Association of Chiefs of Police
<b>IAP</b>	Innovation Accelerator Program
<b>IC</b>	Intelligence Community
<b>ICD-10</b>	International Classification of Disease (10 <sup>th</sup> rev.)
<b>ICE</b>	Immigration and Customs Enforcement
<b>IER</b>	Interdiction Effectiveness Rate
<b>IHE</b>	Institutions of Higher Education
<b>IHS</b>	Indian Health Service
<b>IMARS</b>	Incident Management Analysis and Reporting System
<b>IMD</b>	Institutions of Mental Disease
<b>IMF</b>	International Mail Facilities
<b>INCLE</b>	International Narcotics Control and Law Enforcement [account]
<b>INCSR</b>	International Narcotics Control Strategy Report
<b>IND</b>	Investigational New Drugs
<b>INL</b>	Bureau of International Narcotics and Law Enforcement Affairs
<b>INSPIRE</b>	Investments Supporting Partnerships In Recovery Ecosystems
<b>IOC-2</b>	International Organized Crime Intelligence and Operations Center
<b>IOP</b>	Intensive Outpatient Treatment
<b>IRP</b>	Intramural Research Program
<b>IRS</b>	Internal Revenue Service
<b>I/T/U</b>	IHS, Tribal, and Urban
<b>JAG</b>	Byrne Justice Assistance Grant Program
<b>JCODE</b>	Joint Criminal Opioid Darknet Enforcement
<b>JIATF</b>	Joint Interagency Task Force (-South or –West)
<b>JPC-5</b>	Joint Program Committee 5
<b>JPC-8</b>	Joint Program Committee 8
<b>Judiciary</b>	Federal Judiciary
<b>LDEA</b>	Liberian Drug Enforcement Agency
<b>LEA</b>	Law Enforcement Agency OR Local Educational Agencies
<b>LEAP</b>	Law Enforcement Assistance Program
<b>LEI</b>	Law Enforcement and Investigations
<b>LEO</b>	Law Enforcement Officers
<b>LHWCA</b>	Longshore and Harbor Worker’s Compensation Act
<b>LRP</b>	Loan Repayment Program
<b>LSS</b>	Laboratories and Scientific Services
<b>MAT</b>	Medication-assisted treatment
<b>MA</b>	Medicare Advantage
<b>MAX</b>	Medicaid Analytic eXtract
<b>MCA</b>	Managerial Cost Accounting
<b>MDMA</b>	3,4-methylenedioxymethamphetamine (Ecstasy)
<b>MDR</b>	Medical Data Repository



<b>MEC</b>	Medium Endurance Cutter
<b>MED</b>	Morphine Equivalent Dose
<b>MH</b>	Mental Health
<b>MH RRTP</b>	Mental Health Residential Rehabilitation Treatment Program
<b>MIPS</b>	Merit-based Incentive Payment System
<b>MOMRP</b>	Military Operational Medicine Research Program
<b>MOUD</b>	Medications for Opioid Use Disorder
<b>MPA</b>	Maritime Patrol Aircraft
<b>MRI</b>	Magnetic Resonance Imaging
<b>MSPI</b>	Methamphetamine and Suicide Prevention Initiative
<b>MSY</b>	Member Service Years
<b>MT</b>	Metric Tons
<b>MUC</b>	Measures Under Consideration
<b>NADIA</b>	Neurobiology of Adolescent Drinking in Adulthood
<b>Narcan</b>	Naloxone
<b>NAS</b>	National Neonatal Syndrome
<b>NCANDA</b>	National Consortium on Alcohol and Neurodevelopment in Adolescence
<b>NDCPA</b>	National Drug Control Program Agency
<b>NDDS</b>	Narcotic and Dangerous Drug Section
<b>NFS</b>	National Forest System
<b>NHSC</b>	National Health Service Corps
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIAAA</b>	National Institute on Alcohol Effects and Alcohol-Associated Disorders
<b>NICCP</b>	National Interdiction Command and Control Plan
<b>NIDA</b>	National Institute on Drugs and Addiction
<b>NIH</b>	National Institutes of Health
<b>NII</b>	Non-Intrusive Inspection Technology
<b>NLCP</b>	National Laboratory Certification Program
<b>NPS</b>	National Park Service
<b>NSC</b>	National Security Cutter
<b>NTBI</b>	National Prescription Drug Take Back Initiative
<b>NTC</b>	National Targeting Center
<b>NTC-C</b>	National Targeting Center-Cargo
<b>NTP</b>	National Training Plan
<b>O&amp;S</b>	Operations and Support
<b>OAS</b>	Organization of American States
<b>OCDETF</b>	Organized Crime Drug Enforcement Task Forces
<b>OCI</b>	Office of Criminal Investigations
<b>OCME</b>	Office of the Chief Medical Examiner
<b>OCO</b>	Overseas Contingency Operations
<b>OD2A</b>	Overdose to Action





<b>OEND</b>	Opioid Overdose Education and Naloxone Distribution
<b>OEO</b>	Office of Enforcement Operations
<b>OFO</b>	Office of Field Operations
<b>OFTS</b>	Office of Forensic Toxicology Services
<b>OIG</b>	Office of Inspectors General
<b>OIT</b>	Office of Informational Technology
<b>OJP</b>	Office of Justice Programs
<b>OJS</b>	Office of Justice Services
<b>OMB</b>	Office of Management and Budget
<b>ONC</b>	Office of the National Coordinator on Health Information Technology
<b>ONDCP</b>	Office of National Drug Control Policy
<b>OPC</b>	Offshore Patrol Cutter
<b>OPSG</b>	Operation Stonegarden
<b>OPTEMPO</b>	Operations Tempo
<b>ORA</b>	Office of Regulatory Affairs
<b>ORD</b>	Office of Rural Development
<b>ORP</b>	Offender Reentry Program
<b>ORS</b>	Overdose Response Strategy
<b>OTD</b>	Office of Training and Development
<b>OTIPI</b>	Office of Translational Initiatives and Program Innovations
<b>OTP</b>	Opioid Treatment Program
<b>OUIHP</b>	Office of Urban Indian Health Programs
<b>ODU</b>	Opioid Use Disorder
<b>OWCP</b>	Office of Workers' Compensation Programs
<b>PARD</b>	Preventing Alcohol-Related Deaths
<b>PBM</b>	Pharmacy Benefit Management
<b>PC&amp;I</b>	Procurement, Construction, and Improvements
<b>PCMH</b>	Patient-Centered Medical Homes
<b>PCP</b>	Phencyclidine OR Primary Care Provider
<b>PDMP</b>	Prescription Drug Monitoring Program
<b>PDOA</b>	Prescription Drug and Opioid Addiction
<b>PHA</b>	Public Health AmeriCorps
<b>PD&amp;S</b>	Program Development and Support
<b>PMU</b>	Prescription Management Unit
<b>PN</b>	Partner Nation
<b>POE</b>	Ports of Entry
<b>PPI</b>	Patient Preference Information
<b>PPW</b>	Pregnant and Postpartum Women
<b>PQIS</b>	Performance and Quality Information Systems
<b>PREP</b>	Personal Responsibility Education Program
<b>PRNS</b>	Programs of Regional and National Significance



<b>PSA</b>	Pretrial Services Agency
<b>PSSF</b>	Promoting Safe and Stable Families
<b>PTARRS</b>	Priority Target Activity Resource and Reporting System
<b>PTO</b>	Priority Target Organizations
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>PTTC</b>	Prevention Technology Transfer Center
<b>PY</b>	Program Year
<b>QI</b>	Quality Improvement
<b>QIN-QIO</b>	Quality Innovation Network – Quality Improvement Organization
<b>QPP</b>	Quality Payment Program
<b>RD</b>	Rural Development
<b>R&amp;D</b>	Research and Development
<b>RCOs</b>	Recovery Community Organizations
<b>RCORP</b>	Rural Communities Opioid Response Program
<b>RDAP</b>	Residential Drug Abuse Program
<b>RISS</b>	Regional Information Sharing System
<b>RMS</b>	Research Management and Support
<b>RNIFC</b>	Regional Narcotics Interagency Fusion Center
<b>RPOT</b>	Regional Priority Organization Target
<b>RPG</b>	Regional Partnership Grants
<b>RRC</b>	Residential Reentry Management Centers
<b>RSAT</b>	Residential Substance Abuse Treatment
<b>RSC</b>	Reentry and Sanctions Center
<b>RSS</b>	Recovery Support Services
<b>SAMHSA</b>	Substance Use And Mental Health Services Administration
<b>SAPTA</b>	Substance Abuse Prevention, Treatment, and Aftercare
<b>SAPTBG</b>	Substance Abuse Prevention and Treatment Block Grant
<b>SASP</b>	Substance Abuse and Suicide Prevention
<b>SBIR</b>	Small Business Innovation Research
<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>SCA</b>	Second Chance Act
<b>SCR</b>	Significant Case Report
<b>SEA</b>	State Educational Agencies
<b>SFST</b>	Standard Field Sobriety Test
<b>SIU</b>	Sensitive Investigation Unit
<b>SMW</b>	Special Mission Wing
<b>SOD</b>	Special Operations Division
<b>SOR</b>	State Opioid Response grants
<b>SPARS</b>	SAMHSA’s Performance Accountability and Reporting System
<b>SPF</b>	Strategic Prevention Framework
<b>SPIP</b>	Suicide Prevention, Intervention, and Postvention



<b>SPSS</b>	Self-Propelled Semi-Submersible
<b>SRO</b>	Scientific Research Outcome OR School Resource Officer
<b>STAR</b>	Substance Use Disorder Treatment and Recovery
<b>STOP Act</b>	Sober Truth on Preventing Underage Drinking Act
<b>STTR</b>	Small Business Technology Transfer
<b>Strategy</b>	National Drug Control Strategy
<b>SUD</b>	Substance Use Disorder
<b>SUPPORT</b>	<i>The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act</i>
<b>SUPTRS BG</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant
<b>SWM</b>	Solid Waste Management program
<b>TA</b>	Technical Assistance
<b>TARS</b>	Tethered Aerostat Radar System
<b>TBHG</b>	Tribal Behavioral Health Grants
<b>TCO</b>	Transnational Criminal Organization
<b>TDS</b>	Tactical Diversion Squads
<b>TEAP</b>	Trainee Employment Assistance Program
<b>TECS</b>	Treasury Enforcement Communications System
<b>TEDODS</b>	TRICARE Encounter Data Operational Data Store
<b>TEDS</b>	Treatment Episode Data Set
<b>TEPP</b>	Threat Enforcement Planning Process
<b>THC</b>	Tetrahydrocannabinol
<b>TLOA</b>	Tribal Law and Order Act
<b>TOC</b>	Transnational Organized Crime
<b>Treasury</b>	Department of the Treasury
<b>TTHY</b>	Talk They Hear You
<b>TTU</b>	Trade Transparency Unit
<b>UADPEI</b>	Underage Drinking Prevention Education Initiatives
<b>UAS</b>	Unmanned Aircraft Systems
<b>UAS</b>	Universal Alcohol Screening
<b>UIHP</b>	Urban Indian Health Program
<b>UIO</b>	Urban Indian Organizations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USAID</b>	United States Agency for International Development
<b>USAO</b>	United States Attorney’s Office
<b>USBP</b>	United States Border Patrol
<b>USC</b>	United State Code
<b>USCG</b>	United States Coast Guard
<b>USDA</b>	United States Department of Agriculture
<b>USFS</b>	United States Forest Service



<b>USMS</b>	United States Marshals Service
<b>USPIS</b>	United States Postal Inspection Service
<b>USPS</b>	United States Postal Service
<b>VA</b>	Department of Veterans Affairs
<b>VAMC</b>	Veterans Administration Medical Center
<b>VEO</b>	Violent Extremist Organization
<b>VHA</b>	Veterans Health Administration
<b>VISN</b>	Veterans Integrated Service Network
<b>VJO</b>	Veterans Justice Outreach
<b>VSP</b>	Visa Security Program
<b>VSY</b>	Volunteer Service Years
<b>VTC</b>	Veterans Treatment Courts
<b>VWS</b>	Victim/Witness Services
<b>WADA</b>	World Anti-Doping Agency
<b>WHTZ</b>	Western Hemisphere Transit Zone
<b>WIOA</b>	Workforce Innovation and Opportunity Act
<b>YRTC</b>	Youth Regional Treatment Center
<b>ZEV</b>	Zero Emission Vehicles



## National Drug Control Budget Account Structure

Department	Agencies (if applicable)	Decision Unit
AmeriCorps		AmeriCorps State and National
		AmeriCorps VISTA
		AmeriCorps Senior Corps
		Public Health AmeriCorps
Appalachian Regional Commission		Investments Supporting Partnerships In Recovery Ecosystems Initiative
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 21 <sup>st</sup> Century Community Learning Centers
	Office of Postsecondary Education	School- and Campus-Based Mental Health Service
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 & Medicaid Services	Medicaid Treatment
		Medicare Treatment
	Food and Drug Administration	Center for Drug Evaluation and Research
		Office of Regulatory Affairs
		Center for Devices and Radiological Health
	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 Grant
Substance Use Prevention, Treatment and Recovery Services Block Grant		
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
		Intelligence
	Office of Justice Programs	
		Comprehensive Opioid, Stimulant, and Substance Abuse Program
		COPS Anti-Heroin Task Force Program
		COPS Office Anti-Methamphetamine Task Force Program





		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
		Federal Prisoner Detention
		Tactical Operations
United States Department of Labor	Employment and Training Administration	Dislocated Worker Employment and Training Activities
		Job Corps
	Office of Disability Employment Policy	Office of Disability Employment Policy (ASPIRE)
	Office of Workers Compensation Programs	Federal Programs for Worker's Compensation
	Office of Inspector General	Program and Trust Funds
	Employee Benefits Security Administration	Enforcement and Participant Assistance



Office of National Drug Control Policy	High Intensity Drug Trafficking Areas	High Intensity Drug Trafficking Areas
	Other Federal Drug Control Programs	Drug-Free Communities
		Anti-Doping Activities
		World Anti-Doping Agency Dues
		Model Acts Program
		Section 103 of Public Law 114-198
		Drug Court Training and Technical Assistance
		Policy Research
		Evolving and Emerging Drug Threats
		Performance Audits and Evaluations
Salaries and Expense	Operations	
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
United States Department of the Treasury	Internal Revenue Service	Criminal Investigations
	Office of Foreign Assets Control	Salaries and Expenses
	Financial Crimes Enforcement Network	Salaries and Expenses
United States Department of Veterans Affairs	Veterans Health Administration	Medical Care
		Medical & Prosthetic Research
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

Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>AmeriCorps</b>			
AmeriCorps State and National	19.750	19.750	19.750
AmeriCorps VISTA	2.550	2.550	2.550
Senior Corps	0.420	0.420	0.420
Public Health AmeriCorps	9.120	9.120	9.120
<b>Total, AmeriCorps</b>	<b>31.840</b>	<b>31.840</b>	<b>31.840</b>
<b>Appalachian Regional Commission</b>			
Investments Supporting Partnerships In Recovery Ecosystems Initiative	13.000	13.000	13.000
<b>Total, Appalachian Regional Commission</b>	<b>13.000</b>	<b>13.000</b>	<b>13.000</b>
<b>Department of Agriculture</b>			
<b>United States Forest Service</b>			
<u>Law Enforcement Agency Support</u>	<u>13.000</u>	<u>13.000</u>	<u>13.520</u>
<b>Subtotal, United States Forest Service</b>	<b>13.000</b>	<b>13.000</b>	<b>13.520</b>
<b>Office of Rural Development</b>			
<u>Distance Learning and Telemedicine Program</u>	<u>11.400</u>	<u>11.400</u>	<u>12.400</u>
<b>Subtotal, Office of Rural Development</b>	<b>11.400</b>	<b>11.400</b>	<b>12.400</b>
<b>Total, Department of Agriculture</b>	<b>24.400</b>	<b>24.400</b>	<b>25.920</b>
<b>CSOSA</b>			
Community Supervision Program	45.440	45.400	46.280
Pretrial Services Agency	25.110	27.400	26.920
<b>Total, CSOSA</b>	<b>70.550</b>	<b>72.800</b>	<b>73.200</b>
<b>Department of Defense</b>			
<b>Office of the Secretary of Defense</b>			
<b>Drug Interdiction and Counterdrug Activities</b>			
Budget Activity 01 – Counter Narcotics Activities	579.740	614.510	643.848
Budget Activity 02 – Drug Demand Reduction Program	126.024	130.060	134.313
Budget Activity 03 – National Guard CD Program	194.211	200.316	102.272
<u>Budget Activity 04 – National Guard CD Schools</u>	<u>25.664</u>	<u>28.878</u>	<u>5.993</u>
<b>Subtotal, Drug Interdiction and Counterdrug Activities</b>	<b>893.301</b>	<b>970.764</b>	<b>886.426</b>
<b>Operations Tempo (OPTEMPO)</b>			
Operations Budgets of the Military Departments	60.800	64.000	67.000
<u>Operations Tempo</u>	<u>60.800</u>	<u>64.000</u>	<u>67.000</u>
<b>Subtotal, Office of the Secretary of Defense</b>	<b>954.101</b>	<b>1,034.764</b>	<b>953.426</b>
<b>Defense Health Program</b>			
<u>Defense Health Program</u>	<u>96.369</u>	<u>100.340</u>	<u>84.572</u>
<b>Subtotal, Defense Health Program</b>	<b>96.369</b>	<b>100.340</b>	<b>84.572</b>
<b>Defense Security Cooperation Agency</b>			
Building Partner Capacity	45.475	40.748	31.075
<u>Regional Center CTOC</u>	<u>1.256</u>	<u>1.300</u>	<u>1.339</u>
<b>Subtotal, Defense Security Cooperation Agency</b>	<b>46.731</b>	<b>42.048</b>	<b>32.414</b>
<b>Total, Department of Defense</b>	<b>1,097.201</b>	<b>1,177.152</b>	<b>1,070.412</b>



Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Department of Education</b>			
<b>Office of Elementary and Secondary Education</b>			
School Climate Transformation Grants	56.859	43.422	---
Mental Health Grants	50.228	51.138	245.878
Other Activities	2.859	5.818	2.860
<u>21st Century Community Learning Centers</u>	<u>8.061</u>	<u>8.311</u>	<u>8.311</u>
<b>Subtotal, Office of Elementary &amp; Secondary Education</b>	<b>118.007</b>	<b>108.689</b>	<b>257.049</b>
<b>Office of Postsecondary Education</b>			
<u>School- and Campus-Based Mental Health Service</u>	---	---	<u>80.933</u>
<b>Subtotal, Office of Postsecondary Education</b>	---	---	<b>80.933</b>
<b>Total, Department of Education</b>	<b>118.007</b>	<b>108.689</b>	<b>337.982</b>
<b>Federal Judiciary</b>			
Administrative Office of the United States Courts	2.956	3.080	3.389
Court Security	39.469	42.009	43.874
Defender Services	163.867	168.687	187.028
Federal Judicial Center	0.329	0.377	0.386
Fees of Jurors and Commissioners	7.426	12.132	12.423
Salaries and Expenses	948.897	1,052.868	1,135.247
United States Sentencing Commission	6.169	6.492	6.954
<b>Total, Federal Judiciary</b>	<b>\$1,169.113</b>	<b>\$1,285.645</b>	<b>\$1,389.292</b>
<b>Department of Health and Human Services</b>			
<b>Administration for Children and Families</b>			
Promoting Safe and Stable Families—Regional Partnership Grants Discretionary Program	---	---	7.000
<u>Promoting Safe and Stable Families—Regional Partnership Grants Mandatory Program</u>	<u>20.000</u>	<u>20.000</u>	<u>60.000</u>
<b>Subtotal, Administration for Children and Families</b>	<b>20.000</b>	<b>20.000</b>	<b>67.000</b>
<b>Centers for Disease Control and Prevention</b>			
Opioid Overdose Prevention and Surveillance	490.579	505.579	713.369
<u>Infectious Diseases and the Opioid Epidemic</u>	<u>18.000</u>	<u>23.000</u>	<u>23.000</u>
<b>Subtotal, Centers for Disease Control and Prevention</b>	<b>508.579</b>	<b>528.579</b>	<b>736.369</b>
<b>Centers for Medicare &amp; Medicaid Services</b>			
Grants to States for Medicaid	9,050.000	9,660.000	8,400.000
<u>Medicare</u>	<u>3,090.000</u>	<u>3,310.000</u>	<u>3,530.000</u>
<b>Subtotal, Centers for Medicare &amp; Medicaid Services</b>	<b>12,140.000</b>	<b>12,970.000</b>	<b>11,930.000</b>
<b>Food and Drug Administration</b>			
Center For Drug Evaluation and Research	20.500	23.500	43.050
Center for Devices and Radiological Health	0.500	1.500	2.650
<u>Office of Regulatory Affairs</u>	<u>51.500</u>	<u>54.500</u>	<u>56.800</u>
<b>Subtotal, Food and Drug Administration</b>	<b>72.500</b>	<b>79.500</b>	<b>102.500</b>



Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Health Resources and Services Administration</b>			
Health Center Program	540.000	540.000	1,240.000
National Health Service Corps SUD Workforce Program	105.000	105.000	130.000
Addiction Medicine Fellowship Program	24.000	25.000	25.000
SUD Treatment and Recovery Loan Repayment	24.000	40.000	40.000
<u>Rural Communities Opioid Response Program</u>	<u>135.000</u>	<u>145.000</u>	<u>165.000</u>
<b>Subtotal, Health Resources and Services Administration</b>	<b>828.000</b>	<b>855.000</b>	<b>1,600.000</b>
<b>Indian Health Service</b>			
Alcohol and Substance Abuse	134.350	135.793	139.263
<u>Urban Indian Health Program</u>	<u>3.622</u>	<u>3.093</u>	<u>3.093</u>
<b>Subtotal, Indian Health Service</b>	<b>137.972</b>	<b>138.886</b>	<b>142.356</b>
<b>National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)</b>			
<u>NIAAA</u>	<u>73.443</u>	<u>76.221</u>	<u>76.221</u>
<b>Subtotal, NIAAA</b>	<b>73.443</b>	<b>76.221</b>	<b>76.221</b>
<b>National Institute on Drugs and Addiction</b>			
<u>National Institute on Drugs and Addiction</u>	<u>1,596.069</u>	<u>1,663.365</u>	<u>1,663.364</u>
<b>Subtotal, National Institute on Drugs and Addiction</b>	<b>1,596.069</b>	<b>1,663.365</b>	<b>1,663.364</b>
<b>Substance use And Mental Health Services Administration</b>			
Health Surveillance and Program Support	110.345	108.661	105.579
Programs of Regional & National Significance	739.736	809.098	998.746
State Opioid Response Grant	1,525.000	1,575.000	2,000.000
Substance Use Prevention, Treatment, and Recovery Services Block Grant	<u>1,908.079</u>	<u>2,008.079</u>	<u>2,708.079</u>
<b>Subtotal, Sub. use And Mental Health Services Admin.</b>	<b>4,283.160</b>	<b>4,500.838</b>	<b>5,812.404</b>
<b>Total, Department of Health and Human Services</b>	<b>19,659.723</b>	<b>20,832.389</b>	<b>22,130.214</b>
<b>Department of Homeland Security</b>			
<b>Customs and Border Protection</b>			
Operations and Support	3,327.141	3,748.530	3,846.555
<u>Procurement, Construction and Improvements</u>	<u>109.078</u>	<u>241.682</u>	<u>488.851</u>
<b>Subtotal, United States Customs and Border Protection</b>	<b>3,436.219</b>	<b>3,990.212</b>	<b>4,335.406</b>
<b>Federal Emergency Management Agency</b>			
<u>Operations and Support (Operation Stonegarden)</u>	<u>13.500</u>	<u>13.162</u>	<u>13.162</u>
<b>Subtotal, Federal Emergency Management Agency</b>	<b>13.500</b>	<b>13.162</b>	<b>13.162</b>
<b>Federal Law Enforcement Training Center</b>			
<u>Operations and Support</u>	<u>59.340</u>	<u>56.000</u>	<u>57.740</u>
<b>Subtotal, Federal Law Enforcement Training Center</b>	<b>59.340</b>	<b>56.000</b>	<b>57.740</b>
<b>Immigration and Customs Enforcement</b>			
<u>Operations and Support</u>	<u>653.716</u>	<u>672.751</u>	<u>726.444</u>
<b>Subtotal, Immigration and Customs Enforcement</b>	<b>653.716</b>	<b>672.751</b>	<b>726.444</b>



Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Science and Technology Directorate</b>			
<u>Research and Development</u>	<u>4.000</u>	<u>1.500</u>	<u>1.500</u>
<b>Subtotal, Science and Technology Directorate</b>	<b>4.000</b>	<b>1.500</b>	<b>1.500</b>
<b>United States Coast Guard</b>			
Operations & Support	1,482.976	1,572.771	1,744.549
Procurement, Construction, & Improvements	767.179	606.222	482.849
<u>Research and Development</u>	<u>1.112</u>	<u>1.174</u>	<u>1.174</u>
<b>Subtotal, United States Coast Guard</b>	<b>2,251.267</b>	<b>2,180.167</b>	<b>2,228.572</b>
<b>Total, Department of Homeland Security</b>	<b>6,418.042</b>	<b>6,913.792</b>	<b>7,362.824</b>
<b>Department of Housing and Urban Development</b>			
<b>Office of Community Planning and Development</b>			
Continuum of Care: Homeless Assistance Grants	635.688	727.248	748.176
<u>Section 8071 Pilot Recovery Housing Program</u>	<u>25.000</u>	<u>30.000</u>	<u>30.000</u>
<b>Subtotal, Office of Community Planning and Development</b>	<b>660.688</b>	<b>757.248</b>	<b>778.176</b>
<b>Total, Department of Housing and Urban Development</b>	<b>660.688</b>	<b>757.248</b>	<b>778.176</b>
<b>Department of the Interior</b>			
<b>Bureau of Indian Affairs</b>			
<u>Drug Initiative</u>	<u>14.919</u>	<u>14.919</u>	<u>14.919</u>
<b>Subtotal, Bureau of Indian Affairs</b>	<b>14.919</b>	<b>14.919</b>	<b>14.919</b>
<b>Bureau of Land Management</b>			
<u>Resource Protection and Law Enforcement</u>	<u>5.100</u>	<u>5.100</u>	<u>5.100</u>
<b>Subtotal, Bureau of Land Management</b>	<b>5.100</b>	<b>5.100</b>	<b>5.100</b>
<b>National Park Service</b>			
<u>National Park Protection Subactivity</u>	<u>3.392</u>	<u>3.392</u>	<u>3.392</u>
<b>Subtotal, National Park Service</b>	<b>3.392</b>	<b>3.392</b>	<b>3.392</b>
<b>Total, Department of the Interior</b>	<b>23.411</b>	<b>23.411</b>	<b>23.411</b>
<b>Department of Justice</b>			
<b>Asset Forfeiture Fund</b>			
<u>Asset Forfeiture Fund</u>	<u>210.995</u>	<u>242.305</u>	<u>242.305</u>
<b>Subtotal, Asset Forfeiture Fund</b>	<b>210.995</b>	<b>242.305</b>	<b>242.305</b>
<b>Bureau of Prisons</b>			
<b>Salaries and Expenses</b>			
Contract Confinement	354.791	374.598	409.277
Inmate Care and Programs	1,536.788	1,586.491	1,649.406
<u>Institution Security and Administration</u>	<u>1,783.461</u>	<u>1,998.012</u>	<u>2,010.047</u>
<b>Subtotal, Salaries and Expenses</b>	<b>3,675.04</b>	<b>3,959.101</b>	<b>4,068.730</b>
<b>Building and Facilities</b>	106.455	131.394	80.753
Modernization and Repair	26.727	129.584	79.851
<u>New Construction</u>	<u>79.728</u>	<u>1.810</u>	<u>0.902</u>
<b>Subtotal, Buildings and Facilities</b>	<b>106.455</b>	<b>131.394</b>	<b>80.753</b>
<b>Subtotal, Bureau of Prisons</b>	<b>3,781.495</b>	<b>4,090.495</b>	<b>4,149.483</b>
<b>Criminal Division</b>			
<u>Enforce Federal Criminal Laws</u>	<u>48.070</u>	<u>48.135</u>	<u>50.328</u>
<b>Subtotal, Criminal Division</b>	<b>48.070</b>	<b>48.135</b>	<b>50.328</b>



Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Drug Enforcement Administration</b>			
Diversion Control Fee Account	482.494	548.342	621.719
<u>Salaries &amp; Expenses</u>	<u>2421.522</u>	<u>2563.116</u>	<u>2660.924</u>
<b>Subtotal, Drug Enforcement Administration</b>	<b>2,904.016</b>	<b>3,111.458</b>	<b>3,282.643</b>
<b>Federal Bureau of Investigation</b>			
Intelligence	9.689	11.534	11.009
<u>Criminal Enterprises Federal Crime</u>	<u>147.097</u>	<u>204.400</u>	<u>191.678</u>
<b>Subtotal, Federal Bureau of Investigation</b>	<b>156.786</b>	<b>215.934</b>	<b>202.687</b>
<b>Office of Justice Programs</b>			
Edward Byrne Memorial Justice Assistance Grant (JAG) program	48.979	54.125	86.821
Comprehensive Opioid Abuse Program (CARA)	185.000	190.000	190.000
COPS Anti-Heroin Task Forces	35.000	35.000	35.000
COPS Anti-Methamphetamine Task Forces	15.000	16.000	15.000
Drug Courts	88.000	95.000	88.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	17.000
Mental Health Collaborations	6.000	6.750	8.800
Mentoring for Youth Affected by the Opioid Crisis	16.500	16.500	18.000
Opioid-Affected Youth Initiative	12.000	12.500	16.000
Prescription Drug Monitoring Program	33.000	35.000	33.000
Project Hope	5.000	5.000	2.900
Regional Information Sharing System	14.700	15.400	14.800
Residential Substance Abuse Treatment	40.000	45.000	35.000
Second Chance Act	34.958	38.136	70.537
Tribal Set Aside – CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	23.368	28.042	31.197
Tribal Set Aside – CTAS Purpose Area 9: Tribal Youth Prevention	4.200	5.100	9.000
<u>Veterans Treatment Court Program</u>	<u>29.000</u>	<u>35.000</u>	<u>25.000</u>
<b>Subtotal, Office of Justice Programs</b>	<b>607.705</b>	<b>649.553</b>	<b>696.055</b>
<b>Organized Crime Drug Enforcement Task Force</b>			
<u>Interagency Crime Drug Enforcement</u>	<u>550.458</u>	<u>550.458</u>	<u>550.458</u>
<b>Subtotal, Organized Crime Drug Enforcement Task Force</b>	<b>550.458</b>	<b>550.458</b>	<b>550.458</b>
<b>United States Attorneys</b>			
<u>Criminal Decision Unit</u>	<u>101.482</u>	<u>101.482</u>	<u>101.482</u>
<b>Subtotal, United States Attorneys</b>	<b>101.482</b>	<b>101.482</b>	<b>101.482</b>
<b>United States Marshals Service</b>			
Salaries and Expenses	369.088	396.623	439.645
<u>Federal Prisoner Detention</u>	<u>649.078</u>	<u>642.214</u>	<u>668.169</u>
<b>Subtotal, United States Marshals Service</b>	<b>1,018.172</b>	<b>1,038.843</b>	<b>1,107.820</b>
<b>Bureau of Alcohol, Tobacco, and Firearms</b>			
<u>Law Enforcement Operations</u>	<u>40.788</u>	<u>43.915</u>	<u>49.166</u>
<b>Subtotal, United States Marshals Service</b>	<b>40.788</b>	<b>43.915</b>	<b>49.166</b>
<b>Total, Department of Justice</b>	<b>9,419.967</b>	<b>10,092.578</b>	<b>10,432.427</b>





Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Department of Labor</b>			
<b>Employee Benefits Security Administration</b>			
<u>Enforcement and Participant Assistance</u>	---	---	5.500
<b>Subtotal, Employee Benefits Security Administration</b>	---	---	5.500
<b>Employment and Training Administration</b>			
Job Corps - Operations	4.200	6.000	5.000
<u>Dislocated Worker Employment and Training Activities</u>	15.941	15.941	15.941
<b>Subtotal, Employment and Training Administration</b>	20.141	21.941	20.941
<b>Office of Disability Employment Policy</b>			
<u>Advancing State Policy Integration for Recovery and Employment (ASPIRE)</u>	0.800	0.800	0.800
<b>Subtotal, Office of Disability Employment Policy</b>	0.800	0.800	0.800
<b>Office of Inspector General</b>			
<u>Program and Trust Funds</u>	1.800	1.800	1.800
<b>Subtotal, Office of Inspector General</b>	1.800	1.800	1.800
<b>Office of Workers' Compensation Programs</b>			
<u>Federal Programs for Workers Compensation</u>	7.769	7.769	7.769
<b>Subtotal, Office of Workers' Compensation Programs</b>	7.769	7.769	7.769
<b>Total, Department of Labor</b>	<b>30.510</b>	<b>32.310</b>	<b>36.810</b>
<b>Office of National Drug Control Policy</b>			
Office of National Drug Control Policy - Operations	18.952	31.982	22.380
Drug Free Communities	106.000	109.000	109.000
Drug Court Training and Technical Assistance	3.000	3.000	3.000
Anti-Doping Activities	15.000	15.250	14.000
Model Acts Program	1.250	1.250	1.250
Section 103 of P.L. 114-198 - Prevention	5.200	5.200	5.200
World Anti-Doping Agency Dues	3.167	3.420	3.700
Performance Audits and Evaluations	---	---	0.500
Evolving and Emerging Drug Threats	---	---	11.000
Policy Research	---	---	1.300
<u>High Intensity Drug Trafficking Area</u>	296.600	302.000	290.200
<b>Total, Office of National Drug Control Policy</b>	<b>449.169</b>	<b>471.102</b>	<b>461.530</b>
<b>Department of State</b>			
<b>Bureau of International Narcotics and Law Enforcement</b>			
<u>International Narcotics Control and Law Enforcement</u>	296.255	374.679	343.620
<b>Subtotal, Bureau of International Narcotics and Law Enforcement</b>	<b>296.255</b>	<b>374.679</b>	<b>343.620</b>
<b>United States Agency for International Development</b>			
Economic Support Fund	56.438	56.438	33.034
<u>Development Assistance</u>	14.500	14.500	23.535
<b>Subtotal, United States Agency for International Development</b>	<b>70.938</b>	<b>70.938</b>	<b>56.569</b>
<b>Total, Department of State</b>	<b>367.193</b>	<b>445.617</b>	<b>400.189</b>



Program (Budget Authority -\$ Millions)	FY 2022 Final	FY 2023 Enacted	FY 2024 Request
<b>Department of Transportation</b>			
<b>Federal Aviation Administration</b>			
Aviation Safety/Aerospace Medicine	18.730	19.295	19.251
<u>Security and Hazardous Material Safety</u>	<u>4.505</u>	<u>5.100</u>	<u>5.300</u>
<b>Subtotal, Federal Aviation Administration</b>	<b>23.235</b>	<b>24.395</b>	<b>24.551</b>
<b>National Highway Traffic Safety Administration</b>			
Drug Impaired Driving Program	2.256	4.900	4.900
Emergency Medical Services	0.500	0.500	0.500
Highway Safety Research	7.889	---	---
<u>Communication and Consumer Information</u>	<u>11.536</u>	<u>12.700</u>	<u>12.700</u>
<b>Subtotal, National Highway Traffic Safety</b>	<b>22.181</b>	<b>18.100</b>	<b>18.100</b>
<b>Total, Department of Transportation</b>	<b>45.421</b>	<b>42.500</b>	<b>43.020</b>
<b>Department of the Treasury</b>			
<b>Financial Crimes Enforcement Network</b>			
<u>Salaries and Expenses</u>	<u>0.910</u>	<u>2.200</u>	<u>2.300</u>
<b>Subtotal, Financial Crimes Enforcement Network</b>	<b>0.910</b>	<b>2.200</b>	<b>2.300</b>
<b>Internal Revenue Service</b>			
<u>Criminal Investigations</u>	<u>78.250</u>	<u>60.257</u>	<u>60.257</u>
<b>Subtotal, Internal Revenue Service</b>	<b>78.250</b>	<b>60.257</b>	<b>60.257</b>
<b>Office of Foreign Assets Control</b>			
<u>Salaries and Expenses</u>	<u>0.901</u>	<u>0.945</u>	<u>1.054</u>
<b>Subtotal, Office of Foreign Assets Control</b>	<b>0.901</b>	<b>0.945</b>	<b>1.054</b>
<b>Total, Department of the Treasury</b>	<b>70.785</b>	<b>63.402</b>	<b>63.611</b>
<b>Department of Veterans Affairs</b>			
<b>Veterans Health Administration</b>			
Medical & Prosthetic Research	27.931	28.000	28.000
<u>Medical Care</u>	<u>1,166.779</u>	<u>1,233.285</u>	<u>1,283.850</u>
<b>Subtotal, Veterans Health Administration</b>	<b>1,194.710</b>	<b>1,261.285</b>	<b>1,311.850</b>
<b>Total, Department of Veterans Affairs</b>	<b>1,194.710</b>	<b>1,261.285</b>	<b>1,311.850</b>
<b>United States Postal Service</b>			
<b>United States Postal Inspection Service</b>			
CI2 Personnel Expenses	62.118	62.118	62.118
Asset Forfeiture Fund	4.441	4.441	4.441
CI2 Nonpersonnel Expenses	0.594	0.594	0.594
CI2 Operating Expenses	4.716	4.716	4.716
<u>CI2 Capital Expenses</u>	<u>0.083</u>	<u>0.083</u>	<u>0.083</u>
<b>Subtotal, United States Postal Inspection Service</b>	<b>71.952</b>	<b>71.952</b>	<b>71.952</b>
<b>Total, United States Postal Service</b>	<b>71.952</b>	<b>71.952</b>	<b>71.952</b>



## Federal Border Strategy Resources

The 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 United States borders, including POEs and between POEs. 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 the Interior
- Department of Transportation; and
- Office of National Drug Control Policy

In the President's FY 2024 budget request for drug control efforts, the total amount of resources available for interdiction activities, including the implementation of the three Border Strategies, is \$7.3 billion. This is an increase of \$426.9 million (6 percent) above the FY 2023 enacted level. The table below presents the details, by Department, of the interdiction funding levels for FY 2022 through FY 2024.



## Funding for Interdiction Efforts by Department: FY2022 – FY2024

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>Department of Defense</b>	<b>\$595.4</b>	<b>\$641.7</b>	<b>\$670.5</b>	<b>+ \$28.9</b>	<b>+4.5%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	595.4	641.7	670.5	+ 28.9	+4.5%
<b>Department of Health and Human Services</b>	<b>\$51.5</b>	<b>\$54.5</b>	<b>\$56.8</b>	<b>+ 2.3</b>	<b>+4.2%</b>
<i>Food and Drug Administration</i>	51.5	54.5	56.8	+ 2.3	+4.2%
<b>Department of Homeland Security</b>	<b>5,691.5</b>	<b>6,171.9</b>	<b>6,565.5</b>	<b>+ 393.6</b>	<b>+6.4%</b>
<i>Customs and Border Protection</i>	3,436.2	3,990.2	4,335.4	+ 345.2	+8.7%
<i>Science and Technology Directorate</i>	4.0	1.5	1.5	---	---
<i>United States Coast Guard</i>	2,251.3	2,180.2	2,228.6	+ 48.4	+2.2%
<b>Department of the Interior</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	---	---
<i>Bureau of Land Management</i>	0.4	0.4	0.4	---	---
<b>Department of Transportation</b>	<b>2.3</b>	<b>2.6</b>	<b>2.7</b>	<b>+ 0.1</b>	<b>+3.9%</b>
<i>Federal Aviation Administration</i>	2.3	2.6	2.7	+ 0.1	+3.9%
<b>Office of National Drug Control Policy</b>	<b>26.2</b>	<b>27.3</b>	<b>29.4</b>	<b>+ 2.1</b>	<b>+7.6%</b>
<b>Total, Interdiction</b>	<b>\$6,367.3</b>	<b>\$6,898.3</b>	<b>\$7,325.2</b>	<b>+ \$426.9</b>	<b>+6.2%</b>



## 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
- Appalachian Regional Commission
- 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 2024 budget request for drug control efforts, the total amount of resources available for drug treatment activities is \$22.5 billion. This is an increase of \$825.6 million (4 percent) above the FY 2023 enacted level. The table below presents the details, by Department, of the drug treatment funding levels for FY 2022 through FY 2024.



## Treatment Plan Resources by Department, FY2022 – FY 2023

	FY 2022	FY 2023	FY 2024	FY23 - FY24 Change	
	Final	Enacted	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$18.7</b>	<b>\$18.7</b>	<b>\$18.7</b>	---	---
<b>Appalachian Regional Commission</b>	<b>\$13.0</b>	<b>\$13.0</b>	<b>\$13.0</b>	---	---
<b>Court Services and Offender Supervision Agency</b>	<b>\$43.5</b>	<b>\$44.9</b>	<b>\$45.8</b>	<b>+ 0.9</b>	<b>+1.9%</b>
<b>Department of Agriculture</b>	<b>11.4</b>	<b>11.4</b>	<b>12.4</b>	<b>+ 1.0</b>	<b>+8.8%</b>
<i>Office of Rural Development</i>	11.4	11.4	12.4	+ 1.0	+8.8%
<b>Department of Defense</b>	<b>96.4</b>	<b>100.3</b>	<b>84.6</b>	<b>- 15.8</b>	<b>-15.7%</b>
<i>Defense Health Program</i>	96.4	100.3	84.6	- 15.8	-15.7%
<b>Department of Health and Human Services</b>	<b>17,519.3</b>	<b>18,566.7</b>	<b>19,287.9</b>	<b>+ 721.2</b>	<b>+3.9%</b>
<i>Centers of Medicare and Medicaid Services</i>	12,140.0	12,970.0	11,930.0	- 1,040.0	-8.0%
<i>Food and Drug Administration</i>	10.5	12.5	22.9	+ 10.4	+82.8%
<i>Health Resources and Services Administration</i>	711.8	713.0	1,397.5	+ 684.5	+96.0%
<i>Indian Health Service</i>	103.4	104.1	105.0	+ 1.0	+0.9%
<i>Nat. Inst. on Alc. Effects and Alc.-Assoc'd Disorders</i>	9.5	9.8	9.8	+ 0.0	---
<i>National Institute on Drugs and Addiction</i>	993.4	1,041.6	1,041.3	- 0.3	-0.0%
<i>Substance use And Mental Health Services Admin.</i>	3,550.9	3,715.8	4,781.4	+ 1,065.7	+28.7%
<b>Department of Housing and Urban Development</b>	<b>660.7</b>	<b>757.2</b>	<b>778.2</b>	<b>+ 20.9</b>	<b>+2.8%</b>
<b>Department of Justice</b>	<b>615.5</b>	<b>688.0</b>	<b>714.0</b>	<b>+ 26.0</b>	<b>+3.8%</b>
<i>Bureau of Prisons</i>	205.2	245.7	258.5	+ 12.8	+5.2%
<i>Office of Justice Programs</i>	410.2	442.3	455.5	+ 13.2	+3.0%
<b>Department of Labor</b>	<b>16.7</b>	<b>16.7</b>	<b>22.2</b>	<b>+ 5.5</b>	<b>+32.9%</b>
<i>Employee Benefits Security Administration</i>	0.0	0.0	5.5	+ 5.5	---
<i>Employment and Training Administration</i>	15.9	15.9	15.9	+ 0.0	---
<i>Office of Disability Employment Policy</i>	0.8	0.8	0.8	+ 0.0	---
<b>Department of Transportation</b>	<b>0.5</b>	<b>0.5</b>	<b>0.5</b>	---	---
<i>National Highway Traffic Safety Administration</i>	0.5	0.5	0.5	---	---
<b>Department of Veterans Affairs</b>	<b>1,194.7</b>	<b>1,261.3</b>	<b>1,311.9</b>	<b>+ 50.6</b>	<b>+4.0%</b>
<b>Federal Judiciary</b>	<b>143.2</b>	<b>158.8</b>	<b>171.2</b>	<b>+ 12.4</b>	<b>+7.8%</b>
<b>Office of National Drug Control Policy</b>	<b>10.0</b>	<b>10.4</b>	<b>13.3</b>	<b>+ 2.9</b>	<b>+28.0%</b>
<b>Total, Treatment</b>	<b>\$20,343.6</b>	<b>\$21,648.0</b>	<b>\$22,473.6</b>	<b>+ \$825.6</b>	<b>+3.8%</b>