National Drug Control Assessment

MAY 2024

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

Table of Contents

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Introduction

The Office of National Drug Control Policy's (ONDCP) authorization (detailed in 21 U.S.C. § 1705(g), "Development of an annual national drug control assessment") includes the following requirements:

- A report assessing the progress of each National Drug Control Program Agency (NDCPA) toward achieving each goal, objective, and target contained in the *National Drug Control Strategy* (*Strategy)*.

- Specific performance measures for each NDCPA.

- Annual[1] objectives and targets for each performance measure.

- A specific evaluation of whether the objectives and targets were met.

The *Assessment* provides the required summaries and evaluations of NDCPA's progress toward achieving the goals of the *Strategy*. Each assessment has been prepared by the relevant NDCPA, and includes a description of their drug-related mission, the self-identified *Strategy* goals/objectives that they support, and their performance measures that will be used to assess their own progress and contributions in achieving the goals/objectives of the *Strategy*.

Finally, ONDCP's authorization includes that the ONDCP Director may conduct "program and performance audits and evaluations." ONDCP uses a three-part program to complete these performance evaluations:

- ONDCP staff-led program audits and evaluations of NDCPA programs and their *Assessment* results;

- Audits conducted by the NDCPA Inspectors General (as authorized by 21 U.S.C. § 1703(d)(7)(B)) focusing on *Performance Review System* (*PRS*) measures that are not progressing; and

- Contracted audit and evaluation support, contingent upon appropriated funding, which performs both *PRS* and *Assessment*-level reviews and program audits.

Each of these performance evaluation reviews provides an informed assessment of the impact each element of a NDCPA is making and contributing to the *Strategy*'s goals and objectives and will provide the Administration with recommendations to improve program performance or to realign resources.

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[1] 21 U.S.C. § 1705(c)(1)(G)(ii) requires "annual and, to the extent practicable, quarterly objectives and targets for each performance measure." As the NDCPAs only report actual performance results annually, quarterly reporting is not feasible nor practicable.

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Each NDCPA assessment in this *Assessment* contains the following:

Mission

A narrative description of each component of a NDCPA that is included in the drug budget, summarizing the drug-related portion of its mission in brief.

Relevant Performance Review System Goal/Objective

A listing of all *Strategy* goals/objectives based on the 2022 *PRS* report that may be impacted by the NDCPA's activities undertaken by the agency or bureau in support of the *Strategy*, and a comprehensive narrative on how the agency's work or priorities advance these goals/objectives. Briefly defines performance measures, why they were selected (i.e., what program evaluations, policy analyses, survey data, literature reviews, or other kinds of evidence were used), and how they indicate successful programming. Briefly describes how included performance measures are calculated. Please refer to Appendix A for the specific strategic goals and objectives that are in the *Strategy*.

Performance Tables

A table that displays the agency's annual outcome or output targets, and results for the specific performance measures that are used to demonstrate the contribution of the programs, projects, or activities towards achieving the goals and objectives of the *Strategy*. This can be any standardized output or outcome measure data reported by the NDCPA.

Discussion of Results

A detailed explanation of how the agency program(s) performed in regard to the established fiscal year (FY) 2023 targets that addresses the following:

- What do the performance measure results indicate about success of the program(s) they represent?
- Which of the agency's performance targets for the previous year were met?
- What factors led to the results (meeting or not meeting the target(s))?
- Will under performance (if applicable) impact completion of a 2022 *Strategy* goal/objective?
- What can be done to improve performance of the programs listed?
- How have FY 2023 results informed FY 2024 targets?

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Department of Agriculture
Office of Rural Development

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Mission

The Department of Agriculture's Rural Development Mission Area (RD) is committed to helping improve the economy and quality of life in rural America. RD helps 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.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

The 2018 Farm Bill (FB) requires the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine (DLT) program to support substance use disorder (SUD) treatment services. The FB also authorizes priority points for Community Facilities direct loans and grants applicants who intend to provide SUD prevention services, treatment services, and/or recovery services with their projects and employ staff that have appropriate expertise and training in how to identify and treat individuals with SUD.

Information regarding the performance of the drug control efforts of RD is based on agency Government Performance Results Modernization Act (GPRMA) documents and other information that measure the agency's contribution to the *Strategy*. FY 2018 was the first year that RD received appropriations in support of the opioid crisis, and that was only through the required set-aside for the DLT grant program. The table below shows the approved performance plan for this program. With respect to DLT-Opioid projects, the number of projects obligated will be measured on a yearly basis.

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Performance Table

Rural Development				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
DLT-Funded projects that supported treatment/prevention of SUD[2]	1	25	33	25

Discussion of Results

A funding notice for the DLT Grant program was published on December 1, 2022. The notice included carryover funds from prior years as well as the FY 2023 appropriations. The Department obligated approximately $19 million for 33 projects under the FB-directed set-aside for the DLT Program. An additional $5.6 million for 11 projects that address SUD was funded through the regular DLT Program. The performance target for FY 2023 was set based on an estimate of the number of projects that can be funded using the DLT Substance Use Treatment set-aside. RD was able to fund more projects than estimated for the set-aside dollars because two years' appropriations were available for funding projects. As noted above, RD funded 11 more projects that successfully competed for funds under the regular program. The FY 2024 target remains 25, based on past per project averages and estimated FY 2024 funding for the DLT set-aside.

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[2] The set aside is for SUD and not specific to opioids.

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Department of Agriculture
U.S. Forest Service

Mission

The mission of the United States Forest Service (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) program's basic mission is to provide public and employee safety, resource protection, enforcement of U.S. Criminal Law, and enforcement expertise to other agency managers. The Forest Service manages 193 million acres in 44 States, the Virgin Islands, and Puerto Rico, encompassing 154 national forests and 20 national grasslands. Most of this land is in rural areas of the United States.

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

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

USFS supports this objective by engaging in efforts to identify, investigate, disrupt, and dismantle domestic criminal organizations and Transnational Criminal Organizations (TCOs) involved in trespass cannabis cultivation on National Forest System (NFS) lands; including individuals and entities that support these organizations through transportation or finance. As part of this effort, the USFS will continue to eradicate cannabis being cultivated on NFS lands and remediate trespass cannabis complexes to deter TCOs and their supporters from utilizing these locations again.

Since TCOs are responsible for most trespass cannabis cultivation on NFS lands, USFS partners with other federal, state, and local agencies to investigate, disrupt, and dismantle these organizations. USFS continues to partner with the Department of Justice (DOJ) through local United States Attorney's Offices (USAO) to coordinate and support investigative, enforcement, and prosecutorial efforts. Additionally, the USFS continues to collaborate with ONDCP and various High Intensity Drug Trafficking Areas (HIDTA) programs to efficiently combat illicit drug cultivation and production on NFS lands. The USFS also participates in Organized Crime Drug Enforcement Task Force (OCDETF) investigations and continues to work with federal partners to reduce cross-border drug smuggling and drug trafficking activities on NFS lands to enhance the safety and security of the visiting public and USFS employees on NFS lands within the interior and contiguous international borders.

Information regarding the performance of USFS drug control efforts is based on analysis of counterdrug (CD) activities. The analysis includes measures derived from the number of cannabis plants eradicated, drug case investigations, and trespass cannabis cultivation sites dismantled and

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rehabilitated, as well as the percentage of drug related incidents per 100,000 NFS visitors. Also included are performance measures, actuals achieved for FY 2022 and FY 2023, and targets for FY 2023 and FY 2024, as shown in the performance table below. This data provides an assessment of performance related to cannabis control activities on NFS lands conducted by LEI and advances the priority of domestic supply reduction. Data compiled and reported in this summary comes from LEI's Law Enforcement and Investigations Reporting System (LEIRS), Law Enforcement and Investigations Management Attainment Reporting System, internal evaluations, and other USFS sources.

Performance Table

U.S. Forest Service				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Cannabis plants eradicated[3]	283,182	200,000	117,375	200,000
Percentage of drug cases referred for federal prosecution[4]	7	32	15	20
Trespass cannabis cultivation sites dismantled[5]	56	50	64	50
Drug related incidents on NFS lands per 100,000 visitors	0.0095	0.015	.0075	0.0070

Discussion of Results

Cannabis Plants Eradicated: The number of plants eradicated for FY 2022, as of April 10, 2023, was 283,182 total plants, as reported on the FY 2024 Budget Summary submitted in April 2023.[6] In FY 2023, 117,375 cannabis plants were eradicated from NFS lands, a 58.6 percent decrease from FY 2022 and a 41.3 percent decrease from the FY 2023 target.

One factor contributing to the decrease is that due to law enforcement efforts over the past several years, some trespass cannabis cultivation growers have moved from public to private lands. Additionally, cannabis legalization in several states has pushed growers to move their operations to private lands in those states due to lack of state and local regulatory enforcement and to evade federal enforcement. Easy access to domestic or municipal water sources, and ease of "farm"-to-market access is more readily attainable close to market centers, as opposed to the

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[3] The number of cannabis plants eradicated refers to the number of cannabis plants removed or destroyed by a variety of means such as removal of the plants from NFS lands or cutting and destruction of plants in place, as appropriate.
[4] The percentage of drug cases referred for adjudication quantifies assigned drug cases referred for prosecution that resulted in sanctions against defendants. This serves as an indicator of successful investigations and reflects the significant effort expended by LEI to address illicit drug production and associated unlawful occupancy of public lands. Sanctions can take the form of restitution, fines, imprisonment, or any combination thereof.
[5] The number of trespass cannabis cultivation sites dismantled includes the eradication of cannabis plants and the removal of items, infrastructure, and hazardous materials.
[6] The number of plants eradicated for FY 2022 reported on the 2023 Assessment was found to have incomplete data, reporting only 159,874 plants.

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remote locations and difficult terrain used on NFS lands. The ability to utilize state and local cooperators to combat trespass cannabis cultivation continued to be limited as these resources have been focused on addressing regulatory concerns related to state or local authorized[7] growing activities on private lands that are still prohibited under federal law.

Additionally, in FY 2023, the Forest Service experienced high demand for services, as it did in FY 2022. For example, increased visitations to NFS lands necessitated LEI personnel increase time and resources responding to common visitor issues and other public safety incidents, limiting time available to spend on drug enforcement activity.

LEI has continued testing the use of novel models to detect marijuana cultivation sites on NFS lands not broadly used in prior years. Application of these models is still undergoing vetting processes; however, LEI believes that FY 2023 data demonstrates efficiency and accuracy of detection, which will increase in upcoming years, if supported. One detection model example currently being tested is the Hyperspectral Imagery Model. This model uses fixed-wing overflights and has successfully been used to identify unique signatures associated with trespass cultivation activities. Specific signatures from commonly used cultivation infrastructure, e.g., irrigation line, and plastic tarps, which are commonly found at cultivation sites are detected and georeferenced providing potential locations of cultivation sites. The Hyperspectral Imagery Model also provides clusters of multiple target signatures, which have been ground proven to be indicative of the magnitude and extensive landscape footprint of these cultivation sites.

For FY 2023, a total landscape of only 4 percent from three National Forests underwent Hyperspectral Imagery Model overflight imagery collection. These flights generated 136 unique spectral signatures. Of these 136 unique target hits, 77 locations were cultivation sites that USFS-LEI had no prior record of within 22 years of database collections (FY 2000 through FY 2022). Of these 77 new locations, 7 resulted in active cultivation sites that required enforcement and eradication activities. These flights resulted in a success rate of 57 percent of signatures resulting in a detection, and the detection of sites that had a minimum of public land water diversion annual rate of 109 million gallons. Targeted reconnaissance to fly these 136 locations was less than 5.5 hours of rotary-wing flight. In comparison to typical reconnaissance flight patterns for these 136 points, it is estimated that over $120,000 of personnel and flight costs were saved. The Hyperspectral Imagery Model demonstrates an increase in detection rates, safety parameters and fiscal savings. It also illustrated that the previous threat of cultivation measures using current and historical approaches is likely underestimating the threat of this activity on federal public lands.

As of now, the FY 2024 target of 200,000 plants will not be adjusted; however, all aforementioned factors and other unforeseen factors could still play a role in the future even if more grow sites are detected through these models.

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[7] Although State law may allow for legal cultivation of marijuana there are still regulations in place governing this activity. Although these regulations vary across jurisdictions the regulatory concerns could include not having a permit if required, growing a number of plants above what is permitted or allowed by law, violation of environmental laws, etc.

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<u>Percentage of Drug Cases Referred for Federal Prosecution</u>: In FY 2023, 15 percent of assigned drug cases were referred for federal prosecution; an 8 percent increase from cases referred in FY 2022. Beginning in FY 2024, the target percentage will be lowered to 20 percent from 32 percent.[8] A 20 percent target, based on current and prior year accomplishments is a more realistic, yet ambitious goal. Additionally, substantial work is required to develop significant cases for adoption and prosecution, and given current staffing levels of sworn personnel, LEI is unable to thoroughly investigate every cultivation site, and, accordingly, must prioritize investigative resources being assigned to specific cultivation sites. Furthermore, with plant count being less of a factor for prosecution, documentation of environmental damage and the depredation of public land is an added task. The required environmental assessment and associated documentation is more often than not prepared by LEI's single Wildlife Ecologist who has the subject-matter expertise and qualifications.

<u>Trespass Cannabis Cultivation Sites Dismantled</u>: In FY 2023, LEI eradicated 64 trespass cannabis cultivation sites. This is a 14 percent increase from FY 2022, and a 28 percent increase from the FY 2022 target. Despite these successes, efforts to dismantle trespass cannabis cultivation sites continue to face challenges. For instance, marijuana growers are routinely utilizing banned pesticides in the carbamate class, particularly Carbofuran (tradename Furadan) to treat their illicit crop. The presence of these and other highly toxic chemicals severely limit LEI's ability to raid and rehabilitate these sites because clean-up efforts often require specialized equipment and personnel with advanced training in removing and transporting hazardous materials. In some instances, the contamination levels are so extensive that LEI must cease eradication and reclamation efforts to reassess and consult additional hazardous materials professionals before resuming operational objectives. Additional safety platforms are also implemented to prevent LEI personnel from being exposed to pesticides that would require medical treatment. Reclamation and cleanup efforts in FY 2023 resulted in the removal of 24 sites, including 16,160 pounds (8 tons) of trash and 126,857 feet (24 miles) of irrigation line, and restored 105.2 million gallons of water back into headwaters that support wildlife, fisheries, communities, indigenous tribes, and agriculture.

<u>Percent of Drug Related Incidents on National Forest System Lands per 100,000 Visitors</u>: In FY 2023 there were 1,197 drug related incidents on NFS lands, or 0.0075 per 100,000 visitors; a 21 percent decrease from FY 2022, and a fifty percent decrease from the FY 2023 target. Drug related incident data used for this calculation is obtained from LEIRS. The National Visitor Use Monitoring program is utilized for visitation data. Visitation is estimated through a combination of exiting traffic counts and surveys of visitors leaving a national forest or grassland. Both are obtained from random locations and days on a national forest or grassland over a period of one year.[9]

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[8] LEI's performance measures may change due to various known or unknown factors. Increases and decreases across different performance measures can be attributed to a variety of variables and circumstances. Nonetheless, LEI remains committed in efforts to identify, investigate, disrupt, and dismantle domestic criminal organizations and TCOs involved in trespass cannabis cultivation on National Forest System lands. To achieve these goals, LEI adjusts its targets based on the analysis of its performance measures.
[9] National Visitor Use Monitoring Results, Fiscal Year 2018 through Fiscal Year 2022 (usda.gov)

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Appalachian Regional Commission

Mission

The Investments Supporting Partnerships In Recovery Ecosystems (INSPIRE) Initiative addresses the SUD crisis across Appalachia by creating or expanding a recovery ecosystem that will lead to workforce entry or reentry. INSPIRE projects support the post-treatment to employment continuum, which includes investments in healthcare networks that support SUD recovery professionals, recovery-focused job training programs, as well as initiatives designed to coordinate, or link, recovery services and training that support the recovery to work ecosystem, among others.

In FY 2023, INSPIRE was appropriated $13 million to continue to mitigate the effects of SUD across Appalachia, where 2021 data indicate that overdose mortality rates for individuals ages 25-54 exceeds the national rate. These data indicate the strong need of initiatives like INSPIRE, which the Appalachian Regional Commission (ARC) scaled up in FY 2023.

Relevant PRS Goal/Objective

Goal 5: Recovery efforts are increased in the United States (Objective 1 and 2)

The primary goal of the INSPIRE initiative is to address SUD crisis across Appalachia by creating or expanding a recovery ecosystem that will lead to workforce entry or reentry. Therefore, the INSPIRE initiative aligns closely with the *Strategy* goal to increase recovery efforts in the United States. Since April 2021, ARC has invested $42.6 million in 127 projects that address Appalachia's SUD crisis in 349 counties — which is 83 percent of the region. Together, these projects are projected to improve more than 2,178 businesses and provide opportunities for nearly 9,772 students and workers in creating or expanding recovery ecosystems leading to workforce entry or reentry throughout the region.[10]

ARC has designated seven main performance measures for the INSPIRE initiative: plans/reports developed (output), businesses served (output), businesses improved (outcome), students served (output), students improved (outcome), workers/trainees served (output), and workers/trainees improved (outcome). Business improvements include certificates of completion, new hires, and employee retention. Student improvement includes obtaining a job in the field for which they were specifically trained, receiving a diploma, certificate or other career credential, and successfully completing a course, grade, or unit of study to continue their education.

In a 2023 evaluation of the INSPIRE initiative, it was noted that grantees in the first two cohorts also reported early successes that expanded beyond performance measures. According to survey and focus group findings, major areas of success included: establishing and expanding partner networks; securing community and organizational support; and providing comprehensive services to individuals in recovery. During focus groups, implementation grantees described successful referral pathways for their programs that involved traditional and innovative partners,

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[10] CDC's Multiple Cause of Death database, as compiled in ARC's 2020 report, Appalachian Diseases of Despair.

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such as jails and drug court programs. They also frequently highlighted the involvement of Certified Recovery Specialists or Peer Recovery Specialists in these pathways.[11]

ARC encourages diverse project activities designed to meet individual community needs with each round of funding. Performance targets/measurements are developed in response to projects selected through each NOSA. Actual outcomes are collected at the end of the grant period which is often 3 years after obligation.

Performance outcomes and targets associated with ARC's work are presented below. Notably, FY 2024 represents the first year in which any INSPIRE grants will have reached completion, since the first of these three-year grants were issued in FY 2021. Many positive outcomes associated with INSPIRE grants may only be reported in the final year of those grants; final-year outcomes have not yet been reported for any grants through FY 2023.

Performance Table

Appalachian Regional Commission				
Measures of Performance	FY 2022 Actual[12]	FY 2023 Target[13]	FY 2023 Actual[14]	FY 2024 Target[15]
Businesses Served	800	939	846	1,851
Businesses Improved	430	687	480	776
Students Served	142	133	283	320
Students Improved	234	80	197	228
Workers/Trainees Served	3,118	3,058	3,750	4,697
Workers/Trainees Improved	828	2,123	1,255	3,138
Plans/Reports	23	13	8	28

Discussion of Results

The INSPIRE performance measures provide insight into the strides made to create or expand a recovery-ready ecosystem across the Appalachian region. ARC performance measures reflect a range of beneficiaries, such as businesses, communities, organizations, participants, students, and workers or trainees. According to a 2023 evaluation of the INSPIRE program, grantees reported that they had forged new partnerships, leveraged community support, and became creative when developing strategies to provide comprehensive services.

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[11] https://www.arc.gov/wp-content/uploads/2023/07/202307-Evaluation-of-ARCs-INSPIRE-Initiative.pdf
[12] 2022 values are based on FY 2021 and FY 2022 data, as reported quarterly by the grantee in FY 2022. These values do not reflect the complete performance measure totals, which will be reported during the closeout period.
[13] Targets are prorated to align with FY 2023 Actual data, which only captures FY 2021 and FY 2022 reported results.
[14] FY 2023 Actual values are based on FY 2021 and FY 2022 data, as reported quarterly by the grantee in FY 2022. These values do not reflect the complete performance measure totals, which are reported during the closeout period. No FY 2023 actual data is captured, as a reporting period has not passed yet.
[15] FY 2024 Targets are based on the averages of FY 2021, FY 2022, and FY 2023 data.

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The INSPIRE program met the FY 2023 Targets for Students Served, Students Improved, and Workers/Trainees Served. Since the INSPIRE program issued the first grants in FY 2021, it is unclear if the results are achieved evenly throughout the grant period or if the majority of the results will be realized in the last year of the grant period. As the INSPIRE program closes its first round of grants (FY 2021) this fiscal year, ARC will evaluate the best distribution of the performance targets in the future.

ARC continues to create and expand a recovery ecosystem that will lead to workforce entry or reentry. Since grantees determine their performance measures, there is some fluctuation each fiscal year for which performance measures report higher values. ARC does not expect this to inhibit performance. In the coming fiscal years, ARC will be able to provide performance measure actuals for the full fiscal year. As the grant periods are completed, ARC will have more data to inform targets and determine trends that influence the distribution of results. The FY 2023 results were included in the averages that determined the FY 2024 targets.

As mentioned previously, the INSPIRE initiative will see the first fully completed grant period in FY 2024, as most FY 2021 grants have 36-month grant periods. By having data for the completed grant period, ARC will have a clearer picture of the distribution of INSPIRE grant impacts across the lifecycle of grants. Additionally, ARC expects to roll out a new grants management system in FY 2024, which will increase ARC's capabilities to run detailed reports for the INSPIRE initiative.

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Corporation for National and Community Service
AmeriCorps

Mission

The mission of the Corporation for National and Community Service (doing business as AmeriCorps) is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. Through AmeriCorps State and National (ASN), AmeriCorps VISTA, AmeriCorps Seniors (ACS), and Public Health AmeriCorps (PHA), AmeriCorps annually engages millions of Americans in results-driven service at sites across the country, including schools, community centers, homeless shelters, Veterans' facilities, youth programs, senior homes, feeding sites, and other nonprofit and faith-based organizations, improving the lives of millions of Americans. National service members help communities design and implement locally-determined, cost-effective solutions to local problems, including strategies to address the opioid and substance use crisis. Recognizing the severity of the opioid epidemic and the toll drug misuse is taking, AmeriCorps has prioritized efforts to combat substance use and significantly increased its support of drug prevention, education, and recovery programming in recent years.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

AmeriCorps programs supports these goals and objectives in multiple ways, including:

- Prevention: National service participants help prevent drug misuse before it starts by providing drug education to students, educating seniors about safe disposal of prescription drugs, and teaching chronic pain management.   Additionally, national service participants engage parents and caregivers in prevention efforts, while working with nonprofits, faith-based organizations, and local government to increase awareness about the dangers of illicit 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.

- Recovery: National service participants provide recovery coaching, employment and housing assistance, peer recovery support, and other care coordination to help individuals recovering from addiction.   Recovery coaching is a particularly promising and potentially transformative strategy implemented by AmeriCorps-funded programs.

- State, Local, and Tribal Law Enforcement Assistance: National service participants serving in AmeriCorps and ACS programs serve law enforcement agencies by working to design and implement programs to increase access to treatment or services for individuals

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with SUD. National service participants also distribute naloxone and offer trainings at community centers, faith organizations, colleges, and elsewhere about how to effectively administer naloxone and engage first responders. Finally, 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.

AmeriCorps programs and projects from the Healthy Futures focus area report on their opioid and substance misuse activities through annual progress reports and supplements. Adding an "opioid/drug intervention" service activity to its performance measures allows AmeriCorps to report on opioid and substance use programming using progress report performance measure data for ASN and ACS. When available, this data is preferred over supplemental report data because projects are required to set targets for performance measures and provide more information about their data collection mechanisms. AmeriCorps anti-drug prevention, treatment, and recovery activities are carried out under three main programs.

AmeriCorps State and National: The 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 American Indian and Alaska Native (AI/AN) Tribes – use their AmeriCorps funding to recruit, place, train, and supervise AmeriCorps members. Since FY 2017, ASN has invested significant resources in reducing and/or preventing prescription drug and opioid misuse and has funded a number of program models working to address this crisis. AmeriCorps is reporting performance using progress report data from projects that selected the Healthy Futures "individuals served" performance measure with "Opioid/Drug Intervention" as a service activity. This allows AmeriCorps to provide target results for the most recent fiscal year (2023), whereas the previously used supplemental items did not include targets.

AmeriCorps VISTA: 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, AI/AN Tribes, and State, city, and local government agencies. AmeriCorps VISTA is addressing the addiction crisis by placing VISTA members with organizations that are creating or expanding prevention and recovery projects targeting low-income communities. These communities often suffer from a lack of resources and may be disproportionally impacted by the opioid crisis. VISTA programming supports prevention, intervention/treatment, and recovery efforts under the AmeriCorps healthy futures focus area. AmeriCorps VISTA Progress Report Supplements include a question about the number of people served by substance use programming.

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AmeriCorps Seniors: ACS taps the skills, talents, and experience of more than 140,000 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. The FY 2019 through FY 2021 AmeriCorps Seniors RSVP grant competitions and FY 2022 American Rescue Plan Senior Demonstration Program competition included a priority for projects that increase access to care and participation in health education activities designed to prevent or reduce prescription drug and opioid misuse. AmeriCorps is reporting performance using Progress Report data from ACS projects that selected the Healthy Futures "individuals served" performance measure with "Opioid/Drug Intervention" as a service activity. This allows AmeriCorps to report on ACS beneficiaries, and also to provide target results for FY 2023.

Public Health AmeriCorps: Through a collaboration between the Centers for Disease Control and Prevention (CDC) and 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. PHA 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. PHA is helping communities address the opioid crisis by supporting different models of recovery support, opioid education, SUD prevention and overdose prevention efforts, such as PHA members serving as Community Health Workers or peer recovery support specialists. AmeriCorps is reporting performance using progress report data from projects that selected the Healthy Futures "individuals served" performance measure with "Opioid/Drug Intervention" as a service activity.

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Performance Table

AmeriCorps				
Measures of Performance	**FY 2022 Actual**[16]	**FY 2023 Target**[17]	**FY 2023 Actual**[18]	**FY 2024 Target**[19]
Number of individuals served through opioid programming (AmeriCorps State and National)	N/A	47,000	N/A	47,000
Number of individuals served through opioid programming (Public Health AmeriCorps)	N/A	28,400	N/A	28,400
Number of individuals served through opioid programming (AmeriCorps Seniors)	N/A	8,200	N/A	8,200
Number of individuals receiving services in SUD programming (AmeriCorps VISTA)	177,500	N/A	N/A	N/A

Discussion of Results

As AmeriCorps will not have AmeriCorps VISTA FY 2023 actuals until early calendar year 2024 and will not have ASN, ACS, and PHA FY 2023 actuals until calendar year 2025, it does not have significant results to discuss.

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[16] AmeriCorps State and National, AmeriCorps Seniors, and Public Health AmeriCorps projects that are funded with FY 2022 appropriations do not report on performance results until mid-FY 2024.

[17] AmeriCorps State and National, AmeriCorps Seniors, and Public Health AmeriCorps grant-making for FY 2023 is now complete and the numbers for FY 2023 have been updated to reflect up-to-date target numbers. AmeriCorps VISTA beneficiaries are tracked through that program's Progress Report Supplement, which does not include targets for future fiscal years. Therefore, no targets can be reported for VISTA.

[18] Complete FY 2023 Actuals will not be available until FY 2025. AmeriCorps State and National, AmeriCorps Seniors, and Public Health AmeriCorps projects that are funded with FY 2023 appropriations do not report on performance results until FY 2025. AmeriCorps VISTA will have FY 2023 performance results available in early calendar year 2024.

[19] Final FY 2024 targets for AmeriCorps State and National, AmeriCorps Seniors, and Public Health AmeriCorps will be available in October 2024, after FY 2024 grant making ends. The ASN, ACS, and PHA targets in the table now are estimates based on the FY 2023 targets. AmeriCorps VISTA beneficiaries are tracked through that program's Progress Report Supplement, which does not include targets for future fiscal years.

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Court Services and Offender Supervision Agency for the District of Columbia
Pretrial Services

Mission

The Court Services and Offender Supervision Agency (CSOSA) for the District of Columbia (D.C.) is comprised of two component programs: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

PSA is an independent entity within CSOSA whose mission is to promote pretrial justice and enhance community safety. In fulfilling its mission, PSA assists judges in both the Superior Court of the District of Columbia (D.C. Superior Court) and the United States District Court for the District of Columbia by conducting a risk and needs assessment for every arrested person who will be presented in court, identifying detention eligibility and formulating release recommendations, as appropriate. Recommendations are based upon the facts of the underlying case and the arrestee's demographic information, criminal history, drug use and/or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services intended to reasonably assure that they return to court and do not engage in criminal activity pending their trial and/or sentencing.

Relevant PRS Goal/Objective

Through regular drug testing, assessment, treatment placement, incentivizing defendants to participate in treatment, and addressing noncompliance with graduated sanctions, PSA expects to have a positive impact particularly on the two goals listed below.

Goal 1: Illicit substance use is reduced in the United States (Objective 2)

Goal 4: Treatment efforts are increased in the United States (Objective 1)

PSA employs evidence-based practices to help judges in the District of Columbia's local and federal courts make appropriate and effective bail decisions. PSA's efforts focus on creating a customer-centric culture that meets the needs of the judges, protects the rights of defendants, and remains cognizant of the Agency's responsibility to the D.C. community. The result is enhanced public safety, a fairer and more effective system of release and detention, and judicious use of jail resources.

Drug test results are key to assessing defendant and offender risk and needs, and the swift availability of testing results is critical to risk mitigation efforts (e.g., placement in appropriate treatment programs) employed by both PSA and CSP. Drug testing is used by PSA to monitor defendant compliance with court-ordered release conditions and deter drug use (including the use of cocaine, methamphetamines, and opioids, including fentanyl) among the supervised population. Testing results serve as an indicator for measuring the success of PSA's SUD treatment programs. PSA's Office of Forensic Toxicology Services (OFTS), which is certified

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by HHS' Clinical Laboratory Improvement Amendments program, plays a vital role in supporting PSA's, CSP's, and the Nation's drug policy priorities. OFTS operates a comprehensive drug testing program for pretrial defendants, as well as individuals supervised by CSP and certain juveniles and respondents with cases in the Family Court division of the D.C. Superior Court. It is expected that continued implementation of the drug testing program will allow PSA to continue to identify individuals with SUD and refer them to appropriate treatment programs which, in turn, will result in reduction in illicit substance and reduced risk of future criminal justice system involvement.

PSA employs both in-house and contracted treatment services to provide a variety of behavioral health interventions for defendants. These include social and medically monitored withdrawal management, residential, and intensive outpatient SUD treatment and/or co-occurring disorder treatment, and access to transitional housing for defendants successfully discharged from residential treatment and intensive outpatient mental health treatment. PSA's Treatment Team administers the Superior Court Drug Intervention Program, better known as Drug Court, a SUD treatment and supervision program for defendants charged with misdemeanor offenses and non-violent felonies. The Treatment Team uses innovative case management practices, such as referrals to appropriate treatment services and the provision of recovery-focused incentives and sanctions to support the rehabilitative process. Participants have immediate access to SUD treatment and receive specialized care, including gender-specific groups, individual and group therapy for trauma-impacted individuals, and treatment planning meetings that identify goals and objectives for maintaining sobriety.

PSA supports defendant participation in treatment programs by offering a range of incentives to promote compliance with release conditions and administers graduated sanctions to address consistently noncompliant behavior (including illicit substance use and failure to participate in treatment programs). It is expected that PSA's targeted approach, extensive treatment offerings, and use of incentives and sanctions will result in increased treatment admissions and maximize defendant participation.

An effective approach for minimizing rearrests during the pretrial period is addressing underlying issues that may impact a defendant's success on supervision, such as SUD and mental health treatment needs. After a formal assessment is conducted and a need identified, PSA provides, either through contract services or referral, appropriate behavioral health services aligned with risk-and need-based priority. Treatment for substance use and mental health disorders is provided as a component of, and never as a substitute for, PSA's robust supervision protocols. Defendants with behavioral health treatment needs are assigned to supervision units that provide services based on both risk and need. In addition to appropriate treatment, defendants placed in these units have release conditions that support treatment program participation and compliance, including substance use testing, regular supervision contact. To gauge the effectiveness of these interventions, CSOSA measures defendant referral, assessment, placement, and participation in treatment programs.

PSA began the universal screening of all defendant specimens for fentanyl (including fentanyl-related substances) beginning May 2021. This represented a considerable step by PSA to address the use of fentanyl, a nation-wide problem that also exists with the District of Columbia. By the end of FY 2022, 4.06 percent of PSA's supervised adult population and 0.46 percent of

juveniles tested positive for fentanyl. In FY 2023, the positive rate for the supervised adult population showed a slight increase to 4.60 percent while that for juveniles increased to 1.65 percent. These rates reflect PSA's ongoing and sustained effort in the universal screening of fentanyl for a larger adult and juvenile populations, shining a focused light on the extent of the opioid crisis, yet meeting the objective of responding positively to opioid misuse in the District through monitoring and testing. PSA routinely evaluates the implementation of programs and operational strategies and assesses outcomes of these elements. In FY 2023, the Agency deployed a Risk Assessment Instrument for the U.S. District Court (Risk Assessment for the District of Columbia), which is a scientifically based instrument to improve the efficiency and effectiveness of pretrial supervision. Use of this instrument will enhance PSA's ability to provide a comprehensive summary to the U.S. District Court of each defendant's demographic information, criminal history, and recommended release conditions. It will also bring PSA in line with other federal judicial districts nationwide. A process evaluation to gauge the efficacy of its new Risk-Based Services operating model is planned for FY 2024. PSA's Office of Administrative Service and Office of Planning, Policy and Analysis will collaborate to evaluate the frequency of defendant contacts and staff responses to defendant conduct (to include referrals to and placement in treatment) by defendant risk level to determine the impact on defendant drug usage.

Performance Table

Pre-Trial Services				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
SUD Assessments	93%	95%	100%	95%
Placement into SUD Treatment	44%	50%	49%	50%
Reduction in Drug Use	77%	74%	87%	74%

Discussion of Results

In FY 2023 PSA exceeded its performance targets for its Strategic Goal 3: Minimize Rearrest, as well as eight of nine performance indicators associated with the strategic objectives supporting this goal.

The suspension of drug testing and limitations associated with both SUD treatment and mental health services following the onset of the COVID-19 pandemic and emergence of new virus variants required PSA to adjust and curtail services requiring close in-person contact. This shift in operations created unprecedented challenges. However, PSA adapted and addressed these challenges by offering both virtual and in-person options to accommodate defendant needs. Performance on behavioral health-related measures then improved. As of September 30, 2023, PSA exceeded targets on its measures related to mental health and on SUD-related metrics. Performance on the metric related to placements into SUD treatment was roughly on target, as shown in the table above, and it reflects a significant five-percentage-point increase from FY 2022 to 2023. As post-pandemic operations continue to ramp up, PSA expects to meet or exceed this target in FY 2024.

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Among PSA's priorities for the FY 2022–2026 planning period are to continue adapting supervision strategies for the post-pandemic world and assessing the effectiveness of these strategies. PSA continues to offer virtual assessment and treatment options, where applicable, to accommodate defendants unable to attend in-person. For judge requested screenings that identify emergency or urgent needs, referrals for service are provided immediately. For screenings that reveal non-emergency needs, referrals for service are provided within five business days. PSA will continue to work with its contract-funded treatment vendors to provide virtual group services for SUD treatment to its defendants participating in Drug Court and sanction-based treatment and monitor that treatment curricula utilized by contracted service providers use evidence-based protocols and the provision of current treatment practices for group facilitation and innovative treatment services for its PSA Support, Treatment and Addiction Recovery Services (STARS) program.

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Court Services and Offender Supervision Agency for the District of Columbia
Community Supervision Program

Mission

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

CSP supervises adults released by the U.S. Parole Commission on parole or supervised release, individuals sentenced to probation by the Superior Court of the District of Columbia, and monitors small number of individuals with deferred sentencing agreements and civil protection orders. CSP utilizes evidence-based strategies to increase public safety and facilitate successful reentry into the community. These techniques include an integrated system of comprehensive risk and needs assessment using validated and reliable assessment tools, risk-based 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 individuals under CSP supervision have considerable needs and face many challenges, and, therefore, have a higher risk of recidivism. CSP is designed to help individuals successfully navigate supervision, comply with court orders and release conditions, and reduce their risk of reoffending by addressing their most salient needs, thereby strengthening public safety.

CSP advances drug policy goals by thoroughly assessing offenders' risk and needs and prioritizing the most urgent needs for immediate and ongoing intervention. CSP also incorporates regular drug testing into its supervision program, when appropriate, for individuals with histories of SUD. Offenders are then referred to the Office of Behavioral Interventions, a program office within CSP for a comprehensive specialized evaluation to inform specific treatment placements. Services are prioritized for the offenders with the highest risks and needs to ensure that timely and appropriate placements into internal and external interventions are made for those most likely to recidivate or relapse.

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Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

Goal 4: Treatment efforts are increased in the United States (Objective 1).

Reducing the risk of reoffending by addressing offender needs, especially SUD, is key to CSP's supervision strategy. CSP uses regular drug testing, assessment, treatment placement, and positive reinforcement to help offenders with SUD history overcome their addiction and achieve their goals. CSP aims to have a positive impact on these objectives by supporting offenders in their recovery process.

CSP uses regular drug testing to identify offenders who are using illicit substances and how often they use them. The drug tests also reveal the specific substances that offenders consume. Offenders take a drug test at the start of their supervision and follow a testing schedule set by their Community Supervision Officer. The testing frequency depends on their previous substance use history, supervision risk level, and duration of CSP supervision.[20] The drug test results help CSP track any changes in the offenders' drug use patterns, such as the number and type of substances they use, and the frequency with which they use.

CSP identifies offenders at risk of recidivism due to acute and chronic substance misuse by monitoring their illicit substance use. By referring offenders testing positive to treatment, there should be an increase in treatment admissions which should contribute to reduced overdose deaths.[21] Similarly, by analyzing trends in drug assays, CSP can identify those testing positive for substances such as cocaine, opioids, and methamphetamines and refer them to appropriate treatment programs, thereby reducing prevalence and chronicity of use of these substances.

CSP regularly monitors the outcome of its drug prevention and treatment strategies through its performance measurement system. CSP expects improvement on these measures will positively impact the goals and objectives in the *Strategy*. CSP established several performance measures for its FY 2022–2026 Strategic Plan related to drug surveillance and the Agency's responses to offenders who show signs of SUD. CSP regularly monitors progress on these measures and adjusts programming and operational rules and resources as needed to address gaps. These measures capture: a) availability of treatment programs, b) placement of high-risk offenders in treatment, and c) changes in drug use over time.

Interventions on Criminogenic Needs. CSP routinely examines its intervention portfolio to ensure it offers ample programming to address offender needs directly related to the risk of future criminal justice system involvement substance use. The measure describes the proportion

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[20] Although drug testing was suspended in March 2020 following the onset of the COVID-19 pandemic, limited testing was resumed in July 2020 for the highest risk offenders to ensure CSP could connect those using illicit substances with the services they required. As COVID infection rates continue to decrease, testing is expected to return to pre-pandemic levels.

[21] CSOSA does not currently capture 'overdose' as a cause of death for offenders under supervision, so CSP is unable to analyze overdose trends among its population. CSP's Office of Research and Evaluation is recommending the addition to its data model.

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of Agency interventions intended to address one or more criminogenic needs (i.e., causes of criminal behavior). CSP aims to keep most interventions focused on criminogenic needs, but some are intended to address stabilization factors (e.g., housing, mental health) that must also be addressed to enable the highest-need offenders to participate in behavioral interventions.

Treatment Placement Priority. To have the greatest impact on recidivism, CSP prioritizes the placement of its highest-risk and highest-need offenders in treatment services. To measure performance, CSP systematically assesses the proportion of discretionary treatment placements (e.g., those for which an offender has not been court-ordered) made for high-risk and high-need offenders.

Change in Offender Substance Use Over Time. CSP monitors multiple measures related to changes in offender substance use over time. Specifically, it examines changes in (a) the probability of positive drug tests for offenders over time and (b) the number of unique types of substances used per offender per day under supervision. These measures quantify the rate and direction of change in offenders' drug use during supervision. Lower scores mean less acute or frequent substance use and better performance. More specifically, a negative value indicates offenders are testing positive less frequently and for fewer substances over time, whereas a positive value indicates offenders are testing positive more frequently and for more substances over time. The "Difference in Drug Positives" measure is the average change in the proportion of drug tests with any positive result per 100 days of supervision. The "Difference in Poly Drug Use" measure is the average change in the number of different categories of drug assay for which an offender tested positive per 100 days of supervision (see footnote 6).

Performance Table

Community Supervision Program				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Interventions on Criminogenic Needs[22]	88%	88%	91%	92%
Treatment Placement Priority[23]	69%	70%	70%	71%
Difference in Drug Positives[24]	-0.01	-0.02	-0.02	-.025
Difference in Poly Drug Use[25]	0.00	-0.01	0.00	-0.01

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[22] The proportion of Agency interventions designed to address criminogenic needs. Larger values reflect better performance.

[23] The proportion of discretionary treatment placements that are placements of high-risk offenders. Larger values reflect better performance.

[24] The average rate of change per 100 days in offenders' propensity to drug test positive in their course of supervision to date. Smaller values reflect better performance.

[25] The average rate of change per 100 days in offenders' propensity to drug test positive for more than one substance—cocaine, opiates, (meth)amphetamines, or PCP. Smaller values reflect better performance.

Discussion of Results

In FY 2023, CSP met or exceeded the target on three of its four substance-use related performance measures (Interventions on Criminogenic Needs, Treatment Placement Priority, and Difference in Drug Positives). One measure (Difference in Poly Drug Use) remained slightly below forecasted levels.

Interventions on Criminogenic Needs: CSP set, and met, an FY 2023 target that 88 percent of its programs should target criminogenic needs (i.e., those behavioral, attitudinal, and contextual considerations recognized as increasing the likelihood of continued criminal behavior). CSP increased its performance on this metric during FY 2023 by reorganizing existing interventions to focus on criminogenic needs (e.g., Reentry and Sanctions Center) and discontinuing some non-criminogenically oriented contract services (e.g., expressive therapy).

Treatment Placement Priority: CSP focuses treatment resources on offenders with the highest needs and thus at highest risk of committing new serious crimes to attain the greatest impact to public safety for its treatment resources. During FY 2023, CSP slightly improved its focus on delivering treatment to offenders whose positive change can most improve public safety. Throughout the pandemic, the variance in this measure was high and the volume of offenders served was lower. The Treatment Placement Priority metric fell nine percentage points from FY 2021 to FY 2022; the post-pandemic level has been more stable. Based on this pattern, CSP's proposed FY 2024 target aims for continued progress.

The CSP-supervised population improved in drug testing outcomes in FY 2022. The Difference in Drug Positives was -0.01, meaning that there was a one percentage point decrease in the likelihood of testing positive for drugs later in supervision compared to 100 days earlier in supervision. The Difference in Poly Drug Use was 0.00, indicating that the variety of substance types used by the CSP-supervised population remained stable over time. The FY 2023 results for these same measures, -0.02 and 0.00, respectively, indicate that the supervised population reduced their drug use by two percentage points per 100 days of supervision, but did not change the number of different substances they used. This result means that members of the supervised population were less likely to test positive for drugs later in supervision than at the beginning. The improvement in Difference in Drug Positives from FY 2022 to FY 2023 was twice as high as the previous year. The stability in Difference in Poly Drug Use from FY 2022 to FY 2023 suggests that the diversity of substances used did not vary over time. From a performance perspective, from FY 2022 to FY 2023, drug use decreased while polydrug use remained unchanged. CSP expects that these improvements may persist into FY 2024 because the measures were trending in the desired (downward) direction during the latter half of FY 2023, and the cohort of offenders who entered supervision after the pandemic performed better than those who started during the pandemic. Based on this trajectory, CSP's proposed FY 2024 targets aim for further improvements in performance.

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Department of Defense
Defense Security Cooperation Agency

Mission

The Defense Security Cooperation Agency's (DSCA) mission is to advance the 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.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 4)

The Department of Defense (DoD) directs resources toward efforts to disrupt, degrade, and dismantle threat networks that use proceeds generated from illicit activities to fuel insurgencies, contribute to regional instability, or support acts of terrorism. The George C. Marshall European Center for Security Studies (GCMC) program on Countering Transnational Organized Crime (CTOC) focuses on the national security threats posed by transnational organized criminal activities. This program examines how TCOs impact a country's national security and builds partner capacity by teaching partner nation participants how to develop strategies and policies to counter illicit traffickers and the activities of TCOs. The course is designed for government officials and practitioners who are engaged in policy development, law enforcement, intelligence, and interdiction activities aimed at countering illicit narcotics trafficking, terrorist involvement in criminal activity, and the associated elements of transnational crime and corruption. Associated workshops and forums support these same objectives for an intersecting community of practice.

GCMC delivers global transnational security studies education, outreach, and research programs in areas including CTOC and regionally focused programs addressing defense and security. These courses and associated alumni outreach activities cultivate trans- regional communities of practice that intersect with alumni networks developed by other Regional Centers, such as the William J. Perry Center for Hemispheric Defense Studies.

Throughput in courses and subsequent engagement activities, particularly from priority countries, is an intermediate measure of success in building these networks. GCMC-assisted partner nation actions in support of Objective 7, Goal 4, such as national strategic plans for supply reduction, are a key outcome of these networks.

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Performance Table

Defense Security Cooperation Agency				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
GCMC CTOC Course Graduates	108	83	88[26]	83
GCMC Workshop and Seminar Participants[27]	109	62	151[28]	62
Number of CD/CTOC strategies and policies contributed	0	0	2[29]	0
Number of bilateral CTOC assistance provided	0	0	1	0

Discussion of Results

The quantitative results above capture the GCMC CTOC throughput metrics for the reporting period. Increased fiscal impacts associated with participant travel and billeting resulted in the reduction of two 24-day resident courses to one resident course, affecting throughput numbers. The one 24-day CTOC resident courses, provided partner building capability in CTOC strategy and policy development. Similarly, the Pan-American Forum conducted in *São Paulo, Brazil*, in partnership with the William J. Perry Center for Hemispheric Studies in August 2023, further developed the existing international CTOC professional network consisting of South American and European partners. The May 2023 CTOC International Forum conducted in Rome, Italy, in partnership with the Italian Carabinieri Corps, established valuable connections among representatives from South America and Europe to address the reach of TCOs such as "Ndrangheta" and "Primeiro Comando do Capital" that also have influence in the United States. The programming and the international fora highlighted the growing evidence of PRC-based criminal actors' role in the supply chains for fentanyl, carfentanyl, and fentanyl-related substances and existing and new trafficking patterns. They also offered opportunities to improve international security cooperation between partner nations and addressed global partnering objectives aimed at building networks to counter narcotics trafficking threats.

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[26] CTOC Course - 88 participants (which includes self-funded participants and GCMC faculty)

[27] Total includes two Forums shorter than and complementary to GCMC resident courses. Such activities include CTOC International Forums and Pan American Forum

[28] CTOC International Forum – 73 participants (which includes self-funded participants and GCMC faculty) / Pan American Forum – 78 participants (which includes self-funded participants and GCMC faculty); conducted ICW the William J. Perry Center for Hemispheric Studies

[29] These activities do not appear in the GCMC annual program plan and are conducted on an "as requested/as available basis"

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Department of Defense
Drug Interdiction and Counterdrug Activities

Mission

In conjunction with other departments and agencies, DoD supports the continuing national priority to identify, disrupt, and degrade the transnational criminal networks that pose the greatest threats to the United States' national security by targeting their infrastructure, depriving them of enabling means, and preventing the criminal facilitation of terrorist activities and the malign activities of adversary states.

The Department's statutory mission to serve as the single lead agency for the detection and monitoring (D&M) of aerial and maritime transit of illegal drugs into the United States remains a priority. By performing this mission, DoD helps deter, disrupt, and degrade potential threats before they reach the United States. DoD also supports the United States Government and international efforts to target TCOs at their source and builds international partnerships to prevent transnational threat networks from undermining sovereign governments, decreasing regional stability, and threatening the United States.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 2)

The Drug Demand Reduction budget activity funds programs to ensure the dangers of drug misuse within DoD are understood, prevented, identified, and treated. 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.

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

DoD CD Enterprise-Wide Intelligence Programs broadly support and enhance the capabilities of DoD components in performing CD/CTOC/Counter-Threat Finance (CTF) missions to help the United States and international law enforcement partners deter, disrupt, and defeat global drug-trafficking, illicit finance, transnational crime, and terrorist activities. DoD's Narcotics and Transnational Crime Support Center (NTC) facilitates tailored analytical support to law enforcement, interagency, and DoD efforts to address transnational organized crime issues by providing intelligence analysis support, as requested, to active cases and operations.

One key measure for this work is the percentage of Western Hemisphere illicit trafficking events, as estimated by interagency and international intelligence activities, detected and successfully handed-off to interdiction and apprehension assets by Joint Interagency Task Force-South (JIATF-S). A successful hand-off is defined as positive communication with Interdiction and Apprehension resources providing cueing about a drug trafficking target.

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DoD CD Enterprise-Wide Intelligence Programs supports the reduction of the supply of illicit substances in the United States. Active and persistent intelligence support to CD/CTOC/CTF efforts conducted by the United States and international law enforcement partners enables a persistent mechanism to target, deter and disrupt illicit actors. NTC has prioritized its support to interagency partners' most critical efforts. In FY 2023, NTC remains on track to increase support to priority cases by 20 percent.

DoD D&M supports Goal 7: These program and activities focus predominately in the Western Hemisphere. This supporting measure is the primary gauge for assessing the Department's performance as the single lead agency of the Federal Government for D&M aerial and maritime transit of illicit drugs into the United States through the Western Hemisphere Transit Zone (WHTZ). The WHTZ includes the Caribbean Sea, the Gulf of Mexico, and the eastern Pacific Ocean.

DoD National Guard (NG) CD Program support to the HIDTA program provides active analytical support to the 33 regional HIDTAs enabling a persistent support mechanism for the United States' law enforcement partners to target, deter, and disrupt illicit actors. In 2023, DoD initiated two new performance metrics to track National Guard support to the HIDTAs. The first metric measures the overall number of HIDTA missions supported and the second tracks the number of NG supported HIDTA-centric drug seizures conducted.

Performance Tables

DoD Drug Demand Reduction Program				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
U.S. Armed Forces Positive Drug Test Rate	1.25%	2%	1.25%	2%
DoD Civilian Positive Drug Test Rate	.43%	1%	.54%	1%

DoD Enterprise-Wide Intelligence Programs				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
NTC Support to Interagency Priority Cases[30]	33	40	59	44

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[30] Interagency priority cases are defined as support to Attorney General Exempt Operations, Consolidated Priority Organization Targets, Homeland Criminal Organization Targets, Extraterrestrial Criminal Travel Strike Force, OCDETF Priority Transnational Organized Crime (PTOC) designations and DHS Significant Case Review (SCR) investigations. [Data source: C2IE]

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DoD CD Detection and Monitoring Programs				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources	72%[31]	80%	68%	80%

DoD National Guard Support to HIDTAs				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
National Guard State-Level Support to HIDTAs	983	New Measure[32]	1,152	1,200
National Guard Support Leading to Drug Seizures	778	New Measure[32]	1,163	1,150

Discussion of Results

DoD Drug Demand Reduction Program: The number of Armed Forces members testing positive for drug use in 2023 remained constant at 1.25 percent when compared to 2022 and is consistently well below the annual two percent target. While the DoD Civilian positive drug rate ticked up from .43 percent in 2022 to .54 percent in 2023, the rate has consistently remained well below target, as well.

DoD Enterprise-Wide Intelligence Programs: In 2023, the NTC increased its support to high priority law enforcement cases from 33 in 2022 to 59 in 2023 for a 79 percent increase year over year. It also successfully increased the percent of high priority cases when compared to the number of overall cases supported. In 2022, the ratio of high priority cases compared to all cases supported was 33 of 70 for 47 percent and in 2023, 59 of 76 realizing 78 percent of all cases supported were categorized as high priority. Through increased coordination with select law enforcement agencies, NTC increased its support to DOJ Consolidated Priority Organization Target (CPOT) designated cases from four in FY 2022 to 14 in FY 2023, Homeland Security Investigations (HSI) Homeland Criminal Organization Targeting designated cases from one in FY 2022 to eight in FY 2023 and DHS Significant Case Review (SCR) investigations from zero in FY 2022 to 10 in FY 2023. These numbers demonstrate NTC's ability to focus on Interagency Priority Cases and provide support to its interagency law enforcement partners.

DoD CD D&M Programs: Recent DoD re-prioritization of assets has driven a reduction in select Navy and Coast Guard D&M assets as well as interdiction and apprehension platforms in the WHTZ. Despite this, the hand-off rate of detected events has remained within acceptable levels

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[31] Downward revised 2022 reported actual number. Originally listed as 76 percent in the 2022 report.
[32] New Metric initially developed in FY 2023. While data was available, no FY 2023 target was previously established.

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through the use of contracted aircraft and other alternate platforms. To help alleviate this issue, two additional aircraft are scheduled to come on line in FY 2025.

DoD National Guard Support to HIDTAs: From FY 2022 to FY 2023, National Guard State-Level Support to HIDTAs increased by 17 percent. The metric for National Guard Support Leading to Drug Seizures increased by 25 percent from FY 2022 to FY 2023.

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Department of Defense
Defense Health Program

Mission

The Defense Health Program (DHP) provides worldwide medical and dental services to active-duty service members and other beneficiaries. In addition, it provides medical and Biological/Chemical Defense research, as well as occupational and industrial health care specialized services. The Military Health System (MHS) provides care in military treatment facilities (MTFs) primarily focused on sustaining readiness of deployable forces.

Relevant PRS Goal/Objective

Goal 1: Illicit Substance Use in the United States is Reduced (Objectives 1 and 2)

DHP supports drug overdose prevention through programs designed to increase the distribution of naloxone, the opioid reversal drug, in conjunction with opioid overdose education to patients in the military health system identified as being at risk for overdose. DHP also provides SUD treatment, education and prevention for active-duty service members and beneficiaries, as well as monitoring active-duty service members with random drug testing in an effort to reduce SUD. In addition, it provides training to prescribers in the DoD on safe prescribing practices designed to decrease the risk of opioid misuse and diversion.

Goal 4: Treatment Efforts in the United States are Increased (Objective 2)

The Defense Health Agency is in the process of transforming behavioral health (BH) into a single, standardized system of BH care across the MHS. The transformation includes the creation of a comprehensive strategy to address access to care in the military medical treatment facilities and private sector network for both initial non-urgent referrals as well as follow-up appointments. There are several efforts underway to implement the comprehensive strategy which includes addressing barriers to the recruitment and retention of BH providers, optimizing the current workforce, expanding tele-health services for behavioral health, leveraging non-clinical resources (i.e., chaplains, Military and Family Life Counselors), decreasing provider burnout, and implementing an MHS-wide staffing model to ensure there is a sufficient number of providers to meet patient demand.

Information regarding the performance of DHP in support of Goal 1, Objective 2 was collected by systematic review of encounter ICD-10 diagnosis data coded into AHLTA, the electronic medical record system used in the DoD, to determine the incidence of SUD, specifically opioid use disorder (OUD) and cocaine use disorder. Due to a lack of specificity in the coding of treatment for stimulant use disorder, methamphetamine could not be separated from other stimulants, including prescription stimulants and synthetic cathinones ("bath salts"), and it thus cannot be represented in the data. In 2023, DOD replaced AHLTA with its GENESIS electronic health record, which will be able to track methamphetamine use. The table below illustrates rates as the number of unique individuals per calendar year disaggregated by Active Duty (AD) and covered beneficiaries other than AD (B).

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Performance Table

Defense Health Agency				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of OUD in the DoD – Active Duty	977	1,928	889	1,872
Number of OUD in the DoD – Beneficiaries	24,358	22,660	23,736	21,995
Number of Cocaine Use Disorder in the DoD – Active Duty	978	387	906	376
Number of Cocaine Use Disorder in the DoD - Beneficiaries	1,666	1,153	1,814	1,120

Discussion of Results

The number of active-duty individuals diagnosed with OUD, DoD beneficiaries with this diagnosis, and active-duty individuals with cocaine use disorder all trended downward in FY 2023 toward target levels. Despite this important progress, target levels in these areas are not yet achieved, and DoD continues proactive work to deliver further improvements in these metrics.

Regarding the cocaine use disorder metrics, in particular, it is not possible to definitively determine the reasons that measures remain above target levels without a direct study. Possible contributing factors include a lack of educational programs specifically targeting cocaine use; the relatively small cohort of members testing positive representing a treatment refractory group of substance users and the incompatibility with UCMJ (Uniform Code of Military Justice) of treatments with proven efficacy for stimulant use disorder, such as contingency management, which is the provision of small financial incentives to reinforce abstinence, treatment attendance, and other recovery-oriented behaviors.

In addition to treatment and education for Service members, dependents and retirees, DHP has been involved in the development and implementation of educational training modules for providers to increase awareness of the risks of overuse of prescription opioids and teaching safe prescribing practices. The DoD Opioid Prescriber Safety Training Program consists of two modules that are each approximately one-hour and cover safe opioid prescribing, prescribing opioids for chronic pain, alternatives to opioid medications, and identification and supportive service referral for Service members with possible problematic opioid use. The training was published at the end of December 2016 and completed at the end of September 2017. By that time, 13,736 prescribers (80.4 percent of identified required prescribers) had completed the training.

Included in DHP efforts to change opioid prescribing in the DoD is the increased distribution of opioid reversal agents like naloxone. Patients identified through standardized measures to be at high risk for opioid overdose based upon medical comorbidities, use of other respiratory suppressing medications, or prolonged or high dose usage of opioids are prescribed naloxone,

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which can be used to reverse opioid overdose. DHP has also been involved in the development of naloxone distribution programs as well as revision of treatment guidelines making naloxone prescription the standard of care. Naloxone distribution has been identified by multiple medical organizations as a lifesaving intervention.

The incidence of OUD is markedly lower in the DoD than the civilian population at large, with the majority of cases in the DoD being beneficiaries (46 Active Duty Service Members vs 260 other beneficiaries per 100,000). However, opioids remain the most common substance of misuse requiring medical treatment in the DoD, after alcohol. Because of their prevalence, education and harm reduction programs have focused relatively more on opioids.

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Department of Education
School Safety National Activities

Mission

The mission of the Department of Education (Education) is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access. The School Safety National Activities (SSNA) programs support activities to help States and school districts improve students' and educators' safety and well-being by fostering safe and supportive learning environments; facilitating emergency management and preparedness, supporting the recovery from traumatic events; and increasing the availability of school-based mental health service providers for students. Activities under the program may be carried out through technical assistance, grants, contracts, or cooperative agreements with eligible recipients, such as state and local educational agencies, PK-12 schools, institutions of higher education, or through agreements with other Federal agencies.

The Department funds grants issued under the School-Based Mental Health Services grant program and the Mental Health Service Professional (MHSP) Demonstration that support national drug control priorities. To date, the Department has reported performance data for the School Climate Transformation Grants funded under SSNA for purposes of the *National Drug Control Assessment*; however, these grants are scheduled to end on September 30, 2024.

Relevant PRS Goal/Objective

Goal 2: Prevention efforts are increased in the United States (Objectives 1 and 2)

The School Climate Transformation Grant- Local Educational Agency (SCTG-LEA) program is funded under SSNA and provides competitive grants to LEAs to develop, enhance, or expand systems of support for, and technical assistance to, schools implementing a multi-tiered system of support, for improving school climate, including student safety and wellbeing. These grants can support drug prevention activity, and the Department encourages grantees to measure student drug use along with other issues related to school climate and student well-being. The Department also encourages grantees to develop a local needs-assessment to help identify and select the most appropriate evidence-based practices, including, where appropriate, drug use prevention activities.

The Department developed a variety of measures to assess the performance of the SCTG-LEA program, including four measures that support the goals of the *Strategy*:

- The number and percentage of schools annually that are implementing a multi-tiered system of support framework with fidelity. Any drug prevention programs of a school that is implementing a multi-tiered system of support framework with fidelity can be expected to be evidence-based, giving those programs a greater chance of success.

- The number and percentage of schools annually that are implementing opioid misuse prevention and mitigation strategies. In its grantmaking, the Department included a

competitive preference priority for applicants that proposed to implement opioid misuse prevention or mitigation strategies that help both prevent opioid misuse and address the mental health and other needs of students affected by the opioid crisis.

- The number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol. Improvements in school climate can lead to decreases in actual student use of alcohol, resulting in fewer students facing disciplinary actions for such use. Alternatively, this metric may also reflect progress by grantees in improving their disciplinary approach to student alcohol use—for example, by taking a more supportive approach, rather than relying on suspensions and expulsions.

- The number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs. This metric supports the drug control goals for the reasons discussed directly above.

Performance Table

School Safety National Activities				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
The percentage of schools annually that are implementing a multi-tiered system of support framework with fidelity.	62%	54%	75%	59%
The percentage of schools annually that are implementing opioid misuse prevention and mitigation strategies.	79%	52%	88%	57%
The percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol.	67%	70%	76%	80%
The percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs.	59%[33]	66%	64%	69%

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[33] The slight decline for the one measure in 2022 is likely due to lingering impacts of the COVID-19 pandemic, staffing shortages and grantees' inability to collect complete and reliable data. In FY 2022 and prior years, all but one target was met (see data chart above).

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Discussion of Results

Actual data for three of the four measures trend higher than the targets for FY 2022 and FY 2023—reflecting continuous improvements in the efforts of schools nationwide to prevent and address student drug use. In 2021, shifts from virtual to in-person learning positively impacted the grantees' ability to service more schools. In 2022, grantees were much further along in their ability to provide training as many schools returned to in-person learning as opposed to virtual learning. Additionally, trainings that had been previously planned, then cancelled due to the COVID-19 pandemic were rescheduled in 2022. The measure that demonstrated a decline is attributed to 63 out of 69 grantees that reported data for the measure, and because inconsistent attendance due to a slow return to school from the COVID-19 pandemic skewed the reporting for the measure above.[34]

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Department of Health and Human Services
Administration for Children and Families

Mission

The Administration for Children and Families (ACF), within HHS, is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. The mission of ACF is to foster health and well-being by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services. Regional Partnership Grants funded under the Promoting Safe and Stable Families (PSSF) appropriation support regional partnerships in establishing or enhancing a collaborative infrastructure to build a region's capacity to meet a broad range of needs. Needs met include those for families affected by SUD and involved with, or at risk for involvement with the child welfare system, including services and activities to benefit children and families affected by a parent's or caregiver's substance misuse.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

While not directly supporting the prevention objectives, ACF's efforts supports HHS' objective to strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities. These outcomes are all ones that can conduce to lower illicit substance use in communities.

Goal 4: Treatment efforts are increased in the United States.

The Regional Partnership Grant (RPG) Program funds discretionary grants to 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 SUD and involved with or at risk for involvement with the child welfare system. Many of the funded projects include evidence-based treatment, including treatment with medications for opioid use disorder (MOUD).

Performance Table

The below measure gauges the share of children entering foster care who exit within 24 months to "permanency"—that is, reunification, living arrangements with relative or guardian, or adoption. It is based on data reported through the Adoption and Foster Care Analysis Reporting System (AFCARS). States report child welfare data to ACF through AFCARS. All state semi-annual AFCARS data submissions undergo extensive edit-checks for validity.

Since funding for RPG is part of the larger PSSF program, these activities larger program performance goals associated with drug policy.

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Administration for Children and Families				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percentage of all children who exit foster care in less than 24 months, who exit to permanency (reunification, living with a relative, guardianship, or adoption).	91.4%	91.6%	TBD[34]	0.2% increase over FY 2023 Actual

Discussion of Results

In FY 2022, 91.4 percent of all children who exited foster care in less than 24 months were placed into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Due to methodology changes as a result of the new implementation of AFCARS 2020, this result should not be used to determine target achievement for this measure. ACF anticipates that a new baseline for this measure will be set in FY 2025, and ACF expects states will continue efforts to improve performance. Future targets for this performance measure again are expected to be an improvement of at least 0.2 percentage points over the previous year's actual result.

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[34] The FY 2023 actual data will not be available until October 2024.

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Department of Health and Human Services
Centers for Disease Control and Prevention

Mission

CDC serves as the Nation's public health agency and exercises its expertise in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. CDC plays a critical role in overdose prevention by strengthening health monitoring, helping providers improve prescribing practices, and working to identify and scale up effective interventions. CDC's funding initiatives equip state health departments with resources to combat the overdose crisis. CDC uses data to drive action to prevent and address drug overdoses as well as other negative health effects related to drug use, such as rising infectious diseases. CDC aims to decrease morbidity, mortality, and incidence of infectious diseases associated with injection drug use, including by safely strengthening the national syringe services program (SSP) infrastructure where not prohibited by law and further integrating SSPs into the United States public health system.

CDC has tailored its response as the overdose epidemic has evolved. For example, in response to trends involving illicit opioids and methamphetamine, CDC is strengthening its monitoring activities and responses to inform and engage public safety and substance use treatment efforts addressing illicit opioids and polysubstance use. CDC also has initiated efforts at the community and local levels to empower consumers to make safe choices and to reach populations and communities disproportionately affected by the overdose crisis.

CDC supports the *HHS Overdose Prevention 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 guiding principles of promoting health equity, addressing underlying factors, partnering broadly, taking evidence-based action, advancing science, and driving innovation. These pillars align with and crosscut the *HHS Overdose Prevention Strategy,* the *Strategy,* and other drug control policy priorities, working to accomplish the same goals through a public health approach that supports public safety.

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Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

CDC supports the reduction of illicit substance use by funding prevention efforts and conducting surveillance of fatal and non-fatal overdoses, primarily through CDC's Overdose Data to Action (OD2A) Program.[35] The OD2A funding opportunity seeks to advance the understanding of the opioid overdose epidemic and to scale-up prevention and response activities.

CDC launched the multiyear OD2A cooperative agreement in September 2019 with 66 recipients (47 states, Washington, D.C., 16 localities, and two territories). OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention and response strategies. OD2A funds support states, localities, and territories in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. This overarching support is made up of two distinct cooperative agreements: Overdose Data to Action in States (OD2A-S)[36], which supports 49 state health departments and Washington, D.C. and Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (LOCAL)[37], which supports 40 local and territorial health departments, to help ensure broad resources and support to respond to the evolving overdose crisis at all levels of government. OD2A is underpinned by a data-to-action framework that reinforces the use of surveillance and other data to inform and drive prevention efforts and policies, with an emphasis on addressing health equity and reducing health disparities.

The Drug Overdose Surveillance and Epidemiology (DOSE) system[38] and the State Unintentional Drug Overdose Reporting System (SUDORS)[39] both began in 2016 as part of CDC's Enhanced State Opioid Overdose Surveillance program, which funded 12 states, with an additional 20 states and the District of Columbia funded in 2017 to share nonfatal and fatal drug overdose data with CDC.

DOSE, CDC's primary non-fatal drug overdose surveillance system, analyzes electronic health record (EHR) data 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 two data sources analyzed separately: discharge and billing data captured by hospital associations for ED visits and inpatient hospitalizations from 25 states, as well as timely syndromic data captured by health departments for ED visits from 42 states and D.C. DOSE includes aggregate data on ED visits involving suspected all drug, all opioid, heroin, and all stimulant overdoses and includes data stratified by patient sex, age, and county of patient residence. Jurisdictions share their data with CDC as frequently as monthly for syndromic data

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[35] https://www.cdc.gov/drugoverdose/od2a/index.html
[36] https://www.cdc.gov/drugoverdose/od2a/state.html
[37] https://www.cdc.gov/drugoverdose/od2a/local.html
[38] https://www.cdc.gov/drugoverdose/nonfatal/case.html
[39] https://www.cdc.gov/drugoverdose/od2a/pdf/SUDORS-Fact-Sheet.pdf

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and quarterly for discharge data. Public-facing dashboards for both DOSE syndromic data[40] and DOSE discharge data[41] are updated with the most recent data shared by OD2A-funded partners.

SUDORS, CDC's primary fatal overdose surveillance system, collects and abstracts data for unintentional and undetermined intent drug overdose deaths from death certificates, medical examiner/coroner reports. These data include detailed information on toxicology, death scene investigations, route of administration, and other risk factors that may be associated with a fatal overdose for entry into a web-based CDC platform that is shared with the National Violent Death Reporting System (NVDRS).[42] As a result, SUDORS data provide the factual context surrounding the overdose death. In addition, given the limitations with ICD cause of death codes, SUDORS data include information from full postmortem toxicology testing results, which allows CDC to identify the specific substances that caused the overdose death as well as additional drugs detected.

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

CDC supports providers and healthcare systems with evidence-based practices to increase safer prescribing, maximize the use of PDMPs, and advance evidence-based insurer and health systems interventions at the federal, State, and local levels. CDC encourages uptake and use of the 2022 *CDC Clinical Practice Guideline for Prescribing Opioids for Pain*, within and across clinical settings.[43] CDC previously indicated an intent to update its 2016 Guideline for Prescribing Opioids for Chronic Pain, as new evidence became available. CDC funded the Agency for Healthcare Research & Quality (AHRQ) to conduct five systematic reviews of the scientific evidence that were published since March 2016. Based on evidence provided in these reviews, CDC determined that an update of the guideline was warranted. The guideline update development process included results from the AHRQ systematic reviews, input from interested parties on values and preferences related to pain management, and a public comment period through the Federal Register. The 2022 *Clinical Practice Guideline* includes promotion of equitable access to effective, informed, individualized, and safe pain management that improves

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[40] https://www.cdc.gov/drugoverdose/nonfatal/dashboard/index.html
[41] https://www.cdc.gov/drugoverdose/nonfatal/dose/discharge/dashboard/index.html
[42] https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html
[43] Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1

patients' function and quality of life, while clarifying and reducing the risks associated with opioid use.[44]

One of CDC's priorities is raising awareness about the risks of opioid misuse. The aim is to implement primary prevention strategies, such that individuals reduce their risk of opioid misuse, overdose, or OUD. To provide individuals with the resources and information they need to make informed choices, CDC has developed campaigns and messaging to educate consumers. CDC's *Rx Awareness* campaign[45] features testimonials from people recovering from prescription OUD and people who have lost loved ones to opioid overdose. The goals of the campaign are to increase awareness that prescription opioids can be addictive and dangerous, lower prescription opioid misuse, increase the number of patients seeking nonopioid pain management options, and increase awareness about recovery and reduce stigma. To address the increasing number of overdose deaths related to both prescription opioids and illicit drugs, CDC has the Stop Overdose Campaign, which educates people who use drugs about the dangers of illicitly manufactured fentanyl and fentanyl-related substances, the risks and consequences of mixing drugs, the lifesaving power of naloxone, and the importance of reducing stigma around recovery and treatment options.

Goal #2: Prevention efforts are increased in the United States (Objectives 1 and 2)

While youth substance use has declined over time, 2021 data from CDC's Youth Risk Behavior Survey show that progress has slowed down in reducing adolescent's use of electronic vaping products and misuse of prescription opioids. In 2021, 23 percent of high school students consumed alcohol, with almost 11 percent of high school students engaging in binge drinking. Additionally, 19 percent of high school students reporting current use of a tobacco product, mainly driven by electronic vapor products. Approximately 16 percent reported current marijuana use and 6 percent reported current prescription opioid misuse.

CDC's Division of Overdose Prevention supports efforts in prevention of youth substance use primarily though the Drug Free Communities (DFC) Support Program. The DFC Support Program is the nation's leading effort to mobilize communities to prevent and reduce substance use among youth. Evaluations have documented DFC coalitions' association with significant decreases in measures of students' past-30-day use of a range of substances, including alcohol, tobacco, and prescription drugs. Created in 1997 by the Drug-Free Communities Act, administered by ONDCP, and managed through a partnership between ONDCP and CDC, the DFC program provides grants to 745 community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. DFC coalitions help to identify and respond to the drug problems unique to their community, and change local community environmental conditions tied to substance use. In 2021, 69 percent of DFC coalitions implemented activities to address youth vaping.

CDC also continues to research upstream evidence-based prevention efforts, such as collecting data on adverse childhood experiences (ACEs) as a key risk and need factor. For example, CDC supported six states to include an ACEs module in their 2019 Behavioral Risk Factor

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[44] [Prescribing Opioids for Pain — The New CDC Clinical Practice Guideline | NEJM](#)
[45] https://www.cdc.gov/rxawareness/index.html

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Surveillance System survey—an annual state-based phone survey that collects state data on risk factors, chronic health conditions, and use of preventive services. The module asks questions related to substance use, and the data can then be used to assess the relationship between substance use and ACEs. In FY 2020, CDC made this ACEs module available to all 50 states. CDC also included ACEs and opioid misuse surveillance questions on an internet panel survey to provide better insight into trends in ACEs and the connection to opioid misuse over time—a key function of public health surveillance and one that is not currently supported by existing retrospective data systems.

Goal #3: Harm reduction efforts are increased in the United States (Objectives 1 and 2)

CDC supports harm reduction efforts through its OD2A funded recipients as well as other programs. Harm reduction is a set of practical strategies and interventions aimed at saving lives and reducing other negative consequences associated with drug use. These life-saving strategies may include overdose education and naloxone distribution, SSPs where not prohibited by law, low-threshold access to MOUD, drug checking (for example, using FTS), and education about safer drug use practices. Recently, O2DA recipients have made substantial progress incorporating harm reduction activities that save lives into their work, and significant opportunities exist to continue doing so. Related to FTS, OD2A recipients are implementing strategies that aid in drug checking, education around FTS, collection of data on FTS access, use, and findings to inform program improvements, and analyzing and interpreting data from mass spectrometry to improve programs and provide information to partners, including law enforcement to enhance public health and public safety outcomes. Both OD2A:LOCAL and OD2A-S opportunities give funded jurisdictions additional support to build off this work.

Further, where not prohibited by law, CDC supports a number of harm reduction programs aimed to reduce infectious diseases associated with drug use. These include the Strengthening SSPs[46] funding opportunity, as well as the National Harm Reduction Technical Assistance Center[47], that provides technical assistance and consultation services to support the implementation of effective, evidence-based harm reduction programs, practices, and policies in diverse settings.

SSPs are harm reduction programs where syringes and other sterile injection and drug use equipment are distributed free of charge and collected for safe disposal where not prohibited by law. These programs are often implemented with other medical and social services designed to improve the health of people who use drugs (PWUD). Use of OD2A funds for activities involving SSPs should be appropriate for achieving the goals of OD2A (i.e., reducing fatal and non-fatal drug overdose, improved linkage to treatment, etc.). Activities at SSPs that contribute primarily to other outcomes, for example, those aimed at the prevention of the spread of infectious disease, can be funded by other funding sources (but not by OD2A) where not prohibited by law.

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[46] https://www.grants.gov/web/grants/view-opportunity.html?oppId=335371
[47] https://harmreductionhelp.cdc.gov/s/

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Examples of allowable activities where not prohibited by law include:

- Personnel or staff time to support SSP implementation and management for overdose prevention.

- Expanding mobile outreach from SSPs and associated costs, for example, vehicle lease or purchase and maintenance costs.

- Planning, evaluation, and data management for overdose prevention activities that are not research.

- Purchasing syringe disposal containers for public health monitoring and data collection projects, which involve conducting toxicology testing of drug product residue left in used syringes. These activities can improve tracking of the public health risks of the illicit drug supply. Syringe disposal containers are only allowable when tied to an activity that tests drug product.

- Facilitating the introduction of wraparound services to SSPs such as the collocation of MOUD, linkage to care, and other services to address barriers to SUD treatment. Introducing evaluation, data collection, and tracking of these activities and services.

Drug checking is a harm reduction intervention available where not prohibited by law, in which people who use illicit drugs can first test them for the presence of adulterants, such as fentanyl, that are associated with overdose deaths. This method increases awareness of exposure to potential harms in the drug supply and helps mitigate overdose risks, including death. Drug checking should be deployed in conjunction with other public safety and public health strategies. One form of drug checking is the distribution and use of FTS, which are disposable, single-use tests that can detect the presence of fentanyl in a substance. Mass spectrometers located at harm reduction sites, including mobile ones, can be used to rapidly test and provide findings to the person submitting the sample. Comprehensive laboratory testing of syringes or drug products can inform harm reduction programs about changes and risks of the illicit drug supply. Examples of allowable activities where not prohibited by law include:

- Purchasing FTS for drug checking.

- Distribution and promotion of FTS.

- Collection of data on FTS access, use, and findings to inform program improvements.

- Training staff and people who use drugs on proper use and interpretation.

- It is important for organizations and people using FTS to understand test strip technology to accurately collect data and interpret findings.

- Analyzing and interpreting data from mass spectrometry to improve programs and provide information to partners.

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Goal #6: Criminal Justice reform and public safety efforts in the United States include drug policy matters (Objectives 1 and 2)

DOJ's Office of Justice Programs (OJP) and CDC developed educational materials for law enforcement on partnerships between public health and public safety to understand and collaborate with risk reduction programs where not prohibited by law. Deliverables include brief publications for police, sheriffs, pretrial supervision, parole, and probation officers, and judges on the topic of risk reduction as well as a training curriculum on risk reduction for criminal justice and public safety stakeholders.

OJP's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) supports effective state, local, and Tribal responses to illicit substance use in order to reduce overdose deaths, strengthen public health and public safety outcomes, and support access to treatment and recovery services in the criminal justice system and community. CDC partners with COSSUP on multiple demonstration projects, including rural responses to the opioid epidemic, building bridges between jail and community-based treatment, education and training for justice practitioners on harm reduction strategies, and support for the implementation of overdose fatality review projects.

CDC works collaboratively with the National Institute on Drug Abuse (NIDA) and other federal partners to increase uptake of evidence-based strategies related to SUD among currently and formerly incarcerated people. In FY 2025, CDC will continue to work with NIDA and other federal partners to further advance interventions for this population.

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. With support from ONDCP and CDC, this program offers evidence-based intervention strategies that can be implemented at the local, regional, and state level. For example, CDC partners with the National Association of County and City Health Officials to fund ORS pilot projects that enhance public health and public safety collaborations at the local level. ORS pilot projects have focused on a variety of projects that address the needs of populations involved in the criminal justice system, such as working to provide early interventions like education, assessments for OUD and mental health, and treatment referrals for justice-involved populations.

Finally, OD2A:LOCAL and OD2A-S recipients build public safety partnerships and interventions, which aim to strengthen and improve efforts to reduce drug overdoses. Recipients are undertaking activities such as building capacity among drug courts to implement evidence-based treatment and interventions among justice involved people from pre-trial diversion programs to treatment.

The success of OD2A is measured with three monitoring and data collection strategies. These strategies are (a) to collect and report more timely and complete data on overdose-related emergency department visits, (b) to collect and report more timely and complete data on overdose-related deaths, and (c) to focus on new and innovative ways to identify and collect data

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on drug misuse or overdose better tailored to a community's needs. OD2A's success is also based on eight prevention strategies. These are PDMPs, state and local integration, linkage to care, provider and health systems support, partnerships with public safety and first responders, empowering individuals, innovative prevention strategies, and peer-to-peer learning.

CDC program officers work closely with jurisdictions to track and assess success of each intervention, provide technical assistance, and gather data and success stories. Since programs are designed to be responsive to the challenges faced by each recipient, interventions vary widely from one jurisdiction to another. To this end, evaluation profiles[48] help thematically group interventions for evaluation purposes. These profiles can be tailored to the evaluation needs of programs and initiatives to ensure they are implemented effectively for desired public health and public safety outcomes. The profiles contain guidance on the types of evaluation questions, indicators, data sources, and data collection methods that can be used to evaluate the specified topics and activities. State and local health departments, community-based organizations, medical and healthcare professionals, and program managers can use these profiles to determine how well programs and initiatives are being implemented and the effectiveness on desired outcomes.

Ensuring that SSPs are established and able to operate effectively in these high-risk counties, where not prohibited by law, can drive down overdose rates nationally. CDC's National Center for Health Statistics' small area estimates (which are modeled drug overdose death rates by county) served as the basis for identifying which counties are at highest risk for overdose morbidity and mortality. ONDCP obtained the number of SSPs in high overdose counties from the University of Washington to establish a baseline for the year 2020. The North American Syringe Exchange Network (NASEN) database, based upon a survey of SSPs, also provides information on the types of services provided by SSPs. In 2020, the number of high-risk counties in the United States with at least one SSP was 126; the objective seeks to raise this number by 85 percent by 2025 in jurisdictions where not prohibited by law.

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[48] https://www.cdc.gov/drugoverdose/od2a/evaluation.html

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Performance Table

Centers for Disease Control and Prevention				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Reduce the age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids among states funded through OD2A (per 100,000 residents)[49]	3.5 per 100,000 residents[50]	3.6 per 100,000 residents	TBD[51]	3.6 per 100,000 residents
Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among states funded through OD2A (per 100,00 residents)	22.7 per 100,000 residents[50]	7.7 per 100,000 residents	TBD[51]	7.7 per 100,000 residents
Reduce opioid prescribing by at least 10 percent to prevent harm associated with prescription opioid misuse (prescriptions per 100)	40.1	35.1	38.3	35.1
Reduce emergency department visits related to opioid overdose[52]	133.9[53]	10% decrease in ED visits for suspected all-drug overdoses	TBD[54]	10% decrease in ED visits for suspected all-drug overdoses
Increase the number of counties with high overdose death rates which have at least one SSP by 85 percent by 2025	188 counties	196 counties	204 counties	218 counties

[49] Measures consistent with FY 2023 CDC Congressional Justification of Estimates for Appropriations Committees.
[50] CY 2022 final data on age-adjusted rates of overdose deaths per 100,000 persons by drug class are available nationally at this time. The national age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids was 3.5 per 100K persons in 2022. The national age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) was 22.7 per 100K persons in 2022. CDC's performance measures for age-adjusted overdose deaths involving natural and semisynthetic opioids, and those involving synthetic opioids other than methadone, are restricted to states participating in CDC's OD2A program, which in 2022 did not include Texas, Wyoming, or North Dakota. Final state-level data is forthcoming on CDC WONDER, but until state-level data can be queried we cannot confirm exact performance for 2022 for the 47 states + D.C. that participate in the cooperative agreement. The national rates will approximate, but not be exact to, the final performance for 2022.
[51] Age-adjusted OD rate will be available December 2024.
[52] Measure is estimated using DOSE syndromic surveillance data and reflects the percentage change in ED visit rates of suspected all-drug overdoses from December in a given year to December in the following year (e.g., December 2021 to December 2022).
[53] Annual rate of ED visits for nonfatal all drug overdoses per 100,000 persons in 2022
[54] ED visit data will be available in summer 2024.

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Centers for Disease Control and Prevention				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Increase the percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to FTS, is increased by 25 percent by 2025	46.7%	19.6%	52.5%	20.4%

Discussion of Results

Based on early provisional data, CDC is optimistic that overdose deaths from semi-synthetic and natural opioids decreased during FY 2023. In fact, final data show that overdose deaths from natural and semisynthetic opioids rose only 1.1 percent year-over-year IN 2021. Most recent provisional data predict 11,443 overdose deaths involved natural and semi-synthetic opioids in the 12-months ending in May 2023. This represents an 11.8 percent decrease in these deaths compared to the 12-months ending in May 2022. CDC is also hopeful that with the *2022 Clinical Practice Guideline for Prescribing Opioids for Pain*, which provides clinicians with tools and recommendations for appropriate pain care, overdose deaths from prescription opioids will continue to decline.[55]

CDC's Drug Overdose Surveillance and Epidemiology (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 ED visits at the local, state, and regional level. These data will help CDC determine whether it has reached the ED visit target metric. As some individuals who experience a non-fatal overdose do not present to the ED, CDC is pursuing novel methods for non-fatal overdose tracking and trend analysis. A recent MMWR publication details trends extrapolated from encounters with emergency medical services (EMS) following a non-fatal overdose.[56]In 2023, the number of counties with high overdose death rates that had at least one SSP was 196; the target was 188, meaning the 2023 actual is 4 percent ahead of the target. In 2023, the percentage of SSPs that offer fentanyl test strips was 52.5 percent; the target was 19.6 percent, meaning the 2023 actual is 168 percent ahead of the target.

CDC does not have the data for several of the targets yet. The target for increasing the number of counties with high overdose death rates which have at least one SSP by 85 percent was met. In addition, the measure to reduce opioid prescribing by at least 10 percent to prevent harm associated with prescription opioid misuse was met, as well as the target for increasing the percentage of SSPs that offer some type of drug safety checking support service.

A factor that led to the success of the SSP-related measures was CDC's funding of PS22-2208, *Strengthening Syringe Services Programs.* This opportunity was used to expand the reach of SSPs and harm reduction services across the United States to prevent infectious consequences of

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[55] https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w
[56] https://www.cdc.gov/mmwr/volumes/71/wr/mm7134a1.htm

injection drug use and overdose where not prohibited by law. This allowed SSPs to recruit and retain staff to perform core functions like distribution and disposal of sterile supplies, infectious disease prevention and control, and facilitation of comprehensive social and medical service referrals. It will also provide support for comprehensive SSP services, such as expanded vaccination services, HIV and viral hepatitis testing and linkage to care, naloxone distribution, syringe distribution and disposal, and care coordination within SSPs.

Alongside all this progress, other overarching goals to prevent overdoses are being met by programs in place—for example—trends related to prescription overdose deaths and deaths from heroin are decreasing.

OD2A: State and OD2A: LOCAL: To improve performance, federal agencies can continue to work to address the evolving drug overdose crisis in the United States, including enhancing access to SUD treatment (e.g., MOUD) and expanding harm reduction approaches that address risk factors associated with illicitly manufactured fentanyl and fentanyl-related substances, such as improving and expanding distribution of naloxone to persons who use drugs and their friends and family; drug checking, such as distributing fentanyl test strips to test drug products for fentanyl, where not prohibited by law; and increasing overdose education and access to comprehensive syringe services programs). CDC will continue to support these activities through its work with states and localities under the OD2A: State and OD2A: LOCAL funding opportunities; collaboration with states, localities, and territories through other means; and work through the Overdose Prevention Strategy to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and evidence-based and innovative strategies.

Syringe Services Programs: CDC has maintained previously established targets for SSPs. The targets for the percentage of SSPs that offer some type of drug safety checking support service were set based on data from 2020, during which 17 percent of SSPs reported offering some type of drug checking support service. By FY2022, this number had surged to 46.7 percent, reflecting a rapid increase in drug check support services since 2020. The increased availability of these services in communities around the country well outpaced the targets set and represents a major increase and success to prevent overdose.

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Mission

The Centers for Medicare & Medicaid Services (CMS) combines the oversight of the Medicare program, the federal portion of the Medicaid program and State Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, and related quality assurance activities. CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

Goal 2: Prevention efforts are increased in the United States (Objective 2)

Goal 4: Treatment efforts are increased in the United States (Objectives 1 and 2)

CMS is taking action to increase treatment options for beneficiaries and consumers with SUD, including ensuring appropriate prescribing, improving the treatment of acute and chronic pain, heightening safety, and illuminating prescribing data.

In April 2022, CMS released its Behavioral Health Strategy[57] to embark on a multi-faceted approach to increase access to equitable and high-quality behavioral health services and improve outcomes for people covered by Medicare, Medicaid (including CHIP), and the Marketplace.

The CMS Behavioral Health Strategy covers multiple elements, including increasing access to prevention and treatment services for SUD, mental health services, crisis intervention, and pain care. The CMS Behavioral Health Strategy further enables care that is well-coordinated and effectively integrated. Behavioral health is one of CMS's cross-cutting initiatives.

> **Mission:** *To ensure that high-quality behavioral health services and supports are accessible to CMS beneficiaries and consumers*
>
> **Vision:** *Beneficiaries and consumers with behavioral health needs have access to person-centered, timely, affordable care that enables optimal health and wellness*

The CMS Behavioral Health Strategy is focused on three key areas: (1) SUD prevention, treatment, and recovery services; (2) ensuring effective pain treatment and management; and (3) improving mental health care and services. These areas are aligned with CMS's strategic focus on four health outcomes-based domains: (1) coverage and access to care; (2) quality of care; (3) equity and engagement; and (4) data and analytics. At all times, CMS is focused upon the needs

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[57] https://www.cms.gov/cms-behavioral-health-strategy

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of the people of all ages who CMS serves at every stage of life – people with or at risk of developing SUD, people with acute or chronic pain, and people with mental health challenges.

Coverage and Access to Care

- Improve the Care Experience
- Expand Workforce Capacity and Capability
- Strengthen Access to Treatment and Recovery Services
- Ensure Effective, Evidence-based Pain Treatment and Management
- Increase Detection and Enhance Management

Quality of Care

- Improve Quality Measurement
- Increase Opportunities for enhanced access to high quality, affordable, whole-person behavioral health care
- Improve Access to Crisis Care
- Expand Access to Community-based Mental Health Services and Resources
- Strengthen Treatment and Recovery Services

Equity and Engagement

- Reduce Disparities
- Mitigate the Adverse Effects of Emergencies and Disasters
- Provide Effective Outreach and Education
- Identify and Address Barriers
- Embed Health Equity

Data and Analytics for Action and Impact

- Optimize Alignment of CMS data sources
- Support Data Collaborations and Partnerships
- Utilize the CMS Behavioral Health Strategy
- Create and Integrate Data Sources

HHS also released a strategy to address the evolving nature of the broadened overdose crisis, which is a top priority of HHS. The HHS Overdose Prevention Strategy includes four priority areas:

- Primary prevention
- Harm reduction

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- Evidence-based treatment
- Recovery support

CMS operates a wide range of programs that support HHS Overdose Prevention Strategy as outlined below.

- Over Prescriber Support Strategy (OPSS) – CMS has provided direct technical assistance, outreach, and education to "outlier prescribers," as appropriate, consistent with Section 6052 of the SUPPORT Act. These prescribers are in the highest 10th percentile in their specialty and state. CMS has also provided targeted educational opportunities to Medicare providers on appropriate prescribing of pain medication.[58,59]

- Transformed-Medicaid Statistical Information System (T-MSIS) Data for SUD Trends – Utilizing state data, CMS has published interactive tables to enable users to better understand SUD service utilization. CMS has also published the SUD Data Book which reports the number of Medicaid beneficiaries with an SUD and the services they received during that calendar year.

- Medicaid Section 1115 SUD Demonstrations – As part of the HHS effort to combat the ongoing overdose crisis, CMS created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with SUD including OUD. CMS is encouraging states implementing section 1115 SUD demonstrations to engage Medicaid managed care organizations to centralize, conduct, and standardize screenings for their enrolled beneficiaries as part of their plan. Currently, there are 35 states with approved applications for section 1115 SUD demonstrations (State Medicaid Director Letter #17-003).

- Mobile Crisis Intervention Services Planning Grants and State Option in Medicaid – Under the American Rescue Plan, states have a new option for supporting community-based mobile crisis intervention services for individuals with Medicaid. Mobile crisis intervention services are essential tools to meet people in crisis where they are and rapidly provide critical services to people experiencing mental health or substance use crises by connecting them to a behavioral health specialist 24 hours per day, 365 days a year. CMS also awarded $15 million in planning grants to 20 states to support expanding community-based mobile crisis intervention services for Medicaid beneficiaries. CMS has approved Medicaid state plan amendments authorizing enhanced federal reimbursement for mobile crisis services in the following states: Oregon, Arizona, North Carolina, New York, California, Wisconsin, Kentucky, West Virginia, Massachusetts, Indiana, Washington, Montana, New Mexico, Colorado, Alabama, and the District of Columbia.

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[58] https://www.cms.gov/files/document/opioid-misuse-hospital-strategies-toolkit-all-stakeholders.pdf
[59] https://qioprogram.org/sites/default/files/2022-01/OPSS_Fact_Sheet_508_08-16-2021.pdf

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- Integrated Care for Kids (InCK) Model – The InCK Model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs. The model empowers states and local providers to better address these needs, as well as the impact of OUD through care integration across provider types.

- Maternal Opioid Misuse (MOM) Model – The MOM Model addresses fragmentation of care for pregnant and postpartum Medicaid beneficiaries with OUD through state-driven transformation of the delivery system. The Model supports the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery. Participating beneficiaries will receive physical and behavioral health care services (e.g., maternity care, medication-assisted treatment, mental health screening and treatment) provided by a team of health care providers with different specialties. To remove barriers that would prevent a pregnant person with OUD from receiving treatment, linkages to other support services are available. To date, all awardees in the program have offered training and education to promote equitable care practices and reduce stigma. Most patients reported positive experiences in the MOM Model; enhanced access to medication for OUD helped patients avoid recurrence of opioid use, as well as more positive labor and postpartum care compared with pre-MOM Model pregnancies. CMS aims for enrollment in the program to increase going forward.

- Value in Opioid Use Disorder Treatment (ViT) Demonstration – In 2021, CMS implemented the Value in Opioid Use Disorder Treatment model, a 4-year demonstration program added by section 6042 of the SUPPORT Act. The purpose of the demonstration is to increase access of applicable beneficiaries to OUD treatment services, improve physical and mental health outcomes, and to the extent possible, reduce Medicare program expenditures.

- Innovation in Behavioral Health (IBH) Model – On January 18, 2024, CMS announced the Innovation in Behavioral Health (IBH) Model, which will launch in the Fall of 2024 and run for eight years. IBH is focused on improving quality of care and behavioral and physical health outcomes for Medicaid and Medicare populations with moderate to severe mental health conditions and SUD. The IBH Model seeks to bridge the gap between behavioral and physical health. Practice participants under the IBH Model will screen and assess patients for select health conditions, as well as mental health conditions and/or SUD, in community-based behavioral health practices. IBH is a state-based model, led by state Medicaid Agencies, with a goal of aligning payment between Medicaid and Medicare for integrated services.

- Medicaid Demonstration Project to Increase SUD Provider Capacity – Under Section 1003 of the SUPPORT Act, CMS, in consultation with the Substance Abuse and Mental Health Services Administration (SAMHSA) and AHRQ, is conducting a Medicaid Demonstration Project to increase the treatment capacity of Medicaid providers to deliver SUD treatment and recovery services. The demonstration project includes planning grants awarded to 15 states and enhanced federal Medicaid reimbursement for five

selected states (Connecticut, Delaware, Illinois, Nevada, and West Virginia) to increase the capacity of Medicaid providers to deliver SUD treatment and recovery services. The following state Medicaid agencies of the same five states were selected in September 2021 to participate in the 36-month post-planning period.

- New Medicare Benefit for Marriage and Family Therapists and Mental Health Counselors – For 2024, CMS is implementing Section 4121 of the Consolidated Appropriations Act of 2023 (CAA), which provides for Medicare Part B coverage and payment under the Medicare Physician Fee Schedule for the services of marriage and family therapists (MFTs) and mental health counselors (MHCs) when billed by these professionals. Additionally, CMS has finalized allowing addiction counselors that meet all of the applicable requirements to be an MHC to enroll in Medicare as MHCs. MFTs and MHCs will be able to bill Medicare for services starting January 1, 2024. CMS has made corresponding changes to Behavioral Health Integration codes to allow MFTs and MHCs to provide integrated behavioral health care as part of primary care settings.

- New Medicare Benefit for Intensive Outpatient Services – Medicare continues to cover inpatient psychiatric admissions, partial hospitalization programs, and outpatient therapy for behavioral health conditions. However, previously, there has been a gap in coverage when beneficiaries require more intense services than outpatient therapy, but less than inpatient-level care that a partial hospitalization or hospitalization would provide. In the 2024 OPPS/ASC final rule with comment period, CMS closes this coverage gap for behavioral health by establishing payment for Intensive Outpatient Program (IOP) services under Medicare, as authorized by Section 4124 of the CAA. The final rule includes the scope of benefits, physician certification requirements, coding and billing, and payment rates under the IOP benefit. IOP services may be furnished in hospital outpatient departments, Community Mental Health Centers (CMHCs), Federally Qualified Health Centers (FQHCs), and Rural Health Clinics. IOP services may also be furnished in Opioid Treatment Programs (OTPs) for the treatment of OUD. These policies are expected to significantly promote access to needed behavioral health care.

- Paying More Accurately for Behavioral Health Services – In 2024 Physician Fee Schedule final rule, CMS finalized an increase in the valuation for timed behavioral health services. Specifically, CMS is applying an adjustment to the work Relative Value Units for psychotherapy codes and health behavior assessment and intervention codes payable under the Physician Fee Schedule, which will be implemented over a 4-year transition. This adjustment will begin to address potential distortions that may have occurred in valuing time-based behavioral health services in the past.

- Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services) – For 2024 CMS has finalized coding and payment changes to better account for resources involved in furnishing person-centered care involving a multidisciplinary team of clinical staff and other auxiliary personnel. These services are aligned with the HHS Social Determinants of Health Action Plan and also help implement the Biden-Harris Cancer Moonshot goal of every American with cancer

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having access to covered patient navigation services. Specifically, CMS is finalizing changes that allow patients to pay separately for Community Health Integration, Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation services in order to account for resources when clinicians involve community health workers, care navigators, and peer support specialists in furnishing medically necessary care. To date, these care support staff have been able to serve as auxiliary personnel to perform covered services incident to the services of a Medicare-enrolled billing physician or practitioner. However, these codes are the first specifically designed for services involving community health workers, care navigators, and peer support specialists.

Performance Table

Centers for Medicare & Medicaid Services				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
OPSS – Increase in appropriate naloxone prescriptions	69.2%	80%	84.6%	85%
OPSS – Increase in buprenorphine waivers	41.9%	N/A[60]	N/A	N/A
OPSS – Reduction in rate of opioid prescribing	N/A[61]	10% (Higher is better)	16.74%	12.5%
Transformed-Medicaid Statistical Information System (T-MSIS) – number of Medicaid beneficiaries who received treatment for a SUD[62]	TBD[63]	TBD	TBD[63]	TBD
T-MSIS – number of Medicaid beneficiaries treated for tobacco use disorders [64]	TBD[63]	TBD	TBD[63]	TBD

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[60] The measure was discontinued as MAT Act has removed this requirement.
[61] Replaced the buprenorphine waiver measure starting FY 2023.
[62] Due to the nature of how T-MSIS data is curated, there is a multi-year data lag period. In the current state, CMS expects to have FY 2022 data in January 2025 and FY 2023 data in January of 2026.
[63] Data not yet available for analysis.
[64] While the SUD Data Book does not presently examine vaping specifically, it does report more broadly on those who received treatment for tobacco use disorders. This data is obtained annually, not monthly.

Centers for Medicare & Medicaid Services				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Medicaid 1115 SUD demos – number of states submitting new proposals or renewals related to SUD	10 States	TBD	1 State[65]	TBD
Medicaid 1115 SUD demos – number of Medicaid enrollees receiving SUD screening[66]	2,052,665 Medicaid beneficiaries with an SUD diagnosis; 814,560 Medicaid beneficiaries receiving any SUD treatment service	TBD	TBD[63]	TBD
MOM Model – TBD	TBD	TBD	TBD	TBD
ViT Demonstration – TBD[67]	TBD	TBD	TBD	TBD

Discussion of Results

The CMS performance measures can be framed by the need to address incidence, prevention, and treatment of behavioral health needs. Through the CMS Behavioral Health Strategy, the various Centers and Offices within CMS are implementing programs and policies to ensure Medicare, Medicaid, CHIP, and Marketplace beneficiaries and consumers have access to person-centered, timely, and affordable behavioral health care services and supports.

To reduce incidence and increase prevention, the OPSS program exceeded target performance in both increasing the number of appropriate naloxone prescriptions and increasing the number of buprenorphine waivers. For FY 2023, the target for appropriate naloxone prescribing was increased from 60 percent to 80 percent. Owing to enactment of the MAT Act, which eliminated

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[65] The nature of this measure is that it will decrease over time as more states submit proposals. There are currently 35 states plus Washington D.C. with active Medicaid 1115 SUD demonstrations as described in the section detailing this program. In FY 2023, we received a new application from Alabama.

[66] As described in prior footnote, there are similar data lags for Medicaid Section 1115 demonstration data. CMS expects to have actual FY 2023 data by the end of October 2024 for the number of Medicaid beneficiaries who had SUD diagnosis or received any SUD treatment.

[67] Due to the nature of how CMMI models are evaluated by third party contractors, this data is not yet publicly available. Public data will be available in 2024 for both models.

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the need for waivers to prescribe buprenorphine, CMS will no longer be tracking buprenorphine waivers.

The most recent finalized SUD Data Book findings on the number of Medicaid beneficiaries who received treatment for an SUD are for 2020. For that year CMS identified 4.9 million beneficiaries treated for any SUD. This total amounts to approximately 8 percent of the 62 million Medicaid beneficiaries ages 12 and older with comprehensive benefits in CY 2021. CMS does not have final findings for 2022 yet.

The most recent SUD Data Book includes a finding that 2.4 million (4 percent) of the 56 million Medicaid beneficiaries ages 12 and older with comprehensive benefits received treatment for tobacco use disorder in 2021. CMS does not have final findings for 2022 yet.

Regarding the number of Medicaid enrollees receiving SUD screening in Section 1115 SUD demonstrations, only one state has reported data on the number of beneficiaries assessed for SUD treatment needs using a standardized screening tool, since this is an optional measure in the Section 1115 SUD demonstrations. Actual estimates for FY 2022 in the table above include the number with an SUD diagnosis and the number who received any SUD treatment as alternatives since CMS has data from 23 states and 24 states respectively on those metrics.

Throughout the various Centers of CMS innovative approaches are being taken to improve behavioral health treatment services and supports. From CMS Innovation Center models including ViT, InCK, and MOM, to the Medicaid waiver programs and State Plan Amendments tracking states submitting new proposals or renewals related to SUD, to updates in benefits covered and the Medicare Physician Fee Schedule, CMS will continue to collect and analyze data on these programs as it becomes available.

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Department of Health and Human Services
Food and Drug Administration

Mission

The Food and Drug Administration (FDA) is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of the nation's food supply, cosmetics, and products that emit radiation. FDA also has responsibility for regulating the manufacturing, marketing, and distribution of tobacco products to protect the public health and to reduce tobacco use by minors.

FDA 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. In response to this evolving crisis, in August 2022, the FDA launched the Overdose Prevention Framework – the Agency's vision to undertake impactful, creative actions to prevent drug overdoses and reduce deaths.

The four priorities within the FDA Overdose Prevention Framework are:

1. Supporting primary prevention by eliminating unnecessary initial prescription drug exposure and inappropriate prolonged prescribing.

2. Encouraging harm reduction through innovation and education.

3. Advancing development of evidence-based treatments for SUD.

4. Protecting the public from unapproved, diverted, or counterfeit drugs presenting overdose risks.

In FY 2023, FDA was actively involved in interagency efforts both to expand access to medications for OUD and explore ways to ensure a plentiful and affordable supply of naloxone for harm reduction organizations. FDA approved several opioid overdose reversal medications (OORM) , including two branded and one generic nonprescription, over the counter naloxone nasal sprays and a prescription nalmefene nasal spray. FDA also approved medications for SUD, including an extended-release buprenorphine injection to treat moderate to severe OUD and the first generic application for naltrexone extended-release injection suspension to treat alcohol and OUD.

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Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2).

Goal 2: Prevention efforts are increased in the United States (Objective 2)

Goal 4: Treatment efforts are increased in the United States (Objective 1)

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 1, 2 3, 4, and 5)

FDA is working to improve the transparency of its benefit-risk paradigm for opioids, ensuring that it continues to consider appropriately the wider public health effects of prescription opioids, and it engaged in many ongoing activities aimed at furthering the overarching strategy. The Center for Drug Evaluation and Research (CDER) is committed to supporting research that addresses questions that are critical to its work on the overdose crisis. The Office of Regulatory Affairs (ORA) is committed to protecting consumers from the importation of harmful, counterfeit, fraudulent, and illegal FDA-regulated drugs. The FDA partners with U.S. Customs Border Protection (CBP) and U.S. Postal Service (USPS) to monitor drugs shipped into the United States via International Mail Facilities (IMFs) in order to prevent unsafe, counterfeit, and unapproved drugs from entering the United States. The Center for Devices and Radiological Health (CDRH) aims to advance innovation of medical devices used to assess, monitor, treat and/or manage OUD by leveraging real-world data and improving regulatory tools for OUD device evaluation.

CDER

CDER's research initiatives enhance understanding of the risks of opioids and other controlled substances as well as the benefits of these drugs for patients with debilitating chronic conditions. These initiatives contribute to several overarching *Strategy* goals. Some of CDER's contributions include:

- Advancing the development of evidence-based clinical practice guidelines on the appropriate management of acute dental pain, postoperative obstetric pain, postoperative laparoscopic abdominal surgical pain, and acute low back pain, as well as the safe tapering of benzodiazepines – Goal 2

- Studying chronic pain therapies to inform the ongoing discussion about the appropriate use of opioid analgesics in chronic pain care – Goal 2

- Examining how comparative feedback to providers would impact number of left-over opioid pills to help inform and improve safety of opioid prescribing practices for acute pain – Goal 2

- Enhancing FDA's opioids systems model, a United States population-level systems dynamics model, used to improve understanding of and response to the opioid crisis and inform FDA's decision-making regarding the treatment of OUD – Goal 3

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- Using predictive modeling to evaluate drug interactions, risk assessment, and drug development to further inform FDA's regulatory actions on opioids and other drug products with abuse potential – Goal 3

- Exploring the impact of different packaging components of packaged opioids on opioid use as experienced by patients, prescribers, and pharmacists – Goal 3

- Exploring real-world experiences and scientific evidence for buprenorphine initiation strategies, as well as medication dosing and management during continued treatment across different care settings – Goal 4

- Assessing trends in opioid analgesic use in patients with and without cancer to understand the impact of opioid-reduction efforts on cancer patients – Goal 2

- Supporting development and regulatory assessment of new and generic intranasal naloxone sprays by generating new testing and evaluation models – Goal 3

- Examining real-world use of naloxone in prehospital settings – Goal 3

- Exploring the evolving context surrounding fatal overdoses, including epidemiological trends, drug supply changes, public health interventions to manage overdose, and drug development opportunities – Goal 3

ORA

ORA's efforts to monitor FDA-regulated products shipped into the United States via IMFs overall support advancing several overarching *Strategy* goals. Some of ORA's contributions include:

- Investigations into the manufacturing and sale of counterfeit versions of FDA-approved medications to include opioids. Often, these investigations take special agents to manufacturing facilities outside of the United States and vendors that offer these fake drugs for sale online – Goal 1, 7

- Initiated a partnership with CBP Laboratory Scientific Services group to expand a joint scientific presence at selected IMFs and reduce the duplication of efforts. This partnership brings laboratory presence, including scientists and portable screening tools, to points of entry to permit rapid field identification of unapproved and counterfeit pharmaceuticals, including opioids, that would be subject to subsequent refusal/destruction – Goal 1, 7

- Conducts investigations to support enforcement actions against products with opioid-like properties that have the potential for addiction and are sold online to United States consumers – Goal 1, 7

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- In coordination with international partners in the United Kingdom and with Europol, Interpol, and other international law enforcement forums to exchange intelligence and information pertaining to drug counterfeiting worldwide – Goal 1, 7

- Increased investment in personnel and associated resources to combat the entry of counterfeit, adulterated and illicit drugs into the United States at import locations such as IMFs, courier hubs, and port of entries – Goal 1, 7

- FDA/ORA, CBP and Homeland Security Investigations signed a Memorandum of Understanding in October 2020 which will allow the agencies to maximize inspections, investigations, and detection capabilities and better coordinate these activities at the nations' IMF's and Ports of Entry – Goal 1, 7

- Dedicates specially-trained special agents and intelligence research specialists to the Cybercrime Investigations Unit and International Operations Program to investigate illicit online sales and disrupt the importation of counterfeit versions of FDA-approved opioid medications through IMFs while also working with internet stakeholders to remove websites, accounts, and product listings online where opioids and other illicit drugs are sold – Goal 1, 7

CDRH

CDRH's efforts to advance innovation of medical devices used to assess, monitor, treat and/or manage OUD contributes to the *Strategy* goal of increasing treatment efforts in the United States. CDRH will encourage the development of new and innovative medical devices to broaden the number of options and increase the effectiveness of OUD treatment overall. Some of CDRH's contributions include:

- In FY 2022, FDA commissioned a multi-year patient preference information (PPI) study on digital health technologies to assess, monitor, treat and/or manage OUD. The PPI study will help identify unmet needs as well as digital health technology attributes patients are willing to accept to glean certain benefits of these technologies – Goal 4

  - The study is gathering a better understanding of the perspectives of patients and family members affected by OUD to support development of patient-centric digital health devices for people with OUD.

  - FDA aims 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.

  - As a part of this study, a contractor completed a literature review that informed the questions for more detailed focus group discussions with people living with OUD. The focus groups discussions are nearing completion.

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- FDA is leveraging real-world data to inform medical device regulatory decision making, by improving premarket assessment and post-market surveillance of devices used to assess, monitor, treat and/or manage OUD – Goal 4

  - In FY 2023, CDRH started developing a framework to support leveraging real-world data.

  - In September 2023, CDRH funded a proposal put forward by the Duke Centers of Excellence in Regulatory Science and Innovation. The research will support novel digitally derived endpoint development. The goal is to determine if these endpoints obtained from digital health technologies can be used as a measure for relapse in OUD.

  - CDRH hired one subject matter expert (SME) in OUD to begin developing a streamlined framework for FDA market authorization and is recruiting a second SME to support this work.

  - CDRH participated in research, engagement, and partnership activities with academic medical centers and others for development of digital health technologies for OUD.

  - CDRH encouraged the development of new and innovative medical devices to broaden the number of options and increase the effectiveness of OUD treatment.

- In FY 2024, FDA will use data gathered on patient preferences to help inform clinical trial design as well as assist in fostering shared decision-making for clinicians treating patients with OUD – Goal 4

  - CDRH will use the data gathered on patient preferences to assist in fostering shared decision-making for clinicians treating people living with OUD. CDRH is currently assessing research proposals and partnerships with academic medical centers to support novel endpoint development and biomarkers for OUD.

Performance Table

Food and Drug Administration				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Increase the number of products reviewed at IMFs to 100,000 reviews.	100,473	100,000	86,709	85,000
Expand the use of administrative destruction authority to 70 percent of all refused drug parcels imported through the IMFs to help deter the importation of violative drugs entering into the United States.	83%	70%	84%	70%

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Discussion of Results

In FY 2022, both performance measures were implemented for the first time. For the first goal ORA set its aim to have 100,000 products reviewed at the IMFs. The second goal sets targets for utilization of implemented its administrative destruction authority enacted in 2016 under section 708 of the Food and Drug Administration Safety and Innovation Act (FDASIA). The administrative destruction authority is aimed at certain imported drugs valued at $2,500 or less that have been refused admission into the United States. It is intended to protect the integrity of the United States' drug supply chain by preventing distribution and use of drugs that are or appear to be adulterated, misbranded, or unapproved, and that therefore pose a threat to consumer's health.

ORA has exceeded the FY 2022 targets set for both measures. The number of products reviewed at IMFs, however, fell between FY 2022 and FY 2023 because the number of products shipped through the IMFs significantly decreased (despite continued efforts by FDA to review products). The number of products shipped is anticipated to remain down in the coming year for FY 2024. USPS also reported an overall decrease in international parcels received from FY 2022 to FY 2023. As a result, FDA received fewer parcels to review from CBP in some locations. Therefore, ORA has updated the target to 85,000 reviews for FY 2024. ORA is also in the process of developing increased automation abilities, which will help it continue to expand and improve its operations once implemented.

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Department of Health and Human Services
Health Resources and Services Administration

Mission

The Health Resources and Services Administration (HRSA) is an agency within HHS with a mission to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs. HRSA administers a number of programs that serve to support the *Strategy*.

Health Center Program: For more than 50 years, health centers have delivered affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country. Health centers advance a model of coordinated, comprehensive, and patient-centered primary health care, integrating a wide range of medical, dental, behavioral health, and patient support/enabling services. Today, approximately 1,400 HRSA supported health centers operate nearly 15,000 service delivery sites that provide care in every state in the nation, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Health centers are increasingly becoming the first line of care in addressing behavioral health issues nationwide, as many health centers seek to offer primary care that is inclusive of mental health and SUD services.

National Health Service Corps (NHSC) Substance Use Disorder (SUD) Workforce Loan Repayment Program (LRP): The NHSC received a dedicated appropriation to expand and improve access to quality opioid and SUD treatment in rural and underserved areas nationwide in a variety of settings 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 NHSC-approved SUD treatment facilities. The NHSC SUD Workforce LRP will continue to make awards to clinicians who are combating the opioid crisis in rural and underserved communities.

Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP): The STAR LRP recruits and retains medical, nursing, behavioral health clinicians and paraprofessionals who provide direct treatment or recovery support for patients with or in recovery from a SUD. STAR LRP participants must provide services in either a county (or a municipality, if not contained within any county) where the mean drug overdose death rate per 100,000 people over the past three years exceeds the national average, or in a Health Professional Shortage Area designated for mental health. The STAR LRP also recognizes new community-based settings, including crisis stabilization units, as eligible access points for SUD treatment and recovery services.

Addiction Medicine Fellowship (AMF) Program: The AMF Program seeks to increase the number of fellows at accredited addiction medicine and addiction psychiatry fellowship (APF)

programs trained as addiction medicine specialists who provide integrated 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 health care sectors.

Rural Communities Opioid Response Program (RCORP): HRSA established the RCORP initiative in FY 2018 in response to the rising rates of OUD in rural communities. Since then, HRSA has provided life-saving SUD prevention, treatment, and recovery services in more than 1,900 rural communities across 47 states and two territories. RCORP grant recipients play an essential role in addressing the opioid epidemic in rural communities; in FY 2021 alone, RCORP grant recipients provided direct SUD services to more than two million rural residents, and more than four million rural residents have received services over the course of the multi-year initiative.

Relevant PRS Goal/Objective

Goal 4: Treatment efforts are increased in the United States (Objectives 1 and 2)

In FY 2024, the Health Center Program plans to support approximately 1,400 grantees and provide primary health care services to over 33 million patients, including access to ongoing SUD services for thousands of people across the country. The FY 2025 President's Budget includes SUD/mental health (MH) funding for health centers. HRSA also plans to support approximately 28 new grantees through the RCORP initiative in FY 2024, which will allow HRSA to increase the number of rural residents at risk of overdose death who have access to SUD prevention, treatment, and recovery services.

Health Center Program: In FY 2023, HRSA invested approximately $532 million in ongoing annual grant funding to health centers. This funding supports health centers in implementing and advancing evidence-based strategies to expand access to quality integrated SUD prevention and treatment services, including those addressing OUD and other emerging SUD issues, to best meet the health needs of the population served by each health center.

Screening for SUD in health centers has increased in recent years with the number of patients receiving screening, brief intervention, referral and treatment (SBIRT) increasing from 716,677 in 2016 to 1,425,325 in 2022. By 2022, the number of health center providers eligible to prescribe MOUD increased from 1,699 in 2016 to 10,331 in 2022, and the number of patients receiving MOUD increased from 39,075 in 2016 to 193,986 in 2022. In FY 2022, 752 health centers provided SUD counseling and treatment services and 698 health centers provided SBIRT services. 2023 data for the Health Center Program is expected to be released in August 2024.

Health Workforce Programs: HRSA works to expand the number of behavioral health professionals and paraprofessionals, improve the quality of care by recruiting a diverse behavioral health workforce and training them to work collaboratively on interprofessional teams, and promote the integration of behavioral health into primary care settings to further

increase access to behavioral health services. HRSA works to achieve its workforce strategy goals to address SUD primarily by increasing the number of clinicians delivering medications for SUD and other evidence-based SUD treatment and recovery services and by focusing efforts on placing these providers in service areas where they are needed most.

HRSA tracks the number of new graduates from the AMF Program's addiction medicine and addiction psychiatry fellowship tracks. In Academic Year (AY) 2022-2023, the most recent year for which data are available, the AMF Program trained 159 fellows, which included 149 AMFs and 10 APFs. By the end of the AY, 134 physicians completed their fellowship.

HRSA also tracks the number of SUD treatment providers receiving loan repayment for education or training for SUD treatment employment through the STAR LRP in exchange for providing behavioral health services in areas with the highest mean drug overdose mortality rates in the nation as well as in Mental Health Professional Shortage Areas. In FY 2023, the third award cycle of the STAR LRP provided new loan repayment awards to 295 medical, nursing, behavioral/mental health clinicians and paraprofessionals. The STAR LRP conservatively estimates making 160 new loan repayment awards in FY 2024 to providers working in SUD treatment and support service jobs.

RCORP: HRSA takes several approaches to improve access to high quality SUD services for geographically underserved communities. Through RCORP, rural communities work to build and enhance access to and capacity for sustainable SUD services with the aim of improving health outcomes of the populations they are serving.

RCORP consists of a variety of SUD/OUD-focused programs including a broad RCORP-Implementation program that allows rural communities to address multiple aspects of SUD, as well as more targeted programs, such as RCORP-Neonatal Abstinence Syndrome, RCORP-Psychostimulant Support, RCORP-Medication Assisted Treatment Access, RCORP-Behavioral Health Care Support, RCORP-Child and Adolescent Behavioral Health, and RCORP-Overdose Response. Each program allows rural communities to address challenges associated with providing SUD services. In order to ensure that rural residents maintain access to life-saving SUD prevention, treatment, and recovery services built through federal RCORP funding, HRSA requires that RCORP grantees emphasize sustainability planning throughout their projects. RCORP grantees may achieve sustainability through a variety of mechanisms such as improved billing and coding for SUD services, enhanced reimbursement structures through third-party payers, and/or securing other non-RCORP funding sources. To that end, in FY 2022, 98 percent of RCORP grantees reported having other sources of funding to sustain their SUD services beyond the period of performance for their HRSA-funded RCORP grant. The RCORP program operates on a grant year between September to August. The FY 2023 grant year period of performance will conclude in August 2024. The target date for publishing FY 2023 data is end of Calendar Year 2024, after the associated data collection, reporting, and analysis is completed.

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Performance Table

Health Resources and Services Administration				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of Health Center Program grantees providing SUD counseling and treatment services	752	750	TBD	1,235
Number of Health Center Program grantees providing SBIRT services	698	700	TBD	700
Number of new addiction medicine and addiction psychiatry fellowship graduates entering workforce (Health Workforce Programs)	134	63	TBD	130
Number of SUD treatment providers receiving loan repayment for education or training for SUD treatment employment in exchange for providing behavioral health services[68] (Health Workforce Programs)	445	350	707	800
Percentage of RCORP grantees with other sources of funding for sustainability (aside from RCORP grant)	98%	Baseline	TBD	80%

Discussion of Results

Health Center Program: FY 2023 Health Center Program data is not projected to be available until August 2024. As mentioned previously, and in recognition of HRSA's goals to increase access to SUD and mental health care services at health centers, the FY 2024 President's Budget included $700 million in new targeted investments in SUD/MH services for health centers, and also proposes a statutory change to require the provision of behavioral health services in all health centers.

AMF Program: For FY 2024, AMF has set a target of expanding the addiction medicine and addiction psychiatry workforce by 130 individuals each year through AMFs. In FY 2022, the

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[68] HRSA is revising this measure to align with the STAR LRP's loan repayment eligibility as provided in statute, and to reflect prioritization of provider placements in areas hardest hit by drug overdose deaths but not necessarily designated as HPSAs.

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AMF program produced 134 new graduates. The lag time between when the data is collected to when it is analyzed and then available for reporting delays National Center for Health Workforce Analysis data availability. Performance data for FY 2023, corresponding to AY 2023—2024 will be available by the end of Calendar Year 2024.

NHSC SUD Workforce LRP: The NHSC SUD Workforce LRP continues 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. In FY 2023, HRSA made 1,329 loan repayment awards totaling approximately $97.1 million through the NHSC SUD Workforce LRP.

STAR LRP: The STAR LRP remains a highly competitive program, with an eligible application-to-award rate in its first two award cycles of approximately 8 percent and a rate of approximately 15 percent in its third cycle. In FY 2023, the STAR LRP dedicated over $37 million in funding and received over 1,950 eligible applications. The program had the resources to fund 208 awards for providers dedicated to providing treatment and recovery services in facilities with the highest mean drug-related death rates in counties or municipalities. The STAR LRP's FY 2023 results are not yet available.

RCORP: HRSA requires that RCORP grantees emphasize sustainability planning throughout their project. RCORP grantees may achieve sustainability through a variety of mechanisms such as improved billing and coding for SUD services, enhanced reimbursement structures through third-party payers, and/or securing other non-RCORP funding sources. In FY 2022, 98 percent of RCORP grantees reported having other sources of funding to sustain their SUD services beyond the period of performance for their HRSA-funded RCORP grant. No target had been set for FY 2022 as baselines were still being established. Targets have been set beginning with FY 2024.

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Department of Health and Human Services
Indian Health Service

Mission

The Indian Health Service (IHS), an agency within HHS, is responsible for providing federal health services to AI/AN people. The mission of IHS is to raise the physical, mental, social, and spiritual health of AI/AN persons to the highest level. The IHS Alcohol and Substance Abuse Program provides funding, policy, training, and technical assistance to local IHS, Tribal, and urban Indian programs to ensure a variety of treatment options exist. In addition to direct services, the IHS Alcohol and Substance Abuse grant and federal award program focuses on the prevention, treatment and recovery of alcohol and SUD. This work supports the IHS Strategic Plan Goal 1 to ensure comprehensive, culturally appropriate services are available and accessible to the AI/AN people; and Goal 2, Objective 2.2 to provide care to better meet the health care needs of AI/AN communities.

IHS has a critical role in the delivery of care and the coordination of services provided to the AI/AN population. The IHS Division of Behavioral Health manages and administers national behavioral health initiatives and policy developments for mental health and alcohol and substance misuse for AI/AN people. These efforts work to address the opioid epidemic and overdose crisis. The rate of drug overdose deaths among AI/AN persons is above the national average. Notably, from 2019 to 2020, CDC's Morbidity and Mortality Weekly report found that drug overdose death rates increased by 39 percent for non-Hispanic AI/AN people.

IHS works in partnership with its IHS facilities, Tribes, and urban Indian health organizations (I/T/Us) to implement behavioral health grant programs that support community-based, culturally competent and appropriate, evidence-based, practice-based prevention and treatment services. These programs include the Substance Abuse and Suicide Prevention Program (SASP), the Community Opioid Intervention Pilot Project (COIPP), the Preventing Alcohol Related Death through Social Detoxification, and the Youth Regional Treatment Centers (YRTC). The IHS also expanded the COIPP project in FY 2022 to include the creation of pilot projects in six IHS Federal Hospitals to expand access to OUD treatment, consider strategies to enhance withdrawal management services, and standardize post-overdose resuscitation care coordination in IHS EDs and acute care settings. IHS also supports initiatives focused on improving behavioral health services within clinical settings through the Behavioral Health Integration Initiative.

In March 2017, the IHS established a multi-disciplinary workgroup to form the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE). The HOPE Committee is composed of clinical representation from family medicine, pharmacy, behavioral health, nursing, pediatrics, physical therapy, epidemiology, and injury prevention. The HOPE Committee's work plan supports the HHS Overdose Strategy with a specific focus on better pain management; as well as improving access to culturally relevant prevention, treatment, and recovery support services, increasing availability and distribution of OORMs, and improving public health data reporting and monitoring.

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The mission of the IHS Office of Urban Indian Health Programs (OUIHP) is to improve access to high quality, culturally competent health services for Indians residing in urban areas. In FY 2022, OUIHP awarded 4-in-1 grants to 32 urban Indian organizations (UIOs) in 17 states. The grantees were awarded on a five-year funding cycle on April 1, 2022. This grant provides local funding to support UIOs with increased health care access and services for urban Indians in the following four health program areas: health promotion and disease prevention services; immunization services; alcohol and substance use related services; and mental health services.

The IHS OUIHP 4-in-1 Grant Program integrates behavioral health, health education, health promotion and disease prevention into a culturally appropriate healthcare framework. UIOs have recognized the need for more mental health and SUD counselors to adequately address the needs presented by urban Indians with co-occurring mental health and substance use conditions. There is a need for more age and gender-appropriate resources for SUD outpatient and residential treatment. While AI/AN males encounter wait times for treatment admission up to six months, treatment options for AI/AN youth, women, and women with children can be greater than six months. Some of the most successful AI/AN treatment programs are administered by UIOs through culturally competent and appropriate programs to reduce health risk factors. The continued efforts of UIOs to target behavioral or lifestyle changes offer the best hope for positively impacting the major health challenges of urban Indian populations.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

Goal 4: Treatment efforts are increased in the United States (Objective 1)

These objectives align with the IHS mission and efforts to reduce the impact of SUD through prevention, early intervention, treatment, and recovery to raise the physical, mental, social and spiritual health of AI/AN people to the highest level. IHS utilizes a combination of national policy efforts, promulgation of best and promising practices, enhanced health education outreach, and a robust workforce development strategy to mitigate harm related to SUD for AI/AN communities. Outcome measures have been created with ongoing evaluation under each improvement objective.

The strategic goal is to support Tribal and urban Indian programs in their continued SUD prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with the IHS to deliver services developed by the communities themselves with a national support network for ongoing program development and evaluation.

The IHS continues to support the integration of SUD treatment into primary care and emergency services through its activities to implement the *Strategy*. Integrating treatment services into outpatient primary care offers opportunities for healthcare providers to identify patients with SUD, provide them with medical advice, help them understand the health risks and consequences, and refer patients to appropriate treatment and support services. One integration activity is SBIRT, which is an early intervention and treatment service for people with SUD and those at risk of developing these disorders. SBIRT is intended to meet the public health goal of

reducing the harms and societal costs associated with risky use by reducing diseases, accidents, and injuries. SBIRT screens for substance use and determines the patient's risk levels from the screening results. The IHS has increased efforts to implement SBIRT across the IHS facilities as an evidence-based practice to identify patients with alcohol and/or substance related problems. SBIRT is a Government Performance and Results Act (GPRA) measure that the IHS reports annually. In FY 2023, the SBIRT GPRA measure definition was modified to include updated clinical codes and telemedicine visits. Finally, in July 2023, IHS added Screening for Substance Use as a new GPRA developmental measure with an anticipated release in late 2024.

SUDs continue to rank high on the concern list of Tribal partners. IHS believes increased emphasis on earlier intervention is essential for further reducing the consequences of SUD. The IHS proposes focusing on early intervention with children, adolescents, and young adults and preventing further progression by recognizing and responding to the source of the substance use. The IHS administers community-based grants to promote the use and development of evidence-based and practice-based models representing culturally competent and appropriate prevention and treatment approaches to substance use from a community driven context. In particular, the SASP and COIPP grant programs are increasing efforts to promote early intervention strategies and implement positive AI/AN youth programming to reduce risk factors for substance misuse.

The 13 YRTCs provide residential substance use and mental health treatment services to AI/AN youth. Congress established these YRTCs in nine of the 12 IHS Service Areas. Currently, the 13 YRTCs provide quality holistic behavioral health care for AI/AN youth, integrating traditional healing, spiritual values, and cultural identification.

Performance Table

Indian Health Service				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Screening, Brief Intervention, and Referral to Treatment (SBIRT) (Outcome) [69]	14.3%	Discontinued	N/A	N/A
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	N/A	15.0%	15.0%	15.0%
Accreditation Rate for YRTC in operation 18 months or more.	83%	100%	100%	100%

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[69] The SBIRT GPRA measure retired after FY 2022 due to changes to the logic. Measure logic modifications required discontinued use of previous data collection definition and re-establishing a new baseline for the updated SBIRT.

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Discussion of Results

<u>Proportion of AI/AN who received SBIRT</u>: In FY 2022, IHS increased efforts that broadly promote the SBIRT tool to achieve targets at the regional and local levels, including a more focused education campaign on the importance of early detection and intervention using SBIRT among IHS operated programs. In FY 2022, SBIRT was utilized in 14.3 percent of the patient visits for those ages nine through 75. The target for this measure was 13.5 percent, therefore IHS efforts resulted in surpassing the expected percent of patients to be screened using SBIRT.

In FY 2022, IHS expanded the Community Opioid Intervention Pilot projects to focus on SUD screening efforts in six IHS Federal Hospitals to expand access to OUD treatment in IHS Emergency Departments and acute care settings. This Pain and Addiction Care in the Emergency Department pilot program emphasizes strategies to increase screening in acute care settings, enhance withdrawal management services, and standardize post-overdose resuscitation care coordination and naloxone access.

IHS has developed and released GPRA developmental measures for Universal Screening for Substance Use as well as screening for SUD in persons of child-bearing age. IHS is developing additional resources, including through efforts to advance additional IT software enhancements, to support implementation of SBIRT across care settings. Additionally, IHS has analyzed SBIRT data and Pain and Addiction Care in IHS Emergency Departments polit project activities to update withdrawal management programs to stabilize symptoms and coordinate SUD care. IHS has developed provider education resources and tip-sheets on withdrawal management as a part of its comprehensive Opioid Stewardship campaign.

<u>Accreditation Rate for YRTCs in operation 18 months or more</u>: The accreditation measure for YRTCs reflects an evaluation of the quality of care associated with accreditation status by either The Joint Commission, the Commission on the Accreditation of Rehabilitation Facilities, state certification, or regional Tribal health authority certification. For youth with SUD, the YRTCs provide invaluable treatment services. Of the 13 YRTCs, seven are federally operated facilities with the remaining six operated by a Tribal or Urban Indian Organization. The FY 2022 accreditation measure for YRTCs is limited to six federal YRTCs that were in operation 18 months or more. For FY 2022, IHS reports 83 percent for FY 2022. Throughout FY 2021-FY 2022, due to COVID-19 restrictions, many YRTCs experienced a disruption in services which resulted in closure at one federal facility and loss of Commission on Accreditation of Rehabilitation Facilities. For this particular facility, IHS conducted a gap analysis and worked with the facility and Joint Commission to complete a mock survey in 2023.

IHS continues to support all YRTCs through monthly calls that provide a community of learning among all 13 YRTCs where facility directors are invited to share accreditation resources, technical assistance, experiences with successes and challenges, and quality improvement. In addition, IHS invites all YRTCs to participate in the annual IHS National Combined Councils, which offers opportunities to engage with leadership and subject matter experts through the National Council on Behavioral Health. These efforts will enhance the knowledge, skills, and abilities to improve policies, procedures, and processes among all YRTCs. More recent measures show that the accreditation rate has risen to 100 percent.

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Department of Health and Human Services
National Institutes of Health

Mission

Two NIH Institutes are included in the Nation's drug control budget, NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

NIDA is the lead federal agency supporting scientific research on drug use and addiction. Its mission is to advance science on drug use and addiction and apply that knowledge to improve individual and public health. NIDA strategically supports and conducts basic and clinical research on drug use (including nicotine), associated health effects, and the underlying neurobiological, behavioral, and social mechanisms involved. NIDA also works to ensure the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUD and to enhance public awareness of addiction as a brain disorder.

NIAAA is the lead federal agency for conducting and supporting research on the impact of alcohol use on human health and well-being. Its mission is to generate and disseminate fundamental knowledge about the adverse 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 to prevent and reduce underage drinking and its harmful consequences.

Relevant PRS Goal/Objective

NIDA

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

Developing new approaches to reduce overdose mortality is a priority for NIDA. With partial funding from the NIH Helping to End Addiction Long-term Initiative, (NIH HEAL Initiative®), NIDA supports research to develop new interventions to prevent and treat OUD and overdose, as well as implementation studies to evaluate how best to implement effective interventions across a range of settings.

NIDA supports a broad portfolio of research on pharmacological and non-pharmacological interventions to prevent and treat opioid, cocaine, methamphetamine, and concurrent use disorders; health services research aimed at improving access to evidence-based interventions; and research to understand risk and resilience factors for SUD to inform future prevention and intervention approaches.

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Goal 2: Prevention efforts are increased in the United States (Objective 2)

NIDA supports epidemiological research to provide timely data regarding substance use trends among youth, prevention research informed by these epidemiological studies, as well as development and dissemination of evidence-based resources and educational materials for young people to counteract prevalent myths about drugs and alcohol, and resources for clinicians to provide SBIRT.

Goal 3: Harm Reduction efforts are increased in the United States (Objective 2)

Reducing rates of overdose and other harms associated with substance misuse is a priority for NIDA. The Institute supports a robust array of projects to evaluate harm reduction strategies such as drug checking, and their impact on the behavior and health outcomes of people who use drugs.

Goal 4: Treatment efforts are increased in the United States (Objective 1)

NIDA supports research on novel strategies to expand substance use treatment into diverse settings, including criminal justice, community, and diverse healthcare settings, with the goal of informing real-world practice so that more people who need treatment can receive it.

Goal 5: Recovery efforts are increased in the United States (Objectives 2, 3, 4 and 5)

NIDA supports a substantial portfolio of research on health services, including recovery support for people struggling with substance misuse and SUD. A new NIDA initiative funds collaborator engagement (e.g., researchers, providers, people in recovery), resource development and sharing, and investigator training to support research on recovery services, as well as projects to investigate different recovery service models.

Goal 6. Criminal Justice reform and public safety efforts in the United States include drug policy matters (Objective 2)

NIDA supports a robust portfolio of research addressing treatment for opioid misuse and OUD in the context of the criminal justice system, including studies to understand and overcome barriers to the use of MOUD in prisons and jails.

NIAAA

Goal 2: Prevention efforts are increased in the United States (Objective 1)

NIAAA supports research to develop and evaluate prevention interventions at the individual, family, school, community, and policy levels. The Institute provides resources for intervening with underage drinking based on this research, including Alcohol Screening and Brief Intervention for Youth: A Practitioners Guide and the College Alcohol Intervention Matrix (CollegeAIM).

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Goal 4: Treatment efforts are increased in the United States.

Goal 5: Recovery efforts are increased in the United States.

NIDA

Goal 1, Objective 1. NIDA supports research focused on developing new medications to reduce illicit substance use and prevent overdose. Projects are underway to develop novel treatment strategies for OUD and overdose and to translate evidence-based interventions into effective medical practice. With support through the NIH HEAL Initiative®, a NIDA-led focused medication development program is supporting a series of targeted studies with the goal of submitting approximately 15 investigational new drug applications and five new drug applications to FDA. As of October 2023, this program has already led to more than 50 INDs for medications to prevent and treat OUD and overdose.

Supported through the HEAL Initiative®, the HEALing Communities Study®, a partnership between NIDA and SAMHSA, is testing a novel approach to deliver evidence-based treatment and prevention of opioid misuse and OUD across healthcare, behavioral health, justice, and other community-based settings. This approach, called the Communities That HEAL intervention, includes community engagement, targeted communication campaigns, and a menu of evidence-based practices that can be tailored to the needs of the local communities. Project goals are to reduce overdose deaths; reduce risky opioid prescribing practices; increase the distribution of naloxone; decrease the incidence of OUD; and increase the number of individuals who are receiving MOUD, retained in treatment, or receiving post-treatment recovery support services (RSS). The study takes place in 67 urban and rural communities hit hard by the overdose epidemic in Kentucky, Massachusetts, New York, and Ohio.

Goal 1, Objective 2. In addition to NIDA's portfolio of research on treatment for OUD and overdose, the Institute is prioritizing the development of new treatments for stimulant (i.e., cocaine and methamphetamine) use disorders and overdose. NIDA-supported researchers are developing novel compounds that sequester stimulants in the blood, so they do not reach the brain. As one example, a monoclonal antibody that targets methamphetamine is being studied for the treatment of methamphetamine use disorder in a Phase II clinical trial and has received Fast Track designation from the FDA. Additional studies focus on long-acting enzymes that block the physiological and toxic effects of stimulants, and others are exploring medications approved for other indications to test their effectiveness in treating stimulant use disorders.

Reducing the prevalence of SUD also requires preventing it from occurring in the first place. Because most problematic substance use begins during adolescence and young adulthood, this is a critical time for prevention and early intervention. In FY 2023, with funding through the NIH HEAL Initiative®, NIDA launched two new clinical trials focused on preventing opioid and other substance misuse by intervening on SDOH. (For more information about these trials, please see NIDA's Performance section.) NIDA also is supporting a number of studies to develop and test effective prevention strategies for these age groups in settings that can facilitate reaching at-risk individuals and populations, such as healthcare, justice, school, and child welfare systems. These studies include the following.

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- In a clinical trial, high school health centers are testing a videogame intervention designed to help students form more accurate perceptions about the risks of misusing opioids.

- Other trials are testing behavioral interventions to prevent opioid misuse and OUD—including community reinforcement and trust-building between youth and adult caregivers—among youth transitioning out of juvenile justice facilities.

- Other trials are testing community-level interventions to prevent SUD. For example, one trial seeks to build alliances between juvenile courts and community mental health centers to meet SUD prevention and treatment needs of justice-involved youth. Another trial in partnership with the Cherokee Nation will examine whether a community organizing approach and adoption of universal school-based brief intervention and referral for problematic substance use can prevent onset and worsening of opioid misuse among Cherokee high school students.

NIDA also supports research to understand mechanisms of substance use risk and resilience to inform future approaches to prevention. The NIDA-led Adolescent Brain Cognitive Development Study (ABCD Study®) is the largest long-term study of child health and development ever conducted in the United States. Following nearly 12,000 children, the study will help reveal how the experiences of adolescence—including drug use—shape physical, cognitive, and social domains of brain development. In FY 2023, the study released early longitudinal data on the full participant cohort to the scientific community; this includes neuroimaging data through two years of follow-up and other data through three years of follow-up. These annual rolling releases have generated more than 700 scientific papers on a range of issues including substance use, psychiatric symptoms, screen time, neighborhood disadvantage and other kinds of adversity, obesity/weight gain, genetics, sleep, impacts of the COVID-19 pandemic, and their relationship with brain structure and function. As a prospective, longitudinal study, the ABCD Study® is poised to identify risk and resilience factors underlying substance use and SUD among youth, paving the way for more effective prevention strategies.

Goal 2, Objective 2. To reduce the burden of drug use and addiction, it is essential to understand the real-world landscape of drug use, particularly among youth and young adults. NIDA has long supported large-scale epidemiological studies that monitor trends in drug use and associated outcomes. Since 1975, the annual Monitoring the Future (MTF) survey has measured substance use and related attitudes in a nationally representative sample of adolescent students. The Population Assessment of Tobacco and Health (PATH) Study, a collaboration between NIDA and the FDA Center for Tobacco Products that launched in 2011, is a nationally representative longitudinal study of youth and adults aimed at understanding how all kinds of tobacco use affect behavior and health outcomes over time. The MTF and PATH studies have shown that flavored e-cigarette products are particularly appealing to youth, and thus informed the 2020 FDA guidance prioritizing enforcement against certain unauthorized flavored e-cigarette products. These studies also show that youth who vape are more likely to engage in subsequent smoking. Building on such findings, NIDA supports prevention research that integrates knowledge about the risks of vaping and e-cigarettes into evidence-based prevention programs for youth in diverse settings, including schools and other places with the infrastructure and connectedness to reach

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large numbers of children. For example, in a feasibility study, high school students in Denver communities will be trained to deliver a vaping prevention program, including classroom sessions and a text messaging campaign, for middle school students. Other researchers are working with the New York public school system to train 8th-9th grade students as peer leaders in vaping prevention, examine the system-wide impact on student vaping, and address implementation barriers.

To counteract the myths about drugs and alcohol that teens get from the Internet, social media, TV, movies, music, and their peers, NIDA sponsors National Drug and Alcohol Facts Week® (NDAFW), an annual event that links students with scientists and other experts. The NDAFW was launched in 2010 by NIDA scientists to stimulate community education events to help teens learn the science of drug use and addiction. NIAAA became a partner in 2016. NIDA and NIAAA work with many federal, state, and local partners to disseminate facts about drugs to teens in communities across the United States. In March 2023, NDAFW included more than 1,750 registered events in all 50 states, the District of Columbia, two United States territories, and 16 countries.

The NIDAMED program develops free evidence-based resources to help current and future health professionals prevent and treat substance misuse and SUD, including the following:

- Validated online questionnaires that providers can administer in less than two minutes to screen adolescents aged 12-17 for tobacco, alcohol, and other drug use;

- A toolkit to help school administrators and nurses establish campus naloxone programs; and

- A series of podcasts to educate health care professionals on best practices to address OUD during emergency care, including the benefits of starting MOUD treatment at this time.

Goal 3, Objective 2. Drug checking represents a promising tool to reduce overdose deaths. Fentanyl and fentanyl-related substances are now the primary driver of drug overdose deaths and are often present in drugs without the knowledge of the person who is using. Studies show that positive results using fentanyl test strips (FTS) where not prohibited by law can motivate people to use less of the tested drug or take other safety precautions. Similarly, the animal tranquilizer xylazine has become increasingly involved in opioid overdose deaths, and research shows that many people who use drugs wish to avoid xylazine and desire more access to xylazine test strips (XTS) where not prohibited by law. NIDA expects that continued research on the impact of drug checking will help further evolve evidence-based policies and laws regarding their use. For example, while positive results from drug checking can lead to safer drug taking, data are needed on the extent to which FTS and other tools can prevent overdose.

To that end, NIDA supports a number of studies to examine the uptake of drug checking and its impact on overdose and other harms. With funding through the NIH HEAL Initiative®, NIDA has established a harm reduction research network that will develop, test, and implement strategies to prevent overdose, transmission of HIV and hepatitis C virus, and other harms

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associated with drug use. The network researches a variety of harm reduction strategies and outcomes, including patient and provider experiences with FTS, XTS, and other types of drug checking where not prohibited by law. Other NIDA projects support additional research to explore knowledge gaps about drug checking, increase the distribution and use of drug checking tools among people who use drugs, and improve the sensitivity and specificity of drug checking technology.

Goal 4, Objective 1. Effective provision of prevention and treatment services across health care, criminal justice, and community settings is key to addressing SUD. NIDA places a high priority on implementation research in diverse settings and is supporting studies to test the implementation of evidence-based interventions for SUD through the HEALing Communities Study® (described under Goal 1 above), Justice Community Opioid Innovation Network (JCOIN) in criminal-legal settings (described under Goal 6 below), and the Clinical Trials Network (CTN) in healthcare settings. The CTN provides a framework for providers, researchers, patients, and NIDA to cooperatively develop, validate, refine, and deliver new treatment options to patients. It includes 16 nodes at academic medical centers and large health care networks across the United States, two research coordinating centers, and more than 240 community-anchored treatment programs. This unique partnership enables the CTN to conduct studies of behavioral, pharmacological, and integrated treatment interventions in multi-site clinical trials to determine effectiveness across a broad range of settings and populations. One strategy under study is to increase access to SUD treatment by integrating it into non-specialty healthcare settings, such as primary care offices and emergency departments (EDs), which have an extended reach to identify and engage at-risk patients. For example, one recent CTN study found that providing high-dose buprenorphine during ED care was safe for patients with OUD who did not respond well to low-dose buprenorphine—an approach that may help such patients control cravings and withdrawal and engage in follow-up care. In another study, the CTN designated champions to educate ED and community clinicians on buprenorphine treatment and how to overcome stigma and other barriers to its use. Implementing this approach for six months led to higher rates of buprenorphine initiation in the ED and referral to ongoing buprenorphine treatment in the community and was feasible even in rural and low-resource Eds.

Goal 5. In FY 2020, NIDA began supporting research networks to advance studies toward more effective, scalable, and sustainable RSS for people with OUD. These networks are expected to develop and disseminate new resources, such as research methods, tools, and outcome measures; and research training programs and materials to support growth in the recovery field. In FY 2022, with funding from the NIH HEAL Initiative®, NIDA expanded the program to support additional networks (now nine in total) as well as the design and piloting of clinical trials to test different recovery models, including recovery residences. One focus area of this research is to develop and implement recovery models that help people initiate and sustain MOUD treatment, when needed.

Recovery community centers (RCCs) offer an array of services for people with SUD, including peer support, coaching in relapse prevention, basic needs assistance, and referrals for employment and job training. Research funded in part by NIDA has found that RCCs may help people reduce their substance use and improve their quality of life. In addition to funding a research network focused on RCCs, NIDA is funding a pilot trial to determine if proactively

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linking patients in MOUD treatment to an RCC can improve their recovery. Another trial will examine whether Black clients of OUD treatment clinics have improved recovery outcomes when their clinic refers them to an RCC.

Research suggests that family involvement is critical for supporting recovery of adolescents and young adults with OUD, but there is a lack of evidence regarding when and how to involve families in the recovery process. One of NIDA's recovery research networks will develop and evaluate innovative family-based RSS for youth with OUD. The network will develop and disseminate resources to assist providers in integrating families into treatment, as well as to improve direct-to-family services, such as parental coaching and helplines.

While a growing number of higher education institutions in the United States have established collegiate recovery programs (CRP), further evidence-based standards are needed to guide these programs. NIDA is supporting a study to assess CRP practices, challenges, and outcomes across the country, which will be used to develop a toolkit to help colleges implement evidence-based CRPs.

There are thousands of recovery residences and sober living houses across the United States, operating in diverse conditions and using varied approaches to support recovery. Although there are best practices for recovery housing, more research is needed to refine, update, and disseminate them. One recovery research network focuses on building capacity for research on recovery housing and bringing together diverse allies to better integrate recovery housing and MOUD treatment. These researchers recently examined recovery outcomes among residents of sober living houses in relation to the houses' surrounding neighborhoods. By following more than 450 residents at 48 sober living houses in Los Angeles County for six months, the researchers found that resident perceptions of higher neighborhood cohesion, safety, and transportation options were significantly associated with positive measures of recovery capital.

Goal 6, Objective 2. With funding from the NIH HEAL Initiative®, NIDA supports the Justice Community Opioid Innovation Network (JCOIN) to study approaches to improve and expand effective treatment for people with OUD in criminal justice settings. JCOIN has helped define the significant gaps in the availability of MOUD in criminal justice settings. For example, in 2019, JCOIN investigators surveyed prison systems in 21 states with high OUD overdose rates, and found that just 36 percent provided naltrexone, 15 percent provided buprenorphine, 9 percent provided methadone, and only seven percent provided all three. (Since 2019, metrics regarding MOUD availability in prisons and jails have increased significantly.) In addition, where these medications were available, they were often limited to specific populations, such as pregnant women, those taking MOUD at onset of incarceration, or those being released. Recent JCOIN studies show that ensuring access to MOUD in prisons and jails could significantly reduce overdose deaths and the risk of recidivism among people recently released from jails and prisons by about one-third.

NIDA-funded research has helped identify barriers to MOUD implementation in prisons and jails, including lack of staff qualified in addiction medicine, stigma toward MOUD, and a tendency to focus on rapid detoxification and abstinence rather than long-term treatment. JCOIN's Implementation and Translation Research Project Core is now conducting a clinical

trial to determine if organizational and healthcare change models shown to be effective outside of criminal justice settings can improve rates of MOUD treatment inside criminal justice settings. The trial will involve 48 jails and community-based treatment provider sites across the United States, and will test low- versus high-intensity (more frequent) organizational change coaching for site managers, with or without technical assistance for MOUD prescribers, for one year with an additional year of follow-up.

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Goal 2, Objective 1. A growing body of evidence indicates that individual and environmental approaches can be effective in curbing underage drinking and other substance use in youth. However, not all approaches are effective for all subgroups of adolescents or in all settings. Effective prevention interventions that are both developmentally and culturally competent and appropriate are needed. To meet this need, NIAAA supports research to develop and evaluate evidence-based interventions for diverse groups of adolescents that can be implemented in different settings, including youth in underserved settings. Factors that influence effectiveness, adoption, or implementation of interventions are also being characterized and used to inform further development.

Goal 4. Alcohol screening and brief intervention in primary care has been recognized as a leading preventive service for reducing harmful alcohol use in adults, and a growing body of evidence demonstrates its effectiveness in preventing and reducing alcohol misuse in youth as well. However, research indicates that adolescents are not routinely asked about drinking when they interface with the health care system. NIAAA supports research on the implementation of alcohol screening and brief intervention among youth, including those disproportionally affected by alcohol misuse, in healthcare and community settings. This research includes studies to evaluate the effectiveness of digital health technologies in improving access to and quality of interventions for adolescents.

Goal 5. Recovery from AUD is complex and highly individualized. To fully clarify the concept of recovery and to improve consistency across recovery research, NIAAA developed an operational definition of recovery from AUD. The definition involves remission from AUD, cessation from heavy drinking, and improvements in dimensions of well-being, quality of life, and biopsychosocial functioning. The definition was developed based on feedback from recovery researchers and other collaborators. NIAAA has disseminated the definition to the broader research community and is using the definition to stimulate research into recovery and the elements of resilience that promote and sustain recovery.

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Performance Table

National Institutes of Health				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
NIDA: By 2025, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for SUD	Researchers conducted two studies to test the effectiveness of prevention interventions focused on electronic nicotine delivery systems in schools, via social media, and electronic advertising restrictions.	Launch one to two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on social determinants of health.	Met: Researchers conducted two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on social determinants of health.	Launch preliminary epidemiological research studies to inform pilot studies that will develop novel strategies to prevent substance use among youth and young adults.
NIDA: By 2027, develop evidence on the effectiveness and implementation of new and existing harm reduction services and identify strategies to address barriers to implementing these services through research studies and community engagement.	New Measure	Launch nine clinical research studies to examine the effectiveness and/or imple-mentation of new and exist-ing harm reduction strategies and begin community engagement by convening the Community Engagement Council and the Community Advisory Boards.	Met: Researchers launched nine clinical research studies to examine the effectiveness and/or implementation of new and existing harm reduction strategies and began community engagement by convening the Community Engagement Council and Community Advisory Boards.	Initiate steps of the dissemination and publication plan to ensure that findings from the clinical research studies will reach a broad audience.

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Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
NIDA: By 2027, strengthen community-informed research on the effectiveness of recovery support services for persons taking MOUD.	New Measure	Launch two pilot trials to assess the feasibility, acceptability, and preliminary effectiveness of interventions to retain individuals on MOUD, and one survey to assess MOUD capacity in recovery homes.	Partially met: Researchers launched two pilot trials to assess the feasibility, acceptability, and preliminary effectiveness of interventions to retain individuals on MOUD but, due to unexpected delays, one survey to assess MOUD capacity in recovery homes was not completed.	Launch a third pilot trial to test the feasibility, acceptability, and preliminary effectiveness of an intervention to link individuals taking MOUDs to recovery community centers.
NIAAA: By 2025, develop, refine, and evaluate the effectiveness of evidence-based intervention strategies for facilitating treatment of alcohol misuse in underage populations.	Researchers conducted studies to evaluate the feasibility and effectiveness of delivering computer-based alcohol screening and brief interventions to adolescents in primary care settings.	Evaluate the effectiveness of an alcohol intervention in reducing alcohol misuse among emerging adults outside of college settings.	Met: Researchers conducted a study to evaluate the efficacy of a novel behavioral economic and wellness-based intervention for non-student emerging adults to reduce alcohol use.	Continue a clinical trial to evaluate the effectiveness of screening and brief intervention in primary care for reducing alcohol misuse among underage populations.

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Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
NIAAA: By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and SUD and their consequences in underage populations.	Researchers demonstrated the effectiveness of a suicide and alcohol prevention intervention for adolescents living in rural Alaska Native communities.	Evaluate a culturally appropriate family-based intervention to prevent and reduce underage drinking among an underserved population.	Met: Researchers tested a family-based intervention to decrease violence in families, promote wellness, and reduce/postpone alcohol and other drug use among Native Americans.	Develop and/or evaluate a preventive intervention to address alcohol use in underage populations.
NIDA: By 2026, evaluate the efficacy of new or refined interventions to treat OUDs	Researchers conducted two clinical trials to test medications to prevent opioid overdose death.	Complete a Phase II trial of a long-acting formulation of an opioid antagonist.	Completion of a Phase II clinical trial of a long-acting formulation of an opioid antagonist is delayed due to lingering effects of the COVID-19 pandemic and unanticipated delays in receiving FDA regulatory approval. The trial is expected to launch in FY 2024 and proceed as planned.	Conduct Phase I clinical trials of at least two anti-opioid vaccines.

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Discussion of Results

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NIDA fully or partially met all but one of its FY 2023 targets, with work to advance the one unmet target facing unanticipated delays from lingering effects of the COVID-19 pandemic and other causes.

In FY 2023, NIDA-supported researchers launched two clinical trials testing approaches to prevent opioid and other substance misuse by intervening on SDOH. While evidence-based prevention strategies regarding SDOH exist, they are not widely implemented, and most do not adequately address underlying socio-environmental factors that increase the risk for substance use. Two NIDA-supported studies directly target SDOH as an approach to prevent substance use and improve outcomes for youth. One clinical trial is evaluating a multi-component intervention that provides services to address multiple SDOH including economic stability, housing, educational attainment, health and social services, community context, and social support. The trial will assess whether and how the intervention improves substance use and mental health outcomes for youth experiencing homelessness. Another trial is exploring the effects of the Inclusive Skill-building Learning Approach, a school-wide intervention to reduce exclusionary discipline. By addressing educational access and school climate, SDOH domains that can significantly influence long-term outcomes for youth, including drug use and the risk of future criminal justice system involvement, this trial aims to improve substance use and related outcomes. By evaluating upstream interventions, these studies will fill critical gaps in the field of substance use prevention.

In FY 2023, NIDA funded nine clinical research studies to examine the effectiveness and/or implementation of new and existing harm reduction strategies, and convened a Community Engagement Council and Community Advisory Boards to help guide these studies. Collectively, these projects have diverse aims and are evaluating a wide range of approaches, as follows.

- Examine six harm reduction strategies where not prohibited by law, including SSPs where people who inject drugs can obtain clean syringes for free; distribution of OORMs such as naloxone; drug checking technologies that enable people to test the contents of substances they intend to use; overdose prevention centers (OPCs) where individuals can use pre-obtained drugs under the safety and support of trained staff; and methamphetamine sobering centers that offer clinical support and beds for individuals experiencing psychosis due to methamphetamine use;

- Characterize state-level policies and individual preferences for delivery of harm reduction supplies by mail to make harm reduction more accessible where not prohibited by law;

- Test harm reduction where not prohibited by law delivered by mobile van, including trauma informed micro- counseling and referrals to drug treatment, medical, and social services, among women who use drugs;

- Test a culturally responsive mobile harm reduction approach among Black and Latino people who use drugs where not prohibited by law;

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- Test a tailored harm reduction intervention in emergency settings, where not prohibited by law, for Black people who use drugs and determine factors for successful real-world implementation;

- Test a peer-led approach to contingency management, where not prohibited by law to improve engagement in harm reduction services among people who use methamphetamine;

- Identify factors that increase secondary distribution and sharing of harm reduction strategies where not prohibited by law among people who use drugs;

- Develop digital harm reduction tools where not prohibited by law for hard-to-reach populations; and

- Evaluate the first two legal OPCs in the United States and assess drug overdose rates and treatment engagement; the impact of OPCs on neighborhoods and vice versa; and costs and savings to healthcare and criminal justice systems.

Together, these efforts will provide valuable information on both the effectiveness and the implementation of new and existing harm reduction strategies, several of which have a very small evidence base thus far.

In FY 2023, NIDA-supported researchers launched two pilot trials to assess the feasibility, acceptability, and preliminary effectiveness of interventions to retain individuals on MOUD, but, due to unexpected delays, a survey to assess MOUD capacity in recovery homes was not completed. MOUD are the standard of care, but people receiving them face barriers to recovery services and MOUD discontinuation rates are high. To address these gaps, one study is testing the combination of peer recovery support services and recovery residences tailored to specifically promote MOUD adherence. Another integrates recovery coaching and cognitive behavioral therapy for people receiving MOUD to determine if this combination reduces illicit drug use and improves retention in MOUD treatment. These foundational studies will contribute an initial evidence base on recovery support approaches for people receiving life-saving MOUD, which has not been previously studied.

In FY 2023, completion of a Phase II clinical trial of a long-acting formulation of an opioid antagonist is delayed due to lingering effects of the COVID-19 pandemic and unanticipated delays in receiving FDA regulatory approval. However, two pilot trials of a long-acting six-month injectable formulation of the opioid antagonist, naltrexone, were completed. Following unexpected delays, the Phase II trial was recently approved by the FDA and is expected to launch soon. While there is evidence that once-monthly injectable naltrexone is effective for treating OUD, retention rates are low. This is partly due to the need for in-office visits with providers every four weeks, which presents challenges related to time off from employment, transportation costs, and other barriers. If the Phase II trial is successful, this could mean immediate changes in how OUD is managed, potentially improving medication adherence and saving lives.

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NIAAA met both FY 2023 targets.

In FY 2023, NIAAA-funded researchers conducted an ongoing study to evaluate the efficacy of a novel behavioral economic and wellness-based intervention for non-student emerging adults to reduce alcohol use by decreasing stress and increasing engagement in positive and goal-directed activities.[70] In the past several decades, significant progress has been made in developing effective interventions to prevent alcohol-related problems among college students.[71] However, the number of emerging adults who are not enrolled in or graduated from a four-year college or university is increasing, highlighting a growing need for a greater variety of evidence-based interventions for non-students and students enrolled in alternative education programs. Many emerging adults who do not graduate from college report greater levels of substance use and mental health symptoms, and are also socially and economically marginalized. These facts underscore the critical need to enhance both the efficacy and dissemination of interventions with this high-risk population.

NIAAA is supporting research to address this gap. In an ongoing clinical trial, NIAAA-funded researchers are testing the efficacy of two intervention approaches for non-college emerging adults that report heavy drinking. One approach is a combined multi-session brief alcohol intervention with a Substance Free Activity Session (SFAS) to reduce drinking. The SFAS attempts to increase engagement in goal-directed activities that might provide alternatives to alcohol use. It also provides tools to reduce stress and develop mood-enhancing behavioral substitutes to drinking (or substance use). This approach has already demonstrated efficacy for reducing both alcohol use and alcohol-associated problems and depressive symptoms in studies with college enrolled or graduated emerging adults. The researchers are also testing a second intervention, Relaxation Training, in combination with SFAS to determine if this intervention approach better addresses risk factors for alcohol misuse by enhancing wellness, managing stress, and increasing positive activities with the goal of increasing effectiveness of intervention and the potential for dissemination.

In FY 2023, NIAAA-supported researchers evaluated a culturally appropriate family-based intervention to prevent and reduce underage drinking among an underserved population. Supporting research to better understand and address alcohol-related health disparities and improve the health of underserved populations is one of NIAAA's highest priorities. Early initiation of alcohol consumption and heavy drinking increases the risk of AUD and related consequences over a person's lifetime, and alcohol intervention efforts started at a young age can positively influence a young person's path in life. Research indicates that prevention efforts involving the community and/or informed by the community's cultural beliefs hold promise for preventing and reducing underage drinking. However, there have been few culturally-based interventions that are family-focused and enhance family resilience to prevent and reduce alcohol misuse. To expand the number of culturally-informed, family-based interventions, NIAAA supported a pilot study to address this need. NIAAA-funded researchers tested the feasibility and acceptability of Chukka Auchaffi' Natana: the Weaving Healthy Families (WHF) Program, a family-based program to

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[70] https://reporter.nih.gov/search/VqssJkar4k68M5kN23V5Mw/project-details/10157726
[71] https://www.collegedrinkingprevention.gov/sites/cdp/files/documents/NIAAA_College_Matrix_Booklet.pdf

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decrease violence in families, promote wellness, and reduce or postpone alcohol and other substance use in Native American families.[72] The researchers found that participation in the WHF Program was associated with improvements in primary protective factors for substance use and other mental health problems among Indigenous youth including family resilience and communal mastery. The quality of parenting, particularly among fathers, also improved. This is an ongoing research project[73] with the goal of developing an evidence-based culturally-relevant, family-centered intervention that can promote health and wellness while preventing and reducing alcohol and other substance misuse and violence in Native American families.

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[72] https://pubmed.ncbi.nlm.nih.gov/36710265/
[73] https://reporter.nih.gov/search/b9V0caUb_kGlOdkhQaLdKA/project-details/10612767

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Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

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 recover while ensuring equitable access and better outcomes. SAMHSA accomplishes this through providing leadership and resources – programs, policies, information and data, funding, and personnel – that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery. SAMHSA supports the *Strategy* through 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.

SAMHSA's portfolio includes competitive grant programs reflected in the Programs of Regional and National Significance, the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), and SOR Grants.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

Goal 2: Prevention efforts are increased in the United States (Objective 1)

Goal 3: Harm Reduction efforts are increased in the United States (Objective 2)

Goal 4: Treatment efforts are increased in the United States (Objective 1 and 2).

Goal 5: Recovery efforts are increased in the United States (Objective 2)

Goal 6: Criminal Justice reform and public safety efforts in the United States include drug policy matters (Objective 1)

A commitment to data and evidence is a SAMHSA key principle. SAMHSA collects critical performance data on its programs using a variety of data sources. As impact is measured and reported, SAMHSA leverages the results to identify the conditions that foster success, address barriers, enable collaboration across programs, and promote overall efficiency. Consistent with GPRMA, SAMHSA continues to refine its use of performance and evaluation data to measure impact and mitigate risk.

In FY 2022, SAMHSA modified several of its data collection tools to better capture information about individuals served and programmatic reach. For example, SAMHSA revised its State Opioid Response (SOR) program tool to collect detailed data on naloxone overdose kits purchased and distributed. In addition, the revised instrument collects data on the following measures: (1) overdose reversals, (2) FTS purchased and distributed where not prohibited by law, (3) education of school-aged children, first responders, and key community sectors on

opioid and/or stimulant misuse, and (4) outreach activities that target underserved and/or diverse populations. The GPRA Client Outcome Measures for Discretionary Programs tool (GPRA Client Tool), which is an instrument used by several SAMHSA grant programs, was updated to reduce administrative burden and improve data quality. Revisions made to the tool improve functionality while also eliciting information that demonstrates programmatic impact at the client-level. SAMHSA also updated the GPRA Best Practices Post Event Form and the SUPTRS BG Instructions. The updated tools were implemented in early 2023. FY 2023 data was first available in early 2024.

SAMHSA manages hundreds of grant programs. To identify which of these programs to highlight as part of the *Assessment*, SAMHSA used the following criteria:

- Longevity of the program: Discretionary programs are subject to funding availability. SAMHSA included programs that are expected to be funded for at least three years.

- Data availability: Programs selected are expected to have data sources that will allow for program measurement for at least three years (i.e., until 2026).

- Program focus: Programs selected were also reviewed to ensure that the primary focus of the program aligned with the goals and objectives above.

SAMHSA's selected measures consist of program specific output and outcome measures. SAMHSA's measurement approach also includes composite measures that summarize overall performance data across multiple measures and programs to provide a single estimate.

Strategic Prevention Framework for Prescription Drugs (SPF-Rx): The purpose of the SPF Rx grant program is to provide resources to help prevent and address prescription drug misuse within a state or locality. The program was established in 2016 to raise awareness about the dangers of sharing medications as well as the risks of fake or counterfeit pills purchased over social media or other unknown sources, and to work with pharmaceutical and medical communities on the risks of overprescribing. Grant recipients are required to track reductions in opioid related overdoses and incorporate relevant prescription and overdose data into strategic planning and future programming. Recipients are expected to leverage knowledge gained through participation in the SPF process to address targeted community needs more effectively.

Strategic Prevention Framework – Partnerships for Success (SPF-PFS): In FY 2023, 75 new and 218 continuing PFS grants were awarded. SAMHSA is committed to addressing substance use and misuse prevention with its state prevention partners through population health strategies and with its community and Tribal organization partners through community health and evidenced-based prevention strategies. For FY 2023, PFS implemented two separate notices of funding opportunity (NOFOs), one focused on states, and one specific to communities to better address the specific needs and strengths of states and communities.

In FY 2024, SAMHSA plans to award 48 new grants and 181 continuing grant awards. These grants will continue to support the development and delivery of (1) state and (2) community substance use and misuse prevention and mental health promotion services to address the key

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risk and protective factors for substance use and misuse. The Center for Substance Use Prevention Services intends to maintain FY 2023 outcome targets for the SPF-PFS program in FY 2024.

PFS grantees reached 193,017,363 (non-unique) individuals through community-based, universal strategies such as media and social norming campaigns, prescription drug boxes/drug take back events, and through evidence-based programs such as Communities that Care. Individuals may have been reached by more than one intervention and therefore may be counted multiple times. Grantees served 7,328,345 individuals through programs such as Lifeskills Training, Guiding Good Choices, and Too Good for Drugs. These figures are based on grantee reported data from activities generated in accordance with funding requirements for PFS. SAMHSA has begun an evaluation of this program and anticipates preliminary findings in FY 2025.

First Responder Training -Comprehensive Addiction and Recovery Act Grants (FR-CARA): SAMHSA's FR-CARA program is an important part of the United States government's response to the opioid crisis. The program provides resources to first responders and members of other key community sectors at the state, Tribal, and other government levels to train, carry, and administer Federal Food, Drug, and Cosmetic Act approved drugs and devices for emergency reversal of known or suspected opioid overdose. It uses a combination of community-based public health prevention and harm reduction strategies across the 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 provide a linkage and engagement point to treatment for individuals with a SUD. The program serves populations disproportionately impacted by opioid use (relative to national averages) as evidenced by high rates of opioid and other drug-related overdose.

Grants to Prevent Prescription/Drug Opioid Drug Related Deaths (PDO): The purpose of the PDO grant program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention and harm reduction strategies, including the purchase and distribution of naloxone to first responders. Examples of the long-term and short-term outcomes for education and distribution of naloxone include: (1) the rate of intentional, unintentional, and undetermined intentional opioid overdose (using hospitalization, emergency department, police, or other accessible data); (2) the number of opioid overdose-related deaths; (3) the number of opioid overdose reversals; (4) the number of referrals to SUD treatment services; and (5) the number of naloxone kits that reached communities of high need.

The PDO 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 substance use 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 offer an engagement opportunity and linkage to care for people with a SUD. This program promotes integration of SUD prevention information, activities into primary health care systems, and emerging drug issues.

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SOR Grants: The SOR Grants program was established by Congress in 2018 to address the public health crisis caused by escalating opioid misuse, OUD, and opioid-related overdose across the nation. Since that time, the characteristics and drivers of the opioid crisis have shifted, with the crisis increasingly involving illicitly manufactured fentanyl and fentanyl-related substances. For example, xylazine has been detected in nearly every state in the country, and ONDCP has designated fentanyl adulterated or associated with xylazine as an emerging threat to the United States. A report released in June 2023 shows that the monthly percentage of illegally manufactured fentanyl-involved deaths with xylazine detected rose from 2.9 percent to 10.9 percent between January 2019 and June 2022.

The SOR program aims to address the opioid crisis by increasing access to treatment that includes the three FDA-approved medications for the treatment of OUD, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, harm reduction, treatment, and recovery support services for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The program also includes a 15 percent set-aside for the states with the highest mortality rates related to drug overdose deaths. Finally, the program includes a Tribal Opioid Response (TOR) grant program that shares the aims of the larger SOR program but is specifically focused on the needs of AI/AN, groups with the highest drug overdose death rates in 2020 and 2021 per the CDC.

As a result of grantee efforts, the SOR program as a whole has helped prevent over 600,000 overdose deaths in the last three years. More than 1,400 overdoses, meanwhile, have also been reversed with naloxone purchased exclusively with TOR funds. Additionally, TOR grantees have purchased over 60 thousand naloxone kits (60,349) and distributed nearly fifty thousand kits (49,343) since the program began.

Screening, Brief Intervention, and Referral to Treatment (SBIRT): The purpose of this program is to implement screening, brief intervention, and referral to treatment services for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care (FQHC) systems, behavioral health centers, pediatric health care providers, Children's Hospitals, etc.) with a focus on screening for underage drinking, opioid use, and other substance use.

The Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) Program: The MAT-PDOA program addresses individuals with OUD and their unique treatment needs by expanding/enhancing the local treatment system capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based MOUD and recovery support services. Medications are often combined with evidence-based psychosocial interventions tailored to an individual's needs. This approach is a safe and effective strategy for decreasing the frequency and quantity of opioid use, reducing the risk of overdose and death, and supporting remission and recovery from OUD and other SUD. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in care and increase the probability of positive outcomes.

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Targeted Capacity Expansion Programs – Special Projects (TCE – SP): The TCE-SP program develops and implements focused strategies for the provision of SUD treatment services to underserved populations and addresses unmet needs identified by the community. The purpose of the program is to implement focused strategies for the provision of public health-focused harm reduction, treatment, and RSS to support under-resourced populations or community-identified unmet needs regarding SUD and co-occurring disorders (COD). Diversity, equity, access, and inclusion are integrated in the provision of services and activities throughout the project, such as when conducting eligibility assessments, outreach, and engagement or developing policies.

TCE-SP also supports the Historically Black Colleges and Universities Center for Excellence in Behavioral Health (HBCU-CFE).) The purpose of this program is to recruit college-level students for careers in the behavioral health field addressing mental health conditions and SUD, provide training that can lead to careers in behavioral health, and prepare students to obtain advanced degrees in behavioral health.

Building Communities of Recovery (BCOR): Peer services play a vital role in assisting individuals in achieving recovery from SUD. Recovery Community Organizations (RCOs) and RCCs are central to the delivery of those services. The BCOR grant program mobilize and connect a broad base of community-based resources to increase the prevalence and quality of long-term recovery supports for persons with SUD and/or COD. These grants are intended to support the development, enhancement, expansion, and delivery of RSS as well as the promotion of and education about recovery. It is expected that these grant activities will be administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served.

Recovery Community Services Program (RCSP): The RCSP was designed to assist recovery communities to strengthen their infrastructure and provide peer RSS to those in or seeking recovery from SUD across the nation. This program provides peer recovery support services via RCOs to individuals with SUD or co-occurring substance use and mental disorders or those in recovery from these disorders. As a five-year grant, the RCSP focuses on long-term recovery with the expectation that engagement in RSS over an extended period of time assists in maintaining recovery.

Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE): The YFTREE program enhances and expands comprehensive outpatient-based treatment, early intervention, and RSS for adolescents (ages 12-18) and transitional-aged youth (ages 16-25) with SUD and those with a COD, and their families and primary caregivers. The services include screening, assessment, treatment, and wraparound services in ambulatory settings.

Comprehensive Opioid Recovery Centers (CORC): CORCs provide grants to nonprofit SUD treatment organizations to operate comprehensive centers which provide a full spectrum of treatment and recovery support services for OUD. Grantees are required to provide outreach and the full continuum of treatment services, including MOUD; counseling; treatment for mental disorders; testing and referral for treatment of infectious diseases; residential treatment, and intensive outpatient services; recovery housing; peer recovery support services; job training, job

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placement assistance, and continuing education; and family support services such as childcare, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible.

Sober Truth on Preventing Underage Drinking Act (STOP Act): The STOP Act of 2006 was the Nation's first comprehensive legislation on underage drinking and was reauthorized in 2022 as part of Consolidated Appropriations Act, 2023 (Public Law No. 117-328). The Act states, "a coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort and addresses particulars of the federal portion of that effort, as well as federal support for state activities."

The STOP Act established the following overarching goals and objectives:

1. Strengthen a national commitment to address the problem of underage drinking;

2. Reduce demand for, the availability of, and access to alcohol by persons under the age of 21; and

3. Use research, evaluation, and scientific surveillance to improve the effectiveness of policies, programs, and practices designed to prevent and reduce underage drinking.

The STOP Act also requires the HHS Secretary, in collaboration with other federal officials enumerated in the Act, to "formally establish and enhance the efforts of the Interagency Coordinating Committee for the Prevention of Underage Drinking that began operating in 2004." SAMHSA also provides grant funding to community coalitions under the STOP Act program to support community-wide efforts to reduce underage drinking.

In FY 2023, SAMHSA awarded 50 new and 148 continuation grants for continued support to communities to implement interventions that identify, address, and reduce underage drinking among the underage population within their jurisdictions. In FY 2023, STOP Act grantees reached 12,352,947 people through community-based, universal strategies such as media and social norming campaigns, Communities Mobilizing for Change on Alcohol, and Parents Who Host Lose the Most. They served an additional 1,151,948 through individual-based prevention strategies such as Life Skills Training. These figures are based on grantee reported data from activities reported by STOP Act recipients. SAMHSA has begun an evaluation of this program and anticipates preliminary findings in FY 2025.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG): The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program is a formula grant which funds 60 eligible states, territories, and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians (referred to collectively as states). SUPTRS BG grantees plan and implement SUD prevention, treatment, and recovery support services based on the specific needs of their state systems and populations.

As reauthorized in the Consolidated Appropriations Act, 2023 (P.L. 117-328), 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, public health, and RSS necessary to improve individual outcomes and reduce the impact of substance use on America's communities.

SUPTRS BG allows state recipients to utilize funds to develop drug prevention programs. The prevention strategies are based on the community assessment for the state. The collaboration with ONDCP strengthens the statewide initiative to address drug control. FY2022 actual data from the 2021 and 2022 National Survey on Drug Use and Health (NSDUH). FY2023 actual NSDUH data will be data from 2022 and 2023. Data from 2023 will not become available late 2024.

Harm Reduction Grant Program: Funded by the American Rescue Plan, SAMHSA created the Harm Reduction Grant Program. This is a three-year grant program that supports community-based overdose prevention programs, syringe services programs, and other harm reduction services where not prohibited by law. Funding is used to enhance overdose and other types of prevention activities to help control the spread of infectious diseases. Grant recipients distribute FDA-approved overdose reversal medication, accompanied by overdose and health education. The Harm Reduction program addresses psychosocial needs through case management, supportive counseling, and peer support services. Individuals receive screening, referrals, linkages to care, and warm handoffs to partner services focused on substance use and/or cessation, infectious disease, mental health, primary care, housing, and other psychosocial needs. This program includes supporting capacity development to strengthen harm reduction programs where not prohibited by law as part of the continuum of care.

Provider's Clinical Support System- Universities (PCSS-U): PCSS-U promotes SUD education in professional schools and aims to engage students in treating SUD upon graduation. PCSS-U provides education, training and clinical mentoring to primary care providers who wish to treat OUD. The purpose of this program is to expand and/or enhance access to treatment MOUD through by ensuring the education and training of students in the medical, physician assistant, and nurse practitioner fields. The PCSS-U program promotes SUD education in professional schools and aims to engage students in treating OUD upon graduation. PCSS- Medications for Alcohol Use Disorders (PCSS-MAUD) provides training, guidance, and mentoring to multidisciplinary healthcare practitioners on the prevention, diagnoses, and treatment of alcohol use disorder (AUD). PCSS – Medications for Opioid Use Disorders (PCSS-MOUD) provides free training, guidance, and mentoring to multidisciplinary healthcare practitioners on the prevention, diagnoses, and treatment of OUD. This training meets the DEA requirements for eight hours of training to obtain a new DEA registration, or to renew an existing one.

Treatment, Recovery, and Workforce Support (TRWS): The purpose of the TRWS program is to support individuals in SUD and/or COD treatment and recovery to live independently and participate in the workforce. This program requires grant recipients to coordinate among state workforce development boards, local workforce development boards, state agencies responsible for a workforce investment activity, Indian Tribes, Tribal organizations, and state agencies responsible for carrying out SUD or COD prevention and treatment programs. Grant recipients conduct outreach activities informing employers of substance use resources that are available to employees. Grant funds are used to hire Case Managers, Care Coordinators, providers of peer recovery support services and other professionals to provide services that support treatment and

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recovery for clients. As a result of innovative implementation strategies, the TRWS grant has assisted clients with sustaining recovery while attaining viable employment.

Grants for the Benefit of Homeless Individuals (GBHI): The GBHI program helps communities expand and strengthen treatment and recovery support services for individuals (including youth and families) experiencing homelessness who have SUD or co-occurring mental and SUD. Key activities for this program include SUD or co-occurring mental and SUD treatment and other recovery-oriented services, as well as coordination of housing and services that support long-term sustainability.

Adult Reentry Program (ARP): ARP's goal is to expand SUD treatment and related recovery and reentry services to sentenced adult offenders and ex-offenders with a SUD and/or co-occurring substance use and mental disorders. These services assist beneficiaries with returning to their families and community from incarceration in state and local facilities including prisons, jails, or detention centers.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW): The PPW program provides comprehensive services for pregnant and postpartum women with SUD across the continuum of residential settings that support and sustain recovery. As a family-centered program, services also extend to family members and the minor children of the women. Minor children may reside with the women in the program facilities at the woman's request.

Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS (MAI-HIV): The purpose of MAI-HIV program to increase engagement in care for racial and ethnic underrepresented individuals with SUD and/or co-occurring substance use and mental disorders who are at risk for, or living with, HIV/AIDS and receive HIV/AIDS services/treatment. Services provided in this program include HIV testing and providing SUD treatment.

Performance Table

Substance Abuse and Mental Health Services Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
SPF-Rx: Percent of funded states reporting reductions in opioid overdoses	N/A[74]	Discontinued	N/A	N/A
SPF-Rx: Number of individuals reached through population-based prevention efforts	N/A	N/A	13,129,915	13,129,915

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[74] SPF-Rx grants active during FY 2022 received their new grants awards at the end of FY 2021 or FY 2022. There were insufficient data to calculate the percent of funded states reporting reductions in opioid overdoses for FY 2022.

Substance Abuse and Mental Health Services Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
SPF-Rx: Number of individuals served through direct prevention efforts	N/A	N/A	503,903	503,903
FR-CARA: Number of FDA-approved overdose reversing medication kits distributed through FR-CARA grant program	59,025	58,025	101,210	130,000
FR-CARA: Number of first responders trained how to administer FDA-approved overdose reversing medication kits through FR-CARA grant program	10,690	11,690	76,641	25,000
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths (PDO): Number of FDA-approved overdose reversing medication kits distributed	36,719	40,391	90,072	50,000
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths (PDO): Number of Naloxone Administrations	4,907	4,907	11,000	10,060
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths (PDO): Number of Overdose Reversals due to Naloxone Administration	3,547	3,902	9,962	9,129
Grants to Prevent Prescription/Drug Opioid Drug Related Deaths: Number of persons trained how to administer Naloxone (or other FDA approved drug or device)	8,207	8,207	27,266	15,000
SUPTRS BG: Number of SSPs who provide fentanyl test strips through SUTRS BG	N/A	N/A	TBD[75]	Set at Baseline[75]

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[75] New performance measure that is starting in FY 2023 with actual data anticipated in FY 2024. Future targets will be set based on the end of year actual performance results.

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Substance Abuse and Mental Health Services Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
SOR: Number of fentanyl test strips distributed through SOR	N/A	N/A	TBD[75]	Set at Baseline[75]
SPF-PFS: Increase in the percent of grantees that report at least 5 percent improvement in the past 30 day use of targeted substance in target population	84.6%	Discontinued	N/A	N/A
SPF-PFS: Increase in percent of grantees that report improvement of perception of risk from targeted substance use in target population	39.7%	Discontinued	N/A	N/A
Composite Measure: Percent of clients who report an OUD or Stimulant Use Disorder diagnosis at baseline who report no opioid use or stimulant use at 6-month follow-up	N/A	N/A	52.2%	52.2%
Composite Measure: Percentage of clients who report fentanyl use or experienced an overdose prior to intake	N/A	N/A	29.7%	29.7%
Composite Measure: Number of behavioral health providers trained under a Center for Substance Abuse Treatment training program	N/A	N/A	654	654
Composite Measure: Number of peer-led recovery community organizations	N/A	N/A	94	94
Composite Measure: Percent of clients who report an OUD or Stimulant Use Disorder diagnosis at baseline who report no opioid use or stimulant use at 6-month follow-up	N/A	N/A	TBD[76]	Set at Baseline[76]

[76] New performance measure that is starting in FY 2023 with actual data anticipated in FY 2024. Future targets will be set based on the end of year actual performance results.

Substance Abuse and Mental Health Services Administration				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
YFTREE – Percent of clients ages 12-17 receiving services who had no past 30-day alcohol use at 6-month follow-up	N/A	N/A	59.7%	59.7%
YFTREE – Percent of clients ages 12-17 receiving services who reported vaping any substances at intake who abstained from vaping at 6-month follow-up	N/A	N/A	28.9%	28.9%
STOP Act – Percent of coalitions that report at least 5 percent improvement in the past 30-day use of alcohol in at least two grades	67.7%	66.7%	TBD[77]	66.7%
STOP Act – Percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades	33%	75%	TBD[77]	75%
SUPTRS BG – Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-17)	62.6%	78.6%	TBD[77]	80.6%
SUPTRS BG – Number of SSPs who provide Fentanyl Test Strips through SUPTRS	N/A	N/A	TBD[76]	Set at Baseline[76]
SOR- Number of fentanyl test strips[9]	N/A	N/A	TBD[76]	Set at Baseline[76]
Harm Reduction Grant Program – Number of naloxone kits distributed	N/A	Set at Baseline	85,354	85,354
Harm Reduction Grant Program – Number of substance test kits distributed	N/A	Set at Baseline	116,521	116,521

[77] Data for FY 2023 will not be available until sometime in 2024.

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Substance Abuse and Mental Health Services Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Harm Reduction Grant Program – Number of syringes distributed	N/A	Set at Baseline	4,798,960	4,798,960
Public Awareness and Support- Number of individuals referred for behavioral health treatment resources	1,115,900	1,085,801	TBD[77]	1,085,801

Discussion of Results

<u>Primary Prevention</u>: In FY 2023, SAMHSA exceeded in key prevention performance measures targets. The percentage of Partnerships for Success grantees that reported at least a 5 percent improvement in past 30-day use of targeted substances in target populations exceeded the target by 5.4 percent. Additionally, the percentage of states showing a decrease in state-level estimates of percent of survey respondents who reported 30-day use of any illicit drugs other than marijuana (age 12 – 17) increased to 69.6 percent of SUPTRS BG Prevention Set-Aside recipients.

SAMHSA also took steps to improve grantees' effectiveness. In FY 2023, SAMHSA funded three new and 15 continuation PDO grants. Grantees distributed 90,072 naloxone or other FDA approved drug or device, significantly exceeding the target of 40,391. Grantees also exceeded targets in naloxone administration and overdose reversals, with 11,000 administrations and 9,962 overdose reversals. Additionally, grantees exceeded the training target of 24,698, with 27,266 individuals trained. These were conducted through 4,933 trainings, with 89.3 percent of trainees reporting they learned new information and 93.3 percent feeling confident administering naloxone. SAMHSA is adjusting targets to reflect these achievements. Reaching these targets aligns with SAMHSA's efforts to reduce opioid overdose by saturating communities that have high rates of opioid overdose with OORM, first responders, and concerned public citizens trained to administer naloxone, as well as by placing greater emphasis on referring these individuals into treatment and recovery supports, wherever appropriate.

In FY 2023, SAMHSA funded 28 new and 47 continuation grants through the FR-CARA grant program and 36 new Rural EMS grants to ensure that EMS personnel are trained on mental and SUD and care for people with such disorders in emergency situations. Through the FR-CARA program, 98,998 naloxone or other OORM kits were distributed which significantly exceeded the program goal of 58,025. Additionally, grantees trained 19,877 first responders, exceeding the FY 2023 target of 11,690. Grantees trained 75,571 individuals in total in FY 2023, including lay person and community organization staff through 16,179 trainings. People found these trainings helpful: 94.3 percent of respondents reported they learned something new and 88.6 percent felt confident administering naloxone. In FY 2023, the program funded 64 new and 47 continuation grants that expand organizational and workforce capacity that enhances linkage to care for people at risk for opioid overdose and implementing innovative prevention activities.

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Treatment: SAMHSA revised its performance indicators to better measure the impact of its programs on the goals and objectives included in the 2022 *Strategy*. Based on these new data, SAMHSA can now highlight some of its key accomplishments in advancing the *Strategy*. For example, in FY 2023 over half the clients in SAMHSA's treatment programs who report an OUD or stimulant use disorder diagnosis at intake reported no opioid or stimulant use at six-month follow-up.

Moreover, the YFTREE served 2,924 clients in FY 2023. The YFTREE program also found an increase in clients who received an intake and a six-month re-assessment with no past 30-day experience with alcohol or drug related health, behavioral, or social consequences.

Harm Reduction: Through SAMHSA's Harm Reduction grant program, grantees distributed 85,354 naloxone and other OORMs. They distributed 116,521 substance test kits, including fentanyl test strips, and 4,798,960 sterile syringes. In FY 2024, SAMHSA intends to maintain these numbers as trends are being established.

In addition to the activities identified above, through SAMHSA's Harm Reduction grant program, 177,789 service encounters were made, with 8,505 referrals to services, including to treatment, recovery, and peer services. Grantees distributed 1,056 medication lock boxes and 16,622 sharp/medication disposal boxes as well as distributing 105,056 safe sex kits. Grantees conducted 30,378 trainings on naloxone and other opioid overdose medications with 66,333 individuals receiving training. They provided other overdose prevention services to 16,062 individuals.

The Harm Reduction grant program serves a diverse population through its low barrier approach, including 55,862 White, 28,350 Black or African American, 26,570 Hispanic, 1,898 American Indian/Alaska Native, 1,337 Asian, 426 Native Hawaiian/Pacific Island, and 4,906 multi-racial individuals, with the remaining race/ethnicity unreported. The program serves individuals across the lifespan, with 6,226 age 17 and under, 12,205 age 18 to 24, 25,322 age 25 to 34, 27,604 age 35 to 44, 16,090 age 45 to 54, 8,787 age 55 to 64, and 2,856 age 65 or older, with the remainder unreported.

Recovery: SAMHSA continues to make strides to ensure people affected by or at risk for mental health and substance use conditions receive the recovery services they need to live self-directed lives, while striving to reach their full potential.

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Department of Homeland Security
U.S. Customs and Border Protection

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Mission

Numerous titles and provisions of the United States Code authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this expansive statutory authority that CBP plays a key role in the overall anti-drug effort at the border and other points of entry. Among other mission responsibilities, CBP is responsible for "detect[ing], respond[ing] to, and interdict[ing] terrorists, drug smugglers and traffickers, human smugglers and traffickers, and other persons who may undermine the security of the United States, in cases in which such persons are entering, or have recently entered, the United States [and] safeguarding the borders of the United States to protect against the entry of dangerous goods."[78]

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

CBP supports this objective through the following activities:

- The Office of Field Operations (OFO) Outbound Enforcement Program (OEP) conducts risk-based Outbound operations at land border ports of entry (POE), international airports seaports, and to disrupt drug trafficking at the place of export by seizing illicit drugs and stemming the flow of potential narcotics-related proceeds destined to domestic criminal or TCOs.

- Air and Marine Operations (AMO) conducts border and extended border operations as part of CBP's layered approach to homeland security. AMO operates in the air and marine domains along the border and deploys assets in the source and transit zones through coordinated liaison with other agencies and international partners to conduct CD missions.

- U.S. Border Patrol (USBP) agents detect and intercept any combination of threats that present themselves along the borders including: terrorists, weapons of terrorism, smuggling of narcotics and other contraband, and people who enter the United States without authorization.

Amount of smuggled outbound currency seized at the ports of entry: This performance measure provides the total dollar amount of all currency, in millions, seized during outbound inspection of passengers and vehicles, both privately-owned and commercial. The scope of these measures include all POEs on both the southern and northern borders and all modes of transportation (land,

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[78] 6 U.S.C. § 211(c)(5)-(6)

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air, and sea). This measure assists in evaluating CBP's success in reducing the supply of illicit substances into the United States at the land border POEs. CBP's strategy has also evolved to target not just illicit drugs or bulk cash, but the tools and materials TCOs use to make illicit drugs. CBP is interdicting and seizing precursor chemicals, pill press machines, die molds, and pill press parts used in the manufacturing process of illicit fentanyl.

OFO conducts risk-based outbound operations at land border POEs international airports, and seaports enabling CBP to enforce United States laws and regulations applying to the outbound arena, including but not limited to counterproliferation, drug interdiction, and immigration.   The OEP is part of CBP's effort to effectively monitor and control the flow of goods and people leaving the United States. The goal of OEP is to keep the United States safe by preventing the illicit export of goods, ranging from weapons to goods subject to federal export control laws. This goal was developed in recognition of the fact that such goods could potentially fall into the hands of terrorists or criminal elements.   The program also seeks to disrupt criminal elements and terrorist organizations by interdicting the proceeds of criminal activity, including drug trafficking, and arresting members of their organizations.

In addition to regular risk-based outbound enforcement efforts, CBP also conducts limited special operations set up in support of collaborative enforcement efforts with the Drug Enforcement Administration (DEA) and U.S. Immigration and Customs Enforcement (ICE), as well as with other law enforcement agencies though the Border Enforcement Security Task Force.   Currently, CBP conducts limited risk-based outbound enforcement operations based on the availability of CBP officers and funding, examining only departing goods and travelers identified as high-risk based on CBP officer assessment at the POEs and/or automated system alerts triggered by available data.

Additional Work by JIATF-S: JIATF-S is a multiagency, international task force based in Key West, Florida, United States. The primary mission of JIATF-S is to detect, monitor, and interdict illicit drug trafficking activities in the Western Hemisphere, particularly in the transit zones of the Caribbean Sea, Gulf of Mexico, and eastern Pacific Ocean. In FY 2023, Air and Marine Operations expanded its efforts to employ unmanned aircraft for interdiction purposes in this region through Operation Corvina IV. In addition to providing over 900 flight hours to JIATF-S, this operation resulted in the seizure of 11,360 pounds of cocaine and 23,261 pounds of marijuana, making it Air and Marine Operations' most successful counter-narcotic maritime unmanned aircraft system operation to date. The performance measure "Percentage of JIATF-S Annual Mission Hour Objective Achieved" identifies the degree to which Air and Marine Operations meets its intended flight hours for JIATF-S. This measure supports the broader CD mission, by focusing on the locations where drugs are sourced and transit.

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Performance Table

Customs and Border Protection				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Amount of smuggled outbound currency seized at the POE	$27.4 million	$34.0 million	$26.4 million	$36 million

Discussion of Results

Amount of drugs seized at the ports of entry (in pounds): The 2023 Assessment did not include a metric on illicit drug seizures, but it is notable that in FY 2023, CBP seized almost 550,000 pounds of illicit drugs at all ports of entry, which included over 140,000 pounds of methamphetamines, 81,000 pounds of cocaine, and 27,000 pounds of fentanyl in an effort to reduce the drug supply in the United States. CBP's fentanyl seizures have increased more than 860 percent since FY 2019. In FY 2023, CBP efforts led to the seizure of over 13,000 pounds of fentanyl precursors. Operation Blue Lotus, launched in March 2023, surged DHS resources to Southwest Border POEs and worked with state, local, Tribal, and territorial partners to expose networks. Operation Four Horsemen was a complementary USBP operation to stop fentanyl between POEs and at checkpoints near the border. As a result of these two operations, DHS seized nearly 10,000 pounds of fentanyl, and more than 10,000 pounds of other narcotics like cocaine and methamphetamines.

Using intelligence gathered during these CBP-led multiagency efforts, CBP launched Operation Artemis and Operation Rolling Wave in the summer of 2023. These operations consisted of multidisciplined interagency jump teams at strategic locations with an enhanced focus on disrupting the supply chain used in the development and movement of fentanyl. Operation Artemis led to over 900 seizures, including more than 13,000 pounds of precursor chemicals and more than 467 pill presses and pill molds to make fentanyl and fentanyl-laced pills, over 270 pounds of finished fentanyl in powder and laced-pills, plus an additional 1,162 pounds of methamphetamine and over 11,233 pounds of other drugs. Operation Rolling Wave had its own successes bringing in more than 3,635 pounds of fentanyl, plus another 29,734 pounds of other narcotics to include 5,340 pounds of cocaine, more than 14,272 pounds of marijuana, and meth seizures topping 10,014 pounds.

Amount of smuggled outbound currency seized at the ports of entry (in millions): Outbound currency seized during FY 2023 declined from FY 2022. Currency seizures total value in Boston, Los Angeles, San Francisco, and Seattle respectively declined by 45 percent, 54 percent, 48 percent, and 74 percent. OFO's dedication of resources to outbound operations in "Operation Without a Trace" with the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) resulted in southbound firearm seizures in FY 2023 through August outpacing the entire FY 2022 result.

Ongoing CBP efforts aimed at risk-based outbound enforcement and conducting limited special operations will continue in FY 2024, though availability of officers may be impacted by assignments to POEs with major migrant activity or to coronavirus prevention or mitigation

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activity. In addition, the changes in the landscape of financial transactions and currency movements have been significant in recent years. Cryptocurrencies such as Bitcoin, Ethereum, and others have gained in popularity and acceptance as alternative forms of digital currencies. Moreover, money applications, including various payment platforms and mobile wallets, have simplified and expedited peer-to-peer transactions. With the emergence and widespread adoption of cryptocurrencies and money applications and all these changes, CBP has proposed setting the FY 2024 target at $27 million.

<u>Percentage of JIATF-S annual mission hour objective achieved</u>

Additionally, the 2023 Assessment included metric for CBP that reflected the percentage of the JIATF-S objective annual mission hours that is achieved—which identified the degree to which AMO meets its intended flight hours for JIATF-S. In FY 2023, 117 percent of the objective for JIATF-S mission hours was met, against a target of 100 percent. AMO's JIATF-S flight hour objective for FY 2023 was 5,500 flight hours. AMO surpassed this goal by flying 6,461 JIATF-S maritime patrol support hours, with the P-3 aircraft accounting for 5,131 hours flown, 938 hours from the MQ-9 Unmanned Aircraft System (UAS), 219 hours from the Multi-Role Enforcement Aircraft (MEA), and 173 hours from the DHC-8 maritime patrol aircraft. AMO continued expanding its UAS footprint in the source and transit zone in FY 2023 through Operation Corvina IV, specifically designed to employ unmanned aircraft in a maritime interdiction environment. In addition to providing over 900 flight hours to JIATF-S, this operation resulted in the seizure of 11,360 pounds of cocaine and 23,261 pounds of marijuana, making it AMO's most successful counter-narcotic maritime UAS operation to date. AMO integrated more diverse maritime patrol aircraft into the JIATF-S support mission space by deploying MEA and DHC-8 aircrews to Ecuador, Panama, and Guatemala in FY 2023 and will continue to incorporate these assets with the P-3 and UAS in future year JIATF-S operations. AMO submitted its input for the FY 2024 DHS Statement of Intent to the DHS Office of Policy. This input was based on current anticipated budgets, flight crew availability, and planning estimates involving maritime patrol aircraft flight hours in the transit zone. The FY 2024 DHS Statement of Intent included CBP's objective to provide 5,500 flight hours in the transit zone with its P-3, UAS, MEA, and DHC-8 aircraft.

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Department of Homeland Security
Federal Emergency Management Agency

Mission

The Federal Emergency Management Agency's (FEMA) mission is helping people before, during and after disasters. FEMA leads and supports the Nation in a system of preparedness, protection, response, recovery, and mitigation.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced.

FEMA aims to meet the overarching goal of reducing the supply of illicit substances into the United States through grant programs that support the disruption of the illicit flow of illegal drugs into the country. FEMA, in coordination with CBP, awards grants via Operation Stonegarden (OPSG) to local units of government at the county level and federally recognized Tribal governments. The grants contribute to efforts to secure the United States borders along routes of ingress from international borders. OPSG is an anti-terrorism border security program that supports a broad spectrum of activities performed by state, local, Tribal, and territorial law enforcement officers through increased material, manpower readiness, and the number of personnel.

Prosecuted Narcotics Cases: OPSG 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 CBP.

Performance Table

Federal Emergency Management Agency				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Prosecuted Narcotics Cases	2,225	N/A[79]	1,905	N/A[79]

Discussion of Results

In FY 2023, OPSG-funded patrols reported a total of 1,905 narcotics cases were reported, resulting in the seizure of more than 31,000 pounds of narcotics, including fentanyl (and fentanyl-related substances), methamphetamines, and cocaine.

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[79] As it is a grant program with many permissible uses, FEMA does not set targets for cases.

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Department of Homeland Security
Federal Law Enforcement Training Centers

Mission

The Federal Law Enforcement Training Centers (FLETC) is an interagency law enforcement training institution that serves a leadership role as the federal government's principal provider of interagency law enforcement training for approximately 125 Federal Partner Organizations (POs), as well as training and technical assistance to participating state, local, Tribal, territorial, and international law enforcement entities. FLETC provides training programs in support of drug enforcement activities that teach and reinforce law enforcement skills related to counternarcotics investigations.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

FLETC delivers CD basic skills training to POs in courses titled Controlled Substance Identification, Drug Recognition, Recognition of Clandestine Labs, Marijuana Cultivation Investigations, Sequential Testing, and Drugs of Abuse which are covered in FLETC's Center Basic and Center Integrated Basic training programs as well as specialized investigation training in many of FLETC's advanced training programs. These training programs help ensure the appropriate skills and expertise for federal law enforcement officers to reduce the supply of illicit substances in the United States.

Percent of Partner Organizations that agree the FLETC CD-related training is effective: This measure reflects survey results on the satisfaction of POs with CD-related training provided by FLETC.

Performance Table

Federal Law Enforcement Training Centers				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Percent of Partner Organizations that agree the FLETC CD-related training is effective.	95%	90%	100%	90%

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Discussion of Results

Percent of Partner Organizations that agree the FLETC CD-related training is effective: FLETC uses the annual PO Satisfaction Survey as the means to determine partner organization (PO) opinions on the quality of training students receive at any of the FLETC locations in Glynco, Georgia; Artesia, New Mexico; Charleston, South Carolina; and Cheltenham, Maryland. Additionally, POs provide comments and feedback on training that FLETC exports domestically and internationally. This measure determines if the CD-related training FLETC provides meets the training needs of organizations with a CD mission. For FY 2023, the target was set to 90 percent. Of the POs who responded to the survey during the FY 2023 survey period, a 100 percent satisfaction rate was reported for the CD-related training provided by FLETC. Factors contributing to this satisfaction rate include further collaboration between FLETC and the POs on inputs related to training curricula and a mutually recognized continued need for CD-related training.

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Department of Homeland Security
U.S. Immigration and Customs Enforcement

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Mission

ICE, a multi-mission law enforcement agency, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and corresponding illicit and ill-gotten profits and other proceeds across the Nation's borders and dismantle related smuggling organizations.   Homeland Security Investigations (HSI) is the directorate 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 *Strategy*, and initiatives to disrupt domestic drug trafficking and production and strengthen law enforcement and international partnerships to reduce the availability of foreign- produced drugs in the United States.

Relevant PRS Goal/Objective

The desired outcomes for the execution of DHS's action items are disrupting domestic drug trafficking and production, strengthening of international partnerships, and reducing the availability of foreign-produced drugs in the United States.   HSI's efforts support the following *Strategy* Goal:

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 1, 2, 3 and 5)

The objective of "number of targets identified in counternarcotics investigations and related asset freezes/seizures" provides an indicator of success for HSI's investigative efforts in disrupting and dismantling TCOs. HSI utilizes the Significant Case Report (SCR) process to track its impact on the mission. SCRs encompass the diverse categories investigated by HSI special agents, including illicit trade, travel, and finance (both drug and non-drug-related), counter-proliferation, national security, transnational gangs, transnational crimes against children, worksite enforcement, and cyber-enabled crime. These reports include HSI investigations directly related to the disruption and dismantlement of CPOT list and the Regional Priority Organization Target (RPOT) list designated by OCDETF.

HSI attacks the vulnerabilities of drug trafficking organizations and seizes currency and assets to reduce the financial incentives for criminals. HSI tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. HSI offices in Mexico, Colombia, Ecuador, and Peru are actively working through multinational task forces, and providing capacity building to those law enforcement partners, as well as 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

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and investigate internet pharmacies who illicitly ship controlled medications, including opioids, to the United States.

Through HSI Financial Crimes Unit programs, Border Enforcement Security Task Forces, and the OCDETF program, HSI supports investigative efforts aimed at disrupting the flow of narcotics into the United States and denying TCOs the illicit proceeds that fund their operations. In 2023, HSI established the Cross-Border Financial Crime Center to convene federal law enforcement agencies, foreign partners, and private sector entities to collaborate on tackling cross-border financial crime. TCOs are leveraging Chinese Money Laundering Organizations (CMLOs) to launder dirty proceeds. CMLOs use a variety of complex money laundering techniques to launder TCO proceeds, including trade-based schemes as well as informal value transfer systems such as underground banking. This results in much of the illicit proceeds remaining in the United States where the dollars are subsequently disposed of by the CMLOs (e.g., via purchase of United States real estate, consumer electronics that are subsequently exported from the United States, etc.).

Performance Table

U.S. Immigrations and Custom Enforcement				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Number of targets arrested by HSI in counternarcotics investigations	11,312	13,000	10,431	11,474
Total currency and assets seized by HSI in counternarcotics investigations	$213 million	$215 million	$149 million	$163 million
Number of defendants convicted in active investigations that incorporate FinCEN/SAR data	52	75	51	56
Number of HSI investigations linked to the Sinaloa or CJNG cartels, or their enablers	17	20	33	36
Number of incident reports for precursor chemicals seized by HSI	42	60	66	72

Discussion of Results

HSI advanced drug control priorities by implementing HSI's *Strategy for Combatting Illicit Opioids* targeting production, distribution, illicit finance of illicit synthetic opioids and transnational criminal organizations.

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The HSI's *Strategy for Combatting Illicit Opioids* unifies HSI divisions, programs, and offices to:

- Reduce the International Supply of Illicit Opioids

- Reduce the Domestic Supply of Illicit Opioids

- Attack the Enablers of Illicit Opioid Trafficking: Illicit Finance, Cybercrime, and Weapons Smuggling

- Conduct Outreach with Private Industry

HSI continues to be at the forefront in the fight against illicit opioids and precursor chemicals, with the goals of supporting its public safety and national security missions.

These metrics show HSI's continued commitment to counter-narcotics, counter-opioid, and OCDETF investigations. Although not all statistical measurements increased in FY 2023, HSI continues to meet performance goals. Some measures of performance decreased due to personnel and resource limitations. HSI reallocated personnel and resources for the Southwest border initiatives, impacting ongoing and increased investigations, initiatives, and other operations. HSI has taken several steps to enhance the counter-narcotics initiatives to include reducing the supply of illicit substances into the United States. Based on an FY 2023 assessment, HSI proposed increased budget, resources, and personnel.

Number of targets arrested by HSI in counternarcotics investigations: The number of targets HSI arrested in FY 2023 was 10,431 related to counternarcotics investigations in 2023, decreasing 8 percent from 2022. HSI resources and personnel were reallocated to the other initiatives to include the Southwest Border and international initiatives, negatively impacting ongoing and additional investigations and operations.

Total currency and assets seized by HSI in counternarcotics investigations (in millions): The total currency and assets identified in counternarcotics Executive Orders seized by HSI in counternarcotics decreased from $213 million in FY 2022 to $149 million in FY 2023, a 35 percent decrease. HSI resources and personnel were reallocated to the other initiatives to include the Southwest border and international initiatives, which affected ongoing and additional investigations and operations. In addition, TCOs are continuing to evolve in many ways including in their use of digital currency, to avoid traditional investigative methods of identification and seizure. HSI is pivoting training and resources to address these innovative methodologies.

Number of defendants convicted in active OCDETF investigations that incorporate FinCEN data: The number of HSI OCDETF defendants convicted that incorporate FinCEN data in active OCDETF investigations reduced from 52 to 51 FY 2023, a one percent reduction difference. Counternarcotics financial investigations are comprehensive and long-term but impactful to the disruption of TCOs. The one percent difference is relatively low in comparison to the previous year, despite personnel and resource challenges.

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<u>Number of HSI OCDETF investigations linked to the Sinaloa or CJNG cartels, or their enablers</u>:
The number of HSI OCDETF investigations linked to the Sinaloa or CJNG cartels, or their
enablers increased from 17 FY 2022 to 33 FY 2023, a 64 percent increase from FY 2022.
Increased HSI focus on Sinaloa/CJNG investigations as well as closer collaboration with DOJ
and Treasury agencies increased the disruptions of TCOs.

<u>Number of incident reports for precursor chemicals seized by HSI</u>: The number of incident
reports for precursor chemicals seized by HSI was 66 seizures in FY 2023, a 10 percent increase
from FY 2022. Without standalone Title 21, HSI is required to build a judicial investigation
substantiating the seizure and forfeit of precursor chemicals. HSI's limited personnel, resources,
and funding impacted this goal. Additionally, the TCOs are directly shipping precursors to
Mexico, bypassing United States territory, causing HSI to depend on foreign partners' decisions
on what they deem is appropriate action. Further, HSI has limited visibility on shipping
information that does not transit the United States.

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Department of Homeland Security
Science and Technology Directorate

Mission

The scope and diversity of DHS missions requires the Science and Technology Directorate (S&T) to address a wide range of programs including DHS Components' near-term needs for new operational capabilities and improved operational effectiveness, efficiency, and safety for the Homeland Security Enterprise. S&T has responsibilities related to understanding and creating solutions for explosives, border security, cyber security, biological and chemical threats, and conducting the research, 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 the CBP and ICE.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

In coordination with DHS operational components, S&T is working to deliver a layered set of solutions, including detection hardware, fusion of sensor data, advanced analytics, and training, which can be deployed rapidly within existing operational environments to support interdiction missions within the mail and express consignment missions. S&T's efforts will provide DHS Components and law enforcement partners with advanced, operationally effective detection, intelligence, and investigative capabilities to enable confident discovery and interdiction of opioids, and other narcotics, being smuggled across the United States' borders without disrupting the flow of legitimate commerce.

Percent of stakeholder CD related requests fulfilled: This measure reflects the percent at which S&T fulfills requests from stakeholders for CD-related research and development program outputs and accomplishments. Stakeholder requests include information, data, or technology needs related to the detection, identification, and investigation of narcotics, such as opioids/fentanyl (and fentanyl-related substances), and trafficking networks. Outputs and accomplishments encompass the delivery, demonstration, transfer, or transition of knowledge or technology products. Knowledge products include, but are not limited to, standards, technology assessments, test and evaluation results, training, data, and documents for decision support. A technology product is a piece of equipment, system, or component of a system, such as an algorithm to be embedded into a piece of software. This measure reflects the value that S&T provides in delivering capabilities to meet critical needs to support and improve homeland CD missions.

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Performance Table

Science & Technology Directorate				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percent of stakeholder CD-related requests fulfilled	100%	70%	100%	70%

Discussion of Results

At the beginning of FY 2023 S&T received one CD-related research request for execution. The stakeholder request was for a Financial Crimes Enforcement Network (FinCEN) Analytics Technical Exchange, to demonstrate quality of evidence and value of target analytics that leverage FinCEN data for opioid trafficking investigations in a technical exchange meeting via a briefing and live demonstration. The S&T Opioids Program successfully completed the stakeholder request on November 18, 2022. In Q3 S&T received an additional CD related request from CBP. The request was for S&T to present on the technologies used for opioid/fentanyl detection at the CBP Systems Engineering Community of Practice. The output was a briefing on S&T's opioid/fentanyl (including fentanyl-related substances) detection technology development and testing results, which was delivered via a virtual briefing on April 25, 2023. The performance measure results indicate S&T maintains an agile and responsive research posture in the countering fentanyl mission space and addresses the Department's ad hoc needs. Recognizing the Department's counter fentanyl initiatives continue to evolve, S&T anticipates similar requirements in FY 2024 and beyond.

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Department of Homeland Security
U.S. Coast Guard

Mission

The United States Coast Guard (USCG) is America's principal federal agency for maritime safety, security, and stewardship. It enforces all applicable federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. This includes the United States' territorial seas, the contiguous zone, the Exclusive Economic Zone, and the high seas. As part of its maritime security strategic goal, USCG's drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. Interdicting illicit drug-related trafficking as close to the source as possible helps dismantle TCO networks that directly threaten the national security of the United States, exploit United States citizens, and destabilize Western Hemisphere neighbors. This goal is accomplished through projection of an effective law enforcement presence over the six-million-square-mile transit zone of the Caribbean Sea, the Gulf of Mexico, and the Eastern Pacific Ocean.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 4).

USCG supports this goal through the interception and disruption of the illicit flow into the country across the maritime transit zone, before these drugs reach the United States' borders. USCG has been involved in numerous maritime interdiction operations targeting illicit drugs, including cocaine, fentanyl, and other illicit drugs.

USCG is the lead and only federal maritime law enforcement agency with both the authority and jurisdiction to enforce national and international law, including drug interdiction, on the high seas. USCG shares the lead for interdiction and enforcement responsibilities with CBP in the United States' territorial waters. Illicit maritime drug shipments are carried typically by noncommercial means such as small "go-fast" vessels with multiple outboard engines, semisubmersible vessels, fishing vessels, and sailing vessels, as well as by commercial vessels such as container ships. The majority of known maritime cocaine flow is conveyed via noncommercial means through the Western Hemisphere Transit Zone (WHTZ), the waters off the coasts of Central and northern South America plus the Caribbean Sea. The Maritime Drug Law Enforcement Act, 46 U.S.C. §§ 70501-70508, is the primary criminal statute USCG enforces in the drug interdiction mission.

As a major maritime interdiction asset provider and partner of the JIATF-S, USCG used a layered approach with a wide variety of surface assets, aviation resources, personnel at several embassies, shipriders activities, international training teams, bi-lateral agreements, and relationships with partner nations aimed at capacity building and to combat drug trafficking. These efforts serve to enhance JIATF-S and partner nation capabilities to disrupt the flow of illicit substances before they depart or enable interdictions within maritime transit zones. JIATF-S is the primary provider

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of cueing and targeting for USCG assets in the maritime environment across this interagency effort. To assess the overall effectiveness of USCG, two measures are used: the Removal Rate of Cocaine from non-commercial vessels in the Maritime Transit Zone, and Metric Tons (MT) of Cocaine Removed. These measures are derived from agency GPRMA documents and USCG data.

As indicated, USCG has a comprehensive approach to maritime CD law enforcement in the source, transit, and arrival zones. The key objectives of the USCG strategy are to:

- Maintain an interdiction presence based on the availability of assets, deny smugglers access to maritime routes, and deter trafficking activity;

- Strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and

- Support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

USCG partners contribute significantly to the drug interdiction mission. This report focuses solely on USCG results reconciled by the interagency's Consolidated Counterdrug Database (CCDB) and does not address removals by partner nations or other federal government agencies.

Removal Rate of Cocaine from Non-Commercial Vessels in the Maritime Transit Zone: This measure reports the amount of cocaine removed plus the estimated amount jettisoned, destroyed, or disrupted during interdiction efforts by USCG on non-commercial vessels based on a three-year average annual maritime flow of cocaine. Cocaine seized by other law enforcement partners and from commercial vessels is excluded from the calculation.

MTs of Cocaine Removed: This measure tracks the actual MTs of cocaine removed by USCG and includes cocaine seized, jettisoned, scuttled, or destroyed by smugglers as a result of USCG law enforcement action.

Performance Table

United States Coast Guard				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Removal Rate of Cocaine from Non-Commercial Vessels in the Maritime Transit Zone	5.4%	7.5%	N/A[80]	7.5%
MTs of Cocaine Removed	152.3	>210	141.1[76]	>210

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[80] Information technology and server issues with the CCDB prevented access to reconciled FY 2023 actual results. Data provided here are not the reconciled CCDB results.

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Discussion of Results

In FY 2023, the previous year's historic surge of migrants transiting the maritime environment persisted. It resulted in a shift of USCG multi-mission surface interdiction and air assets originally allocated for JIATF-S to support migrant interdiction operations, particularly in the Caribbean.

Removal Rate of Cocaine from Non-Commercial Vessels in the Maritime Transit Zone: The denominator for calculating the removal rate is the aggregated reported non-commercial maritime primary cocaine flow. Due to information technology issues, aggregate data is unavailable for the FY 2023 Q3 and Q4 periods, and such data will be unavailable for the foreseeable future.

In FY 2023 Q1 and Q2, the reallocation of USCG assets for Operations Vigilant Sentry to support historically high maritime migrant interdictions was a contributing factor for lower than targeted removal rates of 3.5 percent and 4.2 percent, respectively.

Metric Tons of Cocaine Removed: USCG assets realized a 7.3 percent decrease in metric tons of cocaine removed between FY 2022 and FY 2023 with 141.1 metric tons of cocaine removed. More than 30 percent, 44.9 metric tons, were removed solely due to the efforts by the USCG's intelligence community. USCG surface assets and maritime patrol aircraft contributed to the remaining 96.2 metric tons removed. Throughout FY 2023, USCG surface assets, particularly in Caribbean, continued to primarily support the maritime migrant interdiction mission. When tactical control of assets shifted to JIATF-S, air assets were often redirected to support that same mission. Ongoing efforts focus on maximizing any and all USCG support to JIATF-S such as information sharing and use of partner nations. The end-of-year annual target did not meet agency goal, but this work still impacted the illicit trafficking in maritime transit zones regardless of the historically high and persistent migrant maritime migration.

From the onset of FY 2024, USCG and its leadership remain committed to improving organic effectiveness, resource allocation, force packages, and efficiencies across the CD mission in support of JIATF-S and partner nations. Initial asset coverage in FY 2024 has trended to represent years prior to the maritime migration surge. As the migrant and CD missions continue to evolve, best use of available assets will continue to be monitored and strived for.

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Department of Housing and Urban Development
Office of Community Planning and Development

Mission

The Department of Housing and Urban Development's (HUD) Office of Community Planning and Development supports efforts to increase the number of individuals who successfully achieve sustained recovery. Stable and affordable housing is often identified as the most difficult barrier for people released from prison or jail to overcome. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The safe, stable housing provided by programs supported by HUD help people in recovery achieve their full potential, and ensure that the significant public investment in treatment pays off in terms of long-term recovery.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

Many of HUD's programs help the most vulnerable citizens in the nation's communities, including individuals with substance use issues. HUD's Continuum of Care (CoC) Program is HUD's largest program targeted to individuals and families experiencing homelessness. Funds are awarded to more than 6,500 projects through a national competition. In the annual CoC Program competition, project applicants identify the number of persons with chronic substance use issues that they anticipate serving. HUD uses the proportion of those persons, relative to the total number of persons experiencing homelessness that will be served, to generate a percent of persons with chronic substance use issues that would be served in the CoC Program. While HUD can directly fund substance use treatment services, its recipients generally partner with behavioral health providers to serve persons with substance use issues.

The Recovery Housing Program (RHP), or The Pilot Program to Help Individuals In Recovery From a Substance Use Disorder Become Stably Housed, allows states and the District of Columbia to provide stable, temporary housing for individuals in recovery from a SUD. The funding covers a period of not more than two years or until the individual secures permanent housing, whichever is earlier.

HUD firmly believes in the significance of using data to demonstrate progress. HUD's CoC Program performance measures are focused on the direct impact the recipient activities have on ending homelessness. HUD measures such things as average length of time homeless, exits to permanent housing destinations, and returns to homelessness. Some of these measures happen at the project level which looks directly at how effective HUD funding is, and some of the measures look at the homeless response system in an entire area across all funding sources.

For the purposes of the *Assessment*, HUD reports on the projected number of participants who report substance issues to be served in CoC-funded projects. This measure is based on how many people the projects HUD funds state they will serve in their CoC Program project application. The data in the application corresponds to the people who will be served beginning

in the subsequent calendar year. For instance, data from FY 2021 project applications correspond to people who will be served beginning in calendar year 2022.

RHP grantees are required to report on the number of individuals assisted in RHP activities as well as the number of individuals able to transition to permanent housing through RHP-assisted temporary housing. Grantees may also consider other outcome measures to better understand other measurable impacts of RHP funding.

Performance Table

Office of Community Planning and Development				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
CoC - Projected number of participants with substance use issues to be served in CoC-funded projects	60,600	N/A[81]	TBD[82]	N/A
RHP - Number of individuals assisted in RHP activities	N/A	N/A[83]	304	N/A
RHP - Number of individuals able to transition to permanent housing through RHP-assisted temporary housing	N/A	N/A	42	N/A

Discussion of Results

HUD's performance data with regard to the CoC Program is for tracking purposes only. The focus of the program is to provide the housing and services needed to end peoples' experience with homelessness. Substance use issues by participants are therefore addressed as part of the program's larger focus of ending homelessness—consistent with a focus on recovery services as a means to combat the overdose crisis.

RHP was authorized under Section 8071 of the SUPPORT Act. The program was first funded in 2020, and grantees had until December 31, 2021, to apply for the inaugural round of funds. Due to deadlines related to reporting and expenditures and other requirements of most RHP grantees applying for funds, most RHP grantees did not begin to carry out initial activities until FY 2023. Additionally, grantees initiated many of those activities at various points throughout the fiscal year, and certain large-scale activities (such as real property acquisition and rehabilitation) take

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[81] Grantees report annually to HUD – via their project applications how many people they intend to serve through the Continuum of Care Program funding, and of that number, how many clients they estimate will receive substance use treatment. With respect to this measure, HUD converts the percentage to a number.

[82] HUD has not completed its award process for FY 2023 grants. It anticipates having the data from that competition in Spring 2024.

[83] HUD and RHP grantees do not set performance targets.

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considerable time from initial expenditure through activity completion to serving individuals. Grantees may also provide RHP-funded housing to individuals for up to two years, so the number of individuals transitioning to permanent housing will naturally lag in the early years of the period of performance. Neither HUD nor grantees set annual performance targets for RHP funds; grantees provided anticipated outcomes for the entire period of performance of each grant, which is seven years.

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Department of the Interior
Bureau of Indian Affairs

Mission

The Bureau of Indian Affairs' (BIA) mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian Tribes, and Alaska Natives.   The BIA 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 illicit use.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

Drug-related activity in Indian Country is a major contributor to violent crime and seriously impacts the health, safety, and economic stability on Indian communities.   The BIA Division of Drug Enforcement (DDE) agents have expanded their skillsets, through training and increased collaboration, leading to highly technical investigations, such as court ordered Title III wire intercept and OCDETF cases.

Information regarding the performance of BIA's drug control efforts is based on agency GPRMA documents and other information that measure the agency's contribution to drug control.   In FY 2014, the DDE began using the newly developed Incident Management Analysis and Reporting System (IMARS) system to assist BIA capture crime data, including drug information for DDE. As BIA moves forward with enhancing the IMARS system, drug data collection from BIA programs will continue to improve and allow for more in-depth analysis.

BIA relies heavily on Tribal and BIA field programs which submit monthly drug statistics to the BIA District Offices to show an accurate portrayal of the serious drug issues occurring throughout Indian Country.   The data below were gathered and verified from the IMARS database and the DDE case log.

To capture performance related to reducing the supply of illicit drugs available in the United States, BIA has set targets for patrol officer drug training, number of drug cases worked, percent of cases closed by arrest, indictment or referral, and the amount of drugs seized.

Number of Public Safety Employees Receiving Drug Training: Each year, the BIA Indian Police Academy tracks the number of public safety personnel that receive drug-related training in Indian Country. This training is funded by BIA and includes primarily law enforcement and correctional personnel. The BIA also works with IHS and the Indian Police Academy to train current BIA law enforcement officers to be training instructors on the use of naloxone. Every BIA officer/agent is supplied with naloxone to carry while on patrol in the Tribal communities they serve.

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<u>Percent of complex DDE cases closed by arrest, indictment or referral</u>: This measure compares the total number of cases worked specifically by BIA DDE versus the number closed by arrest, indictment, or referral to another law enforcement agency for the year. All DDE investigations are conducted within reservation boundaries or upon trust/allotted lands or hold a direct nexus to Indian Country. During FY 2022, this measure was reworded to clarify the types of cases being worked by DDE, to include the following:

- An investigation of an individual or group that conspires with a drug trafficking organization (DTO), to engage in the manufacturing, sale, and/or distribution of narcotics.

- A narcotics/financial investigation of an individual and/or group who engages in money laundering or receipt of drug proceeds.

- A narcotics/financial investigation that covers a broad multi-jurisdictional area, geographically in terms of judicial jurisdiction.

- A narcotics/financial investigation that utilizes electronic surveillance, physical surveillance, and /or data analysis from seized cellular devices.

<u>Number of Mobile Enforcement Team deployments</u>: BIA plans and executes multiple Mobile Enforcement Team (MET) operations in Indian Country each year. The BIA-DDE schedules and deploys MET operations based on requests received from Tribes. DDE responds to these reservations with special agents and officers for the purpose of conducting undercover narcotic and highway interdiction operations. The operations will typically range from 4 to 14 days, during which time MET focuses solely on that specific reservation. MET teams also conduct marijuana eradication operations throughout Indian Country, where DDE agents identify illegal marijuana grow operations, seize all contraband and arrest identified offenders. The number of MET deployments executed each year is the strongest driver of the annual quantity of illegal drugs seized by BIA. For the purpose of setting annual performance targets, BIA replaced the amount of drugs seized with the number of MET deployments executed during FY 2022. The reason for this change was that drug seizure amounts have proven virtually impossible for BIA to forecast, which is a necessary component of the annual management assertion that the "methodology to establish performance targets is reasonable and applied."

The BIA recognizes the value of collecting and reporting drug seizure data as a critical piece of any drug enforcement program performance discussion. Therefore, BIA intends to continue reporting drug seizures accomplished by the combined efforts of DDE, BIA and Tribal police programs. The quantities will continue to be derived from the OJS crime statistics database, which includes the monthly drug reports submitted by Tribal programs, the DOI IMARS system, and the DDE case logs.

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Performance Table

Bureau of Indian Affairs				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of public safety employees receiving drug training	871	871	584	600
Percent of complex DDE cases closed by arrest, indictment, or referral to another law enforcement agency	58%	63%	72%	63%
Number of MET team deployments	25	20	22	22

Discussion of Results

For the first performance measure in FY 2023 a decrease in the number of individuals receiving drug training resulted from a reduction in enrolled students for training. This reduction is a direct result of the overall shortage of staff across Indian Country public safety agencies to include BIA/OJS, which BIA expects to continue into FY 2024. Additionally, the number of hours spent on detail from organizations has risen dramatically per officer thus reducing the hours available for training in this topic. Regarding BIA/OJS officer shortages, BIA upgraded its officer positions to pay levels more in line with other federal agencies during FY 2023 and are implementing widespread recruitment and retention incentives to reduce vacancy rates and attrition. Tribally operated law enforcement programs are dealing with these challenges as well and employing similar strategies, as they represent a significant portion of its training counts.

FY 2023 results for the second measure showed a significant increase. During the year, DDE opened 368 cases, 266 of which were closed by arrest, indictment, or referral to another law enforcement agency; 102 cases remained open and under active investigation at FY-end. The resulting case closure rate of 72 percent was significantly above the target primarily due to an increased focus from management on ensuring case closure was a high priority of local supervisory staff as well as the field agents. Targets are set lower due to the fact that there is limited control in case closure toward years end and case complexity as well as prosecutorial requirements may result in a lower number of closures with the same priority.

MET deployments in the third measure remained consistent with projections and seems to be a number which is at the high end of what BIA is capable of reproducing within the constraints of its current resources.

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Department of the Interior
Bureau of Land Management

Mission

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

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1).

The BLM's Resource Protection and Law Enforcement Program strategies in support of the *Strategy* includes:

- Directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California;

- 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

- 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 CD efforts on public lands; and

- 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.

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Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the United States, the BLM has traditionally gauged performance using the measure "number of marijuana plants seized." Given the significant year-to-year fluctuation seen in public lands marijuana seizures over the past six years, and the number of variables believed to affect large scale public lands cultivation operations, the BLM currently bases its out-year plant seizure target on the preceding fiscal year's seizure level.

Beginning in FY 2015, the Bureau has adjusted its out-year target to achieve a two percent improvement over the prior fiscal year's seizure level.

Information regarding the performance of the BLM's drug control mission is based on law enforcement statistics extracted from the Department's IMARS database, and other agency information.

Performance Table

Bureau of Land Management				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Number of marijuana plants seized on Public Lands	377,785	385,340	284,109	289,791

Discussion of Results

Due to the scope of the marijuana cultivation problem on public lands and the large number of federal, state, and local agencies involved in combatting the issue, it is difficult to establish a direct cause for the fluctuations seen in marijuana plant seizure statistics. However, several factors are thought to be affecting large scale marijuana cultivation on public lands, including:

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.

- Active participation of BLM law enforcement personnel in federal, state, and local task forces, including California and Oregon HIDTA task forces, prosecutor-led OCDETF task forces, and a number of State and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations. The BLM has no insight into how partner agencies are reporting on interagency mission accomplishments.

- Prosecution of individuals at all levels of multi-State drug trafficking organizations is disrupting organizational structures and reducing their cultivation and distribution capabilities.

- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.

- Several State medical marijuana laws provide for state-authorized cultivation of marijuana on private lands. Quantities of this state-authorized cultivated marijuana are

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known to be diverted to sale for non-medical use. This unlawful sale of legally cultivated marijuana, combined with the authorization in certain states for their residents to cultivate marijuana for personal recreation and medicinal purposes, may be altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on federal public lands where marijuana cultivation is prohibited.

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Department of the Interior
National Park Service

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Mission

The National Park Service (NPS) preserves the resources and values of the national park system for the enjoyment, education, and inspiration of this and future generations. The NPS is required to enforce all federal laws and regulations within all park units, allowing the public the opportunity to enjoy the national park units in a safe manner, providing employees a safe place of employment, and keeping resources unimpaired for future generations.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

To achieve this goal, a comprehensive Visitor and Resource Protection Program works to identify, investigate, and disrupt marijuana cultivation and smuggling activities on park lands; seize and eradicate marijuana plants upon discovery; and perform clean-up and restoration affected by clandestine operations. NPS law enforcement rangers and special agents, in collaboration with federal, state, and local authorities, actively engage in visitor and resource protection efforts that include:

- Short and long-term counter-smuggling and drug cultivation investigations and operations;

- Deterrence through frequent Ranger patrols and surveillance of roads, trails, and backcountry areas; and

- Cooperation and coordination with DHS/CBP and other federal, state, and local agencies involved with border security.

The NPS utilizes the Department of Interior's IMARS, which provides a unified system for law enforcement agencies to manage law enforcement investigations, measure performance and meet reporting requirements. In concert with incident reporting, review, and data validation requirements established through agency policy, IMARS provides the NPS with the ability to reliably capture and accurately report performance data. Additional data will be pulled from Computer Aided Dispatch on patrol time focused on detection and deterrence.

To capture NPS performance reflective of the *Strategy* goal of reducing the supply of illicit drugs, the measure is stated as the "Number of patrol hours per year associated with detection and deterrence of illicit drugs in the Interior Unified Regions 8, 9, 10, and 12." This will be effective as of FY 2023 and will include high visibility patrols; aerial patrols, such as fixed wing, helicopter, and UAS; and the use of advanced technologies such as infrared camera systems.

As a result of successful deterrence, alongside laws that have legalized the production of marijuana in several states in the Interior Unified Regions 8, 9, 10, and 12, illegal growth of marijuana plants on federal lands has become less prevalent. Accordingly, the need to seize

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marijuana plants has greatly diminished outside of isolated incidences. For example, in FY 2019 NPS set a target to seize 8,000 plants; the actual count was fewer than 20. In FY 2020, the NPS set a target of 4,000 plants; the actual count was 28,028. The high count was due to eradication efforts at a single park (Death Valley NP), which accounted for 28,000 of the 28,028 plants seized. In each of FY 2021 through FY 2023, there were zero seizures of marijuana plants.

Performance Table

National Park Service				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of patrol hours per year associated with detection and deterrence	14,560	N/A	14,100	14,500

Discussion of Results

The efforts of the NPS to eradicate the cultivation of marijuana has proven successful in the last 20 years. Funding has supported extra law enforcement patrols in known cultivation areas and provided for enhancements in technology. These proactive efforts have substantially diminished cultivation sites within national parks and have also led to an increase in the number of seizures of illegal narcotics in the Pacific West Region. This is the result of increasing interdiction in recent years coinciding with the surge of heroin and fentanyl (including fentanyl-related substances) on the west coast.

As such, NPS has changed the NDCA performance measure from the eradication of marijuana to patrol hours to represent the upstream activities driving the same goals. Patrol hours decreased between FY 2022 and FY 2023. The reduction in patrol hours from FY 2022 to FY 2023 was due primarily to a shift of unfilled positions. During this time the NPS switched to a centralized hiring platform which temporarily reduced the number of applicants and as a result the number of patrols were reduced. The upward change to the FY 2024 target reflects the adjustment to the new hiring practice.

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Department of Justice
Assets Forfeiture Fund

Mission

The Asset Forfeiture Fund (AFF) is a funding source to defray costs to the government in pursuing forfeitures. The AFF funds participating agencies to investigate, identify, seize, and forfeit the assets of criminals and their organizations while ensuring that due process rights of all property owners are protected. The AFF funds DEA and OCDETF for select cost categories for these purposes and Joint Law Enforcement Operations (JLEO) purposes. AFF functions as a funding source to select aspects of DEA and OCDETF's Forfeiture and JLEO programs.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

AFF supports the above objective by providing funding to DEA and OCDETF to prevent overspending, and it ensures that agency efforts comply with law and regulations.

Performance Table

Asset Forfeiture Program				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
An unmodified audit opinion on the AFF financial statements	Achieved	Unmodified audit opinion	Achieved	Unmodified audit opinion

Discussion of Results

The AFF has achieved its performance target with an unmodified clean audit opinion on its FY 2023 financial statements. An unqualified audit opinion means the Office of Inspector General (OIG)'s contracted external auditors determined the FY 2023 Assets Forfeiture Fund and Seized Asset Deposit Fund's (AFF/SADF) Comparative Financial Statements are presented fairly in all material respects ("unqualified" or "clean" opinion). AFF works to achieve this result with a system of internal control surrounding the management and oversight of Asset Forfeiture Program (AFP) internal controls and property management, allocations of AFF funds to AFP participating law enforcement agencies and programs combating drug trafficking, the suite of tools used by law enforcement agencies to manage assets as they traverse the asset forfeiture process, approvals of AFF uses, program-wide contracts, interpretation of the AFF statute and legislative liaison on matters affecting the financial integrity of the AFP's all ensure accurate financial statements and disclosures.

The unqualified AFF/SADF FY 2023 audit opinion contributed to the success of the Department's consolidated audit by ensuring any amounts on the AFF/SADF financial statements material to the Department's Consolidated Financial Statements were accurate,

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preventing a Departmental Consolidated Financial Statements Audit Finding. Forfeiture revenue has increased from $1.4 billion in FY 2021 to $3.2 billion in FY 2023, during which time the AFF/SADF has maintained an unqualified audit opinion. This continued success reflects the effectiveness of the internal controls and the management of the Asset Forfeiture Program as increased law enforcement efforts and successful forfeiture litigation involving significant assets have supported the Department's mission to protect the American people and hold criminal actors accountable for their actions.

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Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Mission

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.

Under its jurisdiction to investigate the criminal misuse of explosives, ATF also investigates cases when drug traffickers use explosives during the course of their illegal activities. 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 southwest border.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 4)

To quantify ATF efforts, the total number of cases involving a drug or narcotics charge identified in 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 U.S.C. § 922(g)(3); 18 U.S.C. § 924(c); 18 U.S.C. § 922(d)(3); narcotics violations (federal/state); 21 U.S.C. § 844(a); 21 U.S.C. § 846 and several other provisions and program codes related to narcotics crimes in ATF's case management system.

Currently, the ATF system does not have integrated flags that readily identify cases with a drug nexus. While preliminary case counts have been provided based on the identified characteristics mentioned previously, a more detailed effort is underway to further refine its ability to systematically identify drug nexus cases for reporting. Future computations may be affected based on ATF's continued efforts to develop system processes for reporting.

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Performance Table

Bureau of Alcohol, Tobacco, Firearms and Explosives				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Percentage of criminal cases ATF refers for prosecution with a drug nexus	39.16%	N/A[84]	38.78%	N/A[84]
Percentage of firearms traces ATF conducts with a drug nexus	12.46%	N/A[85]	12.48%	N/A[85]

Discussion of Results

ATF continues to focus its mission on violent crime, including cases that involve a drug nexus, which will further provide valuable crime gun intelligence. ATF will continue to monitor and assess the results of its performance indicators and establish effective trend analysis. The indicator should not be viewed as a target or measure of the effectiveness of resource allocation or effort.

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[84] ATF has no control over the number of drug-related submission for criminal cases ATF refers to prosecution with a drug nexus, and hence, does not develop targets.
[85] ATF has no control over the number of drug-related submission for firearms traces made by state or local law enforcement agencies, and hence, does not develop targets.

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Department of Justice
Bureau of Prisons

Mission

The mission of the BOP is to support corrections professionals who foster a humane and secure environment and ensure public safety by preparing individuals for successful reentry into the nation's communities.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1 and 2)

Goal 4: Treatment efforts are increased in the United States (Objective 1)

Goal 6: Criminal Justice reform efforts in the United States include drug policy matters (Objective 2)

Ready access to high quality, evidence-based, individualized treatment services lead to reductions in illicit substance use, fewer drug overdose deaths, and more people in recovery. BOP's SUD treatment strategy includes seven programs designed to educate incarcerated persons about the negative health and social consequences of drug use, encourage inmates to consider their SUD treatment needs, and engage inmates in evidence-based individualized SUD treatment. BOP has chosen cognitive behavioral therapy (CBT) as its theoretical treatment model because of its proven effectiveness with incarcerated people. CBT focuses on challenging and changing unhealthy cognitive distortions and behaviors, improving emotional regulation, and developing effective coping strategies. Using CBT underpinnings, the BOP has created evidence-based treatment protocols for use in its suite of drug treatment programs. Treatment interventions are individualized to ensure each person's unique treatment needs are addressed.

All detained or incarcerated people at every BOP institution have the Drug Education program available to them. The purpose of Drug Education is to encourage people with a history of drug use to review the physical, social, and psychological consequences of substance misuse and addiction. Drug Education presents information about the cycle of drug use and crime and offers compelling evidence of how continued drug use can lead to a further criminality and related consequences. Drug Education is designed to motivate detained or incarcerated people to evaluate their substance use history and explore treatment options.

The Non-Residential Drug Abuse Treatment Program (NRDAP) is a general population therapeutic group designed for treatment of incarcerated people with self-reported SUD. NRDAP is available in every Bureau institution, and it is designed to meet the specific individualized treatment needs of participants, improve current functioning, and address symptoms that may interfere with successful reentry. NRDAP is conducted 90-120 minutes a week for a minimum of 12 weeks and a maximum of 24 weeks.

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The intensive Residential Drug Abuse Program (RDAP) consists of three components: the unit-based component, follow-up services, and community treatment services. The unit-based component is 500 hours of face-to-face drug treatment provided in a residential unit-based program. Follow up treatment is provided to participants who successfully complete the unit-based component. The final phase of RDAP consists of community treatment services provided during the incarcerated person's placement in community custody (i.e., a Residential Reentry Center (RRC) or home confinement). RDAP follow-up treatment is available at all BOP institutions.

BOP projects a 10-15 percent yearly increase in program participants for Drug Education, NRDAP, and RDAP programs. As part of the goal to increase treatment admissions, BOP is seeking to broaden the availability of treatment services delivered in Spanish by hiring Spanish-speaking treatment staff and translating treatment protocols into Spanish.

All three FDA-approved medications are available for Adults in Custody (AICs) with OUD at each of BOP's 121 institutions, with the goal of promoting recovery and reducing deaths by overdose. BOP's MOUD Program integrates medications for OUD within the comprehensive framework of evidence-based, individualized psychosocial interventions provided by psychologists and drug treatment specialists at each of the BOP's 121 institutions.

BOP has made significant progress in the development, implementation and expansion of its programs to treat AICs with OUD. The Bureau no longer recommends immediate rapid detoxification of people who enter Bureau custody as existing MAT patients. These AICs are continued on established treatment plans, including methadone, buprenorphine, buprenorphine/naloxone, and naltrexone, as clinically appropriate. Detained or incarcerated people with a history of OUD who are nearing transfer to RRCs are evaluated for MAT and treatment is initiated prior to transfer when clinically indicated. This treatment then continues during placement in the community facility. All other people in Bureau custody with OUD who are referred for or request MAT are evaluated to determine the clinical indication for treatment. Special emphasis and support are given to AICs known to be actively misusing contraband opioids during incarceration, as this population is known to be at increased risk of death by overdose or suicide while incarcerated upon release to a community setting.

BOP is collaborating with ONDCP, the Domestic Policy Council's Interagency Policy Committee on Overdose Prevention, and SAMHSA to navigate federal regulations surrounding the use of methadone and buprenorphine. All BOP facilities have SAMHSA opioid treatment program (OTP) provisional certification and accreditation site visits by the National Commission on Correctional Health Care have commenced. OTP certification allows BOP to manage all AICs within its facilities, thereby reducing the burden on community OTPs. In FY 2023 to date, 3,785 participants have participated in BOP's MAT Program.

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Performance Table

Bureau of Prisons				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Drug Education Admissions	23,954	22,000	26,958	24,000
NRDAP Admissions	20,163	18,500	20,993	20,000
RDAP Admissions	11,817	14,500	12,170	13,500
MAT Admissions	3,208	5,200	8,789	10,000

Discussion of Results

FY 2023 participation totals for NRDAP and RDAP were within 16 percent of projected targets. FY 2023 participation totals for Drug Education were significantly higher than projected targets (22.5 percent). The demand for Drug Education increased as programming was curtailed during the most of 2020 and 2021 due to modified restrictions implemented in response to the COVID-19 pandemic. Presently, the backlog of individuals due to enroll in Drug Education has been addressed, and moving forward, the agency is on track to ensure all adults in custody participate in Drug Education during the first year of their sentence.

MAT admissions were significantly higher than projected targets (69 percent). This increase is attributed to several factors. The Bureau no longer recommends immediate rapid detoxification of AICs who enter Bureau custody as existing MAT patients. Rather, AICs are continued on established treatment plans, including methadone, buprenorphine, buprenorphine/naloxone, and naltrexone, as appropriate. Additionally, all individuals who have risk factors associated with a history of opioid use are screened and initiated in treatment, if clinically appropriate, prior to their placement in an RRC or on home confinement. Regional Directors and Wardens continue to facilitate multidisciplinary collaboration at the local level to develop a framework for robust MAT Programs.

Nationally, the BOP Director established a MAT Task Force to coordinate efforts on comprehensive training, hiring of qualified medical and mental health staff, developing clinical guidance rooted in best practices, and collecting meaningful data. Broad efforts to educate detained and incarcerated persons about the potential benefits of treatment coupled with targeted efforts to engage those known to be actively using opioids while in custody have resulted in an increased number of referrals for treatment evaluation. The Health Services Division recently received 150 newly allocated positions whose primary roles will be the supporting the delivery and expansion of OUD treatment services in BOP facilities. As such, the BOP anticipates significant growth in access to care during FY 2024.

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Department of Justice
Criminal Division

Mission

The Criminal Division (CRM) develops, enforces, and supervises the application of all federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 USAOs, is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys prosecute many nationally significant cases, and they also formulate and implement criminal enforcement policy and provide advice and assistance to law enforcement agents and USAOs. In executing its mission, CRM dedicates specific resources that focus on disrupting domestic drug trafficking and production and the international drug trafficking organizations that supply the illicit United States drug market, while strengthening international partnerships.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 2 and 3).

Many of CRM's Sections and Offices contribute to illicit drug supply reduction activities. The most noteworthy is CRM's Narcotic and Dangerous Drug Section (NDDS). NDDS supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking groups, as well as by providing sound legal, strategic, and policy guidance in support of that goal. NDDS provides expert guidance on counternarcotics matters in the interagency, intelligence, and international communities. NDDS also develops innovative law enforcement and prosecutorial strategies to counter the fast-paced efforts of organized international trafficking groups. In prosecuting the high-level command and control elements of sophisticated international criminal organizations (i.e., the kingpins and CPOTs), NDDS uses the best intelligence available to identify those groups that pose the greatest threat. NDDS then utilizes resources to investigate those groups anywhere in the world and prosecute them in United States federal courts.

In the international arena, CRM manages DOJ's relations with foreign counterparts and coordinates all prisoner transfers, extraditions, and mutual legal assistance requests.   More particularly, CRM has a key role in ensuring drug traffickers and other criminals who profit from the drug trade are held accountable. For example, the Division's Office of International Affairs (OIA) plays a central role in apprehending and returning fugitives from justice, regardless of where they might be located. OIA works with domestic and foreign partners to extradite or lawfully remove criminals sought for prosecution in the United States or abroad for a wide variety of offenses, including those involving illegal narcotics. Additionally, through a vast network of international relationships and treaties, OIA obtains evidence located abroad that is essential for successful United States prosecutions of narcotics-related offenses; likewise, OIA obtains United States-based evidence on behalf of foreign investigators and prosecutors, thereby enhancing foreign partners' abilities to effectively prosecute significant drug-related cases in their countries. Additionally, CRM approves and oversees the use of the most sophisticated

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investigative tools in the federal arsenal. Some of these tools include Title III wiretaps and the Witness Security Program, for which CRM's Office of Enforcement Operations has responsibility, as well as electronic evidence-gathering authorities and correspondent banking subpoenas.

CRM investigations and prosecutions of counternarcotics issues are complex in nature. Metrics related to the opening of drug-related investigations, their conduct, and prosecution are inherently challenging to predict, and they are often cyclical in nature. Projections of such metrics may not be completely predictable. Nevertheless, several metrics that illustrate aspects of CRM's drug-related activities are below.

Performance Table

Criminal Division				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of new drug-related investigative matters and cases	22	25	17	16
Number of OCDETF Title III wiretaps reviewed	1,193	1,500	1,075	1,500
Number of drug-related Mutual Legal Assistance Treaty requests closed	491	N/A[86]	506	N/A
Number of drug-related extradition requests closed	496	N/A[87]	358	N/A

Discussion of Results

NDDS made important progress in FY 2023. The results regarding investigations and prosecutions opened are remarkable given that NDDS's Litigation Unit surpassed its indictment goals by achieving 143 percent of its projections and each of those indictments required a significant time and resource commitment.

As mentioned, metrics related to the investigation and prosecution of complex extraterritorial high stakes counternarcotic cases are cyclical in nature. Projections as to investigations' opening may not be 100 percent predictable. And given the extraordinary depth and sophistication of these cases, targeted at large TCOs, the numerical metrics assigned to the opening of investigations and opening of prosecutions must be viewed in the context of their complexity. Over FY 2023, NDDS opened investigations and prosecutions which were highly complex in their extraterritorial scope and depth, with all key evidence and witnesses emerging and reposing

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[86] CRM is not able to target this measure, as case numbers are dependent on United States prosecutors to initiating requests for fugitives and evidence from foreign counterparts.
[87] CRM is not able to target this measure, as case numbers are dependent on United States prosecutors initiating requests for extraditions.

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overseas. In the 2023 *Assessment,* CRM also reported metrics reflecting the number of OCDETF Title III wiretaps reviewed and the number of drug-related Mutual Legal Assistance Treaty requests closed. In FY 2023, these numbers were 1,075 and 506, respectively (with an FY 2023 target of 1,500 for the former and no numerical target for the latter). While these metrics were previously reported, they have diminished utility as measures of progress given the range of possible outcomes associated with completing a wiretap review or closing a Mutual Legal Assistance Treaty. The measures shown in the table above therefore do not display these two metrics, in order to focus on other metrics most related to drug control policy efforts.

Department of Justice
Drug Enforcement Administration

Mission

The mission of DEA is to protect Americans and save lives by globally targeting and prosecuting criminal organizations and individuals that are manufacturing, trafficking, and distributing the most dangerous drugs in the United States.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 1, 2, 3, 4 and 5)

Over the past year, the DEA has conducted a mapping of the trafficking networks that supply drugs to the United States, with the goal of focusing DEA resources on the gravest threats. Based on this review, the DEA has made the defeat of the Sinaloa and Jalisco New Generation (CJNG) Cartels and the dismantling of the criminal drug networks operating in areas with the highest rates of violence and drug-related deaths in the United States its top operational priorities. Through these efforts, the DEA will work to significantly reduce the supply of illicit substances in the United States. Nearly two-thirds of overdose deaths today are attributable to fentanyl and other synthetic opioids. Two Mexican drug cartels: the Sinaloa Cartel and the CJNG are largely responsible for their distribution into the United States.

The Sinaloa Cartel and CJNG operate a global supply chain. The cartels manufacture synthetic drugs, such as fentanyl and methamphetamine, in clandestine laboratories using precursor chemicals sourced largely from China. They control highly diversified transportation networks to move drugs into the United States, and partner with criminal organizations around the globe to launder large sums of drug money through networks within and outside the traditional banking system. The Sinaloa Cartel and CJNG rely on violence, corruption, and modern technology to further their drug trafficking operations.

DEA is bringing all its resources, domestic and foreign, to bear to defeat both the Sinaloa Cartel and CJNG and to save American lives and protect our communities as a result. To do so, the DEA is engaged in the mapping, analyzing, and targeting the Sinaloa Cartel's and CJNG's entire networks, to identify weaknesses and points of leverage. These efforts target the cartel leaders – the traditional high value targets – as well as other indispensable members of the network, including operatives, brokers, logistical companies, front businesses, and corrupt officials. DEA has created counterthreat teams – one for Sinaloa, one for CNJG, and one for illicit finance networks – to support this work. The teams include Special Agents, intelligence analysts, targeters, data scientists, and cyber/digital specialists that are mapping criminal organizations and helping build cases that can lead to the dismantlement of entire networks.

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As just one of many successes, on April 14, 2023, DEA announced indictments against the 28 members of the Chapitos network of the Sinaloa Cartel. The Chapitos, the sons of the cartel's notorious former leader Joaquin "El Chapo" Guzman, currently lead the most violent faction of the Sinaloa Cartel. In support of the investigation, the DEA conducted operations in ten countries and seized staggering amounts of illicit materials, including 2,557,000 fentanyl-laced pills, 105 kilograms of fentanyl powder, and 37 kilograms of fentanyl precursor chemicals, amounting to 22,747,441 potentially lethal doses of fentanyl. Ten of the 28 defendants have been arrested to date with the assistance of DEA's law enforcement partners in the United States and abroad.

On June 23, 2023, DEA announced Operation Killer Chemicals and the indictments of four chemical companies and eight individuals—all based in the PRC—for knowingly providing customers in the United States and Mexico with the precursor chemicals and scientific know-how to manufacture fentanyl. These indictments were the first-ever charges against fentanyl precursor chemical companies. DEA also seized more than 200 kilograms of precursors in connection with these investigations alone, enough to make millions of deadly doses of fentanyl.

On October 3, 2023, DEA announced Operation Chem Capture, which resulted in eight indictments charging eight companies and 12 individuals—all based in the PRC—for distributing precursor chemicals used to make fentanyl and other synthetic opioids. During this operation, DEA seized more than 80 kilograms of synthetic chemicals, enough to make more than 48 million potentially lethal doses. Operation Chem Capture revealed the ways these synthetic chemicals are sold online on public websites and through encrypted applications like WhatsApp, WeChat, and Wickr; shipped through common carriers, by air and by ground; and were carefully packaged to deceive customs inspectors. The companies that sold these chemicals accepted payment in every form—wire transfers, bank transfers, and cryptocurrencies.

Reduce drug related violence in hot spots across the United States: The Sinaloa Cartel and CJNG are deliberately and treacherously deceiving users into taking fentanyl to drive addiction and achieve higher profits. Many individuals that are killed by fentanyl take it unknowingly. The cartels hide fentanyl and methamphetamine in fake pills designed to look like other drugs including OxyContin, Percocet, Xanax, or Adderall. The cartels are also mixing fentanyl into other drugs, like cocaine, heroin, and methamphetamine.

To reduce drug related violence and drug-related deaths in communities across the United States, DEA is using a data-driven, intelligence-led approach to identify and dismantle criminal drug networks operating in areas with the highest rates of violence and drug poisoning deaths—called Operation Overdrive. In each of these locations across the United States, DEA is working with local and state law enforcement to conduct threat assessments and identify the criminal networks and individuals that are driving the most harm, including those that may be linked, directly or indirectly, to the Sinaloa and CJNG cartels. Once the targets have been identified, DEA works with state, local, and federal law enforcement partners to pursue investigations and prosecutions that will reduce drug related violence and drug poisonings. DEA and its partners have made over 1,800 arrests, seized over 1,400 firearms, and seized over 13 million potentially deadly doses of fentanyl as part of Operation Overdrive. This operation was launched in February 2022 and used national crime statistics and CDC data to identify hot spots of drug-related violence and overdose deaths across the country, in order to devote its law enforcement resources.

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During May 1, 2022 through May 1, 2023, DEA in collaboration with federal, state and local law enforcement partners conducted Operation Last Mile, to track down distribution networks across the United States connected to the Sinaloa and Jalisco Cartels. Operation Last Mile comprised 1,436 investigations conducted in collaboration with federal, state and local law enforcement partners, and resulted in 3,337 arrests and the seizure of nearly 44 million fentanyl pills, more than 6,500 pounds of fentanyl powder, more than 91,000 pounds of methamphetamine, 8,497 firearms, and more than $100 million. The fentanyl powder and pill seizures equate to nearly 193 million deadly doses of fentanyl removed from communities across the United States. The Operation highlighted the ways in which cartels partner with violent groups and individuals to flood American communities with huge amounts of fentanyl and methamphetamine, and use social media applications and encrypted platforms to coordinate logistics and sales.

DEA also supports significant prevention, outreach, and public education efforts to reduce illicit substance use and overdose deaths in the United States. DEA's Operation Engage bridges public health and public safety to increase drug prevention efforts at the local level. Operation Engage is implemented in 11 field divisions and funds fentanyl drug prevention and education while building capacity at the local level. DEA field divisions are a conduit for localized substance misuse training and technical assistance, and they serve as liaisons for prevention stakeholders, schools, faith-based institutions, parent groups, and youth serving organizations. In addition to the 11 field divisions, Operation Engage also supports American Indian populations in Albuquerque, New Mexico, along with other American Indian Tribal nations, allowing DEA field divisions to increase their local partnerships and build capacity to address the challenges Tribal populations' experience because of substance misuse.

DEA continues to deploy its One Pill Can Kill awareness campaign to save lives across the United States by raising public awareness of the significant nationwide surge in deadly fentanyl and fentanyl pills, which are mass-produced in labs, often deceptively marketed as legitimate, and are killing Americans at an unprecedented rate. The campaign seeks to reach all Americans, including vulnerable communities to promote the important message of avoiding pills that have not been prescribed to them by a medical professional and dispensed by a licensed pharmacy. In October 2023, DEA issued a new public safety alert focused on the new data showing seven out of ten fake pills seized and analyzed by DEA contain a deadly dose of fentanyl and other synthetic opioids. The One Pill Can Kill campaign has been highlighted in national and local media—including on a billboard in New York's Times Square. The campaign also relies on social media posts, public presentations, activation of our national and local network of partners to amplify the message, and the roll out and promotion of a public website with a toolkit of resources to help raise awareness of the deadly risks associated fentanyl and other synthetic opioids and fake pills.

Following a successful inaugural National Family Summit on the Overdose Epidemic in June 2022, DEA directed its 23 domestic field divisions to each host a Regional Family Summit in their field division in FY 2023. The Regional Family Summits began in November 2022 and are ongoing. DEA Headquarters also held its second National Family Summit on Fentanyl on September 25 and 26, 2023—hosting 140 attendees who lost a loved one due to fentanyl poisoning. The first day of the Summit focused on healing, while the second day focused on the call to action. Summit participants had an opportunity to hear from Attorney General Garland

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and DEA Administrator Milgram, along with other DEA leaders. In addition, DEA offered sessions on advocacy, community engagement, media engagement, and youth engagement.

In conjunction with the first ever National Fentanyl Awareness Day in May 2022, DEA created the "Faces of Fentanyl" public exhibit for the DEA Museum at DEA Headquarters, which has grown from an initial 150 images of individuals lost to fentanyl poisoning or overdose, to more than 5,000 images in FY 2023. This public display helps raise awareness, educate on the dangers of fentanyl, and memorialize the lives lost. This physical exhibit is being enhanced with a digital touchscreen kiosk and web page in FY 2024 to expand capacity and reach.

Performance Table

Drug Enforcement Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Number of Agency-wide Priority Target Organization (PTOs) Disrupted	1,002	N/A	909	N/A
Number of Agency-wide PTOs Dismantled	475	N/A	492	N/A
Number of Sinaloa/Jalisco-Affiliated PTOs Disrupted	N/A	N/A	114	N/A
Number of Sinaloa/Jalisco-Affiliated PTOs Dismantled[88]	N/A	N/A	31	N/A

Discussion of Results

Disrupting or dismantling the Sinaloa and CJNG Cartels will significantly reduce the supply of illicit substances in the United States. Disruption impedes the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership and/or changes in methods of operation. Dismantlement destroys the organization's leadership, financial base, and supply network such that the organization is incapable of reconstituting itself. To accomplish its mission, DEA targets the networks operating at the international, national, regional, and local levels that have a significant impact upon drug availability in the United States. To that end, DEA has developed new metrics and key performance indicators to more closely align with the agency's key operational priorities, including related to number of organizations disrupted and dismantled. This process is ongoing and requires time to refine, evaluate, and baseline.

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[88] Three-year Computation Interval – FY 2021-2023

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Department of Justice
Federal Bureau of Investigation

Mission

The mission of the Federal Bureau of Investigation (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.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

The Joint Criminal Opioid and Darknet Enforcement (JCODE) team identifies and disrupts Darknet marketplaces and opioid and other illicit narcotic vendors preventing the distribution of illegal drugs across state lines.

Performance Table

Federal Bureau of Investigation				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Number of Darknet Marketplaces Identified	21	23	23	25
Number of Opioid Marketplaces Identified	82	90	177	125

Discussion of Results

Through collaboration and partnership, JCODE achieved its highest statistics regarding disruption of darknet drug traffickers to date. In FY 2023, JCODE spent an extensive amount of time on tool development and target identification to assist FBI field offices with their investigations. In FY 2023, JCODE hosted the first annual JCODE conference in over 3 years to share best practices and enhance relationships.

In FY 2023, JCODE and Europol conducted the largest operation against drug traffickers operating on the darknet to date. Specifically, Operation SpecTor, a coordinated international multi-agency effort to disrupt opioid trafficking on the Darknet, resulted in the identification and subsequent arrest of over 288 alleged Darknet vendors and the seizure of over $53.4 million, 850 kilograms of illicit narcotics, and 117 firearms. JCODE expects FY 2024 performance to continue this trend.

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Department of Justice
Organized Crime Drug Enforcement Task Forces

Mission

Established in 1982, the OCDETF program is the centerpiece of the Department's efforts to disrupt priority targets engaged in transnational organized crime, including drug trafficking. OCDETF's mission is to disrupt and dismantle the global transnational criminal networks that support terrorists and hostile governments; manipulate our financial, securities, and commodities markets; victimize large swaths of our citizens, private industry, and government agencies through targeted cyber intrusions; and engage in other serious criminal activities.

OCDETF uses a prosecutor-led, multi-agency approach to counter-drug and counter-transnational crime enforcement. OCDETF leverages the resources and expertise of its federal member agencies as well as numerous state and local agencies in concentrated, coordinated, long-term enterprise investigations of TOC, money laundering, and major drug trafficking networks. At any given time, OCDETF's active case inventory includes thousands of ongoing investigations, focused only on targeting the highest priority organized drug trafficking, money laundering, and TCOs.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 2 and 3)

The OCDETF program supports this goal by engaging in efforts to disrupt the Sinaloa and CNJP cartels and disrupt the illicit distribution and sale of drugs into the United States.

Performance Table

Organized Crime Drug Enforcement Task Forces Program				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percent of OCDETF investigations linked to CPOTs	19%	20%	18%	20%
Percent of OCDETF investigations with indictments/information resulting in financial convictions	27%	30%	25%	30%
Percent of OCDETF investigations resulting in disruption/ dismantlement of targeted organization	82%	87%	82%	85%

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Organized Crime Drug Enforcement Task Forces Program				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Number of CPOT-linked DTOs disrupted	110	112	94[89]	TBD[89]
Number of CPOT-linked DTOs dismantled	39	40	12	TBD[89]
Percent of OCDETF investigations linked to RPOTs	17%	17%	18%	17%
Percent of CPOT-linked Investigations Disrupted/Dismantled	26%	31%	15%	31%
Number of defendants convicted in active OCDETF investigations that incorporate FinCEN/SAR data	6,529	5,595	5,930	5,690

Discussion of Results

Despite a flat budget and persisting court backlogs, OCDETF achieved impressive results during FY 2023 in disrupting and dismantling CPOT-linked drug trafficking organizations. OCDETF dismantled 12 CPOT-linked organizations and disrupted another 94 CPOT-linked organizations which represents 15 percent of the total number of organizations disrupted or dismantled in FY 2023. Given the complex nature OCDETF's law enforcement activities, the metrics reported here are inherently challenging to predict from one year to the next and must be interpreted accordingly. The numbers reported here are also expected to increase by the end of the calendar year owing to inevitable lags in agency reporting. Notably, disruptions and dismantlements are only counted when OCDETF cases are closed, and to close an investigation, all defendants must be adjudicated. Additionally, continued backlogs in courts from the COVID-19 pandemic have lowered the reported metrics; each is expected to increase markedly as the courts clear their backlogs and partner agencies are able to close cases.

Drug trafficking organizations linked to the 106 CPOT-linked organizations disrupted and dismantled in FY 2023 have generated 566 indictments, which have resulted in more than 1,709 defendants charged and 800 convictions, combined over the course of these investigations. Law enforcement activity targeting these CPOTs involved complex and coordinated intelligence-driven investigations, with cooperation between United States law enforcement agencies and international partners due to the global nature of these transnational drug trafficking organizations.

Additionally, OCDETF has also made a significant impact on the financial systems that support the drug trade by charging and convicting high-level targets who conduct or facilitate illicit financial activity, and by seizing and forfeiting their assets. DTOs linked to the FY 2023

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[89] Data is preliminary and subject to change. Agencies are able to submit data for the current fiscal year until the end of the calendar year; therefore, these numbers may change significantly. Similarly, targets for the following fiscal year are based on final numbers and will also be unavailable until the end of the calendar year.

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disrupted CPOT-linked organizations have led to over $35 million in seizures, more than $23 million in forfeitures, and nearly $148 million in money judgments.

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Department of Justice
Office of Justice Programs

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Mission

OJP was established by the Justice Act of 1984. Its mission is to provide resources, leadership, and solutions to advance community safety, build community trust, and strengthen the community's role as co-producer of safety and justice.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

OJP indirectly but actively supports the Strategy's prevention (Goal 2), Harm Reduction (Goal 3), Treatment (Goal 4), Recovery (Goal 5), and Criminal Justice (Goal 6) efforts.

OJP dedicates a significant amount of funding, training and technical assistance and other resources to support state, local, and Tribal efforts to address the impacts of substance use and misuse on individuals, families, and communities with a focus on addressing the intersections of public health and public safety, and justice system-related interactions and consequences of substance use. These activities include, but are not limited to:

- expanding alternatives to justice-system involvement for individuals with substance use and co-occurring mental health needs, such as problem-solving courts and law enforcement diversion and other crisis intervention models;

- increasing access to evidence-based substance use treatment services, such as medication-assisted treatment, and recovery support services, such as peer support, at all points of the justice system;

- supporting community-based efforts to reduce overdose death and provide continuity of care and other support services for those returning to the community following incarceration;

- increasing education for professionals across the justice system about substance use and co-occurring disorders to increase awareness and understanding, reduce stigma, and unnecessary justice involvement;

- supporting outreach, harm reduction, and prevention efforts; and

- advancing research and statistics to better inform policy and decision making in those areas.

OJP supports the reduction of illicit substance use in the United States by providing direct funding, training, and technical assistance on evidence-based efforts to address the needs of

individuals with SUD or at risk of developing SUD who come in contact with—or are otherwise involved with—the justice system. OJP does so in a manner that emphasizes equity and inclusion.

Treatment Courts Programs: OJP's Treatment Courts programs, which include Adult, Veterans, Community, Tribal Healing to Wellness, Juvenile, and Family Treatment Courts, provide financial and technical assistance to states, state courts, local courts, units of local government, and federally recognized Indian Tribal governments to plan and implement a new treatment court or enhance the operations of an existing treatment court. These courts effectively integrate evidence-based SUD treatment, mandatory drug testing, incentives and sanctions, and transitional services in judicially supervised criminal court settings that have jurisdiction over individuals with SUD treatment needs to reduce recidivism and increase their access to treatment and recovery support, and to prevent overdoses.

Comprehensive Opioid, Stimulant and Substance Use Program: The COSSUP supports Goal 1 by providing direct funding, training, on evidence-based and promising practices across four key areas of focus:

1. Promoting public safety and supporting access to recovery services in the criminal justice system.

2. Strengthening the collection and sharing of data across systems to understand and address the impact of illicit substance use and misuse.

3. Aligning and maximizing resources across systems and leveraging diverse program funding.

4. Preventing substance use and misuse.

OJP's COSSUP provides grant funding and training and technical assistance and technical assistance to States, units of local government, and Indian Tribal governments to develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support those impacted by opioids, stimulants, and other substances. COSSUP emphasizes partnership and collaboration across the public health, behavioral health, and public safety sectors. It aims to leverage combined expertise to implement coordinated evidence-based approaches to address the impact of substance use and misuse on individuals, families, and communities in frontier, rural, suburban, and urban areas across the Nation. COSSUP supports outreach, prevention, education, harm reduction, treatment, and recovery support services at various points of intersection with the justice system and in the community.

Goal 2: Prevention efforts are increased in the United States.

Mentoring for Youth Affected by Opioid and Other Drug Misuse: The purpose of this program is to enhance and expand mentoring services for children and youth impacted by opioids and other drug misuse. The program's goal is to improve outcomes (such as improved academic performance and reduced school dropout rates) for youth impacted by opioids and other drug misuse. It advances this goal by expanding the capacity of existing mentoring programs to provide high-quality services to youth that reduce drug misuse, delinquency, or other problem

behaviors, and promoting the development of innovative approaches to mentoring youth impacted by opioids and other drug misuse. Grant funds under this program support the implementation and delivery of mentoring services to youth who are currently misusing or dependent on drugs (including opioids, stimulants, and other licit or illicit drugs), youth at risk for misusing drugs, and youth with family members who are currently misusing or dependent on drugs. The program provides direct funding, training, and technical assistance on evidence-based and promising practices to address prevention efforts and the needs of youth and families impacted by opioids and other substance use.

Opioid Affected Youth Initiative: This program supports the efforts of States, communities, jurisdictions, nonprofit organizations, for-profit organizations, and institutions of higher education to implement programs and strategies that identify, respond to, treat, and support children, youth, and families impacted by the opioid epidemic, and other SUD. States and communities use grant funds to develop coordinated responses to opioid use-related challenges that impact youth and community public health and public safety. Objectives for this program include implementing prevention, intervention, and treatment programs that address the needs of pregnant and postpartum women, parents/primary caregivers, and youth; reducing foster care system involvement; implementing integrated services for parents and children that support families through treatment and recovery; and supporting the justice system to address the needs of children and youth impacted by opioids and other substances. Funding under this program may be used to support programs and services to youth and families impacted by both opioids and other SUD.

Goal 3: Harm reduction efforts are increased in the United States.

OJP supports harm reduction efforts by improving direct funding, training, and technical assistance to support strategies to educate and inform public safety professionals across the justice system and support individuals who use substances who come into contact with the justice system. These efforts seek to reduce the risk of overdose and overdose death, increase access to drug testing equipment and overdose reversal medications, effectively manage withdrawal, and increase access to treatment and recovery services.

Regional Substance Abuse Treatment (RSAT): RSAT assists states with developing and implementing residential SUD treatment programs within state correctional and local correctional and detention facilities, in which persons are incarcerated for a period sufficient to permit SUD treatment. The program encourages the establishment and maintenance of drug-free prisons and jails and development and implementation of specialized residential SUD treatment programs that identify and provide appropriate treatment and recovery support services to individuals with co-occurring mental health and SUD. Aftercare services are also encouraged to provide support to those that have recently been released from such facilities. The program provides funding and training and technical assistance to state and local prisons and jail facilities to implement evidence-based services designed to break the cycle of drug use and violence by reducing the demand for, use, and trafficking of illegal drugs. The RSAT program supports increased access to evidence-based substance use treatment and recovery support services, including MAT, among in jails and prisons.

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Goal 5: Recovery efforts are increased in the United States.

OJP supports increased recovery efforts in the United States by providing funding and training and technical assistance to states, units of local government, Tribal governments, and nonprofit organizations to provide recovery support services in the community, in correctional facilities, and upon reentry. These services support short- and long-term recovery needs of justice-involved individuals.

<u>Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry</u>: This program supports states, units of local government, and Tribal governments and nonprofit organizations to establish, expand, or improve evidence-based, culturally relevant programs to address SUD treatment and recovery needs of people who are incarcerated or in reentry. Those whose needs are supported include parents of minor children and pregnant/postpartum women, during incarceration and reentry in an effort to reduce recidivism, expand access to evidence-based treatment, promote long-term recovery, and, in the process, improve public safety and public health. The program supports the implementation or expansion of evidence-based SUD treatment services, including MAT, and recovery support services, such as access to health and behavioral health care benefits, peer support services, counseling services, recovery or emergency housing, transportation services, employment services, and education services.

Goal 6: Criminal justice reform efforts in the United States include drug policy matters.

As the largest grant making organization within the Department of Justice, OJP strongly prioritizes advancing systemic improvements in the justice system. OJP works to include drug policy matters in criminal justice reform by focusing on alternatives to incarceration for individuals with SUD, as well as by working to ensure access to appropriate and evidence-based care is enhanced throughout the justice system. To create a systemic approach to addressing the needs of individuals with SUD who come into contact with the justice system, OJP has several grant and training and technical assistance programs. These programs work to divert individuals with substance use treatment and recovery needs away from the justice system, reduce further involvement in the justice system, and provide access to treatment and recovery services.

As noted earlier, OJP's Treatment Courts Programs provide financial and technical assistance to states, state courts, local courts, units of local government, and federally recognized Indian Tribal governments to plan and implement new treatment courts, or to enhance existing ones. These courts effectively integrate evidence-based SUD treatment, mandatory drug testing incentives and sanctions, and transitional services in judicially supervised criminal court settings to reduce recidivism of people with SUD treatment needs, to increase their access to treatment and recovery support, and to prevent overdoses.

As part of its broad and comprehensive approach, COSSUP supports the implementation of law enforcement and other first responder diversion programs for persons with SUD. It also encourages increased access to evidence-based SUD treatment, such as MAT, in the community, in correctional facilities, and upon reentry.

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RSAT also assists states with developing and implementing residential SUD treatment programs within state and local correctional and detention facilities. Aftercare services are also encouraged to provide support to those that have recently been released from such facilities.

Further, supporting pre-release and continuity of care for individuals from corrections to the community is OJP's Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry program. This program not only supports the provision of treatment and recovery services, but also, more broadly, supports efforts to reduce the risk of recidivism and promote coordination and integration of efforts to improve both public safety and public health outcomes.

Performance Table

Office of Justice Programs				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Percent of Adult Treatment Court program participants, enrolled in the program at least 90 days, who tested positive for alcohol or illegal substance	26%	25%	TBD[90]	TBD[91]
Percent of high-risk individuals receiving services and referrals through COSSAP who do not experience a subsequent overdose in six months	98%	90%	TBD[90]	TBD[91]
Percentage of eligible individuals who abstained from or reduced substance misuse	TBD[92]	TBD[93]	TBD[90]	TBD[91]
Percentage of COSSAP grantees conducting harm reduction activities (e.g., naloxone training, media campaigns/community education, drug take-back days, testing for HIV/hepatitis, and syringe exchange programs, etc.)	37%	45%	TBD[90]	TBD[91]

[90] FY 2023 Actuals were not available at the time of reporting.
[91] FY 2024 Targets will be set once FY 2023 actuals are available.
[92] FY 2022 data was not available at the time of reporting
[93] FY 2024 Targets will be set once FY 2023 actuals are available

Office of Justice Programs				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Percentage of COSSAP grantees who are using grant funds to operate diversion programs (e.g., first responder/law enforcement diversion programs, pre-trial diversion programs, prosecutor diversion programs, or court-based diversion programs)	32%	7%	TBD[90]	TBD[91]
Percentage of jail-based/prison-based successful completions	72%	68%	TBD[90]	TBD[91]
Percentage of relevant-funded grantee programs which provide MAT as part of their substance use treatment services	TBD[94]	72%	TBD[90]	TBD[91]

Discussion of Results

OJP grantees' FY 2022 performance exceeded the targets for the following measures:

- Percentage of Adult Treatment Court program participants, enrolled in the program at least 90 days, who tested positive for alcohol or illegal substance; OJP exceeded the FY 2022 target of 25 percent by 1 percentage point.

- Percentage of high-risk individuals receiving services and referrals through COSSUP who do not experience a subsequent overdose in six months exceeded the FY 2022 target of 90 percent by 8 percentage points.

- Percentage of COSSUP grantees who are using grant funds to operate diversion programs; OJP exceeded the FY 2022 target of 35 percent by 3 percentage points.

- Percentage of jail-based/prison-based successful completions: OJP exceeded the target of 68 by 4 percentage points.

The percentage of COSSUP grantees conducting harm reduction activities in FY 2022 was lower than expected because grantees focused their efforts on other types of programs, such as diversion and jail-based programming, which also work to advance drug control priorities related to the criminal justice system.

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[94] FY 2022 data are not available at the time of reporting.

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Department of Justice
U.S. Attorneys

Mission

The 93 United States Attorneys (USAs) tirelessly work to prosecute drug traffickers and distributors across the country. The USAs and their staffs work in conjunction with law enforcement agencies to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. USAs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities. In recent years, USAs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths during this decade. USAs also have targeted those who provide the precursor chemicals that are used to manufacture fentanyl, methamphetamine, and other synthetic drugs.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 2 and 3)

The USAs work with federal, state, and local law enforcement agencies to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. These investigations and prosecutions target drug trafficking operations such as drug smuggling, domestic distribution networks, the use of the internet for drug sales, and money laundering. A core mission of each of the USAOs is to prosecute high-level producers, suppliers, and traffickers for violations of federal drug laws to disrupt both international and domestic DTOs and to deter continued illicit drug distribution.

Performance Table

United States Attorneys				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Conviction rate for drug-related defendants	91.1%	N/A[95]	91.5%	N/A

Discussion of Results

USAs continue to work with their law enforcement partners to identify and prosecute drug traffickers who are responsible for distributing fentanyl and other dangerous drugs that have resulted in over 100,000 annual overdose deaths. USAs have an important obligation to seek justice and are required to prove each case beyond a reasonable doubt. As such, specific

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[95] The USAOs do not set conviction rate targets, but only report actuals achieved.

conviction rate targets for drug-related defendants are not set. Nevertheless, USAs remain steadfast in their efforts to hold drug-related defendants accountable and the conviction rate in FY 2023 were consistent with the conviction rate in FY 2022.

During FY 2023 the work of USAs resulted in over 12,000 convictions for drug trafficking crimes.[96] A substantial number of these traffickers distributed fentanyl (including fentanyl-related substances). In many instances, this dangerous substance was distributed in the form of fake pills – yielding tragic results when users unknowingly ingested fentanyl. USAs have also worked aggressively to target those whose drug trafficking crimes resulted in overdose deaths – holding drug dealers responsible for the human toll of their criminal actions. Specific drug enforcement efforts varied based upon the individual public safety issues in local communities, including emerging threats such as the threat posed by fentanyl adulterated or associated with xylazine (a powerful veterinary sedative). Nonetheless, USAs throughout the country were particularly focused on the threat posed by opioids and the global distribution networks that are profiting from the distribution of these deadly drugs. Notable prosecutions initiated in FY 2023 were the indictments of several alleged leaders of the Sinaloa Cartel, including the "Chapitos," the sons of Joaquin Guzman Loera, aka El Chapo and indictments of several the PRC-based companies and their employees related to the trafficking of precursor chemicals that are used to manufacture fentanyl.

Although fentanyl continues to present a substantial danger to communities, USAs have also focused on targeting methamphetamine and cocaine trafficking, as well as drug-related violence and the laundering of drug proceeds. In addition to prosecutorial activities, in FY 2023, many USAOs participated in community outreach efforts to educate the community about the risks of drugs, particularly the risks posed by fake pills, and to promote harm reduction strategies.

Examples of work done by USAOs during FY 2023 include:

- In October 2022, the USAO for the District of New Jersey coordinated a takedown of 42 individuals involved in multiple gangs in an effort to target drug trafficking, violence, and firearm offenses. The charges stemmed from five separate investigations conducted by federal, state, and local enforcement partners;

- In March 2023, the USAO for the Middle District of Georgia obtained a 25-year prison sentence for an individual identified as the lead supplier to an 18-defendant armed drug trafficking ring responsible for distributing between 1.5 and 4.5 kilograms of methamphetamine into the community; and

- In July 2023, the USAO for the District of Massachusetts charged nine members and associates of the Asian Boyz gang in connection with drug trafficking conspiracies and dealing in firearms, including machinegun conversion devices. According to court documents, the defendants were part of a large drug distribution network that profited primarily from the sale of thousands of homemade counterfeit Adderall pills containing

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[96] This figure does not include defendants who were charged in OCDETF cases.

methamphetamine. It is alleged that the defendants worked together to manufacture, supply, and distribute their significant supply of methamphetamine pills – including to an undercover officer on 12 different occasions between March 2022 and October 2022.

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Department of Justice
United States Marshals Service

Mission

The U.S. Marshals Service (USMS) drug interdiction efforts center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations, as well as to those primarily responsible for the Nation's illegal drug supply.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 4)

To contribute to the goal of reduced 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 supports this goal with multiple lines of effort that include protecting the judiciary that conducts the trials, ensuring key witnesses are secure and unharmed in their participation in the proceedings, and maintaining the security of all in-custody prisoners with serious drug-related charges throughout the adjudication process.

Information regarding the performance of USMS is based on agency GPRMA documents and other data. Like most bureaus, USMS does not receive a specific appropriation for drug-related work, and therefore it does not have drug-specific performance measures. However, USMS uses drug-related workload data to capture such efforts. The measure "Percent of warrants cleared for drug-related charges" identifies the percentage of felony federal, state, and local illegal narcotics-related means for which the conditions or obligations specified in the warrant have been satisfied or resolved through compliance, legal proceedings, or payments (i.e., the warrant is "cleared"). On average, 25 percent of warrants cleared in a year are on drug-related charges. Because the USMS does not control the nature of warrants it pursues and does not target fugitives based on the type of felony alleged (financial, drug, armed robbery), USMS does not establish targets for these measures.

Performance Table

United States Marshals Service				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percent of warrants cleared for drug-related charges	21.9%	N/A[97]	21.4%	N/A

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[97] USMS does not establish targets for drug-related charges, but only reports actuals achieved.

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Discussion of Results

USMS continues to remain steadfast in supporting its local, state, Tribal, and federal partners in combatting illicit narcotics. In FY 2023, USMS apprehended 16,874 fugitives, clearing 18,960 warrants, on drug-related charges and seized more than 9,200 kilograms of illicit narcotics through warrant-based enforcement efforts.

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Department of Labor
Employee Benefits Security Administration

Mission

The Employee Benefits Security Administration (EBSA) ensures the security of the retirement, health, and other workplace-related benefits of America's workers and their families. Although EBSA is a small agency with about 850 employees, it is responsible for protecting more than 153 million workers, retirees, and their families, who are covered by approximately 765,000 private retirement plans, 2.8 million health plans, and 619,000 other welfare benefit plans. Together, these plans hold estimated assets of $12.8 trillion.

Employment-based benefit plans are vital to the financial security and physical well-being of millions of people. EBSA's work supports the Acting Secretary's policy priorities to Advance Equity, Build Our Team, and Unleash Agencies' Power through the Department of Labor (DOL) by protecting workers' 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 Acting Secretary's vision.

Relevant PRS Goal/Objective

Goal 4: Treatment efforts are increased in the United States (Objective 1)

EBSA continues to work with partner agencies to enforce the Mental Health Parity and Addiction Equity Act (MHPAEA), which aims to ensure that people seeking care for mental health and SUD face no greater barriers to treatment than people seeking treatment for medical and surgical conditions. It uses resources provided by the CAA P.L. 116-260 to focus its efforts on activities involving SUD and non-quantitative treatment limitations (NQTLs) to ensure participants can receive treatment as prescribed by statute. Allocating a targeted percentage of CAA resources to SUD treatment and NQTL enforcement will contribute to increased treatment efforts in the United States.

Performance Table

Employee Benefits Security Administration				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percentage of resources apportioned through the CAA to be attributed to SUD treatment and NQTL enforcement	38%	38%	50%	38%[98]

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Discussion of Results

In FY 2023, EBSA was apportioned $25,779,000 in supplemental funding to continue the work related to increasing mental health and SUD parity enforcement efforts and bolster audits of plans' and issuers' comparative analyses of their NQTLs, pursuant to CAA. To this end, EBSA allocated 50 percent of overall CAA enforcement resources to SUD treatment and NQTL enforcement in FY 2023. Total surprise medical billing enforcement efforts in FY 2023 encompassed 187,718 hours (91 FTEs) of which 50 percent (93,859 hours or 45 FTEs) were attributed specifically to activities involving SUD and enforcement of NQTL provisions.

SUD-related work accounted for a higher proportion of EBSA's overall NQTL enforcement activity in FY 2023 as compared to FY 2022. This increase matches EBSA's prioritization of investigations examining the adequacy of provider networks and exclusions of key treatments for MH/SUD conditions, such as exclusion of methadone to treat OUD.

EBSA helps build a recovery-ready Nation and increases treatment in the United States by protecting health plan participants and beneficiaries, resolving issues that apply to mental health and substance use treatment and benefits, and ensuring people do not face more barriers to this treatment than those applying for medical and surgical benefits.

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[98] Based on the apportioned amount in FY 2024, EBSA projects the same percentage allocation will be attributed to SUD and NQTL provisions.

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Department of Labor
Employment and Training Administration

Office of Job Corps

Mission

The Job Corps program is administered by the DOL's Employment and Training Administration (ETA). Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic and career technical training program for eligible youth, ages 16-24, including young parents, youth experiencing homelessness, victims of human trafficking, and persons with disabilities. There are currently 121 Job Corps centers nationwide in 50 states, Puerto Rico, and the District of Columbia providing services to approximately 30,000 eligible youth each year to help them acquire high school diplomas or equivalencies and occupational credentials leading to careers starting with a job, registered apprenticeship, or entry into the military. 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.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

The Job Corps program supports this goal through annual staff training on identifying and responding to overdoses, including the administration of naloxone for emergency use in opioid overdose. All Job Corps centers have naloxone to administer in case of student showing signs of opioid overdose. Additionally, Job Corps provides and will continue to provide education to all students and center staff about its Zero Tolerance policy prohibiting controlled substance use, possession, and other prohibited criminal activity by enrolled participants at its centers.

The Job Corps program also supports this goal by engaging in efforts to identify substance use through both entrance drug testing and assessment for all enrolled students. The behavioral based referral screening form includes screening for specific symptoms of opioid and methamphetamine use. Intervention services are required for students who initially test positive for drug use upon entry. Through intervention services and on-going relapse prevention support, the Job Corps program works to prevent the onset of SUD, promote healthy lifestyles, and prepare students for self-sufficient, in-demand occupations and career pathways.

Goal 5: Recovery efforts are increased in the United States (Objective 2)

Job Corps TEAP focuses on prevention, education, identification of substance use problems, relapse prevention, and helping students overcome barriers to employability. Many TEAP programs incorporate student-supported peer recovery efforts both on and off center. Job Corps will work to increase student access to peer-led recovery services both in-person and online through expansion of the relapse prevention services.

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Performance Table

Office of Job Corps				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target[99]**	**FY 2023 Actual [100]**	**FY 2024 Target**
Drug Testing - Percent of students tested for drugs upon entry	100%	100%	100%	100%
Number of people served[101]	43,352	N/A	44,310	N/A[99]
Employment rate, second quarter after exit[102]	76.2%	74.4%	TBD[100]	N/A[99]
Employment rate, fourth quarter after exit[103]	74.8%	77.8%	TBD[100]	N/A[99]

Discussion of Results

Per Workforce Innovation and Opportunity Act (WIOA) and Job Corps policy requirements, all students are tested for drugs upon enrollment. During FY 2023, Job Corps' centers nationwide tested all students upon entry for drugs within 48 hours of arrival on center. Those who test positive for illicit drug use on program entry receive drug intervention services. These intervention services are provided through the Health and Wellness Trainee Employee Assistance Program (TEAP). Intervention services begin after a student's initial positive drug test and conclude with the follow-up drug test which is conducted 37-40 days after the initial test. The WIOA requires that the results of the follow-up test be received within 45 days after the student enrolls in Job Corps. Students testing positive for drug use in the follow-up test—or any test following the initial drug test—are terminated from the program. Any student separating from Job Corps who has a substance use condition must be provided with a referral for support services in his or her home community. Students who successfully pass the first or the second drug test and remain in the program are tracked for performance outcomes.

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[99] FY 2023 and FY 2024 Targets for the three WIOA performance measures are unavailable because Job Corps requires at least three years of actual data to establish reasonable targets. The actual data from FY 2020 and FY 2021 are not included in these three years of data because the results are skewed due to the COVID-19 pandemic and insufficient for establishing reasonable targets. Target for these measures will be set beginning with FY 2025.
[100] Data is not available at time of reporting.
[101] Number of students served in the respective Fiscal Years and covers students on the first day of the FY and enrolled through the FY.
[102] Percentage of former students that were in employment or educational programs in the second quarter after their exit quarter.
[103] Percentage of former students that were in employment or educational programs in the fourth quarter after their exit quarter.

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Disaster Recovery Dislocated Worker Grants (DWGs)

Mission

National Health Emergency (NHE) Disaster Recovery Dislocated Worker Grant projects facilitate community partnerships that are central to dealing with the complex public health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure the timely delivery of appropriate, necessary career, training, and support activities to dislocated workers, individuals laid off due to the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or significantly underemployed as a result of the opioid public health emergency; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

Relevant PRS Goal/Objective

Goal 4: Treatment efforts are increased in the United States (Objective 2)

The NHE Disaster grants facilitate community partnerships that are central to dealing with the complex public health crisis by training individuals to work in mental health treatment, addiction treatment, and pain management.

Goal 5: Recovery efforts are increased in the United States (Objectives 1 and 2)

The NHE Disaster grants engage employers as essential partners to address the impacts of substance and opioid misuse by playing an active role in the grant's program design and delivery, pioneering creative ways to support the skills attainment of existing or new employees, and connecting businesses with resources such as the Employer Resource Network to help workers retain their employment.

The NHE Disaster grants assist individuals in pursuing training to become peer recovery workers and/or in pursuing peer recovery careers.

Performance Table

National Health Emergency Disaster Recovery National Dislocated Worker Grants				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target[104]**	**FY 2023 Actual**	**FY 2024 Target**
Number of participants served	8,612	11,890	7,680	11,890
Employment rate, 2nd quarter after exit (Average)	71.9%	74.1%	66.1%	74.3%

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[104] Employment Rate targets reflect WIOA NDWG annual program targets established for GPRA. Participant service targets reflect the sum of total planned participants for the periods of performance.

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National Health Emergency Disaster Recovery National Dislocated Worker Grants				
Measures of Performance	FY 2022 Actual	FY 2023 Target[104]	FY 2023 Actual	FY 2024 Target
Employment rate, 4th quarter after exit (Average)	67.9%	68.9%	66.6%	71.9%

Discussion of Results

The performance metrics demonstrate the notable success of the National Health Emergency grant programs in supporting individuals in recovery or those affected by the opioid epidemic. These initiatives have not only effectively addressed the immediate challenges posed by the crisis but have also played a crucial role in fostering long-term solutions. These grant programs have proven instrumental in delivering targeted training to cultivate a skilled workforce in professions directly related to understanding and treating the complexities of the opioid crisis.

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Department of Labor
Office of Disability Employment Policy

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Mission

The Office of Disability Employment Policy's (ODEP) 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, Advancing State Policy Integration for Recovery and Employment (ASPIRE), works to support and expand competitive integrated employment (CIE) for people with mental health conditions. As part of this initiative, ASPIRE includes individuals with mental health conditions who also have co-occurring SUD. 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 Supported Employment, the primary intervention strategy and focus of ASPIRE activities, as an evidence-based practice for individuals with SUD.

Relevant PRS Goal/Objective

Goal 5: Recovery efforts are increased in the United States.

ODEP's work does not directly align with any of the specific objectives listed in the 2022 *Strategy's* goals and objectives, and ODEP does not collect data related to those objectives. However, ASPIRE aligns with the broader goal to increase recovery efforts in the United States by working to support and expand CIE for people with mental health conditions, including those with co-occurring SUD.

Performance Table

Office of Disability Employment Policy				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Implementation Tools	10	5	7	11
Number of Targeted Technical Assistance Events	18	15	30	21
Internal and External Collaborations	1	5	6	7
Number of Outreach Events	3	14	17	11
Number of Analyses, Research and Evaluation Products	0	2	3	3

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Discussion of Results

In FY 2023, ODEP met or exceeded all established targets for the ASPIRE initiative. ASPIRE operates as a contract with a work plan spanning multiple fiscal years. Performance targets do not necessarily show consistent growth across the years, as different work is planned for each year of the contract. However, ODEP's successful achievement in reaching its FY 2023 targets for ASPIRE means that the project is on track to successfully complete the work planned for FY 2024.

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Department of Labor
Office of the Inspector General

Mission

The OIG has dedicated significant audit and investigative resources over the years to improve the Federal Employees' Compensation Act (FECA) program because of the significant expenditures it involves, and because of its impact on injured federal workers and their dependents. In particular, the FECA program, along with other federal government workers' compensation programs, can be affected by fraud related to 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.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 2).

For FY 2024, the OIG will continue work with DOL's Office of Workers' Compensation Programs (OWCP) to identify and investigate the most egregious health care providers who attempt to defraud the OWCP program. Such providers include, in particular, those engaging in fraudulent activity involving opioids in the FECA program.

Performance Table

Office of Inspector General				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of Closed FECA Investigative Matters	36	25	15	20

Discussion of Results

The FY 2023 target was to close 25 FECA cases; and, during the fiscal year, the OIG closed 15 FECA cases. The difference in targeted case closing and actual case closings for FY 2023 is due to priorities related to the COVID-19 pandemic. Since the beginning of the pandemic, the OIG has needed to pivot resources away from FECA cases to focus on Unemployment Insurance (UI) fraud related to the pandemic. Prior to the pandemic, the OIG opened about 100 UI fraud investigative matters each year. Since the start of the pandemic, the OIG has opened ~200,000 UI fraud investigative matters, about 160,000 of which are still in the process of triaging.

Although the OIG has been able to obtain more than 1,550 indictments/initial charges with over 950 convictions, over 19,000 months of incarceration, and monetary results in excess of $990 million related to pandemic-related UI fraud work, it has resulted in the investigation of less

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FECA cases. The OIG's focus on UI-related fraud work is expected to continue until at least FY 2025 when the statute of limitations for pandemic-related UI fraud cases will begin to expire. The OIG has updated its FY 2024 target to more accurately reflect its level of effort in FY 2024.

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Department of Labor
Office of Workers' Compensation Programs

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Mission

DOL's OWCP administers four compensation programs that provide monetary benefits, medical benefits, and, when applicable, assistance in returning to work for workers covered by these programs. The four compensation programs administered by OWCP are:

- The FECA program provides wage-loss compensation, payment for medical treatment, return-to-work assistance, and vocational rehabilitation for federal civilian employees and postal workers who are injured or ill because of their work, and compensation to eligible survivors in case of death;

- The Longshore and Harbor Workers' Compensation program oversees the delivery of benefits by private sector employers and insurance carriers to injured workers engaged in certain maritime and related employment and to federal government contractors working overseas, and enforces compliance with applicable laws;

- The Black Lung Benefits program oversees private sector employers and insurance carriers or provides compensation and medical benefits to coal miners who are totally disabled due to pneumoconiosis resulting from coal mine employment, and monetary benefits to their eligible survivors; and

- The Energy Employees Occupational Illness Compensation program provides compensation and medical benefits to employees or survivors of employees of the Department of Energy (DOE) and contractors or subcontractors of DOE, who worked on the nation's nuclear weapons program and became ill due to exposure to radiation or toxic substances.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 2)

The FECA program supports this objective by monitoring and approving opioid use, as appropriate, among injured workers, as well as implementing cost-saving services.

Performance Table

Office of Workers' Compensation Programs				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Percent Decrease in Overall Opioid Use	60%	57%	64%	59%

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Discussion of Results

In FY 2023, the FECA program decreased overall opioid use by 64 percent, exceeding the target of 57 percent. Additionally, the FECA program continues its efforts to reduce the potential for opioid misuse and addiction among injured federal workers, resulting in a series of successes when comparing September 2023 with January 2017:

- 47 percent drop in new opioid prescriptions;

- 78 percent decline in new opioid prescriptions lasting more than 30 days;

- 94 percent drop in claimants with a Morphine Equivalent Dose (MED) of 500 or more; and

- 78 percent drop in users with a MED of 90 or more.

In FY 2024, the FECA program will continue to work with medical providers and injured workers to provide opioid treatment where needed, reduce the opioid risk level, and assist in securing the benefits needed for pain management.

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Office of National Drug Control Policy
High Intensity Drug Trafficking Areas Program

Mission

The mission of the HIDTA Program is to assist federal, state, local, territorial, and Tribal law enforcement entities to dismantle and disrupt drug trafficking organizations. It places particular emphasis on drug trafficking regions that have harmful effects on the United States.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 1)

The HIDTA Program supports this goal by working through law enforcement partners to remove significant quantities of illicit drugs from the marketplace before they can be used.

The HIDTA Program also works through law enforcement to disrupt drug trafficking and money laundering organizations. Data regarding the performance of the National HIDTA Program is reported by all 33 regional HIDTA Programs to the Performance Management Process (PMP) system. ONDCP uses data drawn from the PMP database to assess the performance of each regional HIDTA and the National HIDTA Program.

Performance Table

National HIDTA Program				
Measures of Performance	**CY 2022 Actual**	**CY 2023 Target**	**CY 2023 Actual**	**CY 2024 Target**
The number of drug trafficking organizations and money laundering organizations dismantled or disrupted by HIDTA-funded task forces	3,105	3,200	3,038	3,306
The number of cases provided analytical support	36,729	25,854	31,772	29,646

Discussion of Results

The PMP database tracks the number of DTOs and money laundering organizations (MLOs), including CPOT-related DTOs and MLOs known to operate in its region. On a quarterly basis, each HIDTA must report in the PMP database changes in the status of a DTO/MLO, including timing of the disruption/dismantlement of the DTO/MLO, as well as related quantities and wholesale values of drugs and assets seized.

ONDCP focuses both on relevant training provided to task force officers (TFOs) and on each HIDTA's level of participation in information sharing. The number of event deconflictions

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processed by Investigative Support Centers (ISCs)-processed event deconflictions measures a HIDTA's accomplishments related to information sharing and the number of cases that received analytical support from the ISC or from an analyst embedded in an enforcement initiative.

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Office of National Drug Control Policy
Drug Free Communities

Mission

The DFC Support Program was created by the Drug-Free Communities Act of 1997. In accordance with the DFC Act, the DFC Program has two goals:

1. Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and Tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth (individuals 18 years of age and younger); and

2. Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increases the risk of substance use and promoting the factors that minimize the risk of substance use.

The purpose of the DFC Program is to establish and strengthen collaborations to support the efforts of community coalitions working to prevent and reduce substance use among youth by addressing the factors in a community that increase the risk of substance use and promote the factors that minimize the risk of substance use.

Relevant PRS Goal/Objective

Goal 2: Prevention efforts are increased in the United States (Objectives 1 and 2)

ONDCP and the DFC Program will support this goal by supporting community coalitions in their efforts to prevent youth substance use. Through ONDCP's National Coalition Institute and its federal partners, community coalitions across the country are provided with new research, best practices, and access to training and technical assistance that strengthen prevention efforts across the country.

The DFC Program's independent evaluator analyzes quantitative and qualitative data provided in semi-annual progress reports by DFC-funded community coalitions and develops a National Cross Site Evaluation Report. The DFC National Cross Site Evaluation Report is published annually and is used to track the effectiveness of the DFC Program and its efforts to support the *Strategy*.

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Performance Table

Drug-Free Communities Support Program				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
The percentage of DFC coalitions indicating efforts to address vaping of any substance	72.8%	73.0%	81.6%	83%
The percentage of middle school youth in DFC communities reporting past 30- day use of alcohol[105]	5.7%	6.0%	5.2%	5%
The percentage of high school youth in DFC communities reporting past 30-day use of alcohol	18.4%	18.0%	15.6%	15%

Discussion of Results

All three DFC performance goals were met or exceeded. First, there was an increase in the percentage of coalitions that reported efforts to address vaping (72.8 percent in FY 2021 to 81.6 percent in FY 2022). This focus comes as coalitions continue to incorporate vaping measures into data collection processes and determine new or increased challenges in their communities around youth vaping. The FY 2022 most recent report of past 30-day alcohol use among middle school students decreased from 5.7 in FY 2022 to 5.2 percent in FY 2023. While there were concerns that the decrease seen between FY 2021 and FY 2022 (7.1 percent and 5.7 percent, respectively) may have been in part related to reduced access related to COVID-19 restrictions, the ongoing downward trend for middle school youth is positive. In addition, the high school target was also exceeded (15.6 percent actual versus 18 percent target). Overall, this is a 15 percent decrease in past 30-day use of alcohol among high school youth from FY 2022 to FY 2023, meeting the PRS goal.

These data are promising and reflect positively on the DFC program. While DFC coalitions do not report on past 30-day vaping, recent national data suggests that among high school youth, past 30-day vaping of tobacco decreased between 2022 and 2023 (14.1 percent to 10.0 percent) while vaping among middle school youth was unchanged (3.3 percent and 4.6 percent).[106] Given that one in five youth live in a community with a DFC, and that over 80 percent of these

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[105] For DFC past 30-day use data, fiscal year reflects the year data were submitted by the grant recipients (through August 2023, specifically); data may have been collected one to two years prior to the current fiscal year submission. Only coalitions that have two data points are included in the numbers reported here, with the reported number being the most recent data collected reflecting potential change related to prevention efforts occurring in the community. DFC coalitions report data by grade level rather than age, with grades 6-8 reflecting Middle School data and grades 9-12 reflecting High School data.

[106] Birdsey J, Cornelius M, Jamal A, et al. Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023. MMWR Morb Mortal Wkly Rep 2023; 72(44);1173–1182.

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coalitions have been focused on addressing vaping, indicate that DFC coalition's efforts are contributing to these decreases. The findings related to youth alcohol use are equally promising. One possibility is that the DFC coalitions' focus on middle school youth in addition to high school youth is resulting in high school youth better prepared to maintain their decision to not use alcohol. Prior concerns that the large decrease in past 30-day alcohol use among middle school youth might be related to COVID-19 restrictions and therefore might not be maintained were not the case.

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Department of State
Bureau of International Narcotics and Law Enforcement Affairs

Mission

The Bureau of International Narcotics and Law Enforcement Affairs (INL) is responsible for the Department of State's counter drug activities. INL's mission is to keep Americans safe by countering transnational crime, the cultivation, production, and trafficking of illicit drugs, and instability abroad. INL helps countries address these threats by providing assistance to develop and strengthen their counternarcotics, law enforcement, and justice institutions. INL's efforts are directed at preventing crime and illicit trafficking of drugs, such as cocaine, opioids, and fentanyl and its analogues, from reaching the United States' shores. INL works closely with the U.S. Agency for International Development (USAID), which is 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.

Relevant PRS Goal/Objective

Goal 7: The Supply of illicit substances into the United States is reduced (Objective 4)

Colombia: The long-term goal of INL's counternarcotics efforts in Colombia is to sustainably and significantly reduce the availability of illicit drugs in the United States to include by decreasing the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that is shipped to the United States. INL programming accomplishes this through support for holistic bilateral counternarcotics efforts, including increased drug interdiction, as well as strengthening the rule of law and citizen security and increased government presence to support alternative livelihood efforts in conjunction with voluntary and forced eradication to help sustain coca reductions over the long term.

Ecuador: INL prioritizes counternarcotics and counter-transnational organized crime interventions that make sustainable and strategic improvements to the Government of Ecuador's operational and judicial capacities to identify, prosecute, and dismantle TCOs engaged in and profiting from drug trafficking and related crimes. INL's assistance to Ecuador, which formally restarted in August 2018 following a four-year pause, is guided by three strategic objectives: (1) reducing the flow of cocaine to the United States; (2) building the capacity of the justice sector to combat corruption and TCOs; and (3) facilitating enhanced bilateral and regional cooperation between Ecuador and its neighbors, particularly Colombia.

Peru: INL's programming in Peru enhances the security of the United States by supporting efforts to eradicate coca and interdict cocaine destined for international markets; dismantle TCOs profiting from drug trafficking, money laundering, and environmental crimes; enhance the rule of law; and combat corruption. INL achieves this through capacity building trainings for law enforcement, customs officials, and judicial sector actors. Although the Government of Peru's

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Special Project for Control and Reduction of Illegal Crops in the Alto Huallaga (CORAH) eradicates coca throughout Peru, INL Lima encourages the Peruvians to eradicate in high yield coca areas such a Puno and the Valley of Apurimac, Ene, and Mantaro Rivers (VRAEM), two regions that account for 85 percent of cocaine production in Peru. A key aspect of INL Lima's counternarcotics support is funding the personnel, infrastructure, and logistical assistance required to provide air support for Peru's labor-intensive manual eradication, interdiction, and other law enforcement operations.

Information regarding the performance of the drug control efforts of INL is based on data reported in each U.S. Embassy's 2023 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The table and accompanying text represent highlights of their achievements during FY 2023.

Performance Table

Bureau of International Narcotics and Law Enforcement Affairs				
Measures of Performance	**CY 2022 Actual**	**CY 2023 Target**	**CY 2023 Actual**	**CY 2024 Target**
Colombia: Number of hectares of coca eradicated	55,678	25,000	13,289	22,000
Ecuador: Metric tons of cocaine seized	184	New Measure	212	200
Peru: Number of hectares of coca eradicated	21,000	20,000	22,101	25,000

Discussion of Results

Colombia: Measure: Number of hectares of coca eradicated. Coca eradication data comes from the Government of Colombia and totals include voluntary eradication/crop substitution. The Government of Colombia reports and collects this data throughout the year and reports annual results on a calendar year basis. Colombia's President, Gustavo Petro, set an eradication target of 20,000 hectares – indicative of his administration's approach to de-emphasize coca eradication and increase interdiction(s) as well as his increased focus on rural security and crop substitution. This approach is resulting in significant decreases in hectares of coca eradicated. As noted in the evaluation plan and performance measures section, the United States Government continues to implement a broad counternarcotics strategy in Colombia and tracking a set of interventions much broader than eradication; the above results represent just one of a holistic set of metrics. These changes were further negotiated and agreed upon during the high-level counternarcotics working group dialogue in September 2023.

Ecuador: Measure: Metric tons of cocaine seized. Data are provided by the Ecuador National Police, National Office of Antinarcotics. Data are collected by calendar year. Located between two of the largest cocaine producers, Ecuador is a major trafficking hub and is seeing a large increase in drug related violence and crime. INL works with the Ecuadorian National Police (ENP) and other partners to build capacity to interdict illicit drugs, precursor chemicals, and

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smuggled goods. These partners benefit from intelligence and logistical support to detect and interdict drugs enroute from drug producing countries in transit to onward markets. This increase in dedicated support and capacity building has been evident over the past few years. In 2021, the ENP seized over 210 metric tons of drugs, a 64 percent increase compared to the 128 metric tons of drugs seized in 2020, both of which were record setting years. 2020 and 2021 also saw dramatic increases in the seizure of precursor chemicals. In 2020, the ENP Anti-Drug Investigations National Subdirector (DNIA) told INL staff that the reopening of INL Quito, and INL's support for ENP operations through equipment and technology donations, capacity building courses, and overall mentorship and advice was a key contributor to this success.

Peru: Measure: Number of hectares of coca eradicated. Data are provided by the Government of Peru's Special Project for CORAH. Data in Peru are collected per calendar year. Peru experienced significant political unrest during 2023, following the impeachment of President Pedro Castillo in December 2022. Despite the increase in unrest, CD efforts remained positive and on track. During CY 2023, Peru eradicated 22,101 hectares of coca, slightly more than the previous year's 22,000 hectares. Peru remains on track to meet its eradication goals by the end of calendar year 2023. Going forward, the Peruvian government is committed to increasing its tools and resources to conduct more holistic CD efforts including increasing its budget and goals for coca eradication to 25,000 hectares in the coming year. Bolstering these eradication efforts include a whole of society effort to tackle drug-related crime, cultivation, production, organized crime, and corruption.

Mexico: While there isn't a measure, it is important to note that the United States-Mexico Bicentennial Framework for Security, Public Health, and Safe Communities, now in its third year, continues to operate across three lines of effort: Protect Our People, Prevent Transborder Crime, and Pursue Criminal Networks. The United States and Mexico have worked successfully during the last year to seize greater volumes of fentanyl and other drugs, improve law enforcement collaboration, prevent the diversion of precursor chemicals, and arrest key organized crime figures involved in drugs and firearms trafficking, migrant smuggling, and other criminal activity. To build on the increased cooperation of the past year, both countries will continue strengthening law enforcement information sharing and collaboration; build capacity to detect and counter drug production and trafficking and diversion of chemicals and drug-related equipment; and improve mechanisms to monitor, prevent, and treat SUD.

Department of State
United States Agency for International Development

Mission

USAID is the agency responsible for implementing most of the economic and development foreign assistance provided by the United States Government. It receives overall foreign policy guidance from the Secretary of State. USAID advances United States' foreign policy and development objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and by providing humanitarian assistance.

Relevant PRS Goal/Objective

Goal 7: The Supply of illicit substances into the United States is reduced (Objective 4)

USAID/Colombia and USAID/Peru support this objective by expanding the presence of the state, creating and strengthening licit and environmentally sustainable economic opportunities, strengthening communities, and reducing crime and violence in rural, post-conflict-affected (in the case of Colombia) areas. USAID's programs help countries develop economically viable alternatives to coca cultivation. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improve commercial agricultural production and market linkages in drug production-prone areas, facilitate access to financial services for small businesses and farmer associations, and offers farmers incentives to discontinue planting coca and other illicit crops. USAID also works to improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and grow a viable agribusiness industry. This support incentivizes and facilitates participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key United States partner countries.

Colombia: Colombia remains the world's top cocaine producer and exporter, as well as a source of heroin and marijuana. According to the United Nations Office on Drugs and Crime (UNODC), Colombian coca cultivation increased to 230,000 hectares in 2022, compared to 204,000 hectares in 2021, representing a 12.7 percent increase but deceleration in growth. Coca production remains a top income generator for illegal armed actors and organized crime, resulting in increased community insecurity. Where these illegal armed groups are present, development programs may stall. During FY 2023, USAID's efforts continued to target the flow of illicit drugs to the United States by supporting the transition to peace. In September of 2023 the Colombian Government released their new Drug Policy which focuses on comprehensive rural development and environmental protection as long-term solutions to the drug problem in Colombia. This represents a significant departure from previous administrations that focused more on forced eradication. The new Drug Policy is well aligned with the U.S. Embassy's holistic approach to counternarcotics and to USAID's rural development strategy. Colombia hosted the third United States-Colombia Counternarcotics Working Group (CNWG) in Bogotá in September 2023. Colombian pledges at the CNWG included increased interdiction, continued

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forced eradication for industrial plots, and comprehensive rural development. The two delegations also made significant time-bound promises to combat money laundering, increase rural police, reduce drug demand in Colombia, and increase monitoring on illegal mining. The two governments agreed to broaden the metrics used to measure the sustainability of its joint comprehensive strategy. USAID programs complement INL programs in eradication and interdiction, with USAID supporting sustainable licit crops and livelihoods, land titling, local government strengthening, community development, youth and women's empowerment, rule of law, and human rights efforts. Land titling is an especially important element of its integrated and holistic approach. Besides being central to reducing rural conflict, land titles are correlated with reduced coca production and recidivism. Without a land title, about three-quarters of coca growers replant after eradication. With a title, re-planting drops to about 20 percent. USAID worked closely with the government of Colombia to develop the "3T model" (Titling, Transition and Transformation) to promote a comprehensive approach to crop substitution that uses land titles as an incentive and promotes long-term transformation of coca growing municipalities to legal economic activities. USAID/Colombia's encouraging performance with the value of sales is partly a result of the U.S. Embassy's effort to entice the private sector to increase investments in rural areas. Assistance has also helped local organizations become effective and reliable partners with public and private sector actors in the planning and implementation of socio-economic development initiatives.

Peru: USAID will support the Peruvian-led policy of eradication, interdiction, and alternative development. For the year 2022, based on data from DEVIDA[107] and UNODC, coca production in Peru reached 95,008 hectares, reaching its highest level since 1996. Between 2020 and 2022, coca cultivation in Peru surged by just under 35,000 hectares, an increase of 54 percent. The pandemic, a sharp economic recession, and political instability have severely hindered Peru's CD response in recent years. Political turmoil and frequent turnover of high-level officials within important government institutions, including the Ministry of Interior and the Peruvian National Police, limited progress on counter-narcotics priorities. There was very little eradication in 2020 and 2021 due to COVID-19 and political instability. In 2022, however, Peru exceeded its goal of uprooting 18,000 hectares of coca, including 1,200 hectares in VRAEM. The Government of Peru (GOP) has set a coca eradication goal of 25,000 hectares for 2023. The GOP, along with coordinated assistance from the United States Government, has been able to sustain reductions in the numbers of hectares of coca in large swaths of the Peruvian Amazon through a three-pronged approach focusing on alternative development, eradication, and interdiction. Once a community gives up coca, USAID's alternative development programs complement the GOP's efforts to help farmers acquire the assets, skills, and basic services needed to become part of the licit economy (e.g., new crops, improved public services, environmentally sustainable farming knowledge, improved local governance, access to Internet, financial services, and markets). In line with leveraging Peruvian resources, USAID has progressively transferred many aspects of alternative development assistance to the GOP, including negotiating post-eradication assistance agreements with communities that give up coca, and delivering on those plans. In time, USAID

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[107] The Government of Peru agency responsible for implementing the country's counternarcotics policy and coordinating counternarcotics efforts.

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.

Information regarding the performance of the drug control efforts of USAID is based on data reported in each U.S. Embassy's 2022 and 2023 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The Agency will review the FY 2023 Actual and FY 2024 Target as part of the regular review and validation process over the next few months. These data may need to be adjusted in subsequent reports based on this review and validation process.

Performance Table

United States Agency for International Development				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Hectares of alternative crops targeted by USG programs under cultivation (Peru)	114,814	50,000	30,082	42,200
Total sales of licit farm and non-farm products in USG assisted areas (Peru)	$145,007,691	$40,000,000	$59,596,280	$70,000,000
Percentage of female participants in USG-assisted programs designed to increase productive economic resources (Peru)	46%	33%	34%	35%
Number of families benefiting from alternative development activities in the Andean region (Peru)	87,219	40,000	22,728	27,300
Number of rural households benefiting directly from USG interventions (Colombia)	58,841	18,605	54,929	17,705
Value of annual sales of producers and firms receiving USG assistance (Colombia)[108]	$63,766,230	$7,269,839	$15,774,741	$9,438,931
Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)	135,275	577	577	9,366

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[108] FY 2023 target doesn't include values for one of the main activities contributing to these three indicators, because it was awarded in February 2023, and the targets had not yet been finalized.

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Discussion of Results

Overall, USAID's alternative development activities in Peru in FY 2023 benefited 22,780 smallholder farm families that were able to improve yields and the quality of cacao and coffee on 32,780 hectares, generating over $59.5 million in sales. One-third of the people benefiting from USAID/Peru's alternative development assistance in support of licit livelihoods in FY 2023 were women. The results achieved in FY 2023 are significantly lower than the results achieved in FY 2022, due to the fact that several large USAID-funded activities ended in 2022. Targets related to hectares under cultivation and number of families benefiting from alternative development activities were not achieved in FY 2023, due to the fact that several activities that had been expected to start were delayed. However, total sales were greater than expected, due to large increases in productivity and prices that were much higher than expected.

During FY 2023, USAID's alternative development activities in Colombia benefitted 54,929 households. Activities enhanced local networks of businesses and licit opportunities to generate income, connecting producers to market and simultaneously creating new employment opportunities. Activities also improved access of land titles for rural families, as a pillar to achieve economic inclusion of rural inhabitants and drive them outside the influence of illicit activities. The target of rural households was exceeded because of the outreach efforts of USAID/Colombia activities, specifically through investment funds to improve rural households' access to finance and the strengthening of income generating activities in rural areas.

USAID-supported entities generated USD $15.77 million as a result of the diverse approaches of support provided to these farms, firms, and value chains. Several activities focused on increasing productivity and strengthening of value chains (honey, fish, corn, coffee, cocoa, crafts, and others), which benefited from increased international prices for agricultural commodities to boost their sales during FY 2023. Other activities focused on the market connections between the supported producers and the markets as well as inclusive economic recovery after the pandemic (including migrants, women, and others), which strengthened companies in sectors with high demand and high growth potential.

USAID/Colombia has supported sustainable licit crops and livelihoods across diverse value chains including cacao, coffee, fruits and vegetables, rubber, and dairy. For FY 2023, 577 hectares supporting these value chains were under improved management practices or technologies as a result of USAID assistance. The result of this indicator is significantly lower than the results of FY 2022 due to one of the Mission's activities, which contributed significantly to the results linked to this indicator, ending in 2022. Its follow-on started up in 2023, and it will eventually contribute significantly to the sales, hectares, and household metrics.

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Department of Transportation
Federal Aviation Administration

Mission

The mission of the Federal Aviation Administration (FAA) is to provide the safest, most efficient aerospace system in the world. As a part of this mission, the FAA has two organizational units contributing to drug abatement:

- The Drug Abatement Division of FAA's Office of Aerospace Medicine (AAM) is part of the Aviation Safety Organization and is responsible for ensuring that commercial air operators implement and maintain their own drug testing programs. It also investigates alcohol or drug rule violations by safety-sensitive employees that are certificated under Title 14 of the Code of Federal Regulations.

- FAA's Office of Security and Hazardous Materials Safety (ASH) 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.

Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objective 2)

The Drug Abatement Division's surveillance, enforcement, and safety promotion activities are essential to reducing illicit substance use in the airline industry. The Division supports and responds to internal and external stakeholders, the public, and safety-sensitive employees on an ongoing basis. The Division collaborates with FAA and AAM leadership, the Department of Transportation's Office of Drug & Alcohol Policy & Compliance and Counsel, FAA Chief Counsel, and other external stakeholders to address and promulgate regulations, enforcement policies, and guidance. The Division supports the Pilot Records Database (PRD) portion of the drug and alcohol testing data. The PRD is used to facilitate the sharing of pilot records among air carriers and operators. The Division also supports agency rulemaking initiatives associated with the application of federal drug and alcohol testing requirements.

Additionally, ASH supports the DEA, CBP, ICE, and other law enforcement agencies in their efforts to reduce the supply of illicit substances by interdicting narcotics smuggling within the United States as well as collaborating with foreign entities on aircraft narcotics smuggling. ASH also conducts civil enforcement actions on airmen involved in the use, sale, distribution and/or transportation of illicit substances, ensuring their access to the National Airspace System is denied.

Information regarding the performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within the agency.

Drug Testing of Safety-Sensitive Employees: Pursuant to 14 CFR § 120.109(b), the FAA Administrator's decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00 percent, the Administrator may continue the minimum random drug testing rate at 25 percent. In calendar year 2022, the latest available data, FAA exceeded its target with 0.786 percent of those persons randomly selected, testing positive for drugs, while 0.15 percent tested positive for alcohol, less than their respective one and one-half percent thresholds. Based on the reported data for 2022, violation rates for both drugs and alcohol remained low enough to enable the Administrator to continue the current minimum random testing programs for testing in calendar year 2024. The random Drug and Alcohol testing rates for the period of January 1, 2024, to December 31, 2024, were published on December 15, 2023.

Law Enforcement Assistance Program (LEAP): The FAA's Law Enforcement Assistance Program (LEAP) Special Agents take enforcement action against airman certificate holders convicted of use or transportation of illegal substances. As of September 30, 2023, FAA LEAP Special Agents responded to 6,457 requests from law enforcement and other agencies for information regarding airmen/aircraft in support of criminal investigations.

Performance Table

Federal Aviation Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Violation rates of Aviation Industry random testing of safety- sensitive employees	0.728% (CY 2021)[109]	< 1% for Drugs	0.786% (CY 2022)	< 1% for Drugs
Number of scheduled and inspected regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,195	1,450	1,415	1,400
Percentage of regulatory investigations initiated on all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement	94%	90%	29%	90%
Percentage of regulatory investigations initiated on all aircraft involved in illegal activity within 30 days of knowledge of that activity	100%	90%	100%	90%

[109] Reporting is based on calendar year pursuant to the FAA's random testing requirements under 14 CFR §§ 120.109(b) and 120.217(c).

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Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Percentage of initial responses to inquiries from federal, state, law enforcement, ASH headquarters, and field elements by the Law Enforcement Assistance Unit within 24 to 48 hours of requests	100%	95%	100%	90%
Provide assistance and briefings to other agencies as requested	100%	90%	100%	90%

Discussion of Results

For the performance measure regarding investigations of airmen, FY 2023 compliance is at 29 percent because a portion of drug-related investigations were delayed in processing due to an extremely large bulk transfer of data from Florida Department of Corrections. It took a significant amount of time to sift through all of the potential matches received from the Florida Department of Corrections to determine (a) if these were matches previously provided to FAA by Florida and (b) if, in fact, those names received were positive matches with certificated airmen. The bulk transfer of data led to the opening of numerous investigations, and the required tasks described above caused cases to extend beyond the required 30-day initiation timeframe. The FY 2023 data regarding airmen investigations do not reflect any ongoing challenges with the efficiency or effectiveness of FAA investigation activities.

In FY 2023, ASH only investigated one case involving drugs and an aircraft. The investigation was initiated within 30 days, thus achieving an actual rate of 100 percent.

While ASH performance measures are specific to the Law Enforcement Assistance Unit, which accounted for 2,256 responses, the totality of its law enforcement support includes an additional 4,201 requests in FY 2023.

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Department of Transportation
National Highway Traffic Safety Administration

Mission

The National Highway Traffic Safety Administration (NHTSA) is an agency within the Department of Transportation (DOT) responsible for keeping people safe on America's roadways. The mission of NHTSA is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and enforcement.

Within the NHTSA Office of Research and Program Development:

- The Drug-Impaired Driving Program develops programs and guidance to support national, State, and local stakeholders in implementing effective drug-impaired driving countermeasures.

- The Highway Safety Research Program studies the effect of drugs on driving, the prevalence of drug use among road users, and how to detect drug-impaired driving.

- The Emergency Medical Services (EMS) Program supports the National EMS Information System (NEMSIS) Technical Assistance Center (TAC) to help local, State, Tribal and Territorial EMS agencies submit data to the National EMS Database and to assess EMS response and patient care in connection with traffic crash injuries.

- The EMS Program also supports NEMSIS in the development of EMS agency reporting and dashboards designed to benchmark clinical and system performance, determining the effectiveness of clinical interventions and the facilitation of cost benefit analyses of traffic crash injuries.

- The EMS Program partnered with ONDCP to develop and release a Non-Fatal Drug Overdose Surveillance Dashboard that tracks real-time overdose rates by County and drug involved motor vehicle crashes.

- The Driver Education and Licensing Program provides guidance and support to states and driver education providers to educate novice teen drivers on the risks and harms of substance use as a road user.

Additionally, the NHTSA Office of Communications and Consumer Information (OCCI) develops, refines, and distributes diverse and culturally competent communications and media materials to increase public awareness of the dangers of driving after drug use and deter impaired driving.

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Relevant PRS Goal/Objective

Goal 2: Prevention efforts are increased in the United States (Objective 1).

The Impaired Driving Program supports this goal by funding efforts to prevent underage drinking and driving through its work with the National Liquor Law Enforcement Association and their efforts to enforce laws regarding service to minors. New efforts are being made to address alcohol sales through the mail. Additionally, OCCI media campaigns for youth include the message, "Driver or passenger, you're an influencer – no alcohol or drugs." As previously reported, NHTSA campaigns also include the messages: *If You Feel Different, You Drive Different; Drive High, Get a DUI*; and *There's more than one way to drive under the influence.* Materials are posted at TrafficSafetyMarketing.gov,[110] and the NHTSA Communications Calendar[111] illustrates the timing of these campaigns.

Additionally, the Driver Education and Licensing Program provides guidance and support to states and driver education providers through the Novice Teen Driver Education and Training Administrative Standards, to educate novice teen drivers on the risks and harms of substance use as a road user. An FY 2024 project will conduct a literature review to review the Novice Teen Driver Education and Training Administrative Standards. The review will aim to demonstrate whether evidence-based research supports the standards including those used to educate students about the risks and dangers of drug-impaired driving.

Goal 6: Criminal Justice reform efforts in the United States include drug policy matters (Objective 1).

ONDCP has a cooperative agreement with the National Association of Drug Court Professionals (NADCP), specifically through the National Drug Court Institute, that will launch trainings to introduce treatment court administrators with practices and approaches for increasing equal justice and reducing racial and other disparities among clients of those courts. NHTSA supports the NADCP in developing and improving Driving While Intoxicated (DWI) court training, including new court and operational tune-up trainings to reduce traffic injuries and fatalities due to high-risk impaired driving offenders. NHTSA also assists NADCP in developing web-based access to teams that are unable to travel and to better utilize the Academy Court network when conducting training and technical assistance.

As part of NHTSA's efforts to mitigate the incidence and effects of traffic crashes, the agency's drug control activities are operated in the context of roadway safety. NHTSA supports broadening SUD prevention and treatment efforts through its drug-impaired driving research, including demonstration projects. Utilizing data collected by NHTSA's National Center for Statistics and Analysis, the agency conducts research and demonstration projects to test countermeasures for traffic safety problems. Effective, evidence-based strategies are published in "Countermeasures That Work," a basic reference to assist State Highway Safety Offices and other highway safety professionals. A chapter in this document addresses drug-impaired driving.

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[110] https://www.trafficsafetymarketing.gov/get-materials/drug-impaired-driving
[111] https://www.trafficsafetymarketing.gov/calendars

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To educate stakeholders on these countermeasures, NHTSA sponsors several annual conferences. In particular:

- The Impaired Driving and Traffic Safety Conference, hosted by the International Association of Chiefs of Police, convenes the largest gathering of toxicologists, prosecutors, law enforcement, and highway safety executives to share information regarding highway safety and impaired driving initiatives.

- The Lifesavers National Conference on Highway Safety Priorities provides over 70 workshops in nine tracks including an Impaired Driving Track, with workshops focused on the latest research, proven countermeasures, and promising practices to reduce crashes related to alcohol and other drugs.

In addition, NHTSA provides resources for States and local programs. NHTSA's drug-impaired driving tool[112] allows users to evaluate programs to reduce drug-impaired driving through a systematic review of activities, policies, and procedures, while tracking progress over time.

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. The NEMSIS data standard ensures consistency and accuracy in reporting, enabling the tracking and analyzing of EMS and public health trends, optimization of EMS resource allocation, advancement of EMS protocols, and improvements to EMS patient care and patient outcomes. The NEMSIS Version 3 Data Standard improves upon prior versions of the NEMSIS Data Standard through:

1. Expanding the number of data elements including the incorporation of healthcare data documentation standards (e.g., ICD-10-CM, RxNorm, SNOMEDCT);

2. Utilization of XML data structure making it easier to process, validate, and exchange information electronically in near-real-time;

3. Incorporation of Schematron rules to enhance data quality assurance and validation; and

4. Establishing a framework for interoperability with health IT equipment and tools, other medical and public health data systems, and health information exchanges.

Furthermore, NHTSA has two types of drug-impaired consumer campaigns: (1) a public service announcement donated media campaign and (2) a paid media campaign. The campaign, conducted through the Ad Council, runs all year long and encourages safe driving behavior. It communicates that if consumers use drugs, specifically marijuana, then they should not get behind the wheel of a car and instead plan for a sober ride home. The tagline for this campaign is *If You Feel Different, You Drive Different*. The paid media campaign is a portion of NHTSA's

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[112] Available at nhtsa.gov/DUIDtool

national impaired driving high-visibility enforcement (HVE) initiative that runs in August through Labor Day weekend and December through New Year's Day. This HVE campaign is executed as directed by 23 U.S.C. § 404. The paid media campaign's tagline is *Drive High, Get a DUI*. It is supported with a national paid media buy during these two times of the year Lastly, NHTSA will be discontinuing the use of the "data analyses to inform drug involved driving policy and programs" metric, given that NHTSA uses data to inform all of its policymaking. For example, NHTSA consistently uses data measures and analytic techniques, such as the National Roadside Survey of Alcohol and Drug Use by Drivers, to inform its investments related to drug safety.

Performance Table

National Highway Traffic Safety Administration				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Number of states and territories submitting Version 3 Data, including naloxone administration, into the National EMS Information System	54	54	54	54
Data analyses to inform drug-involved driving policy and program[113]	5	5	Discontinued	N/A
Number of states or local agencies/ organizations that use the Drug-Impaired Driving Self Evaluation Tool	10	20	27	35
Number of drug-impaired driving prevention campaigns	2	2	2	2
Donated Media Campaign Impressions	$345M	$230M	$2,450M[114]	$483M
Paid Media Campaign Impressions	$617M	$664M	$753M	$688M

Discussion of Results

NHTSA research and data analyses resulted in important contributions to traffic safety practices and knowledge during FY 2023. *Alcohol and Drug Prevalence among Seriously and Fatally Injured Drivers*[115] and *Practices for Sharing Drug Recognition Expert Resources*[116] exemplify the type of work NHTSA conducts. The later report presents findings from a study with State and local law enforcement agencies and highlights successful practices on how to make Drug Recognition Experts (DRE) from one agency or jurisdiction available to their nearby agencies when responding to DRE callout requests.

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[113] As of FY 2023 this metric is no longer being tracked.
[114] FY 2023 Donated media impressions was an anomaly as the drug-impaired campaign received an unusually large volume of support from the NFL Network and over-delivery on its programmatic banner ads.
[115] https://rosap.ntl.bts.gov/view/dot/65623
[116] https://rosap.ntl.bts.gov/view/dot/66099

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To understand the impact of the Drug-Impaired Driving Criminal Justice Evaluation Tool on improving programs, NHTSA offered assistance to states and local agencies/organizations who use the tool with overcoming challenges identified in the generated results. The original FY 2023 utilization target of 20 States was exceeded through extensive promotion of the available financial and technical assistance functionality, resulting in a total of 27 States who have utilized the tool since launch in 2020. The FY 2024 target reflects an anticipated additional seven States utilizing the tool to determine their strengths and opportunities for their Driving Under the Influence of Drugs Program.

FY 2023 donated media impressions, valued at $2.45 billion was an anomaly as the drug-impaired campaign received an unusually large volume of support from the NFL Network. Donated media is content generated in support of NHTSA's campaigns that can be run by any outlet. The donated media impressions targets are based on historical averages. In FY 2023, the NFL network ran NHTSA's campaign media during NFL games and broadcasts with high viewership. This over-delivery on its programmatic banner ads during NFL network broadcasts led to millions more impressions than anticipated, and the additional value of those impressions increased accordingly. FY 2023 was an outlier, historically speaking, and as such, the FY 2024 target has not been raised in response to the perceived inflation impact of the NFL network broadcasts.

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Department of the Treasury
Financial Crimes Enforcement Network

Mission

The mission of the Financial Crimes Enforcement Network (FinCEN) is to safeguard the financial system from illicit use, combat money laundering and its related crimes including terrorism, and promote public safety and national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence. FinCEN carries out its regulatory functions primarily under the authorities set forth in the Bank Secrecy Act (BSA). The bureau receives and maintains financial transactions data, analyzes and disseminates data for law enforcement purposes, and builds global cooperation with counterpart organizations in other countries and with international bodies.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 2)

Central to FinCEN's mission is the detection of financial crime, including illicit finance associated with transnational organized crime and drug trafficking. FinCEN directly supports law enforcement investigations of narcotics trafficking and money laundering and produces intelligence to inform CD strategies, policies and programs. FinCEN maintains robust interagency cooperation on counter narcotics work through co-located staff at DEA and OCDETF.

The performance measures were chosen as they directly track the level of work and demand for FinCEN products and services related to the *Strategy*. The evaluation plan is for FinCEN to assess these measures over time for trends. Since their enactment in January 2021, FinCEN has diverted a significant portion of its staff to implementation of the Anti-Money Laundering and Corporate Transparency Acts (AMLA/CTA). This impact can be seen in some of the FY 2023 performance trends associated with the measures below.

The number of counter narcotics intelligence products is an important measure as these analytic products are produced to help detect illicit drug activity. FinCEN produces a variety of counter narcotics intelligence products requiring various levels of analysis and resources. The number of intelligence products may vary from year to year depending on several factors. Intelligence division staff also support AMLA/CTA efforts, work to combat terrorist financing including related to Hamas, lead on many cyber and ransomware cases, support Treasury's sanctions of Russian oligarchs and seizure of their assets, and support efforts to counter other illicit finance threats. These additional priorities can limit the number of resources that FinCEN can assign to counter narcotics work, but Treasury notes that FinCEN continues to prioritize counter narcotics work as detailed in the Performance Table.

The number of 314(a) requests received from the DEA is a meaningful measure as these requests allow agents, through FinCEN, to reach out to financial institutions to locate previously

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unknown accounts and transactions of persons/entities that may be involved in money laundering related to illicit drug activity. This measure tracks the volume of those 314(a) requests received and processed that are related to illicit drug activity and its proceeds. Notably, however, the number of 314(a) requests from the DEA is dependent on the specific contexts of ongoing investigation activities by the DEA, which vary over time and can be challenging to forecast in advance with precision.

Another useful performance measure is the number of Egmont requests to and from foreign financial intelligence units (FIUs) related to illicit drug activity. FinCEN responds to requests from FIUs that are members of the Egmont Group and acts as a conduit for requests from domestic law enforcement to foreign FIUs. The Egmont group of FIUs is an international network of FIUs designed to improve communication, information sharing, and training amongst its FIU members. Narcotics-related information shared through Egmont channels is made available to relevant law enforcement agencies. As with the previous metric, Egmont requests are also partly dependent on the investigation-related activities of foreign FIUs, which can be challenging to forecast precisely.

Finally, the number of FinCEN training events held for the DEA is an impactful drug control performance measure as it tracks training related to the use of BSA information to advance DEA investigations. FinCEN training events for the DEA are tailored to assist their agents with the analysis of BSA reporting that may indicate illicit financial drug activity.

Performance Table

Financial Crimes Enforcement Network				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
Number of Domestic Counter Narcotics Intelligence Products	38	45-50	52	50
Number of 314(a) Requests from DEA	62	58-63	49	50
Number of Egmont Requests to Foreign Financial Intelligence Units on Behalf of United States Requesters Related to a Narcotics Violation	33	30-35	47	48
Number of Egmont Requests from Foreign Financial Intelligence Units Related to a Narcotics Violation	53	50-55	41	42
Number of FinCEN Training Events to the DEA	53	55-60	65	55

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Discussion of Results

FinCEN produces a variety of counter narcotics intelligence products requiring various levels of analysis and resources. The number of intelligence products may vary from year to year depending on these variables. In FY 2023 FinCEN exceeded the Domestic Counter Narcotics Product target of 45 to 50 by completing 52 products because of increased focus on this portfolio during the FY. FinCEN expects to maintain this production target for FY 2024.

The metric related to 314(a) requests reflects the number of requests FinCEN receives from DEA. This number was below its FY 2023 projection of 58 to 63 for the number of 314(a) requests from DEA with 49 requests. FinCEN has set the FY 2024 target in a range of 45 to 50 314(a) requests from the DEA based on the number FinCEN expects to receive, though as discussed, forecasting the number of requests is difficult to do with precision.

The number of Egmont requests to and from Foreign FIUs containing a mention of narcotics is similarly dependent on the number of these requests that FinCEN receives from FIU and United States partners. The amount of Egmont information demanded by FIU and United States agency requesters determines the number of narcotics-related requests that FinCEN processes. The number of Egmont requests in FY 2023 rose above the forecast of 30 to 35, with 47 Egmont requests sent to Foreign FIUs. In light of this data, FinCEN has set its FY 2024 target at 45 to 50. For the requests from Foreign FIUs, the number received was 41, below the FY 2023 projected value of 50 to 55 requests. The FY 2024 target is set at 40 to 45. FinCEN chose 45 to 50 as our target for FY 2024 based on FY 2023 historical data of 47 received. The FY 2024 target for incoming FIU requests is 40-45 based on the total of 41 requests that mention narcotics from partner FIUs in FY 2023.

FinCEN arranged 65 training events for the DEA in FY 2023, surpassing the FY 2023 target of 55 to 60. FinCEN set its FY 2024 target at a range of 55 to 60 events, based on the number of training events it expects to hold.

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Department of the Treasury
Internal Revenue Service

Mission

The mission of IRS-Criminal Investigation (IRSCI) is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law. IRSCI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: Legal Income Source, Illegal Income Source, and Narcotics Programs. IRSCI focuses its counter-narcotics resources on investigating individuals and Transnational Organized Criminal (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 its unique financial investigative expertise and statutory authority. With one of the highest priorities of the National Security Council Strategic Implementation Plan is to undermine the illicit finance networks that make drug trafficking possible, IRSCI is committed to dismantling, disrupting, and prosecuting these TOC groups operating in the shadows, in support of disrupting the illicit fentanyl supply chain.

IRSCI contributes 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 TOC'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 Combatting Terrorist and other Illicit Financing. It plays a key role in multiple initiatives that are part of the highly visible *National Southwest Border Counternarcotics Strategy*.

Nationally, IRSCI continues to support OCDETF, Strike Force Initiatives, HIDTA, the multi-agency Special Operations Division (SOD), the International Organized Crime Intelligence and Operations Center (IOC2), DEA's Counter Threat Team (CTT), the OCDETF Fusion Center, the National Targeting Center (NTC), and the FBI Joint Criminal Opioid Darknet Enforcement (JCODE) task force. In addition, IRSCI continues the collaboration and partnership with the Department of Defense on its Threat Finance Program. IRSCI investigates an array of financial crimes that pertain to Counter Threat Finance (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.

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In the last 10 years, IRSCI participated in approximately 35 percent of all OCDETF investigations and 64 percent of all cases convicted of financial charges nationwide. During the same period, IRSCI participated in approximately 41 percent of all OCDETF investigations initiated and 77 percent of all cases convicted of financial charges in the Southwest Border Region, reflecting an increased emphasis on such work. Furthermore, this result illustrates the direct correlation between IRSCI's involvement and the prosecution of financial charges, which relates to management discussions and agreements with the U.S. Attorney's Offices in the various judicial districts across the country.

Furthermore, IRSCI leads SAR-RTs and/or Financial Crimes Task Forces in all judicial districts throughout the Nation. The goals of the SAR-RTs and FCTFs are to identify, disrupt and/or dismantle criminal organizations actively utilizing 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.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objectives 1, 2 and 3)

IRSCI Office of Narcotics and National Security implemented a policy in FY 2022 to coordinate all criminal cases with the OCDETF Fusion Center (OFC). This policy has already contributed to identifying individuals engaged in narcotics trafficking within the United States who otherwise would not have been identified. IRSCI sponsors, co-sponsors, and participates in hundreds of OCDETF, Priority Transnational Organized Crime (PTOC), narcotics, and cyber investigations related to the illicit production, distribution, and transportation of narcotics. In the last ten years, IRSCI participated in approximately 36 percent of all OCDETF investigations nationwide. 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.

IRSCI Office of Narcotics and National Security has increased its interagency partnerships across the United States Government. During the past 12 months IRSCI has made a significant investment in its Narcotics section enhancing its capability to provide training, case development, and investigative support to its law enforcement partners. Additionally, IRSCI is better positioned to communicate, deconflict, and ingest actionable intelligence from its intelligence and military partners.

In FY 2023, IRSCI began deconflicting and conducting case coordination meetings on a regular basis with its JCODE partners on darknet marketplaces using the financial system. This was in addition to the efforts where IRSCI embarked on a cyber initiative to specifically focus on the illicit proceeds generated from darknet marketplaces and transactions conducted in virtual currencies designed to avoid Title 31 reporting requirements. Due to more normalized field operations in the current post-COVID environment, an aggressive hiring plan and an increase in investigative resources, IRSCI will see an increase in asset freezes and seizures by 365 percent by FY 2025.

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Additionally, IRSCI utilizes integrated data analysis to continuously monitor the FinCEN database against IRSCI criminal investigation inventory. IRSCI is working to develop a reporting to compare and report on the significance of SAR data's value in OCDETF investigation disruption in order to measure the impact for FY 2025. IRSCI leads SAR-RT and FCTFs across the United States. The SAR-RTs and FCTFs often demonstrate significant overlap into the money laundering organizations which support narcotics traffickers. These efforts directly contribute to the number of identified defendants who are convicted in OCDETF investigations.

IRSCI sponsors, co-sponsors, and participates in hundreds of OCDETF, PTOC, narcotics, and cyber investigations related to the illicit production, distribution, and transportation of narcotics. IRSCI has one of the highest conviction rates of all of federal law enforcement agencies. There are approximately 215 specified unlawful activities that allow IRSCI to consider various money laundering charges against organizations that operate in support of TOCs. IRSCI's specialized expertise allows prosecutors options to charge co-conspirators who develop elaborate schemes to legitimize illicit proceeds generated from narcotics trafficking such as Black Market Currency Exchange, Trade-Based Money Laundering schemes, unlicensed Money Services Business (MSBs), Hawala transactions, shell/shelf corporations, casinos, smurfing, micro-structuring, bulk cash smuggling, and virtual currency exchanges. The majority of these criminal activities are identified through its vigilant use of FinCEN/SAR data leading to enhanced targeting of significant financial facilitators.

IRSCI has additional focus on OCDETF and narcotics investigations linked to Sinaloa cartels and will continue to make additional strides in investigative efforts. IRSCI continues to work with its domestic and international law enforcement partners. Specifically, IRSCI will continue to work with its international cadre of Attachés, who coordinate with authorities in Mexico, Columbia and El Salvador to investigate Sinaloa and New Generation cartels. IRSCI is developing a decision model to prioritize threats based on the United States Government's list of priority targets. This "Threat Matrix" will be used by IRSCI management to focus its investigative efforts on those groups which pose the greatest threat to the national security of the United States and its neighbors. Furthermore, IRSCI participated in 41 percent of all OCDETF investigations initiated in the Southwest Border Region demonstrating its emphasis to combat the money laundering by significant drug trafficking organizations who dominate that region.

Most recently, IRSCI joined efforts with the DEA's CTT, which is tasked with disrupting and dismantling the major drug cartels that distribute much of the fentanyl (including fentanyl-related substances) in the United States. The CTT includes a Financial Threat Cell (FTC) which focuses on eliminating the money laundering activities of these cartels.

Furthermore, 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 narcotics trafficking organizations. These provisions of law are substantial weapons in the prosecution, seizure, and forfeiture of illicit funds and profits generated from these activities.

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These efforts by IRSCI have helped produce a number of convictions in FY 2023 that exceeded forecasted levels across the narcotics, opioids and methamphetamine, and cybercrimes programs—advancing critical work to disrupt illicit drug supply chains. These results come even amid a significant resource crisis for IRSCI over the past decade, as well as recent obstacles related to the COVID-19 pandemic and its effects on the justice system.

Performance Table

IRS Criminal Investigation Narcotics Program				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Narcotics Program: Number of Convictions	412	366	464	389
Opioids and Methamphetamine: Convictions	224	212	275	226
Cybercrimes: Convictions	68	61	77	65
Narcotics Program: Number of Investigations Completed	538	641	551	610
Opioids and Methamphetamine: Completions	264	353	293	322
Cybercrimes: Completions	153	152	112	141
Narcotics Program: Conviction Rate[117]	90%	88.8%	88.4%	87.8%
Opioids and Methamphetamine: Conviction Rate	92.6%	92.8%	92.6%	91.9%
Cybercrimes: Conviction Rate	93.2%	92.8%	86.5%	89.1%

Discussion of Results

As discussed, IRSCI exceeded key FY 2023 forecasts for convictions across narcotics, opioids and methamphetamines, and cybercrimes, despite facing significant resource constraints and obstacles related to the COVID-19 pandemic. Going forward, IRSCI anticipates that its ability to pursue additional investigations—and to support OCDETF investigations, using its unique financial skills—will only improve. Over the past two years, IRSCI has placed a high priority on hiring efforts to overcome human resource challenges. These efforts are translating to increasing capacity.

Regarding other metrics besides number of convictions, IRSCI's conviction rate fell slightly below forecasted levels, reflecting similar obstacles as those discussed above. This trend also partly reflects IRSCI's focus on its convictions goals across narcotics, opioids and methamphetamines, and cybercrimes.

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[117] The conviction rate is the percent of adjudicated criminal cases resulting in convictions.

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The number of completions related to the overall narcotics mission was also below forecast results in FY 2023. This is primarily due to staffing dynamics, as mentioned above. IRSCI has been facing a human resource crisis in the last decade, but the hiring of additional agents is trending upward. IRSCI anticipates that this trend will continue, and additional agents will become available to pursue OCDETF investigations where their unique financial skills are best utilized. IRSCI applied 11.7 percent of all FY 2023 direct investigative time to the OCDETF program, resulting in exceeded targets for cybercrime, opioids and methamphetamine cases. Additionally, IRSCI identified 4.0 percent and 2.9 percent of direct investigative time as being allocated toward opioid and methamphetamine cases, respectively. These metrics further indicate IRSCI's efforts to target significant investigations.

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Department of the Treasury
Office of Foreign Assets Control

Mission

The Office of Foreign Assets Control (OFAC) is a component of the Office of Terrorism and Financial Intelligence 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.

Relevant PRS Goal/Objective

Goal 7: The supply of illicit substances into the United States is reduced (Objective 1)

The characteristics of OFAC actions can vary widely, including their complexity, time for development, and coordinated efforts with other key elements of the government. OFAC's authorities regarding drug related sanctions derive primarily from three major sources:

(1) The Kingpin Act (21 U.S.C §§ 1901-1908 and 8 U.S.C. §1182) which provides authority for the application of sanctions to significant foreign narcotics traffickers and their organizations operating worldwide.

(2) Executive Order (E.O.) 14059 ("Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade").

(3) E.O. 13581 ("Blocking Property of Transnational Criminal Organizations").   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 FinCEN.

These indicators measure the number of actions taken to impose sanctions under E.O. 13581 and E.O. 14059, and the Kingpin Act. The data are collected from OFAC. The preparation for each action is complex and requires multiple lines of effort.

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Performance Table

Office of Foreign Assets Control				
Measures of Performance	FY 2022 Actual	FY 2023 Target[118]	FY 2023 Actual	FY 2024 Target
Number of Kingpin Designation Actions	4	N/A	0	N/A
Number of E.O. 13581 Designation Actions	11	N/A	4	N/A
Number of E.O. 14059 Designation Actions	46	N/A	192	N/A

Discussion of Results

While OFAC does not set target designations numbers, below is an example of OFAC's counternarcotics designations efforts under E.O. 13581 and E.O. 14059, as well as the Kingpin Act: On August 9, 2023, the Department of the Treasury's OFAC designated three Sinaloa Cartel members involved in the illicit trafficking of fentanyl and other deadly drugs. This action was coordinated closely with the Government of Mexico, including La Unidad de Inteligencia Financiera (Mexico's Financial Intelligence Unit), and it was the result of ongoing collaboration with the DEA's San Diego Field Division, the FBI's San Diego Field Office – Major Mexican Traffickers Strike Force, the San Diego County District Attorney's Office, and the San Diego Sheriff's Department.

Baja California, Mexico-based "plaza bosses" for the Sinaloa Cartel, Alfonso Arzate Garcia and his brother, Rene Arzate Garcia, manage the cartel's drug trafficking operations in Tijuana and the surrounding municipalities, and are involved in importing large quantities of illicit drugs, including fentanyl (and fentanyl-related substances), into the United States. Known to be extremely violent, the Arzate Garcia brothers are also involved in carrying out enforcement operations, such as kidnappings and executions, for the Sinaloa Cartel. In separate indictments, both filed on July 25, 2014, the Arzate Garcia brothers were charged with drug trafficking offenses in the U.S. District Court for the Southern District of California. To date, the Arzate Garcia brothers remain fugitives.

OFAC also designated Rafael Guadalupe Felix Nuñez (Felix Nuñez), who began his criminal career working as a hitman for the Sinaloa Cartel. In 2008, following the separation of the Sinaloa Cartel and the Beltran Leyva organization, a new Sinaloa Cartel armed wing was formed by now-deceased Rodrigo Arechiga Gamboa ("Chino Antrax") that would go on to be called "Los Antrax." Among its original members was Felix Nuñez, who then became known as "El Changuito Antrax." Following Rodrigo Arechiga Gamboa's arrest in December 2013, Felix

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[118] OFAC considers the above as performance indicators and there is no ability to accurately place a target number on the number of designations completed, since each target requires different levels of effort to compile the designation packages; therefore, no future targets are listed when reporting this data. This method of reporting designations performance also tracks to how OFAC's parent organization, TFI, reports its sanctions performance data in the President's Budget.

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Nuñez took on more responsibility in the organization, and on July 25, 2014, Felix Nuñez was indicted on drug trafficking charges in the U.S. District Court for the Southern District of California. He was arrested by Mexican authorities in November 2014 and in 2017 escaped from a prison in Culiacan, Sinaloa with several other Sinaloa Cartel members. To date, Felix Nuñez remains a fugitive.

Since his escape from prison, Felix Nuñez has evolved into a powerful and violent Sinaloa Cartel leader in the city of Manzanillo, Colima, Mexico. The city of Manzanillo is home to a large port that shares its name and serves as a gateway for illicit drugs. The port of Manzanillo receives shipments from all over the globe, including cocaine from Colombia and illicit precursor chemicals — including those used to synthesize fentanyl — from Asia. In addition to being a North American entry point, the port of Manzanillo is also a strategic transport hub for drugs ultimately destined for the United States.

OFAC designated Alfonso Arzate Garcia, Rene Arzate Garcia, and Felix Nuñez pursuant to E.O. 14059 for having engaged in, or attempted to engage in, activities or transactions that have materially contributed to, or pose a significant risk of materially contributing to, the international proliferation of illicit drugs or their means of production.

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Department of Veterans Affairs
Veterans Health Administration

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Mission

Within the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA) operates the country's largest integrated health care system designed to provide world-class health care to the nation's Veterans. Care for Veterans with mental illnesses and SUD is an important part of VA's delivery of overall health care. The goal of VHA's Office of Mental Health and Suicide Prevention is 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.

The VA/DoD *Clinical Practice Guideline for the Management of Substance Use Disorders* serves as the foundation for provision of SUD services within VA. VA provides comprehensive services for the treatment of SUD, to include: screening and brief intervention; outpatient and intensive outpatient SUD specialty services; pharmacotherapy for OUD, including office-based buprenorphine, extended-release injectable naltrexone and Opioid Treatment Programs that provide methadone; SUD residential treatment programs (Level 3.7 medically monitored intensive inpatient services); and withdrawal management. Peer specialists are embedded across the continuum to support Veterans in recovery and treatment for SUD, both within specialty care settings (e.g., pain management, emergency departments) and in settings outside of specialty care (e.g., primary care, general mental health clinics). Beyond treatment for SUD, VA provides both primary and secondary prevention specific to OUD in addition to efforts specific to risks associated with substance use in general. As an integrated health care system, VA is uniquely situated to address the needs of Veterans diagnosed with SUD providing support to address co-occurring medical, mental health, and psychosocial needs, including support(s) for employment and housing.

In the fourth quarter (Q4) of FY 2023, 258,722 Veterans who received services within VHA were diagnosed with a SUD. Of these Veterans, VHA provided services by mental health clinicians in multiple settings and modalities, including outpatient, clinical video telehealth, or telephone care to nearly 85 percent (218,877) of Veterans with any diagnosis of a SUD. Among Veterans receiving services for such disorders within VHA in Q4 FY 2023, approximately 16 percent (41,736) used amphetamines, around 24 percent (61,922) used cocaine, around 26 percent (66,463) used opioids, and around 56 percent (146,177) used cannabis; these categories are not mutually exclusive.

The number of Veterans with SUD served within VA was significantly impacted by the COVID-19 pandemic, though with VA's recent efforts to increase engagement, these numbers have increased in recent years. VA continues to work to engage Veterans experiencing substance use concerns in treatment, with data suggesting that Veterans are re-engaging with treatment, either virtually or in person.

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Relevant PRS Goal/Objective

Goal 1: Illicit substance use is reduced in the United States (Objectives 1 and 2)

VHA supports this goal by offering a broad array of SUD treatment and SUD harm-reduction services, including, but not limited to evidence-based pharmacologic treatment of OUD, treatment of stimulant use disorder with Contingency Management (CM) and cognitive behavioral therapy; and overdose education and naloxone distribution to Veterans at high risk for overdose, such as OUD and stimulant use disorder. VHA services also include interdisciplinary reviews of Veterans who have overdosed, as well as Veterans prescribed opioid analgesics who are identified as very high risk based on VHA's predictive model—the Stratification Tool for Opioid Risk Management (STORM). VA is also working to increase provider awareness and education around diagnosing SUDs, including stimulant and OUDs. VHA works to improve access to VHA SUD care by offering a broad array of evidence-based SUD treatments, including, but not limited to, evidence-based pharmacologic treatment of OUD and treatment of stimulant use disorder, with CM and Cognitive Behavioral Therapy – SUD. VA is working to increase provider awareness and education around diagnosing SUD, including stimulant and OUDs.

Goal 3: Harm Reduction efforts are increased in the United States (Objectives 1 and 2)

VA is supporting this goal through its establishment of an enterprise-wide Harm Reduction Program (HRP). This enterprise-wide HRP includes services such as linkage to SUD care; low-threshold buprenorphine treatment; overdose education and naloxone distribution; risk mitigation strategies for people who inject substances, those with undertreated SUD, and those at risk for infectious disease; and SSP implementation where not prohibited by state or local law. VA has developed six SSP kits that can be ordered and provided to Veterans; each kit includes a patient educational brochure and supplies. To support standardized SSPs and harm reduction, including linking patients with SUD treatment and providing additional harm reduction such as infection prevention, Pre-Exposure Prophylaxis, and overdose education and naloxone, VA has also implemented a SSP clinical note. This SSP clinical note facilitates ordering and tracking of SSP kits, harm reduction interventions where not prohibited by state or local law, and treatment referrals.

VA is also launching a VA National Fentanyl Test Strip Workgroup and sharing local examples of VA facilities that are successfully integrating fentanyl test strip distribution into their clinical practice where not prohibited by state or local law. VA is working to address several identified implementation barriers including variability in state and local laws regarding the legality of drug test strips and issues with the lack of a federal or industry entity that examines drug testing strips for drug checking purposes to ensure that minimal standards are met. While the VA SSP kits do not include fentanyl test strips, the VA SSP clinical note allows for systematic reporting and tracking of whether facilities distributed fentanyl test strips in their provision of SSP services. To support VA's harm reduction initiatives, in FY 2024, VA is supporting the hiring of Harm Reduction Coordinators and low-barrier buprenorphine prescribers in VA medical centers.

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Goal 4: Treatment efforts are increased in the United States (Objectives 1 and 2)

VHA is supporting this goal by identifying Veterans at highest risk for drug overdose using STORM and conducting interdisciplinary team reviews of these Veterans.   The reviews encourage and facilitate appropriate treatment for this very high-risk group. Given that patients with a non-fatal overdose are among those at highest risk for a fatal overdose, VHA has also implemented requirements for overdose reporting and response. These requirements include reporting any overdose that occurred within the past 12 months from the date of notification using national standardized notes, and a data-based risk review by an interdisciplinary team that can facilitate rapid engagement in specialty SUD care or mental health services when appropriate. Moreover, for Veterans hospitalized or discharged from an Emergency Department or Urgent Care Center, at least four mental health or SUD outreach efforts/clinical contacts must take place within 30 days of discharge. These overdose reporting and response requirements help identify patients in need of treatment admissions.

In addition, VHA is addressing access issues in vulnerable populations. For example, VHA has hired staff who are tasked with the linkage of Veterans served by VHA's homeless programs with VHA's SUD care services. Further, VHA continues to implement a broad expansion of SUD treatment services through funds initially appropriated during FY 2022. This expansion will allow for improved access across the full continuum of care for Veterans experiencing substance use concerns.

VHA is also hiring additional behavioral health providers through the execution of SUD-specific purpose funding aligned with the President's budget.

Goal 5: Recovery efforts are increased in the United States (Objective 2).

VHA is significantly expanding the number of certified peer specialists' enterprise-wide. This expansion is expected to increase engagement and retention in evidence-based SUD treatment and to support Veterans' recovery and efforts to improve their personal wellness self-management, build healthy social networks, and enhance their quality of life.   Further, VHA requires peer support services to be available in all its SUD residential treatment programs.

VA is a national leader in providing evidence-based SUD care to enrolled patients and is continually innovating to further improve access.   For example, VA policy requires that all facilities provide access to medications for the treatment of OUD and alcohol use disorder (AUD). VA implemented several national initiatives to facilitate widespread implementation of MOUD, beginning in 2007, with the Buprenorphine in the VA Initiative, and more recently with Academic Detailing efforts and the Psychotropic Drug Safety Initiative.   In the year ending FY 2023 Q4, 48.1 percent of Veterans with an OUD received methadone, buprenorphine, or intramuscular extended-release naltrexone.

VA offers a comprehensive continuum of specialty SUD services for Veterans that includes specialty SUD treatment programs as well as treatment and engagement outside of SUD specialty settings, with a focus on engaging Veterans where they are most likely to present for care.   This includes the provision of evidence-based psychosocial treatments and

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pharmacotherapy for SUD in general mental health, primary care, and pain management settings. VA/DoD Clinical Practice Guidelines provide the foundation for evidence-based treatment within VA and have positioned VA to respond to emerging drug use trends.   For example, VA's CM program, implemented in 2011, has been identified as a core component of VA's efforts to respond to the emerging methamphetamine threat.   Through September 2023, VA has provided CM services to over 6,400 Veterans and 92 percent of the more than 83,000 urine samples have tested negative for the target drug(s) (e.g., stimulants or cannabis).

VHA Directive 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics approved by the Under Secretary for Health on April 27, 2023, indicates that the diagnosis, assessment, and treatment for the full range of SUD must be made available by the VHA Administrative Parent across the continuum of care as appropriate to the program and patient care needs. The Directive commits VA to provide SUD treatment services to every eligible Veteran wherever they obtain care in VHA. In addition, VHA Directive 1160.04 "*VHA Programs for Veterans with Substance Use Disorders,*" published December 8, 2022, stipulates that all eligible Veterans who require or request treatment for SUD have timely access to the full continuum of SUD treatment services, including prevention, screening, brief intervention, medications, and intensive specialty SUD treatment when indicated. To further enhance access to Mental Health services, VHA Directive 1231(3), Outpatient Clinic Practice Management, amended July 19, 2022, states that VA medical facilities and Community Based Outpatient Clinics (CBOC) treating 10,000 or more Primary Care enrolled unique Veterans per FY, must provide access to a minimum of four Extended Hours per week in a Mental Health clinic. 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.

VHA is committed to supporting access to MOUD for Veterans diagnosed with an OUD, with several initiatives designed to support providers, with the intent of increasing overall rates of prescribing (i.e., Psychotropic Drug Safety Initiative (PDSI), Academic Detailing, Medication Addiction Treatment in VA (MAT VA)).   Quality improvement initiatives (e.g., Academic Detailing's OUD Campaign and PDSI) are ongoing and review sites with low utilization of MOUD, provide consultation to identify barriers that may exist and proactively resolve any barriers.

Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT): MOUD has historically been provided in SUD specialty-care clinics, but a significant number of Veterans with clinically diagnosed OUD do not access SUD specialty care. By disseminating evidence-based models for delivery of MOUD in primary care, mental health and pain management clinics, Veterans have timely access to the right treatment at their preferred point of care. VHA launched the SCOUTT initiative in August 2018, with the intent of supporting the expansion of MOUD in level 1 clinics (primary care, general mental health, and pain management clinics). Phase 1 sites in each Veterans Integrated Service Network (VISN) implemented this expansion during FY 2019. From August 2018, through September 2023, there was a 197 percent increase in the number of patients receiving buprenorphine in the Phase 1 clinics and 297 percent increase in the number of providers prescribing buprenorphine in these clinics. Further, since the start of Phase 1, over 3,384 Veterans have initiated buprenorphine and are being retained in care, with 72 percent of

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Veterans in Phase 1 clinics retained on buprenorphine for more than 90 days. A national virtual SCOUTT conference for Phase 1 sites took place in September 2020, with over 300 attendees. Phase 2 of the SCOUTT initiative was launched in FY 2020, and three regional conferences occurred in April 2021, attracting over 500 participants. From the launch of Phase 2 in October 2020 to September 2022, there has been a 39 percent increase in the number of patients receiving buprenorphine and a 100 percent increase in the number of providers prescribing buprenorphine in the pilot clinics. Since the beginning of Phase 2, over 1,047 Veterans have initiated buprenorphine care, 74 percent of whom have been retained on buprenorphine for more than 90 days. Further, the infrastructure developed to support Phase 1 of the SCOUTT initiative also supports level 1 clinics at facilities that are not formally involved in the SCOUTT initiative.

Clinical Pharmacist Practitioner Practice Innovation: To expand access to SUD care to Veterans, VA continues to retain, invest in, and support a complement of team members to increase access to evidence-based treatment for SUD both within and outside specialty SUD care and specifically, Clinical Pharmacist Practitioners (CPP) are scaling best practice and driving innovation. The CPP serves as a medication expert delivering comprehensive medication management (CMM) to Veterans using a patient-centered, collaborative approach in conjunction with all members of the health care team. In delivering CMM care, the CPP focuses on ensuring medications are assessed for appropriateness, effectiveness, and safety given the patient's clinical status, comorbidities, other medications, and patient's ability to adhere to the medication regimen. CPPs improve VHA's ability to accomplish the quintuple aim of better care, reduced health care costs, improved patient experience, provider well-being, and health equity, as well as having demonstrated positive impact on access, Veteran engagement, treatment retention, and telehealth care delivery. CPPs provide risk mitigation strategies, perform screening, brief intervention, referral, and treatment. The CPP is part of the solution for the unmet need in OUD and AUD treatment.

To scale best practices and drive innovation, the Pharmacy Benefits Management Clinical Pharmacy Practice Office delivered system-wide training focused on SUD screening, care, and treatment with a whole health focus. Using a train-the-trainer approach, 266 CPPs participated clinical pharmacy bootcamps in FY 2020 to connect Veterans to the soonest and best SUD care. As a result, there has been a substantial increase in CPP delivered SUD practice for Veterans from FY 2018 to FY 2023 resulting in a:

- 76 percent increase in CPPs providing AUD care to over 25,000 additional Veterans;

- 97 percent increase in number of CPPs providing OUD care to over 11,000 additional Veterans; and

- 66 percent increase in CPPs providing SUD care to over 32,000 additional Veterans.

System-wide 609 CPPs provided SUD care to 100,366 Veterans with over 45 percent of visits performed using virtual care (e.g., telephone, VVC, CVT). Furthermore, unhealthy alcohol use screenings by CPPs have increased 265 percent from FY 2020 to FY 2023. To further expand access to MOUD and since removal of the X-waiver program on December 29, 2022, 75 CPPs

with controlled substance prescriptive authority have prescribed buprenorphine indicated for OUD to 861 Veterans across 42 VA facilities.

<u>Clinical Pharmacist Academic Detailers Support MH, pain, and SUD-related Initiatives Across VHA</u>: VA Academic Detailers are clinical pharmacist practitioners who provide individual consultation to clinicians to support practice change and alignment to evidence-based treatment recommendations. Specially trained clinical pharmacists in every VISN provide a multifaceted approach that includes one-on-one and small group outreach focused on knowledge translation to clinicians and other healthcare staff with a goal of partnering to improve Veteran care. During outreach visits, Academic Detailers tailor conversations with clinicians to ensure that the information and resources provided are customized to meet the needs of that individual clinician and the Veterans they serve. Academic Detailers commonly identify implementation and practice change barriers and then partner with different members of the healthcare team to develop customized solutions. Academic Detailers influence clinical practice changes one clinician at a time, but the result leads to exponential changes in Veteran care.

VISN Academic Detailing programs are a critical component of improving mental health, SUD, and pain care across all VAMCs. Academic Detailers have had over 100,000 outreach visits across VHA on mental health, SUD, and pain-related clinical topics since 2016. During FY 2023 alone, Academic Detailers performed nearly 8,100 outreach visits on key SUD-related topics (e.g., SUD Harm Reduction (including SSPs and HIV PrEP), Stimulant Use Disorder, AUD, OUD, Opioid Overdose Education and Naloxone Distribution (OEND), and Tobacco Use Disorder) accounting for more than 10,000 staff interactions on SUD-related topics across VHA. Since its implementation in 2010, Academic Detailing has been associated with increased naloxone access, reduced high-dose opioids prescribing, and reduced opioid-benzodiazepine (double-threat) prescribing for Veterans at risk for opioid overdose and mortality.[119,120,121,122] Moreover, VA Academic Detailing has been associated with a net benefit of approximately $15,000 per each additional primary care team with an Academic Detailing visit.[123]

<u>Opioid Overdose Education and Naloxone Distribution</u>: The OEND program aims to decrease opioid-related overdose deaths among VHA patients by providing education on opioid overdose prevention, recognition of opioid overdose and training on the rescue response, including provision of naloxone. All FDA-approved forms of naloxone that the FDA states can be

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[119] Bounthavong M, Harvey MA, Wells DL, et al. Trends in naloxone prescriptions prescribed after implementation of a National Academic Detailing Service in the Veterans Health Administration: A preliminary analysis. *J Am Pharm Assoc*. 2017;57(2S):S68-S72. doi:10.1016/j.japh.2016.11.003

[120] Bounthavong M, Devine EB, Christopher MLD, Harvey MA, Veenstra DL, Basu A. Implementation evaluation of academic detailing on naloxone prescribing trends at the United States Veterans Health Administration. Health Serv Res. 2019;54(5):1055-1064. doi:10.1111/1475-6773.13194

[121] Bounthavong M, Lau MK, Kay CL, et al. Impact of Implementing an Academic Detailing Program on Opioid-Benzodiazepine Co-Prescribing Trends at the Department of Veterans Affairs. *Pain Med Malden Mass*. Published online March 22, 2021. doi:10.1093/pm/pnaa475

[122] Bounthavong M, Harvey MA, Wells DL, et al. Impact of Academic Detailing on Opioid Prescribing at the Veterans Health Administration. *J Clin Anesth Pain Manag*. 2020;4(2):165-172. doi:10.36959/377/349

[123] Zhang J. Can Educational Outreach Improve Experts' Decision Making? Evidence from a National Opioid Academic Detailing Program. Published online March 6, 2023. doi:10.2139/ssrn.4297398

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considered as options for community distribution were added to the VA National Formulary as soon as they were available. VHA assembled injectable (intramuscular) naloxone kits as part of its initial OEND program. These were replaced by the auto-injector, specifically designed for layperson use, when that formulation became available. However, the auto-injector was abruptly discontinued by the pharmaceutical manufacturer on September 30, 2020. In response, VHA started re-assembling the injectable (intramuscular) naloxone kits and has the 5 mg injection formulation available. VHA recommends offering OEND to Veterans prescribed opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated. VHA requires OEND be offered to Veterans diagnosed with OUD, diagnosed with stimulant use disorder, with a previous non-fatal opioid- or stimulant-overdose, and/or who are prescribed opioids and identified as "Very High" risk patients per the STORM database. In addition, Academic Detailing has promoted OEND through individualized, evidence-based educational outreach visits and consultation for clinicians by clinicians.

In July 2016, Congress passed the Comprehensive Addiction and Recovery Act of 2016, P.L. 114-198. This Act took the important step of eliminating copayment requirements for opioid antagonists (e.g., naloxone) furnished to Veterans at high risk for overdose and for education on their use. This change has been implemented throughout VHA and in September 2020, VA published a final rule in the Federal Register that amended two of VA's copayment regulations, 38 C.F.R. §§ 17.108 and 17.110, to implement the changes made by P.L. 114-198. 38 C.F.R. § 17.110(c)(12)(ii) provides examples of Veterans who may be at high risk for overdose. This definition assisted in the implementation of P.L. 114-198 and helps facilitate identification of high-risk Veterans. Since implementation of the OEND program in 2014, over 57,000 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 1.1 million naloxone prescriptions have been dispensed to over 501,000 Veterans, as of October 2023. Through October 2023, as documented through spontaneous reporting of overdose reversal events as well as through national notes, over 4,400 overdose reversals with naloxone have been reported.

As of April 2021, 129 VHA facilities had equipped 3,552 VA Police officers with naloxone, with 136 reported opioid overdose reversals with VA Police-provided naloxone, and 77 VHA facilities had equipped 1,095 automated external defibrillator (AED) cabinets with naloxone, with 10 reported opioid overdose reversals with AED-cabinet naloxone. VHA's Rapid Naloxone Initiative received the 2020 John M. Eisenberg National Level Innovation in Patient Safety and Quality Award. This prestigious award from The Joint Commission and National Quality Forum recognizes those who have made significant and long-lasting contributions to improving patient safety and health care quality. Notably, in 2018, VHA dispensed a naloxone prescription for 1 in 6 patients on high-dose opioids, as compared to 1 in 69 patients in the private sector.

Finally, as part of the broader OEND effort, VHA established a community of practice for sharing innovative and promising practices, which has included discussion of post-overdose engagement in treatment. Materials developed in support of the OEND initiative are also available to Veterans, their family members, and the broader public.

Opioid Safety Initiative (OSI): According to CDC, 50 million adults in the United States have chronic daily pain, with 19.6 million adults experiencing high-impact chronic pain that interferes

with daily life or work activities. Chronic pain is a national public health problem, as outlined in the 2011 study by the Institute of Medicine (IOM). The IOM study describes, in detail, many concerns of pain management, including system-wide deficits in the training of the nation's health care professionals in pain management and SUD prevention and management, and the problems caused by a fragmented health care system. The over-use and misuse of opioids for pain management in the United States is a consequence of a health care system that, until recently, was less than fully prepared to respond to these challenges.

VHA identified and broadly responded to the many challenges of pain management, through policies supporting clinical monitoring; education and training of health professionals and teams; and the expansion of clinical resources and programs. VHA Directive 2009-053, Pain Management defines and describes policy expectations and responsibilities for the overall National Pain Management Strategy and Stepped Care Model for Pain Management which is evidence-based and has been adopted by DoD. The approach to managing opioid over-use fits into this plan, and VA has employed broad strategies to address the opioid epidemic, including education, pain management, risk mitigation and addiction treatment. First, VHA addressed the problem of clinically inappropriate high-dose prescribing of opioids through VA's national OSI. Second, VHA developed a Veteran-centered, comprehensive, integrated, biopsychosocial approach to pain management using evidence-based care to reduce pain and suffering and improve the quality of life and functioning for persons experiencing acute or chronic pain.

VHA continues to pursue a comprehensive strategy to promote safe prescribing of opioids, when indicated, for effective pain management. The purpose of OSI is to ensure pain management is addressed thoughtfully, compassionately, and safely. OSI makes the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in Q4 FY 2012 (beginning in July 2012) to Q4 FY 2023 (ending in September 2023), many aspects of OSI continue to show positive results. VHA has seen a 71 percent reduction in patients on long-term opioid therapy, which represents 589,091 fewer patients on long-term opioid therapy. The desired results of OSI have been achieved during a time where VHA has seen a 6.3 percent increase in Veterans that have utilized VHA outpatient pharmacy services.

VHA deployed state-of-the-art tools to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications, including overdose. These tools include STORM, which is available to all clinical staff in VHA. STORM includes information about the dosages of opioids and other sedative medication, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients. The STORM dashboard allows VHA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. To address overdose and suicide risk, VHA requires that patients identified as very high risk, per the STORM predictive model, receive a case review by an interdisciplinary team, including pain, addiction, and mental health expertise. Findings from a randomized policy evaluation of this clinical program found that patients targeted for case review had lower rates of all-cause mortality (further described in STORM section below).

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Additionally, VHA formalized a system-wide Academic Detailing program that is implemented throughout the organization. Academic Detailing provides specialty teams to visit facilities and provide on-site support and education to providers to further enhance practice change to align with evidence-based care and improve quality of pain management efforts. The Academic Detailing program is another important strategy to improving mental health, SUD, and pain management medication therapy across all VAMCs. Through September 30, 2023, Academic Detailers have conducted 96,000 outreach visits related to Opioid Safety; Overdose Education and Naloxone Distribution; OUD; and suicide prevention.

As VHA continues its efforts to address opioid over-use, non-pharmacological treatment approaches to pain care are an important component of VHA's Pain Management Strategy. In addition to interventional pain procedures, VHA facilities provide behavioral pain management (e.g., cognitive behavioral therapy for pain), restorative therapies (e.g., physical therapy, occupational therapy), chiropractic, and other evidence-based services for chronic pain management. VHA offers many evidence-based, complementary and integrative health approaches that may be useful in chronic pain, including acupressure, acupuncture, biofeedback, hypnosis/hypnotherapy, massage therapy, meditation, relaxation, tai chi, and yoga.

Syringe Service Programs: VHA is applying lessons learned from its award-winning OEND program to implementation of SSPs. Specifically, VHA is addressing policy, patient, and provider education, standardizing SSP kits and clinical documentation, and providing an array of technical assistance (e.g., SharePoint, affinity group, and email group) to support SSP implementation. In May 2021 and renewed in June 2023, VA's Assistant Under Secretary for Clinical Services issued interim guidance on SSPs, recommending that VAMCs develop SSPs, or otherwise ensure Veterans enrolled in VHA care have access to SSPs where not prohibited by state or local law. In addition to providing access to sterile supplies, SSPs facilitate safe disposal of used syringes (e.g., via sharps containers included in SSP kits) and provide the opportunity to link to other important services, such as buprenorphine induction, and programs such as OEND, screening and treatment for viral hepatitis and HIV, screening for sexually transmitted infections and referral to social, mental health and other medical services.

VHA has also developed six standardized SSP kits for VA facilities standing up SSPs, facilitating consistent practices in assembling and dispensing a specified set of essential sterile-items and education to Veterans who inject drugs. As mentioned above, to support standardized SSPs and harm reduction, including linking patients with SUD treatment and providing additional harm reduction such as infection prevention, Pre-exposure Prophylaxis, and overdose education and naloxone, VHA has also implemented a SSP clinical note. This SSP clinical note facilitates ordering and tracking of SSP kits, harm reduction interventions where not prohibited by state or local law, and treatment referrals.

As of August 2023, there were 29 VA facilities operating SSPs. In FY 2024, VHA expects the number of programs to increase, provide six standardized VHA SSP kits which are no cost to both facilities and patients, implement a national SSP note, and provide the availability of national funding for 1.0 FTE Harm Reduction Coordinators at each VA medical facility. FY 2024 efforts will focus on assisting programs with implementation, via data tools and other supportive resources. For instance, a gap that impacts SSP implementation is the lack of an ICD-

10-CM code to identify injection drug use; this gap makes it difficult to identify patients who could benefit from proactive outreach and offering of SSP services. VA has submitted a request to the ICD-10-CM Coordination and Maintenance Committee to advocate for a new ICD-10-CM code for injection drug use. However, it is also developing an SSP Dashboard that incorporates a state-of-the-art approach, natural language processing of clinical notes, to identify potential patients who could benefit from SSP services where such services are available and where not prohibited by state or local law. The SSP dashboard will assist with proactive patient identification and support clinical consideration of an array of harm reduction and treatment interventions and services.

VHA also supports a wide array of technical assistance approaches to promote SSP uptake and sharing of innovative practices to leverage its learning healthcare system. These include a SSP SharePoint with tools, resources, and program examples; an SSP affinity group that meets bimonthly; a dedicated Teams Channel to facilitate real-time sharing of innovative approaches; Academic Detailing support via its SUD Harm Reduction campaign; and a dedicated email group to answer SSP-related questions that may arise. As mentioned earlier, to support standardized SSPs and harm reduction, including linking patients with SUD treatment and providing additional harm reduction such as infection prevention, Pre-exposure Prophylaxis, and overdose education and naloxone, VA has also implemented a SSP clinical note. This SSP clinical note facilitates ordering and tracking of SSP kits, harm reduction interventions where not prohibited by state or local law, and treatment referrals.

Post-Overdose Assessment and Care Planning: During FY 2019, VHA implemented a process for documenting accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicide Behavior and Overdose Report (SBOR) note template provides a foundation for VHA to implement strategies designed specifically to 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 (i.e., SBOR or Comprehensive Suicide Risk Evaluation), with a focus on improving post-overdose care. As mentioned above, VHA has also implemented requirements for overdose reporting and response, including post-discharge follow-up engagements. These efforts enhance the visibility of overdoses within the Veteran's medical record and are meant to improve clinical care after the overdose event and facilitate real-time tracking of overdose event data. These efforts enhance the visibility of overdoses within the Veteran's medical record and are meant to improve clinical care after the overdose event and facilitate real-time tracking of overdose event data.

Stratification Tool for Opioid Risk Mitigation (STORM): The STORM model, that estimates risk of overdose or suicide events or death for all patients, has been incorporated in a decision support tool to support population management and individual patient risk review. This system encourages and facilitates naloxone distribution to patients at elevated risk of overdose. In addition to this general decision support, VA requires all patients identified as very high risk, per the STORM risk estimates, to receive a case review by an interdisciplinary team of providers with expertise spanning pain, mental health, addiction, pharmacy and rehabilitation. In a randomized program evaluation, this mandate was associated with a 22 percent reduction in all-

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cause mortality among patients targeted by this prevention program. Given these findings, efforts to improve implementation of this prevention program have continued, and the program was recently expanded to require similar case reviews for patients who have had a non-fatal overdose in the past year or who have recently discontinued opioids. Completion of interdisciplinary team reviews for patients on opioid analgesics estimated at very high risk have increased from 29.8 percent, at the time of the evaluation, to 75.2 percent in Q4 FY 2021. The VA then modified policies to require interdisciplinary case reviews of patients with past year overdoses on December 1, 2021. By Q4 FY 2023, VA interdisciplinary teams had reviewed 79.1 percent of this new patient population.

Responding to the Emerging Threat of Fentanyl Adulterated or Associated with Xylazine: In April 2023, ONDCP designated fentanyl combined with xylazine as an emerging threat to the United States. VA is committed to addressing three major pillars of the federal response to this emerging threat—specifically, (1) testing, (2) evidence-based prevention, harm reduction, and treatment implementation and capacity building, and (3) basic and applied research. VA's efforts will be informed by its award-winning approach to implementing VA's Rapid Naloxone Initiative.

VA's approach to addressing fentanyl combined with xylazine as an emerging threat includes:

- Mandating that fentanyl be included as part of VA's basic panel for urine drug tests, which is critical given that up to 99 percent of xylazine-related overdose deaths involve fentanyl.

- The development of standardized patient and provider education including the most up-to-date practices related to clinical care of patients exposed to xylazine.

- Working with Office of Nursing Services to develop xylazine-related wound care guidance.

- Leveraging standardized VA clinical notes to support systemic tracking of xylazine exposure (e.g., xylazine is included in VA's SSP clinical note, which allows for standardized identification of whether xylazine has been used in the past year among patients seeking syringe services, where such services are available).

- Using natural language processing to help identify patients with potential xylazine exposure to track localities and populations with emerging cases. This information will be integrated into clinical dashboards to improve treatment for Veterans.

- VA's Office of Research and Development amended funding announcements in its Pain and Opioid Use Actively Managed Portfolio to include studies of fentanyl adulterated or associated with xylazine as a research area of special interest, thus allowing special consideration for research in this area.

All data is based on data extracted from VHA's electronic medical record or national pharmacy records and does not fully capture care of Veterans in VHA care receiving treatment in the community.

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Performance Table

Veterans Health Administration				
Measures of Performance	FY 2022 Actual	FY 2023 Target	FY 2023 Actual	FY 2024 Target
The percentage of patients with OUD receiving FDA-approved pharmacotherapy for OUD	46.3%	47.5%	48.1%	49%
The percentage of patients with OUD who have had a prescription filled for naloxone in the last 12 months	61.7%	75%	67.3%	75%
The percentage of patients with Stimulant Use Disorder who have had a prescription filled for naloxone in the last 12 months	29.1%	35%	45.7%	55%
The percentage of patients with a non-fatal overdose in the past year who receive a case review by an interdisciplinary team with expertise in pain, SUD, suicide risk, mental health conditions and pharmacy	52.4%	60%	79.1%	80%
The percentage of patients on long-term opioid therapy with a urine drug screen	85.4%	85%	88.1%[124]	89%
The number of patients receiving CM	420	600	1,044	1,200
The number of programs by the end of the fiscal year that have an SSP	15	20	29	50
Percentage of Veterans identified as very high risk for overdose or suicide and have a SUD diagnosis who subsequently receive SUD treatment either in a residential or outpatient setting	42.7%	44%	51.2%[125]	55%
Number of SUD specific purpose-funded positions (aligned with the President's budget) on board this year divided by the number of approved special purpose-funded positions in FY 2022 and FY 2023	24.1%	70%	64.45%	70%

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[124] Only includes urine drug screens completed in VHA.
[125] This measure is currently a point in time snapshot at the end of Fiscal Year 2023, reflecting the rate of current SUD treatment engagement within the targeted patient population. In the coming year, VA may revise this measure to examine treatment within the past-year time period; VA expects this will alter scores and targets may need to be adjusted accordingly.

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Discussion of Results

VA demonstrated improved performance and impressive results from FY 2022 to FY 2023 in all its efforts evaluated by its measures in the *Assessment*.

Regarding VA's performance in addressing the overdose crisis related to OUD, VA continues to be a national leader in the provision of FDA-approved medications for MOUD.   The percentage of Veteran patients with diagnosed OUD who received MOUD continued to grow in FY 2023 and markedly exceeds the percentage of people with OUD in the community (22.3 percent, based on self-reported symptoms) who received MOUD as reported in Use of MOUD Among Adults With Past-Year OUD in the United States, 2021.   Expanded access to MOUD is a top priority in VA.

VA's effort to make naloxone available to all Veterans with OUD also saw continued improvement through the Q4 FY 2023. VA has set an ambitious goal of 75 percent of Veterans with OUD having a naloxone prescription filled in the past year. Subsequently, it saw significant progress toward this goal from FY 2022 through FY 2023 (61.7 percent to 67.3 percent), and continued progress is expected. Notably, approximately 5.8 percent of Veterans with OUD declined naloxone when offered, in addition to the nearly 68 percent that accepted it. VA is developing strategies to help reduce declinations of naloxone (e.g., recommending motivational interviewing approaches and the use of sample scripts). Complementing VA's successful naloxone distribution effort to rescue Veterans from potentially fatal overdoses, VA also seeks to prevent fatal overdoses using a data-based case review process. Through the end of FY 2023 VA identified and conducted case-reviews with over three quarters (79.1 percent) of Veterans with a non-fatal overdose. When conducted for high-risk patients on opioid analgesics, case reviews were associated with a significant reduction in mortality risk.

VA's successful efforts in identifying Veterans at risk of OUD and overdose also is reflected by the more than 85 percent of Veterans who receive long-term opioid therapy who also received urine drug testing.

To address the risk of overdose related to use of stimulants contaminated with opioids (typically fentanyl), VA also has seen success in its naloxone distribution to Veterans with stimulant use disorder. VA exceeded its FY 2023 target by over 10 percent, increasing from 29.1 percent of Veterans with stimulant use disorder with naloxone in FY 2022 to 45.7 percent with naloxone in FY 2023 (FY 2023 target was 35 percent). Complementing that effort is VA's leadership as the world's largest provider of the most effective treatment of SUD – CM. Indeed, from FY 2022 to FY 2023, VA saw the number of Veterans it treated with CM increase by nearly 150 percent (from 420 to 1,044). VA anticipates continued expansion of its CM program in FY 2024 as reflected in its goal of making CM available to at least 1,200 Veterans.

Between FY 2022 and FY 2023, VA substantially increased the share of its specific-purpose-funded position hiring dedicated to SUD treatment providers—with this statistic rising from 24 percent to 64 percent. The marked increase reflects the utmost priority that VA places on addressing the overdose crisis, and its impact on Veterans, their families, and their communities.

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As the performance table indicates, the increased FY 2023 levels remain below the ambitious target set for 70 percent of specific-purpose-funded hiring to be for SUD treatment providers. Despite the significant progress seen last year, staffing shortages mandated VA prioritize certain hiring of foundational general mental health providers, capable not only of treating SUD but also providing other care. The hiring of these additional staff also contributes toward VA's mission as it relates to combatting SUD.

To meet Veterans where they are, preserve their lives, and encourage them to pursue recovery, VA is continuing to expand its harm reduction efforts including the number of SSPs it operates where not prohibited by state or local law. Lastly, complementing VA's effort to encourage Veterans to engage in SUD treatment is VA's effort to expand its capacity to treat Veterans with SUD. VA is expanding its SUD workforce to make treatment accessible at a Veteran's preferred point of care.

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United States Postal Service
United States Postal Inspection Service

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Mission

The U.S. Postal Inspection Service (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. As the law enforcement arm of the United States Postal Service (USPS), USPIS supports and protects the USPS and its employees, infrastructure, and customers; enforces the laws that defend the nation's mail system from illegal or dangerous use; and ensures public trust in the mail.

USPIS' Contraband Interdiction & Investigations (CI2) Program protects postal employees, the American public, and the U.S. Mail from dangerous and illegal contraband; specifically, illicit drugs and firearms. CI2 is responsible for investigating, arresting, and dismantling drug trafficking networks that utilize and exploit the USPS and U.S. Mail. CI2 uses intelligence to effectively target and seize dangerous drugs mailed nationwide. Through relationships with domestic and international law enforcement partners, CI2 works to forcefully combat the distribution of illegal contraband through the U.S. Mail and the international postal system.

Relevant PRS Goal/Objective

Goal 7: The Supply of illicit substances into the United States is reduced (Objectives 2, 3, 4, and 5)

USPIS' CI2 program supports this objective by interdicting and investigating synthetic opioids and other illicit drugs, its proceeds, and illegal firearms trafficked through the U.S. Mail.   This is done by working closely with other law enforcement agencies to share intelligence, coordinate cases, and conduct joint enforcement operations.   Since 2017, CI2 has been an active member of OCDETF, to include a dedicated fulltime position at the OFC.   This allows for better coordination of investigations and information sharing with its partner agencies to effectively target these criminal organizations.

In 2023, USPIS participated in over 187 new OCDETF investigations, 165 of which USPIS sponsored directly. To date, USPIS has participated in over 2,112 OCDETF investigations and currently lists more than 966 active investigations, sponsoring nearly 693 cases, with over 196 cases linked directly to the Attorney General's CPOT, a multiagency target list of the "command and control" elements of the most prolific international drug trafficking and money laundering organizations affecting the United States, and Regional Priority Organization Target (RPOT), criminal organizations that are considered high-priority targets for investigation and prosecution at the regional level. RPOTs may be smaller in scale compared to CPOTs, but still pose a significant threat in their respective regions in terms of drug trafficking and other organized criminal activities.

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Working with OCDETF has enhanced USPIS' work with international law enforcement and interagency partners stationed overseas where it currently does not have a presence.

As the law enforcement arm of the USPS, USPIS' CI2 program supports this objective by conducting seizures of drugs in the mail system. This includes USPIS' participation with international law enforcement and Foreign Post platforms such as EUROPOL, Universal Postal Union, International Narcotics Control Board (INCB), and the North American Drug Dialogue (NADD). Drug seizures are tracked by drug type, to include cocaine and heroin. In FY 2023, USPIS had 146 seizures of heroin, totaling approximately 113 pounds, as well as 1,823 seizures of cocaine totaling 5,607 pounds.

As a great indicator of positive partnerships, the United States Postal Service and India Post in late October 2020 signed an agreement for electronic exchange of customs data related to postal shipments between the two countries. This agreement makes it possible to transmit and receive advance electronic data of international postal items prior to their dispatch from the origin country and physical arrival at the destination and facilitates more secure customs clearance of postal items in line with the evolving global postal framework. This also improves the performance of postal services in terms of reliability, visibility and security. Inbound advance electronic data from India drastically improved following this agreement.

In the summer of 2022, USPIS was part of a United States Delegation who traveled to Delhi, India to meet with members of the Government of India. The purpose of this meeting was to deepen bilateral cooperation on counternarcotics issues. This served as a forum for policymakers to advance a shared vision for addressing the global threat of drug production, trafficking, and consumption, which has severe negative consequences for both nations. During this meeting, Indian law enforcement expressed interest in learning more about its abilities to detect, interdict, and investigate illicit drugs shipped through the mail and postal environment. In November 2022, USPIS attended a law enforcement counter-narcotics working group forum with United States and Indian law enforcement.

Additionally in July 2023, USPIS participated in the United States-India Counternarcotics Working Group Annual Meeting held in Washington D.C. to cement the relationship with Government of India stakeholders and further the dialogue around collaboration and capacity building. Investigations into illicit drug mailers from India will be coordinated through the multi-agency SOD, NTC, and OCDETF.

Recently, the Justice Department announced the unsealing of eight indictments in Florida charging PRC-based companies and their executives with crimes relating to distribution of synthetic opioids and sales resulting from precursor chemicals. The indictments build on prosecutions announced in June and mark the second set of prosecutions to charge PRC-based chemical manufacturing companies and nationals of the PRC for trafficking fentanyl precursor chemicals into the United States. USPIS was an integral part of the interagency effort which resulted in these historic actions.

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USPIS intends to track its progress using the following criteria:

- Illicit drug seizures: USPIS has seen a decrease of illicit drug seizures compared to previous FYs. The reason for the decrease is explained in the Discussion of Results section. To realign the seizure performance measure to match USPIS' focus on the deadliest drug threats (Synthetic Opioids, Methamphetamine and Cocaine), it is necessary to update the seizure target measurement. In this and future iterations of the budget, USPIS will utilize "Seizures of Synthetic Opioids, Methamphetamine and Cocaine as a Percentage of All Illicit Drug Seizures" instead of simply tracking the number of all "Illicit Drug Seizures". USPIS anticipates the seizures of these three classes of drugs as a percentage of all drug seizures to increase by 1.5 percent per FY starting in FY 2024.

- Addition of personnel: USPIS enforces over 200 federal laws to protect the USPS, its employees, and the American public. This is done by an authorized complement of 1,200 Postal Inspectors who are federal agents. Drug trafficking that uses the U.S. Mail is a top priority for USPIS. To complement its existing law enforcement resources, USPIS has created a TFO Program, which empowers participating state and local law enforcement officers with similar investigative powers as Postal Inspectors. For FY 2024, USPIS anticipates a 3 percent increase in trained TFO's compared to FY 2023. (This will take into consideration attrition rates of credentialed TFO's.)

- Addition of drug detection equipment: Examination of unknown materials in the CI2 program comprise two distinct areas of concern, namely safety and the legally acceptable foundation of probable cause. Technology, such as Raman spectrometry, most effectively solves the safety issues related to directly handling some drug and precursor substances traditionally tested using chemical-based presumptive methods. For FY 2024, USPIS anticipates a 3 percent increase in deployment of drug detection equipment.

Performance Table

United States Postal Inspection Service Narcotics Program				
Measures of Performance	**FY 2022 Actual**	**FY 2023 Target**	**FY 2023 Actual**	**FY 2024 Target**
Seizures of Synthetic Opioids/Methamphetamine/ Cocaine as a Percentage of All Illicit Drug Seizures	10%	11.5%	11.5%	13%
Addition of Personnel	113	116	142	146
Increased Drug Detection Equipment	65	67	152	157

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Discussion of Results

Illicit Drug Seizures: USPIS experienced a decrease in overall drug seizures in FY 2023 (42,657) compared to FY 2022 (47,888). The decrease is mainly attributed to the success of an innovative USPIS program which identifies and removes marijuana shipments from the mailstream through administrative seizures. The goal of this program is to protect postal employees, specifically Mail Carriers, from drug traffickers exploiting the mail to traffic illicit drugs and its proceeds. The program serves the added purpose of deterring future mailings by advising both the sender and recipient addresses in writing of the legal consequences of shipping drugs through the U.S. Mail. Collaterally, the legal notices may have also deterred the distribution of other types of drugs through postal channels since traffickers are known to offer more than one type of drug. Another contributor to the decrease in the number of seizures is thought to be the widespread legalization and decriminalization of marijuana by states and the resulting proliferation of private growing operations and local dispensaries which eliminated the need to distribute via the mail. In fact, as a testament to its efforts against the synthetic opioid threat, seizures for that class of drugs has increased by nearly 70 percent from FY 2021 to FY 2022.

To realign the seizure performance measure to match USPIS' focus on the deadliest drug threats (synthetic opioids, methamphetamine and cocaine), it is necessary to update the seizure target measurement. In this and future iterations of the budget, USPIS will utilize "Seizures of Synthetic Opioids, Methamphetamine and Cocaine as a Percentage of All Illicit Drug Seizures" instead of simply tracking the number of all "Illicit Drug Seizures". USPIS anticipates the seizures of these three classes of drugs as a percentage of all drug seizures to increase by 1.5 percent, per FY, starting in FY 2024.

The CI2 Program aims to achieve these results by communicating this focus to field investigators using various platforms and by providing continuous in-service training as well as targeted ad-hoc training. Additionally, investments in new technologies and capabilities will support Postal Inspectors and USPIS TFOs in developing high-impact investigations linked to sources of supply for synthetic opioids, methamphetamine and cocaine.

Addition of Personnel: The CI2 Program initiated a full-time TFO Program to provide field offices with additional resources to identify, investigate, and prosecute drug traffickers at the local level. The program brings together vital resources from state and local law enforcement agencies to maximize collective impact. CI2 TFOs are credentialed by the Postal Inspection Service and receive training, tools, and other resources to perform their duties. Currently, 142 TFOs have been fully credentialed to assist USPIS with CD efforts. This increase in law enforcement personnel is expected to lead to an increase of drug seizures as well as arrests related to the mail.

Drug Detection Equipment: Quickly and safely identifying unknown and potentially dangerous substances such as fentanyl is a top priority for the USPIS. To protect field Inspectors and deliver reliable results, USPIS invested in handheld narcotic analyzers. These devices enable its Inspectors to scan more than 530 suspected controlled substances in a single, definitive test that can often be accomplished without direct contact with the substance. This technology reduces

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the risk of accidental exposure by Inspectors and laboratory personnel. USPIS currently uses multiple types of drug detection equipment within its 16 field divisions, specifically with a focus on Raman devices. Therefore, in FY 2021, USPIS procured advanced drug detection technology that doubled its inventory of equipment followed by another investment in FY 2023 that again more than doubled the inventory to ensure the safety of inspectors.

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Appendix A: 2022 *Strategy* Goals and Objectives

Goals and Objectives

- Goal 1: Illicit substance use is reduced in the United States

    o Objective 1.1: The number of drug overdose deaths is reduced.

    o Objective 1.2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

- Goal 2: Prevention efforts are increased in the United States

    o Objective 2.1: Past month alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.

    o Objective 2.2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.

- Goal 3: Harm Reduction efforts are increased in the United States

    o Objective 3.1: The number of counties with high overdose death rates which have at least one syringe services program is increased by 85 percent by 2025.

    o Objective 3.2: The percentage of syringe services programs that offer some type of drug safety checking support service, including, but not limited to fentanyl test strips, is increased by 25 percent by 2025.

- Goal 4: Treatment efforts in the United States are increased

    o Objective 4.1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

    o Objective 4.2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

- Goal 5: Recovery efforts in the United States are increased

    o Objective 5.1: The number of states operating a recovery-ready workplace initiative is increased 75 percent by 2025.

    o Objective 5.2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.

    o Objective 5.3: The number of recovery high schools is increased by 10 percent by 2025.

    o Objective 5.4: The number of collegiate recovery programs is increased by 25 percent by 2025.

    o Objective 5.5: The number of certified recovery residences is increased by 25 percent by 2025.

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- Goal 6: Criminal Justice reform efforts include drug policy matters
    - Objective 6.1: Eighty percent of all treatment courts will be trained and will implement practices to increase equity by 2025.
    - Objective 6.2: The percentage of Bureau of Prison inmates diagnosed with opioid use disorder who are given access to medications for opioid use disorder is increased to 100 percent by 2025; the percentage of both state prison programs and local jail facilities offering medications for opioid use disorder is increased by 50 percent.

- Goal 7: The supply of illicit substances in to the United States is reduced
    - Objective 7.1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.
    - Objective 7.2: The number of defendants convicted in active Organized Crime Drug Enforcement Task Forces investigations that incorporate Financial Crimes Enforcement Network data is increased by 14 percent by 2025.
    - Objective 7.3: The percentage of active priority Organized Crime Drug Enforcement Task Forces investigations linked to the Sinaloa or Jalisco New Generation cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.
    - Objective 7.4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.
    - Objective 7.5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

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Appendix B: Acronyms

AAM	Drug Abatement Division of FAA's Office of Aerospace Medicine
ABCD	Adolescent Brain Cognitive Development Study
ACE	Adverse Childhood Experience
ACF	Administration for Children and Families
ACS	AmeriCorps Seniors
AD	Active Duty
AD (B)	Covered beneficiaries other than AD
AED	Automated External Defibrillator
AFCARS	Adoption and Foster Care Analysis Reporting System
AFF	Assets Forfeiture Fund
AFP	Asset Forfeiture Program
AHRQ	Agency for Healthcare Research & Quality
AI/AN	American Indians and Alaska Natives
AMF	Addiction Medicine Fellowship Program
AMLA/CTA	Anti-Money Laundering and Corporate Transparency Acts
AMO	Air and Marine Operations
APF	Addiction Psychiatry Fellowship Program
ASH	Office of Security and Hazardous Materials Safety
ASN	AmeriCorps State and National program
ASPIRE	Advancing State Policy Integration for Recovery and Employment
ATF	Bureau of Alcohol, Tobacco, Firearms and Explosives
AUD	Alcohol Use Disorder
AY	Academic Year
BCOR	Building Communities of Recovery
BH	Behavioral Health
BIA	Bureau of Indian Affairs
BJA	Bureau of Justice Assistance
BLM	Bureau of Land Management
BOP	Bureau of Prisons
BSA	Bank Secrecy Act
CAA	Consolidated Appropriations Act
CBOC	Community Based Outpatient Clinics
CBP	Customs and Border Protection
CBT	Cognitive behavioral therapy
CCDB	Consolidated Counterdrug Database
CD	Counterdrug
CDC	Centers for Disease Control and Prevention
CDER	Center for Drug Evaluation and Research
CDRH	Center for Devices and Radiological Health
CI2	Contraband Interdiction & Investigations
CIE	Competitive Integrated Employment
CJNG	Jalisco New Generation Cartel
CM	Contingency Management

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CMHC	Community Mental Health Centers
CMHS	Center for Mental Health Services
CMLO	Chinese Money Laundering Organizations
CMM	Comprehensive Medication Management
CMS	Centers for Medicare & Medicaid Services
CNWG	Counternarcotics Working Group
CoC	Continuum of Care Program
COD	Co-occurring substance use and mental disorders
COIPP	Community Opioid Intervention Pilot Project
CollegeAIM	College Alcohol Intervention Matrix
CORAH	Control and Reduction of Illegal Crops in the Alto Huallaga
CORC	Comprehensive Opioid Recovery Centers
COSSUP	Comprehensive Opioid, Stimulant, and Substance Use Program
CPOT	Consolidated Priority Organization Target
CPP	Clinical Pharmacist Practitioners
CRM	Criminal Division
CRPs	Collegiate Recovery Programs
CSOSA	Court Services and Offender Supervision Agency for the District of Columbia
CSP	Community Supervision Program
CTF	Counter Threat Finance
CTN	Clinical Trials Network
CTOC	Counter-transnational organized crime
CTT	Counter Threat Team
CY	Calendar Year
D&M	Detection and Monitoring
DASD/CNSP	Office of the Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy
DDE	Division of Drug Enforcement
DEA	Drug Enforcement Administration
DFC	Drug Free Communities
DHP	Defense Health Program
DHS	Department of Homeland Security
DLT	Distance Learning and Telemedicine
DoD	Department of Defense
DOE	Department of Energy
DOI	Department of the Interior
DOJ	Department of Justice
DOL	Department of Labor
DOSE	Drug Overdose Surveillance and Epidemiology system
DoT	Department of Transportation
DSCA	Defense Security Cooperation Agency
DTO	Drug Trafficking Organization
DWI	Driving While Intoxicated
ED	Emergency Department
EHR	Electronic Health Record

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EMS	Emergency Medical Services
ENP	Ecuadorian National Police
ETA	Employment and Training Administration
FAA	Federal Aviation Administration
FB	Farm Bill
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FDASIA	Food and Drug Administration Safety and Innovation Act
FECA	Federal Employees' Compensation Act
FEMA	Federal Emergency Management Agency
FinCEN	Financial Crimes Enforcement Network
FIU	Financial Intelligence Unit
FLETC	Federal Law Enforcement Training Centers
FQHC	Federally Qualified Health Centers
FR-CARA	SAMHSA's First Responder Training – Comprehensive Addiction and Recovery Act
FTS	Fentanyl test strips
FY	Fiscal Year
GCMS	George C. Marshall European Center for Security Studies
GOP	Government of Peru
GPRA	Government Performance and Results Act
GPRMA	Government Performance Results Modernization Act
HBCU-CFE	Historically Black Colleges and Universities Center for Excellence in Behavioral Health
HEAL	Helping to End Addiction Long-term
HHS	Department of Health and Human Services
HIDTA	High Intensity Drug Trafficking Areas Program
HOPE	National Committee on Heroin, Opioids, and Pain Efforts
HRP	Harm Reduction Program
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
HVE	High-visibility enforcement
I/T/Us	Facilities, Tribes, and urban Indian health organizations
ICE	Immigration and Customs Enforcement
HSI	Homeland Security Investigations
IG	Inspector General
IHS	Indian Health Service
IMARS	Incident Management Analysis and Reporting System
IMF	International Mail Facilities
INCB	International Narcotics Control Board
InCK	Integrated Care for Kids
INL	International Narcotics and Law Enforcement
INSPIRE	Investments Supporting Partnerships in Recovery Ecosystems
IOC2	International Organized Crime Intelligence and Operations Center
IOM	Institute of Medicine
IOP	Intensive Outpatient Program

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IRSCI	Internal Revenue Service Criminal Investigation
ISC	Investigative Support Centers
JCODE	Joint Criminal Opioid Darknet Enforcement
JCOIN	Justice Community Opioid Innovation Network
JIATF-S	Joint Interagency Task Force-South
JLEO	Joint Law Enforcement Operations
LEAP	Law Enforcement Assistance Program
LEI	Law Enforcement and Investigations
LEIRS	Law Enforcement and Investigations Reporting Systems
LOCAL	Limiting Overdose through Collaborative Actions in Localities
LRP	Loan Repayment Program
MAT	Medication Assisted Treatment
MAT-PDOA	Medication-Assisted Treatment for Prescription Drug and Opioid Addiction
MEA	Multi-role Enforcement Aircraft
MED	Morphine Equivalent Dose
MET	Mobile Enforcement Team
MHC	Mental Health Counselors
MHPAEA	Mental Health Parity and Addiction Equity Act
MHS	Military Health System
MHSP	Mental Health Service Professional
MLO	Money Laundering Organizations
MOM	Maternal Opioid Misuse
MOUD	Medications for Opioid Use Disorder
MT	Metric tons
MTF	Monitoring the Future
NADCP	National Association of Drug Court Professionals
NADD	North American Drug Dialogue
NCTC	National Counterterrorism Center
NDAFW	National Drug and Alcohol Facts Week
NDCPA	National Drug Control Program Agency
NDDS	Narcotic and Dangerous Drug Section
NEMSIS	National Emergency Medical Services Information System
NFS	National Forest System
NG	National Guard
NHE	National Health Emergency
NHSC	National Health Service Corps
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NPS	National Park Service
NQTL	Non-Quantitative Treatment Limitations
NRDAP	Non-Residential Drug Abuse Treatment Program
NTC	Narcotics and Transnational Crime Support Center
OCCI	Office of Communications and Consumer Information
OCDETF	Organized Crime Drug Enforcement Task Forces

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OD2A	Overdose Data to Action
ODEP	Office of Disability Employment Policy
ODMAP	Overdose Detection Mapping Application Program
OEND	Opioid Overdose Education and Naloxone Distribution
OEO	Office of Enforcement Operations
OEP	Outbound Enforcement Program
OFC	OCDETF Fusion Center
OFO	Office of Field Operations
OFTS	Office of Forensic Toxicology Services
OIA	Office of International Affairs
OIG	Office of Inspector General
OJS	Office of Justice Services
ONDCP	Office of National Drug Control Policy
OORM	opioid overdose reversal medications
OPSG	Operation Stonegarden
OPSS	Over Prescriber Support Strategy
ORA	Office of Regulatory Affairs
ORS	Overdose Response Strategy
OSI	Opioid Safety Initiative
OTP	Opioid treatment program
OUD	Opioid Use Disorder
OUIHP	Office of Urban Indian Health Programs
OWCP	Office of Workers' Compensation Programs
PATH	Population Assessment of Tobacco and Health
PCSS-U	Providers Clinical Support System - Universities
PDMP	Prescription Drug Monitoring Program
PDO	Prevent Prescription Drug/Opioid Overdose-Related Deaths grant
PDSI	Psychotropic Drug Safety Initiative
PFS	Partnership for Success Grant
PHA	Public Health AmeriCorps
PMP	Performance Management Process
PO	Federal Partner Organizations
POE	Ports of Entry
PPI	Patient Preference Information
PRC	People's Republic of China
PRD	Pilot Records Database
PRS	Performance Review System
PSA	Pretrial Services Agency for the District of Columbia
PSSF	Promoting Safe and Stable Families
PTO	Priority Target Organization
PTOC	Priority Transnational Organized Crime
PWUD	People Who Use Drugs
R&D	Research and Development
RCC	Recovery Community Centers
RCO	Recovery Community Organizations
RCORP	Rural Communities Opioid Response Program

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RCSP	Recovery Community Services Program
RD	Rural Development Mission Area
RDAP	Residential Drug Abuse Program
RDT&E	Research, Development, Test and Evaluation
RHP	Recovery Housing Program
RPG	Regional Partnership Grant
RPOT	Regional Priority Organization Target
RRC	Residential Reentry Center
RSAT	Regional Substance Abuse Treatment
RSS	Recovery Support Services
S&T	Science and Technology Directorate
SAMHSA	Substance Abuse and Mental Health Services Administration
SAR	Suspicious Activity Report
SAR-RT	Suspicious Activity Report-Review Team
SASP	Substance Abuse and Suicide Prevention Program
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SBOR	Suicide Behavior and Overdose Report
SCOUTT	Stepped Care for Opioid Use Disorder, Train the Trainer
SCR	Significant Case Report
SCTG-LEA	School Climate Transformation Grant- Local Educational Agency
SDOH	Social Determinants of Health
SFAS	Substance Free Activity Session
SME	Subject Matter Expert
SOD	Special Operations Division
SOR	State Opioid Response
SPF	Strategic Prevention Framework
SPF-PFS	Strategic Prevention Framework - Partnerships for Success
SPF-Rx	Strategic Prevention Framework - Prescription Drugs
SSNA	School Safety National Activities
SSP	Syringe Service Program
STAR LRP	Substance Use Disorder Treatment and Recovery Loan Repayment
STARS	Substance Use Disorder Treatment and Recovery Services
STOP	Sober Truth on Preventing Underage Drinking
STORM	Stratification Tool for Opioid Risk Management
SUD	Substance Use Disorder
SUDORS	State Unintentional Drug Overdose Reporting System
TCE-SP	Targeted Capacity Expansion Special Projects
TCO	Transnational Criminal Organization
TEAP	Trainee Employment Assistance Program
TFO	Task Force Officer
T-MSIS	Transformed-Medicaid Statistical Information System
TOC	Transnational Organized Crime
TOR	Tribal Opioid Response grant
TRWS	Treatment, Recovery, and Workforce Support
UAS	Unmanned Aircraft System
UI	Unemployment Insurance

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UIO	Urban Indian Organizations
UNODC	United Nations Office on Drug and Crime
USAO	United States. Attorneys' Offices
USAs	United States Attorneys
USBP	United States Border Patrol
USCG	United States Coast Guard
USDA	Department of Agriculture
USFS	United States Forest Service
VISN	Veterans Integrated Service Network
ViT	Value in Opioid Use Disorder Treatment
VRAEM	Valley of Apurimac, Ene, and Mantaro Rivers
WHF	Weaving Healthy Families
WHTZ	Western Hemisphere Transit Zone
WIOA	Workforce Innovations and Improvement Act
XTS	Xylazine Test Strips
YFTREE	Youth and Family Tree Program
YRTC	Youth Regional Treatment Centers